Bundle People and Culture (Open Session) 29 November 2022

Agenda attachments

ITEM 0 PCC Agenda 29 Nov 2022.docx

1	09:30 - Chair's welcome, apologies, and confirmation of quorum (PH)
2	09:31 - Declarations of interest (PH)
3	09:32 - Minutes of last meeting (PH) ITEM 3 OPEN P and C mins 05 September 2022.docx
4	09:34 - Action Log (PH) ITEM 4 OPEN People and Culture Action and Decisions Log.pdf
5	09:35 - Director of Workforce and OD Update (AL) ITEM 5 Director Update.pdf
6	09:45 - Operations Quarterly Report (LB) ITEM 6 Operations Quarterly Report for Committees 22-23 Q2 (Oct22) Reframed FINAL.docx.pdf
7	09:55 - Staff Story (CG)
8	10:15 - People Plan and IMTP deliverables (AL) ITEM 8 ES - People and Culture Plan - PCC - 29.11.2022.docx ITEM 8.1 Appendix 2 - Wales Anti-Racist Action Plan.docx
9	10:40 - Corporate Risk Register/ Board Assurance Framework (JB) ITEM 9 ES Risk Management Report PCC 291122.docx
10	10:50 - WASPT Advisory Group Update (TM) ITEM 10 WASPT AAA Report - 151122.docx ITEM 10.1 - WASPT Terms of Reference v2.0 for endorsement by PCC - clean.docx
10.1	11:05 - COMFORT BREAK
11	11:15 - Improving Attendance Project Progress Update (LR) ITEM 11 Improving Attendance Report November 2022.docx ITEM 11.1 Appendix 2 - Improving Attendance Presentation.pdf
12	11:35 - Health and Safety Update (LW) ITEM 12 ES Quarter 2, 2022-23 Health and Safety Performance Report.docx ITEM 12.1 Appendix 1A.docx ITEM 12.2 Appendix 1B.docx
13	11:45 - Engagement framework delivery plan (EH)
14.1	12:05 - Monthly Integrated Quality and Performance Report (HB) ITEM 14.1 MIQPR SBAR PCC October 2022.docx ITEM 14.1a Annex 1 MIQPR PCC October 2022.pdf ITEM 14.1b Top indicators MIQPR Dashboard PCC October 2022.xlsx
14.2	12:15 - Turnover Deep Dive (LR) ITEM 14.2 Exit Interviews in WAST.docx ITEM 14.2a Appendix 2 - Exit Interview Project Plan.docx
14.3	12:25 - Wellbeing Deep Dive (CG) ITEM 14.3 Wellbeing Deep Dive.pptx
15	12:35 - Workforce Performance Scorecard Report (AL) ITEM 15 Workforce Performance Scorecard.docx ITEM 15.1 Appendix 1b - Workforce KPIs September 2022.docx
16.1	12:45 - Internal Audit Report and Audit tracker (JB) ITEM 16.1 Executive Summary PCC - Internal Audit Report 291122.docx
16.2	12:50 - Quality governance Audit Wales people and culture related issues (AL)

17	12:55 - Speaking Up Safely update (TM) ITEM 17 SBAR for PCC on Speaking Up Safely - Nov 22.docx
18	12:57 - Committee priorities (TM) ITEM 18 PCC Committee Priorities December 22.docx
19	12:59 - Staff story update (LW) ITEM 19 Mind Map - pdf.pdf
20	Issues to be raised at Board (PH)
21	Any Other Business (PH)
22	Date of next meeting 21 February 2023

MEETING OF THE PEOPLE AND CULTURE COMMITTEE
Held on 29 November 2022 from 09.30 to 13.00
Meeting held virtually via Microsoft Teams

AGENDA

No.	Agenda Item	Purpose	Lead	Format	Time
OPENING ITEMS					
1.	Chair's welcome, apologies, and confirmation of quorum	Information	Paul Hollard	Verbal	5 mins
2.	Declarations of interest	Information	Paul Hollard	Verbal	
3.	Minutes of last meeting	Approval	Paul Hollard	Paper	
4.	Action log	Review	Paul Hollard	Paper	
5.	Director of Workforce and OD Update	Information	Angie Lewis	Paper	10 mins
6.	Operations Quarterly Report	Information	Lee Brooks	Paper	10 mins
ITEMS FOR APPROVAL, ASSURANCE AND DISCUSSION					
7.	Staff Story	Discussion	Catherine Goodwin	Verbal	20 mins
8.	People Plan and IMTP deliverables	Discussion	Angie Lewis	Paper	25 mins
9.	Corporate Risk Register/ Board Assurance Framework	Assurance	Julie Boalch	Paper	10 mins
10.	WASPT Advisory Group Update	Assurance Approval	Trish Mills	Paper	15 mins
COMFORT BREAK – 10 MINS					
11.	Improving Attendance Project Progress Update	Assurance	Liz Rogers	Paper	20 mins
12.	Health and Safety Update	Assurance	Liam Williams	Paper	10 mins
13.	Engagement framework delivery plan	Discussion	Estelle Hitchon	Presentation	20 mins
14.	14.1. Monthly Integrated Quality and Performance Report 14.2. Turnover deep dive) 14.3. Wellbeing deep dive	Assurance	Hugh Bennett Liz Rogers Catherine Goodwin	Paper Paper Verbal	30 mins
15.	Workforce Performance Scorecard Report	Assurance	Angie Lewis	Paper	10 mins

16.	16.1 Internal Audit Report and Audit tracker 16.2 Quality governance Audit Wales people and culture related issues	Assurance	Julie Boalch Angie Lewis	Paper Verbal	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.**					
17.	Speaking Up Safely update	Information	Trish Mills	Paper	5 mins
18.	Committee priorities	Information	Trish Mills	Paper	
19.	Staff story update	Information	Liam Williams	Paper	
CLOSING ITEMS					
20.	Issues to be raised at Board	Discussion	Paul Hollard	Verbal	5 mins
21.	Any other business	Discussion	Paul Hollard	Verbal	
22.	Date of next meeting 21 February 2023	Information	Paul Hollard	Verbal	

Lead Presenters

Name	Position
Julie Boalch	Head of Risk/Deputy Board Secretary
Lee Brooks	Executive Director of Operations
Alex Crawford	Assistant Director of Planning
Catherine Goodwin	Assistant Director Inclusion, Culture and Wellbeing
Estelle Hitchon	Director of Partnerships and Engagement
Paul Hollard	Committee Chair and Non Executive Director
Angie Lewis	Director of Workforce & OD
Trish Mills	Board Secretary
Liz Rogers	Deputy Director of Workforce & OD
Liam Williams	Executive Director of Quality and Nursing

UNCONFIRMED MINUTES OF THE PEOPLE AND CULTURE COMMITTEE MEETING (OPEN SESSION) HELD REMOTELY VIA MICROSOFT TEAMS ON 05 SEPTEMBER 2022

Chair: Paul Hollard

PRESENT:

Paul Hollard	Non Executive Director and Chair
Hugh Bennett	Assistant Director, Commissioning & Performance
Julie Boalch	Head of Risk and Deputy Board Secretary
Lee Brooks	Director of Operations
Sarah Davies	Workforce and OD Business Manager
Bethan Evans	Non Executive Director
Mair Evans	NWSSP Audit
Dr Catherine Goodwin	Deputy Director of Workforce and OD
Liam Williams	Director of Quality & Nursing
Estelle Hitchon	Director of Partnerships and Engagement
Melfyn Hughes	Welsh Language Officer
Ian James	Trade Union Partner
Jo Kelso	National Ambulance Training College
Trish Mills	Board Secretary
Joanna Paskell	Emergency Medical Technician
Jeff Prescott	Corporate Governance Officer
Hugh Parry	Trade Union Partner
Liz Rogers	Organisational Culture & Workplace Wellbeing Lead
Hannah Rowan	Non Executive Director
Joga Singh	Non Executive Director
Andy Swinburn	Associate Director of Paramedicine
Chris Turley	Director of Finance and Corporate Resources

APOLOGIES:

Paul Seppman	Trade Union Partner
Angela Roberts	Trade Union Partner

43/22 WELCOME AND APOLOGIES FOR ABSENCE

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

44/22 DECLARATIONS OF INTEREST

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

RESOLVED: That no new declarations were received.

45/22 MINUTES OF PREVIOUS MEETING AND ACTION LOG

The Minutes of the previous meeting were considered and agreed as a correct record. The Action log was considered, reviewed and updated.

RESOLVED: That the Minutes of the previous meeting were AGREED.

46/22 DIRECTOR OF WORKFORCE & OD UPDATE

Dr Catherine Goodwin presented the Workforce and OD update and gave a brief overview of highlights within the Directorate. These included a new survey focussing on sexism and the Trust's presence at Pride Cymru, which had proven to be a very successful and well attended event. In other areas, the Occupational Health and Wellbeing Team had established the Road to Recovery Group which was inclusive of any staff member living with a long-term health condition, including long Covid.

The report also noted that the recruitment team had been working tirelessly to ensure additional EMS staff were recruited in time for winter pressures. In addition to running large volume recruitment and selection campaigns, they had been engaging with schools and colleges and attending various events, such as the Royal Welsh show, to raise the profile of careers within the Welsh Ambulance Service. Finally, Dr Goodwin informed Members that this would be her last Committee as Interim Director of Workforce & OD and welcomed the appointment of Angela Lewis, who would be taking up the substantive role shortly.

Members received the update and noted the volume and scale of the ongoing work which was being undertaken to ensure sufficient recruitment across the Trust. Members also queried the timescales for feedback following the staff survey around sexism. Dr Goodwin stated that the survey would be left open for one month before the data was collated and fed back to the Committee. Members then thanked Dr Goodwin for her input and contributions to the Committee during her spell as Interim Director of Workforce & OD and looked forward to her continued contributions as she returned to her previous role.

RESOLVED: That the update was NOTED.

47/22 OPERATIONS QUARTERLY REPORT

Lee Brooks introduced the Operations Quarterly Report as read and gave a brief overview and update on some of the main areas covered within the report. These included the latest position on the Roster Review which was on track and due to go live at the end of September. Members also heard that a great deal of work had been done on Integrated Care, particularly around shift patterns and rostering although this was still in the development phase.

The report also gave an update on the 111 Press 2 programme which went live in the Hywel Dda Health Board area on the 20th June. This service was operated by the Health Board in collaboration with the Trust and connected callers requiring urgent mental health support to a specialist practitioner with further roll outs of the service expected throughout the summer. Lee Brooks concluded by updating Members on the sustained and severe operational pressures that the Trust was facing, with August 2022 being the second worst month on record in terms of lost hours due to handover delays. However, it was noted that while Amber waiting times remained higher than the Trust would like to see, they were down overall when compared to recent performance data.

Members received the update and queried whether any feedback or updates were available following the roll out of the 111 Press 2 programme. Lee Brooks stated that at present, no activity data was available as this was managed by Hywel Dda Health Board although a small amount of activity had been monitored via the 111 service.

RESOLVED: That the update was NOTED.

48/22 STAFF STORY – VIOLENCE & AGGRESSION

Joanna Paskell spoke to Members about her recent experience of violence and aggression within the workplace after being assaulted by a patient. Members heard how Joanna had attended, treated, and conveyed the patient to the Emergency Department. However, on arrival at the hospital the patient became aggressive and abusive towards her and hospital staff. While transferring the patient from their stretcher to the bed, the patient assaulted Joanna by punching her in the chest causing sufficient bruising and pain to require treatment at the hospital.

As a result of this incident Joanna was off work for several months. South Wales Police investigated this case and Joanna was required to give a statement about the incident. In September 2022, a file was sent to the Crown Prosecution Service for a charging decision and the following month the CPS authorised a charge of Assault by Beating of an Emergency Worker. On 17th January 2022 at Cardiff Magistrates Court, the defendant pleaded guilty to assaulting Joanna, which thankfully meant that she did not have to attend Court.

Members heard that following the assault, Joanna found it difficult to understand why someone she was trying to help would act so violently. Joanna also felt that support at a local level was insufficient with no debrief held by immediate line managers who did not appear to appreciate the impact that the incident had on her.

However, support was provided by Dylan Parry, the Trust's Violence & Aggression Case Manager who was in regular contact with her throughout the process and afterwards, liaising with Joanna, South Wales Police, and the CPS, to ensure she was kept up to date with progress in the case and any outcome. Joanna also expressed her appreciation for the support she had received from Lee Brooks, Executive Director of Operations, who had written to her following the incident.

Members thanked Joanna for her courage in speaking with the Committee and for explaining the extent of the physical and psychological effects she had experienced following the assault. Members queried whether issuing body armour to staff would be helpful, particularly in situations where there was a risk of violence and aggression. Joanna Paskell felt that it may not be practical for staff to wear body armour at all times although this was only her opinion and other colleagues may feel differently should they be offered the opportunity.

Members then asked if there was anything more that the Trust could do to support staff and to reduce the risk of exposure to violence and aggression. Joanna Paskell stated that perhaps more could be done at local level, particularly around training for line managers to help them provide support and guidance for members of their staff who have experienced violence and aggression.

RESOLVED: That the staff story was NOTED.

49/22 CORPORATE RISK REGISTER AND BOARD ASSURANCE FRAMEWORK

Julie Boalch presented the Corporate Risk Register and Board Assurance Framework report, drawing out highlights for the Committees attention. The purpose of the report was to provide the Committee with an update in respect of the corporate risk activity since the previous meeting in May.

The report showed that there were currently 16 Corporate Risks on the register, 4 of which were assigned to the People and Culture Committee for oversight. In addition, Risk 199 had transferred to the Committee from the Quality, Patient Experience and Safety Committee (QuEST) for oversight given that the Health & Safety function and programme of work were now included in the Terms of Reference and cycles of business for the People and Culture Committee.

Members were asked to note that there were a number of actions outlined at the July 2022 Trust Board meeting which would mitigate real time, avoidable harm in the context of extreme and sustained pressure across the urgent and emergency care service. These actions would further mitigate the Trust's highest scoring risks 223 and 224 and would be incorporated into the Board Assurance Framework during the scheduled review of those risks.

It was acknowledged that, whilst QuEST had oversight of risks 223 and 224, these remained the Trust's highest scoring risks, affecting every area of the organisation and, therefore, updates would continue to be presented in relation to these two risks.

Members also heard that there had been one change to the risk scores since the last meeting in May 2022 with Risk 201 (Damage to Trust reputation following a loss of stakeholder confidence) having increased to 20 (4x5) from 15 (3x5) as the ability to mitigate issues outside of the organisation were not within the Trust's control and these were contributing to the effects on the Trust's reputation.

Members received the report and commented on the current risks before noting the incorporation of the avoidale harm action plan into the Board Assurance Framework in relation to risks 223 and 224.

RESOLVED: That

1. The contents of the report and the risks relevant to the Committee were DISCUSSED.

2. The 'avoidable harm' action plan that will be incorporated into the BAF to support further mitigation of Risks 223 and 224 was NOTED.

3. The improved Board Assurance Framework was NOTED.

4. The adoption of the new nationally agreed Risk Matrix including scoring levels, review schedules and risk descriptors was NOTED.
5. The 2022/23 Risk reporting timetable was NOTED.

6. The transfer of Risk 199 to the People & Culture Committee was NOTED.

7. The increase in score of Risk 201 from 15 to 20 was NOTED.

50/22 IMPROVING ATTENDANCE PROJECT – PROGRESS UPDATE

Liz Rogers gave a progress update on the Trust's Improving Attendance project plan. Sickness absence levels were recognised as a significant concern for the Trust and to address the levels, the Project Plan had been developed and was being delivered into the organisation by a joint team from WOD and Operations.

Member heard how over the last quarter, the Improving Attendance team had been working hard supporting managers within Operations to improve attendance across their teams. This engagement was having a positive impact and there had been a culture shift with managers having a real focus on supporting attendance and a move away from a place where absence was accepted as inevitable and something that could not be managed effectively.

The report showed a month-on-month reduction in long term sickness absence since April from 6.18% to 5.70% in May and 5.18% in June. In addition, more long term sickness cases were being closed than opened every month since March. Short term sickness absence figures had fluctuated with April reporting a figure of 4.96% while May was 3.25% and June was 3.94%. However, mental health related absence had reduced month on month while musculoskeletal absence had increased slightly in May before reducing again in June, bringing it back to the April figure.

Members were informed that Covid absence had been an issue in June and July as there has been an increase in figures through those months. This was also reflected in community figures. The end of May showed Covid absences down to around 50 a day across the workforce in Operations. June saw absences rise to 133 at the end of the month then hit a peak of 170 on 10th July. In terms of Operations May saw a solid reduction in levels with EMS absence reducing from 12.89% to 9.74% and Ambulance Care from 10.97% to 8.71%.

Members received the report and queried whether any further work had been done, particularly around stress, anxiety and depression to try and understand whether these absences were work related or as a result of external non-work related issues. Liz Rogers commented that while it wasn't possible to always determine the root cause, the Trust was committed to supporting employees in their recovery and in terms of mental health support, were fortunate to have such an effective Wellbeing structure within the organisation which had proven vital in the recovery of staff members.

RESOLVED: That the Committee COMMENTED on the report and the contents were NOTED.

51/22 HEALTH AND SAFETY UPDATE INCLUDING ANNUAL REPORT

Nicola White provided an update to the People and Culture Committee on health and safety performance as well as key issues and activities in the period from 1st April 2021 - 31st March 22. The report was presented as read with Members attention being drawn to the most relevant areas of note.

These included changes to the National Health and Safety Committee Terms of Reference which were reviewed to align to a more strategic arrangement. These were subsequently approved by the Executive Management Team with a view to being implemented fully in 2022/23.

Other highlights included the development of the Health and Safety Workforce Transformation Business Case which detailed a proposal for a tiered approach for effective integration of the team into the Trust leadership structures. It was expected that a decision would be agreed during 2022, the outcome of which would influence the delivery of the 5-year Working Safely Programme Plan.

Members received the update and commented on the valuable work which had been undertaken so far to introduce and embed the updated health and safety culture within the Trust. Members then queried whether any potential risks had been identified which may need to be brought to the Committees attention. Nicola White informed Members that concerns had been raised around noise levels, particularly within Clinical Contact Centres. However, following a visit by the Health and Safety Executive (HSE), it was determined that although the levels would be continually monitored and improvement actions were identified, no further concerns were noted.

Members also heard that the HSE would be focusing its attention on risks around violence and aggression and manual handling. However, the Trust was well placed in this respect and had recently appointed a new Violence and Aggression Manager and Manual Handling Manager.

RESOLVED: That the contents of the report were NOTED.

52/22 MONTHLY INTEGRATED QUALITY AND PERFORMANCE REPORT

Hugh Bennett gave an update on the Monthly Integrated Quality and Performance Report (MIQPR). The report provided key metrics on performance for July 2022 across the Trust, with the exception of sickness where June 2022 was reported.

The report contained information on 28 key indicators at a highly summarised level which aimed to demonstrate how the Trust was performing across four integrated areas of focus:

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

These four areas of focus broadly correlated with the quadruple aims set out in ‘A Healthier Wales’ and as previously agreed, the metrics would be updated on an annual basis, to ensure that they continued to represent the best way of tracking progress against the Trust’s plans and strategies.

Members attention was drawn specifically to performance around call answering, ambulance response times, ambulance care, hours produced, response abstractions, sickness absence, post-production lost hours, handover lost hours and staff wellbeing measures.

Disappointingly, the indicators showed that in many areas there was a continued poor picture in terms of the quality and safety of the service that the Trust provided to patients. Demand across the 111 and EMS services increased in June 2022 and this, coupled with other factors such as the continuation of the Covid-19 variants, high levels of sickness absence and extreme handover lost hours continued to impact on the Trust.

Hugh Bennett and Liz Rogers then discussed the Staff Wellbeing Deep Dive. The aim of this was to look at the available data and ancedotal information on wellbeing to help understand how staff were doing in terms of wellbeing, what that meant to the organisation, where the Trust was currently at and where it would like to be. In addition, the deep dive would look at the Trust's strengths, weaknesses, opportunities and risks as well as considering what else would be valuable to have in terms of information for evaluation and decision making before deciding what actions to take forward.

The deep dive showed that many members of staff now had low levels of resilience and were exhausted as a result of system pressures and the residual effects of Covid. There had also been no respite through the summer months in terms due to ongoing issues with handover delays and service demand. In response, the Occupational Health and Wellbeing Department were able to refer staff to outside agencies for Wellbeing support as well as having an in house Wellbeing service. However, the number of people leaving the organisation had increased over the last 3 years with around 10% leaving over the previous 12 months alone.

Members received the report and expressed concern that performance was still below that which would be expected and desired despite the best efforts of staff within the Trust, especially those providing frontline EMS services. Furthermore, the current performance was during the summer period and all indications were that the situation would only become worse as winter approached. However, it was unclear what, if anything, could be done differently to alleviate the pressures the Trust and its staff were facing as ultimately, this may be beyond the control of the Trust alone and indicative of wider pressures across the entire system.

In terms of wellbeing, Members noted that the latest deep dive did not provide any information on instances or allegations of sexism within the Trust. It was also observed that trends from exit interviews, which may help identify common reasons for staff leaving the Trust were not being routinely captured. Hugh Bennett and Liz Rogers agreed that further work would be done to incorporate measures on sexism while also considering how themes and trends from exit interviews could be captured.

RESOLVED: That

1. The July 2022 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 was CONSIDERED

2. The deep dive (Appendix 2) on Staff Well-Being measures was CONSIDERED.

53/22 WORKFORCE PERFORMANCE SCORECARD REPORT

Dr Catherine Goodwin and Liz Rogers presented the Workforce Performance Scorecard Report as read but drew Members attention to the progress which had been made with PADR's. The report showed that completion rates across the organisation had increased to 65.18%, representing a 13% increase on the figure reported at the last meeting of the People and Culture Committee.

Members heard that following a series of deep dives across the organisation, Phase 1 of the PADR Refresh process was now complete and a new form had been produced. Phase 2 would involve development and launch of a manager toolkit to support colleagues and managers through the PADR process and subsequently improve completion rates across the organisation. Phase 3 of the process would involve transfer of this form to the Electronic Staff Record (ESR), enabling PADR data and information to be fully reportable, to inform organisational training and intervention plans. It was envisaged that the ESR version of the form would be live by November 2022.

Members received the report and commented on the progress around PADR compliance rates, the new form and the integration with ESR which were all seen as positive steps forward for the service.

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

54/22 CYCLE OF BUSINESS AND COMMITTEE PRIORITIES

Trish Mills provided the Committee with a draft cycle of business as the final step in the 2021/22 effectiveness review process. The process included a review of the terms of reference, with the amendments subsequently being approved by the Trust Board in May 2022.

The cycle of business was intended to provide order and structure as well as setting a Committee work plan for the year. This, together with the Board Assurance Framework, would drive agenda setting and allow papers to be planned in advance, giving Directors and report writers the opportunity to plan ahead. The process would also allow for easy tracking of the Committee's adherence to the cycle which was regarded as a marker of an effective Committee.

Members received the draft cycle of business and noted the benefits of the process, particularly around streamlining the discussions within the Committee while also refining the workflow and involvement of sub-committees.

RESOLVED: That

1. the cycles of business were REVIEWED, any amendments were proposed, and the cycle was APPROVED as a first version.

2. the Committee is not supported at this stage by a sub-committee structure was CONFIRMED.

3. the Committee could, if required, request a deep dive into certain aspects of the cycle of business.

55/22 WELSH LANGUAGE ANNUAL REPORT

Trish Mills and Melfyn Hughes gave a brief update on the Welsh Language Standards Annual Report, drawing Members attention to the 111 service which had seen a sharp increase in Welsh language demand due mainly to the last two Health Boards integrating into 111 Wales. Despite answering more calls in Welsh as a result of this, the percentage of calls dropped by 24.3% compared to 2020/21.

Melfyn Hughes informed Members that data from 111 calls and visits to the Trust's website had showed a sustained and increasing demand for Welsh language services. However, it was noted that there had been a steady drop over the past 3 years in compliance for the number of staff recording their Welsh Language Skills on ESR.

The Workforce and OD Directorate had indicated that an issue may lie with the links between the 'trac' system and ESR, with trac not being able to record anyone with '0 – No skills' in ESR. To address this, the issue had been raised with Shared Services as in order to carry out a reliable mapping exercise of the Trust's Welsh language skills capacity, this needed to be 100% reliable.

Furthermore, the Workforce Systems Assistant had created a link to a form to capture any missing competence information. A monthly report would also be run to check which members of staff were missing any of the competencies. An email would then be sent to them with the link to the form, asking them to fill it in with a deadline of a month's time.

Members received the report and noted the increase in demand for Welsh language services as well as the efforts being made by the Trust to provide and promote access to those services.

RESOLVED: That the annual report was NOTED and ENDORSED.

56/22 REVISED PAY PROGRESSION POLICY

Liz Rogers updated the Committee on the revised Pay Progression Policy for NHS Wales, which was to be adopted by the Trust. Members were advised that the Policy had been slightly updated and the latest version now included reference to the Respect and Resolution Policy, in place of the Grievance Policy. As this was an All Wales policy, it was simply for the Committee to note and adopt the policy.

RESOLVED: That the Committee NOTED and formally ADOPTED the revised Pay Progression Policy for NHS Wales.

57/22 INTERNAL AUDIT REPORT

Trish Mills introduced the Internal Audit Report as read, briefly touching upon the current position with regards to the Internal Audit tracker. Jo Kelso then discussed the Learning organisation advisory audit, noting that there were four recommendations from the audit, all of which were accepted by the Trust. Of those, three had already been actioned with the final recommendation not due until December 2022 although this was well in hand.

Jo Kelso then provided the Committee with assurance regarding the improvements made to the driving licence check processes, in response to recommendations made in the 2019/20 WAST Drivers' Medicals Internal Audit Report. Compliance during the reporting period from 1st April 2021 – 31st March 2022 was 92%.

Members received the reports and audit findings and noted the contents and recommendations. Members also noted the improvement in compliance around the driving licence check processes. No further queries were raised.

RESOLVED: That

1. the contents of the report were CONSIDERED and NOTED
2. the Internal Audit Plan activity was CONSIDERED.
3. the two current Internal Audit Reports relevant to the Committee were RECEIVED.
4. the Trust's proposals to address each recommendation with the inclusion of revised completion dates was CONSIDERED.
5. any specific items that the Committee wishes to see raised to Senior Management and Audit Committee were AGREED.

58/22 SEASONAL INFLUENZA CAMPAIGN AND END OF SEASON FLU REPORT 2021/22

Andy Swinburn updated the Committee on the seasonal Influenza Campaign for 2021/22 and detailed the uptake of the Flu Vaccine within the Trust. The report showed that the final uptake of staff vaccinated was 38.46%, which was a decrease of 11.4% from the previous year's campaign.

The number of patient- facing staff that were recorded as receiving the vaccine for the 2021/22 campaign had also notably decreased by 11.1%. It was suggested that for the second year, the Covid-19 pandemic had continued to influence the success of the campaign. This, compounded with a variety of other influencing factors, had impacted the delivery and uptake of the vaccination.

The paper also set out the constraints experienced throughout the campaign which included difficulties experienced with vaccine delivery, operational pressures, reporting mechanisms and communication with staff.

Following the review of the 2021/22 campaign, recommendations had been devised that were based upon some of the key areas of learning and improvement.

The aim of these was to streamline current processes, remove duplication of effort and improve engagement with the workforce.

Members received the report and queried whether more could be done by the Trust to improve the uptake of Influenza vaccinations amongst staff for the upcoming 2022/23 period.

Andy Swinburn commented that work was underway with the Communications team to promote the upcoming Flu campaign along with incentivisation schemes but due to new working practices, with many staff now working from home or having limited access to the Trust premises, it had proven to be more problematic in arranging and encouraging staff to come in or book their flu vaccinations.

RESOLVED: That

1. the findings from the seasonal influenza campaign 2021-22 were NOTED.

2. the suggested recommendations in the report were explored further, particularly in relation to reporting mechanisms and engagement with staff.

59/22 RAISING CONCERNS FRAMEWORK

Trish Mills provided the Committee with an overview of the work underway to develop a framework for raising concerns and speaking up. The report showed that the 'Freedom to Speak Up' Task and Finish Group had been formed to develop the framework. The report also set out the role and remit of the Group.

Members were informed that the Group would report into the Assistant Directors Leadership Team and aim to complete their work by March 2023, including the roll-out of the Work In Confidence platform. In the meantime, staff could continue to raise concerns through the traditional routes of line management and escalation set out in the All Wales Procedure for Raising Concerns, and through the sensitive issues function in Datix whilst the new framework was in development.

Members received the report and queried what mechanisms were in place for the Committee to receive assurance that progress wa being made on the framework and the mechanisms for staff to raise concerns. Trish Mills noted that while some of the assurance would come via the Quaity and Performance framework, a standalone report to the Committee could be produced if necessary.

RESOLVED: That the update was NOTED.

60/22 WASPT ADVISORY GROUP UPDATE

Trish Mills updated the Committee on on developments with the WASPT advisory group and advised Members that a number of meetings with the joint chair of WASPT had taken place. During these meetings, the Terms of Reference had been discussed, looking at any amendments which may be required.

In addition, work was underway to set a date for the shadow WASPT group to meet as well as discussions on representation and membership. Trish Mills confirmed that for the purposes of oversight and governance, the WASPT advisory group would continue to report into the People and Culture Committee. Liz Rogers further commented that discussions had been very positive and steady progress was being made.

RESOLVED: That the update was NOTED.

61/22 MINUTES OF SUB GROUPS

The Minutes of the sub-groups were presented as read and for information purposes only.

62/22 ISSUES TO BE RAISED AT BOARD

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

63/22 ANY OTHER BUSINESS

There was no other business.

64/22 DATE OF NEXT MEETING

The date of the next meeting was scheduled for 29 November 2022.

PUBLIC ACTION LOG

WELSH AMBULANCE SERVICES NHS TRUST - People and Culture Committee

Ref	Date	Agenda Item	Action Note	Responsible	Due Date	Progress/Comment	Status
29/22a	10 May 2022	Absence Management Plan	Investigate the use of automated data for sickness recording	Liz Rogers	5 September 2022	Item included on Agenda for 5th September 2022 and discussed during meeting by Members. Item now Closed.	Closed
29/22b	10 May 2022	Absence Management Plan	More information requested on the action plan in terms of timelines on RAG rating and outcomes.	Liz Rogers	5 September 2022	Item included on Agenda for 5th September 2022 and discussed during meeting by Members. Item now Closed.	Closed
33/22	10 May 2022	Health and Safety	The health and safety report for the September meeting to feature high up the agenda.	Dr Catherine Goodwin	5 September 2022	Item included on Agenda for 5th September 2022 and discussed during meeting by Members. Item now Closed.	Closed
34/22	10 May 2022	Committee priorities	Circulate the committee priorities via email aligned to the IMTP people priorities.	Trish Mills	5 September 2022	These were circulated to members. Item now closed.	Closed
52/22	5 September 2022	MIQPR	Reflect on the deep dive and come back to next PCC with firm actions. Incorporate sexism into our measures and also consider how we can capture themes and trends from exit interviews; and consider turnover further, which whilst low is increasing.	Hugh Bennet/Liz Rogers	29 November 2022	Update: Verbal update will be given on the 29 November 2022.	Open
55/22	5 September 2022	Welsh Language Standrads Annual Report	Look into Welsh Language KPI's to see what work can be done with the 111 Service and HR to improve performance.	Trish Mills/Melfyn Hughes	29 November 2022	Following agreement with 111 a request has been made to Health Informatics to set up a reporting template for 111 Welsh language calls. Other data to be reported: NET Centre (NEPTS) data on Welsh language calls and user interaction with Welsh language 111 online services.	Open

Director Update: *Workforce & OD*

PEOPLE AND CULTURE COMMITTEE

29TH NOVEMBER 2022

ANGIE LEWIS

DIRECTOR OF WORKFORCE & OD

Our Successes: September - November '22

REACT training delivered to more than 100 colleagues, helping them to notice in themselves and others signs of psychological ill health, and develop skills to hold compassionate and understanding conversations

8 Chaplains successfully inducted, to provide spiritual and wellness support to anyone who may need it, regardless of their religion or spiritual beliefs.

WAST Community Swap Shop established in response to the cost of living crisis, providing colleagues across sites with the opportunity to share unused equipment and furniture to reduce spending.

Angie Lewis, Director of Workforce and OD, was able to introduce herself to over 500 staff over the course of two weeks on the road as part of the Executive Team Wales Wide Road shows. It also meant Angie was able to meet many of her own team as well as sharing her first impressions of WAST (spoiler alert – they were good!). The Roadshow was incredibly well supported by TeamWOD – even providing flu vaccines on site – and more than 50 staff took this opportunity.

Funding secured for a further 8 Mind Over Mountains Events; these are part of our offering to support the health and wellbeing of all our staff. Following positive feedback collected from previous events, the popularity of these one day guided walks that encompass mental health support has grown. The 'eye balling' of traditional talking therapy is replaced with a more natural conversation walking side by side, whilst surrounded by nature. The achievement of summiting a mountain together with colleagues provides a unique opportunity for connection, reflection and vulnerability

Colleagues across the Trust received their Long Service Awards, recognising their contribution to WAST (***pictured***: *Angie with 2 of our WOD colleagues who received their Long Service Awards, Angie Roberts and Jan Cross).*

Several health promotion campaigns launched (Breast Cancer Awareness, Know Your Numbers Week (Blood Pressure Awareness), National Eye Health Week, World Mental Health Day)

Attended celebratory events Black History Month and the Indian festival of Mela. Opportunities were taken to discuss the work of WAST and opportunities to join the organisation

'Compassionate Practices for All' training delivered to 101 colleagues, the principles of which will be used to support a simpler and consistent approach to managing workplace employment issues.

Project Wingman (mobile wellbeing lounge) visited Swansea colleagues at Matrix House

Delivery of NEPTS Vehicle Familiarisation training to Swansea University students enabling them to join our Bank workforce (post placement), coupling studies with part time patient care.

Financial Wellbeing support discussed at every Warm WAST Welcome session, recognising how pertinent this is to colleagues at the moment.

Launched Sexual Safety Survey and shared initial findings at CEO Roadshows to begin raising awareness of this systemic problem. The roadshows reached over 500 colleagues and this engagement led to an influx of survey responses after each event. Our approach to addressing the issues being raised through our survey, is very different and we are leading the way within the sector. We showcased this work to AACE and UK Ambulance Services (***pictured***: *Catherine and Bron at the Women in Health and Care Leading for Change conference*)

Senior paramedic inductees given familiarisation training in the NQP process and TEMT placements to support those colleagues aligned to them. 111, CCC and CSD colleagues inducted onto Professional Education related regulated qualifications enabling future delivery of in-house Apprenticeship programmes and supporting current induction and CPD (L4CET, L3CAVA and L4AUIQAAPP).

Challenges

Colleagues' capacity to participate in the wide range of activities and services offered by WOD

Ability to measure impact of interventions

Complex and inefficient processes

Future Focus: What's Next...

- Continue to build on Sexual Safety work
- Further embed Compassionate Practices for All, ensuring that harm to individuals and the organisation is minimised
- Socialise our People and Culture Plan
- Continue with recruitment and training plans to deliver additional 100 FTEs by end of January 2023 (***pictured***: *some of our new Trainee EMTs commencing their studies at Cardiff Workforce Education and Development Centre)*

OPERATIONS DIRECTORATE
QUARTERLY REPORT FOR COMMITTEES
2022-23 Q2 (Jul-Sep22)

National Operations & Support

Challenges

Death of Her Majesty Queen Elizabeth II

Following the announcement of the death of Her Majesty Queen Elizabeth II, Operation Dragon (the Queen's funeral arrangements) and Operation Spring Tide (King Charles III succession to the throne) were set in motion. There was a significant directorate response to plan for these events. This included the provision of mutual aid to London in the form of Mobile Response Teams (MRTs) to support the state funeral held on 19th September, and joint working with partner agencies in preparation for the King's visit to Cardiff on 16th September 2022.

The Trust's Emergency Preparedness Resilience and Response (EPRR) Team, was already working closely with Welsh Government and partner agencies regarding the planning for the death of HM The Queen, subsequent Proclamations and The King's visit to Wales. However, when HM The Queen passed away urgent planning was still necessary. This resulted in pausing all other EPRR related work streams and assigning members of the team to specific tasks to ensure the Trust was ready in time.

The EPRR Team led the WAST planning team, brought together areas of the Trust to support the response and partners from St John Ambulance Cymru, and worked closely with multi-agency colleagues to ensure the Trust met its obligations within the specific response plans; This included working closely with Clarence House, the Royal Protection Team, medical leads, multi-agency partners within Wales and Welsh Government representatives.

Providing Mutual Aid to the Isle of Man Ambulance Service (IOMAS)

The IOMAS requested mutual aid to support them firstly with the TT race and then with the Manx GP. At the time the request was made the EPRR Team was not up to full capacity with a Locality Manager and Service Manager vacancies. This meant that members of the team were required to oversee the Trust civil contingencies responsibilities and as the events season has just started and there was a renewed interest in large events post the pandemic, this area of work was also very busy.

In order to meet the request an initial assessment was undertaken. It was ascertained that the original ask was for operational members of staff therefore the sourcing of staff to go to the IOM was passed to our Emergency Medical Service (EMS whilst the EPRR team coordinated the deployment of staff to the IOM.

The request was fulfilled and on both occasions the staff deployed were very happy with the arrangements in place and the IOMAS were very complimentary of both our staff and the organisation around their deployment.

Testing of the Trust Incident Response Plan (IRP)

The EPRR team recently reviewed and updated the Trust Incident Response Plan (IRP) which was subsequently approved by the Executive Management Team (this will be reported to our Finance and Performance Committee within the now established cycle of business). In preparation for its publication, the team engaged with all of Health Boards across Wales to develop and deliver two large multi-agency hybrid table top exercises, one in the North and one in the South, to test the Wales Mass Casualty Arrangements. These exercises would enable the Trust to test a large number of the elements of the IRP.

The EPRR Team is not afforded a training exercise budget, therefore it relies on partner agencies to support multi-agency exercising and fund the cost of planning and delivering exercises.

Planning was progressing well. However, due to increasing pressures within the hospitals, Health Boards made the decision to withdraw from the process, therefore the exercises will no longer be going ahead. Consequently the opportunity to test important elements of the Trust's IRP is no longer available.

In light of the very recent publication of the Manchester Arena Public Enquiry recommendations, the Trust is likely to need to take stock of our approach to exercising. The team shall be reviewing this report to determine what action must be considered by WAST.

IMTP

Staff & Volunteer Wellbeing

We continue to monitor and review the wellbeing of all staff and volunteers within the Operations Directorate, and identify opportunities where we can further support our staff and volunteers. A number of welfare related charitable funds bids were submitted by the directorate and approved by the Trust's Bids Panel in September 2022 and work is underway to bring these initiatives to fruition:

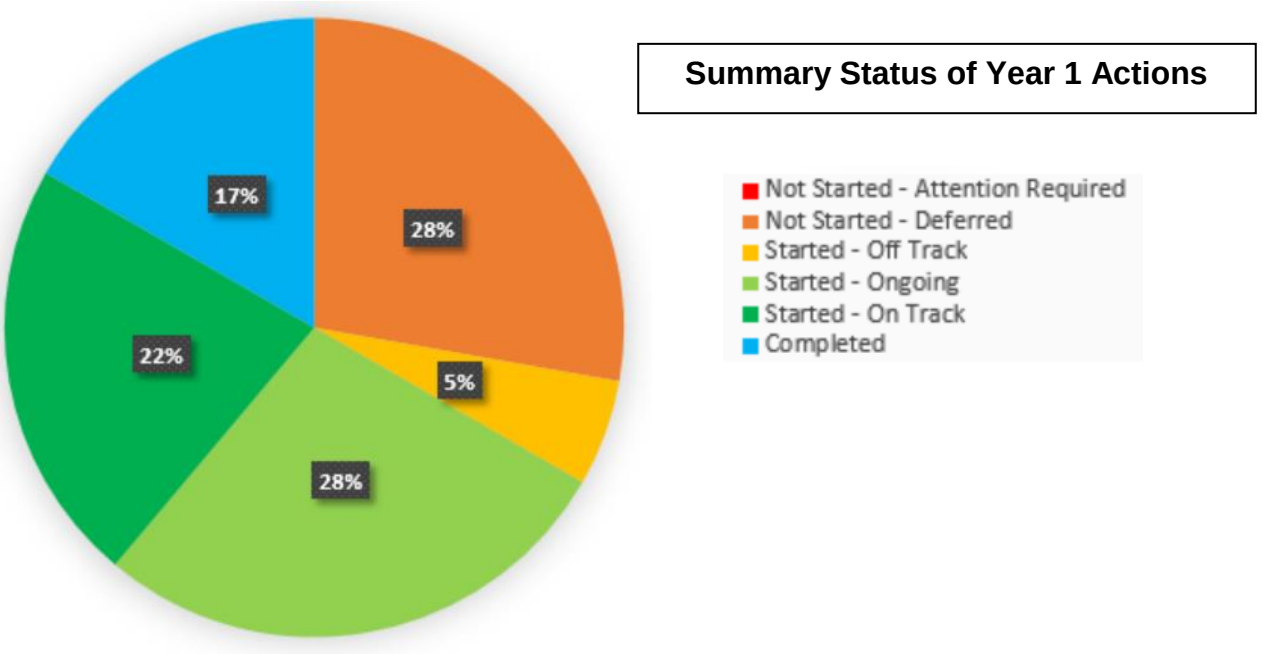
- Provision of Christmas Day Dinners and Christmas Hampers
- Development of a Hazardous Area Response Team (HART) Wellness Garden
- Zen Rooms for Contact Centres (EMS CCC & 111)
- Further supply of WAST Engraved Vacuum Flasks

A further extension of the hospital concession scheme up to the end of January 2023 has also been made.

WAST Strategy for Volunteering

The action plan accompanying the Volunteer Strategy continues to be progressed with a number of achievements realised during Q2. The pandemic and service pressures have impeded progress and outstanding year 1 actions are being considered against year 2 actions by the team:

- Establishment of the WAST **Volunteer Steering Group**
- Volunteer support at **events** supported by entire Trust (Royal Welsh Agricultural Show)
- Volunteer team structure increased to now include 2 additional CFR trainers, 2 additional Operational Assistants, 2 new Support Officer Posts (to support compliance & training co-ordination) within its funded establishment
- **Community resilience and service development** now has the dedicated focus of an Operations Manager, Community Support
- **Social media** coverage of volunteers and volunteering activities has increased
- Newly created **volunteer roles within CCC environment** received positive feedback
- Volunteer support provided to **111 Service** during recent business continuity incident
- **CFR champion roles** within stations have been developed and are proving successful



Response to & Recovery from the COVID-19 Pandemic

The majority of IMTP deliverables associated with the Trust's response to and recovery following the COVID-19 pandemic have been completed. The only action outstanding is that of lessons learnt during the last wave of the pandemic as the formal debrief has not yet completed. However, many of the systems and ways of working established during this period are continuing post pandemic.

Emergency Preparedness Resilience & Response (EPRR)

We are awaiting publication of a number of formal reports which will need to be reviewed to identify implications for the Trust and the potential impact of the recommendations made or any change in policy requirements:

Publication	Update
Consider the potential impacts on us from the review of the UK Civil Contingencies Act (CCA) 2004 and the likely legislative implications on our workforce.	Review ongoing by Westminster Government
Implementation of a Protect Duty (related to counter-terrorism preparedness) on all public bodies.	Publication anticipated circa March 2023
Receive and consider outcomes of the UK COVID-19 Inquiry and implementing lessons identified.	Inquiry has commenced and work is underway to provide information to the Wales Inquiry to apply for core participant status for module 3
Assess the outcome and recommendations from the Manchester Inquiry and prepare a report for consideration by WAST Executive	Publication due 02/11/22

General Update

Volunteer Steering Group

A WAST Volunteer Steering Group has been established to provide volunteers with a forum to be heard and identify opportunities for collaborative working within the Trust. Steering group membership consists of: representatives from Community First Responders, Volunteer Car Service, EMS Coordination, Chaplaincy Service, Volunteer Management Team and Operations Business Management. The Operational Delivery Unit (ODU) and PECI Team are also invited to attend. The group meets every 6 weeks and its' Chair and Deputy Chair are volunteers appointed by members. An open invitation is extended to Executives and Non-Executives to join any future meetings to support and engage with our volunteers.

EPRR and Specialist Operations

The Hazardous Area Response Team (HART) celebrated its' ten year anniversary in July 2022. The last ten years have seen a number of developments within the team including new vehicles, new technologies and advances in the team's capabilities. The team is proud of what they have achieved and continue to work hard to support the Trust and the communities they serve.

Resourcing & EMS Coordination

Challenges

EMD Recruitment and Retention

Emergency Medical Dispatcher (EMD) Recruitment and Retention has been an issue for some time, but has been acute over the last 6-12 months. The current rate of external attrition alone is circa 23% with yet more staff leaving to take up internal vacancies across the organisation. This has left the EMD establishment under significant pressure. Of the current establishment of 111.76 WTE in the EMD function we have experienced 56% turnover in the last 3 months along with 63 new EMDs taking up post since September. This has a profound impact on the performance across the unit as new EMDs try to acclimatise to the operational environment after training, but also seriously diminishes the availability of experienced colleagues to support their new colleagues.

The original challenge was to recruit and train sufficient staff to meet the vacancy levels within EMS Coordination and we have met that through working with People services to adapt out recruitment model to ensure that we can attract a broader spectrum of potential candidates and by providing assessments and interviews on weekends. A paper has also been prepare for EMT to consider ways of retaining staff.

Concerns

The number of Concerns flowing through from the 'Putting Things Right' Team continues to challenge staff across Operations Quality. The number of audits required as part of the investigation process remains high (circa n140) and well above the pre-winter numbers that we could have expected historically. The Operations Quality Team together with the 'Putting Things Right' team have worked collaboratively to deliver a 'one team' ethos working cross directorate to deliver a joint solution that meets the legislative requirements and patient safety needs, together with a proportionate investigative process. This arrangement provides the most timely solution so that we can continue to meet our expectations in terms of learning lessons and providing patients and families with the responses they need.

IMTP

Research & Innovation - Upgrade 999 Platform

An upgrade of the 999 platform is required to improve resilience, flexibility and interoperability for 999 call processing. The Assistant Director of Operations for Resourcing and EMS Coordination has been in discussion with the Head of ICT regarding the approach to funding. A response is awaited from Capital Programme Board and negotiations by ICT are ongoing.

General Update

IAED: 'ACE in Good Standing'

The international Academies of Emergency Dispatch (IAED) is the standing-setting organisation for emergency dispatch and response services worldwide, and is the leading body of emergency dispatch experts.

The IAED's various board and councils work on behalf of its members, and in co-ordination with other influential public safety organisations, to ensure that the comprehensive system of emergency dispatching is as safe, effective and up-to-date as possible. IAED is the only standard setting organisation to identify, research, maintain, produce and maintain standards of practice for emergency dispatch worldwide.

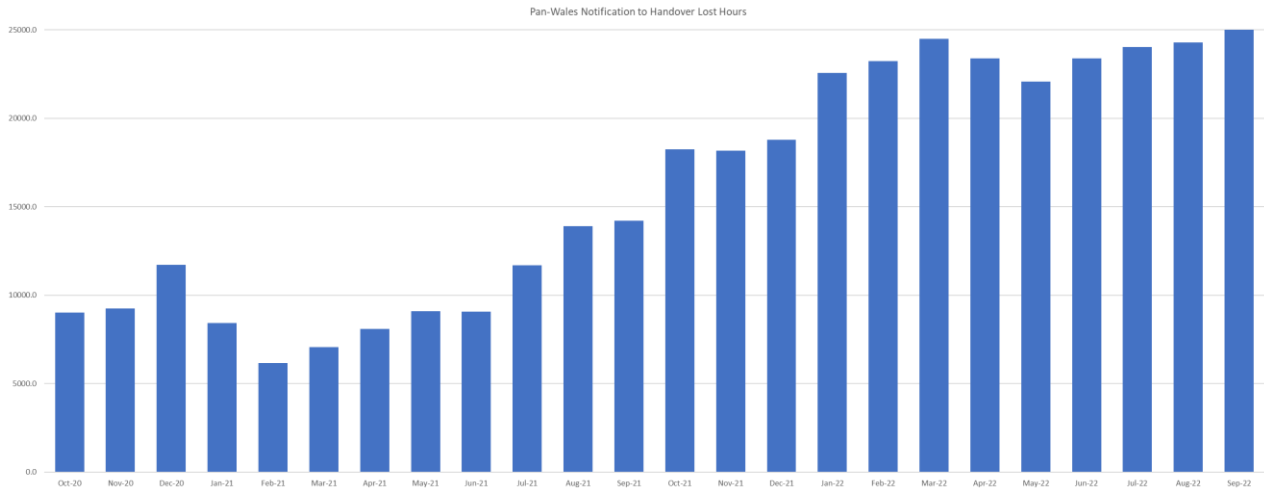
In July 2022, we submitted our ACE reports for the period April-June 2022. Following review of these ACE reports, the IAED determined that the Trust had met all requirements and achieved 'ACE in Good Standing' accreditation for Q2 2022. The Trust was congratulated on its commitment to excellence and thanked for its dedication to maintaining the high standards of accreditation. Additionally, recognition was also awarded for maintaining best practice during this especially challenging time of the Pandemic.

Emergency Medical Service

Challenges

Continued System Pressure

Delayed handover of care at Emergency Departments across Wales remains a significant challenge in being able to provide a safe level of emergency service. 25,167 hours were lost in September and on average we are losing 30% of our conveying capacity to delayed handover.



IMTP

EMS Roster Review

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

The first of the new rosters are now live with 45% of Localities now operating under their new arrangements with the remaining on track to be operational before the end of November 2022.

CHARU resource type will be staffed by a paramedic who has successfully completed the training and education requirements. The three-day training course comprises of numerous assessments both written and practical on the latest evidence-based practice, adhering at all times to the policies and standards inherent within WAST. The course includes training and education in new medicines, additional equipment, technical and non-technical skills associated with clinical management of patients who have critical injuries or illnesses.

The project remains on track to be completed by the end of Q4 2023. See web link for latest update: Siren - News - 2022-043-CHARU

Improving Response Times in Rural Areas

EMT recruitment and recruitment to address the shortfalls in Powys is underway. Alongside this one workshop has already been held and another is scheduled for the end of October 2022. Following these workshops a paper will be crated outlining sustainable rural recruitment to support rural performance.

Develop Optimising Conveyance Improvement Plan

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

General Update

Christmas Planning

Christmas Planning has commenced within the Operations Directorate. Rosters for the festive period have been finalised and published. Charitable Funds have been awarded to provide Christmas Day dinners for those staff rostered to work on that day, and Christmas Hampers for stations/teams.

Ambulance Care

Challenges

Reduction of T1 Walkers Demand & Development of Eligibility Criteria

Work on this IMTP deliverable commenced in June 2022 but there is currently no agreement from Commissioners who have shared that Welsh Government do not wish to progress this. Following discussions with National Collaborative Commissioning Unit (NCCU) the Ambulance Care Management Team is creating a position paper to be presented to Welsh Government outlining the risks and mitigation. The matter of transporting ineligible patients may become more acute as the financial environment become more constrained.

Call Answer Performance

Increased call length due to additional scripting for Covid and eligibility combined with challenges with recruitment and retention had led to the performance of the non-emergency booking line being challenged for the first half of 2022.

A performance recovery plan was developed to provide focus on improving the service's call answer times and abandonment rates. As the impacts of the measures introduced start to have impact, we are beginning to see a steady improvement in core measures, however more work is required in this area.

The biggest challenge facing the function remains recruitment and retention of staff as the posts are band 2 and the recruitment market is currently very competitive for this level role. The service is working with the communications team and people services colleagues to implement actions that will hopefully ensure the position remains sustainable moving forward.

IMTP

Agree Roster Keys Pan-Wales

During the summer surgeries to review roster keys were slightly delayed therefore the date for completion was extended from Q2 to Q3. The need for urgency around this deliverable was conveyed at the last Programme Board. An evaluation was undertaken during September 2022 and the CLERIC system will be utilised to model keys during October 2022.

Review of Resource Unavailable Time

A multitude of work streams continue to be progressed within Ambulance Care. In September 2022, the action related to the review of unavailable time was completed. Reporting regarding resource downtime is now live and data included in the pack presented to the Operations Directorate Weekly Performance, demand and Capacity Meeting.

General Update

Capacity Management Plan

A Capacity Management Plan (CMP) has been deployed to guide the allocation of transport ensuring NEPTS remains within the budgeted resource provision. The result of the CMP has been a significant reduction in taxi expenditure. Further work is required to fully understand the impacts of using the Capacity Management Plan but financially this is aiding cost containment.

NEPTS Cleric Upgrade

Following completion of the new externally hosted environment for the upgraded NEPTS Computer Aided Dispatch (CAD), the new CLERIC Pink system is due to go live in December 2022.

Transfer of UCS from EMS to Ambulance Care

In July 2022, Trust staff who are in (Urgent Care Service (UCS) roles transferred from the Emergency Medical Service (EMS) to Ambulance Care. The transition is now complete and we have worked with People Services colleagues to develop an improved recruitment plan to address significant projected gaps of up to 50% in the services establishment. Delivery of the plan has gone well and we are on track to return to a full establishment by January 23.

Integrated Care

Challenges

Business Continuity Incident – 111

On 4th August 2022, the I.T. platform used in health boards to accept and manage referrals from 111 suffered an outage. That outage continues (at time of report 04/11/2022) and resulted in the Trust having to enact Business Continuity Incident (BCI) arrangements. New operational arrangements were designed and implemented to manage the impacts.

These arrangements included the deployment of GPs and Pharmacists into WAST, management of Priority 3 patients differently and other operational changes. Many of these arrangements have proved sufficiently successful that work is now underway to consider their place in the future 111 operational model.

The Business Continuity Incident was stood down on 15 September 2022, however work continues to prepare for reinstatement of systems.

IMTP

Implementation of 999 Triage System (ECNS)

The 999 Triage system (Emergency Communication Nurse System - ECNS) has been implemented successfully and further training provided in July 2022.

Testing of Booking Systems

Work is underway via the 111 Programme Team to identify pilot opportunities to test direct booking systems for 111 patients to Health Board services.

Deliver an Improved Directory of Services

A National Directory of Service Review led by NHS Improvement was undertaken and a number of change recommendations received. The findings of the review was presented to the Project Board and a task and finish group established. However, all of the recommendations made had significant funding implications therefore these have not yet been implemented due to financial constraints. A report was provided to the Six Goals Programme Board.

111 Press 2 (Mental Health)

111 Press 2 went live in Swansea Bay UHB on 2nd August 2022. The service, operated by the Health Board in collaboration with the Trust, connects callers requiring urgent mental health support to a specialist practitioner. Given the way this is hosted, we do not know the demand being managed by both Hywel Dda and Swansea Bay. We do however monitor the rates passed to 111 when these services are closed and these numbers so far are small.

111 Rostering

In July 2022 the trials of new shift lengths and shift start times in 111 commenced pan-Wales. Following engagement with staff and staff support, on the 12th September 2022 the service will commence a 13-week fixed rota trial. It is anticipated that the outcome will be an increase to the amount of fixed working rotas to enable a more comprehensive baseline cover. This work reflects extensive staff engagement with a view to improve attendance.

General Update

Integrated Care Estate

The Integrated Care teams moved into the new centre in Ty Elwy, North Wales, in August. The works at Vantage Point House continues and are expected to continue through the coming months. These fantastic new facilities provide modern, fit for purpose facilities for our people.

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

People and Culture Plan Report

MEETING	**People and Culture Committee**
DATE	**29th November 2022**
EXECUTIVE	**Angela Lewis, Director of Workforce and OD**
AUTHOR	**Liz Rogers, Deputy Director of Workforce and OD**
CONTACT	**Liz Rogers, Deputy Director of Workforce and OD**

EXECUTIVE SUMMARY

The report highlights key progress made against 'Being Our Best: Our People and Culture Strategy 2019-2022'.

The report also considers where we are now, based on our current landscape and what are the key areas of focus for our new People and Culture Plan, 2023 -2026.

The plan is based around the concept of the '3Cs', building our **Culture**, **Capacity** and **Capability** within the context of the **ABC** – creating **Autonomy, Belonging** and **Competence**, which are the three psychological needs to grow motivation and enable better handling of stress.

This report also provides an early indication of our intended areas of focus for the 2023 IMTP and highlights key actions required in relation to our EDI agenda, specifically in relation to the Wales Anti-Racist Action Plan. Whilst these activities form part of our overall EDI agenda, captured and reflected within our People and Culture Plan and IMTP Deliverables, the appended action plan (**Appendix 2**) is shared with the Committee given the relevance to members (specific actions for Trust Board members) and deadlines falling within the current financial year.

KEY ISSUES/IMPLICATIONS

The report captures some delivery highlights of the previous strategy and areas where work will continue as it naturally progresses into the new People and Culture Plan. The report introduces the '3Cs' framework of our new draft plan and the areas of focus for the WOD team to support the organisation in achieving its objectives. The focus on Culture, Capacity and Capability covers the people priorities we have identified.

Approval of the approach and the priorities is sought from the Committee before the final iteration is presented and socialised across the organisation.

The need to measure progress and success is outlined and will be reported back to P&C Committee for assurance and feedback.

The Committee is asked to:

NOTE and **COMMENT** on the proposed key areas of focus for our People and Culture Plan (2023-26);
NOTE and **COMMENT** on the proposed IMTP priorities;
NOTE and **SUPPORT** the Wales Anti-Racist Action Plan.

REPORT APPROVAL ROUTE		
WHERE	**WHEN**	**WHY**
WOD Business Meeting	22.11.2022	For discussion
P&C Committee	29.11.2022	For noting and comment

REPORT APPENDICES
Appendix 1: SBAR Appendix 2: Wales Anti-Racist Action Plan

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

Appendix 1: SBAR

SITUATION

1. The purpose of this report is to:

    a. Highlight key progress made against Our People and Culture Strategy (2019-2022);
    b. Share key areas of focus for our developing People and Culture Plan (2023-2026);
    c. Provide an early indication of how these translate into our priorities for the 2023 IMTP; *and*

d. Make the Committee aware of specific actions required in relation to our EDI agenda (Wales Anti-Racist Action Plan).

2. When the previous strategy 'Being Our Best: Our People and Culture Strategy 2019-2022' was developed, the world and WAST were in a different place. The strategy actually noted how difficult it was to predict the future with any degree of accuracy; that prediction proved true with the arrival of Covid 19 and the disruption that came with it.

3. In March 2020 everything shifted. The pandemic significantly changed the landscape and had a huge impact, especially on our workforce wellbeing and resilience, but there was also learning and we became a more agile organisation. WAST moved to a cell structure as keeping our people and patients safe rightly became the focus. Operational delivery was front and centre. Things had to change but there was some space for the delivery of aspirational and development work. In fact, good progress was made on a range of ambitions and priorities.

4. Some themes in our new plan are sustained from the previous Strategy. It noted there were the beginnings of the move to being more of a provider of out of hospital healthcare services rather than a pure conveyance service. The further development of this concept, 'Inverting the Triangle', is the key strategy for WAST and therefore our next P&C Plan supports this. In the last plan, there was recognition of the need to ensure that our future workforce was sustainable, highly skilled and capable of delivering, collaborating and co-ordinating the provision of care across the wider healthcare system. This is a strong and valuable intention which still holds true and can be seen through our new plans.

5. As we now develop and socialise our new People and Culture Plan, we can reflect on what has been achieved over the past three years and the direction for the next three years from a people perspective.

BACKGROUND

6. The People and Culture Strategy 2019 – 2022 set out the Workforce and OD ambitions and priorities to create the right conditions for our people to be their best, enabling everyone to enjoy a productive, healthy, happy (working) life and to support and underpin delivery of the Trust's ambition to be the leading ambulance service, providing safe, effective, high-quality care to the population of Wales.

7. The key elements of the strategy were:

   - **Plan** – effective planning of our workforce to ensure sufficient people are available, in the right place, at the right time with the right skills and behaviours to deliver our long-term ambitions.
   - **Recruit and Resource** – prioritising actions to improve resource availability, increases workforce productivity and efficiency, tackling absence and reducing recruitment timescales and challenges.

- **Educate** – transforming our approach to education and training, providing quality assured, person-centred development opportunities, nurturing a supportive Trust-wide culture of lifelong learning.
- **Engage** – we will focus on ensuring this is a great place for us all to work, train, volunteer and grow, supported by vibrant, compassionate, courageous and collaborative leaders.

8. Alongside this are our key people goals from the vision of 2030 of being:

- **Engaged** - We will be recognised and renowned as an exceptional place to work, volunteer, develop and grow
- **Sustainable and Agile** - We will design the future shape of our workforce and ensure they are highly skilled and agile to deliver excellent care to the population of Wales, and the ambitions of our long-term strategy
- **Well Led** – We will develop courageous, compassionate and collaborative system leaders; leaders who are inclusive in approach and capable of fostering innovation and improvement across the Trust
- **Healthy** - We want everyone to enjoy a long, healthy, happy and productive (working) life

What has gone well?

9. There are many achievements of note, some are listed below:

- Our wellbeing offer to colleagues is amongst the best with a wide range of support mechanisms which are easily accessible.
- Our engagement with higher education providers is collaborative and supportive. We have formed relationships with new providers in our 'fallow' newly qualified paramedic year at Swansea to provide a source of quality candidates to join WAST.
- The pandemic pushed us to work remotely overnight and many colleagues can now work in a more agile way. This is extending to new parts of the business such as the clinical service desk, including remote training and learning.
- Increased recruitment demands have been met to date by growing our workforce at pace and meeting roster requirements.
- Levels of absence which have peaked during the pandemic, especially in our front line services have been reduced in line with our targets and will continue with these efforts.
- New apprenticeship pathways have been developed alongside developing career pathways.
- We developed our 'Learning Launchpad', an online learning resource for everyone.
- The securing of University status is imminent.
- Our new behaviours have been developed and adopted after a wide consultation exercise to capture who we are and how we work in WAST.
- We have developed a high quality offering on compassionate leadership to support managers to support their teams.

- Speaking up safely options have grown and we will soon be launching a new tool for colleagues to use as well as maintaining other channels to raise concerns in a psychologically safe environment.

What will we continue working on?

10. There are some things that we will continue to build on in our new plan. For example, there are further opportunities around wellbeing and bringing our TU partners to the table on challenging issues such as meal breaks, shift hours and shift overruns in order to improve the wellbeing of our staff.

11. We will work on extending our reach into diverse communities to introduce WAST as a real option for employment and work on our career paths and further growing our apprenticeship options. This will support our workforce planning approach and workforce development as we change our workforce model. The scoping of our updated strategic workforce plan requirements will be aligned to inverting the triangle and therefore must be flexible enough to change to meet demand.

12. We will go back to basics with skills for our line managers focusing on the core tenets of good management and leadership within a compassionate leadership framework.

13. We will continue to build on creating a psychologically safe working environment where colleagues can speak up safely and freely.

ASSESMENT

Our People and Culture Plan 2023-2026

14. The purpose of the plan is to underpin the strategic plans in WAST. By clearly identifying the key people focus areas, we can give our teams an opportunity to contribute at the highest level and define the environment we need to create for people to do their best work, feel valued and have a sense of belonging.

15. Our plan ins build on the '3Cs' – **Culture**, **Capacity** and **Capability** and wrapped around this is the **ABC**, i.e. nurturing **Autonomy**, **Belonging** and **Contribution**. The 3Cs are our enablers for success and supported by the ABC which are the three psychological needs to grow motivation; people who have these needs fulfilled have also been observed to handle stress better.

Why 3Cs?

16. The 3Cs gives us a framework that is easily understood. The activities we deliver fit under these headings and it will assist in colleagues and other stakeholders in 'joining the dots' and aligning the work we deliver to these themes. By focusing efforts on these key areas, supported by the underpinning ABC, our WOD teams will see how they contribute to achieving the objectives of the People and Culture Plan.

Culture

17. We define culture through our behaviours, values and purpose. Our culture will be focused on creating an environment where wellbeing, compassion and a positive employee experience are front and centre. Our work around equalities, diversity and inclusion and our policy framework will support our plans to create an environment where colleagues have autonomy in their work, feel a deep sense of belonging and are psychologically safe to raise concerns and to make decisions and have control in their jobs. By working out what we cherish in WAST i.e. what we want to keep in terms of our culture and then what needs to change. We can develop our target culture and ensure that our plan supports the achievement of that culture.

Capacity

18. Capacity is about ensuring we have the right people in the right posts at the right time with the right skills and the right cost. Increasing our headcount on the front line has been a real challenge and this will continue when it is an employee market. Our intention to reduce conveyance and increase hear and treat and see and treat services will fundamentally change the way we deliver services. Therefore, the plans on recruitment and selection, workforce strategy, training and education and attendance management play a key role delivering that aspiration.

Capability

19. The capability of our workforce will be at the core of the plan. Training and education, learning and development, leadership and management skills are captured and focus on producing suitably skilled and qualified people who can work at the highest level of their scope of practise and are comfortable to make decisions within their control. A capable workforce will convey fewer patients having the confidence to make decisions on treating at home. As we upskill the organisation and 'Invert the Triangle', our career pathways and learning support become increasingly important, as do our recruitment and succession strategies to ensure we have an internal source of talent to progress through the business. Building digital and change management skills across the organisation to embrace new ways of working and new opportunities is critical. The best ideas for innovation and efficiency will come from the business, therefore giving colleagues confidence and competence is critical.

How does it fit in with WAST strategies and plans?

20. The Plan has not been developed in isolation. It has emerged through a team approach in the context of key organisation documents and wider system documents including:

    - Delivering Excellence, Our vision for 2030
    - Inverting the Triangle
    - IMTP
    - The Six Goals for Urgent and Emergency Care
    - The Well-Being of Future Generations Act

How will we socialise the plan?

21. We want to work collaboratively and not in isolation and the plan will support the delivery of our organisational goals. The report and sharing of the draft document with EMT and PCC is the beginning of the socialisation of the plan outside of the WOD team. From here, we will share with ADLT and across the organisation so colleagues can understand what it means to them.

Measuring and Evaluating Success?

22. A key question is how do we know we have achieved what we set out to achieve? The plan sets out how we measure success, and that is achieved through both soft and hard measures. By creating a dashboard of People and Culture Plan measures and through key performance indicators to measure success, we can evidence how we are doing. Quantitative measures such as attrition, sickness absence, recruitment data and engagement scores will be collated. More qualitative measures, such as feedback from colleagues and stakeholders will be collected, including feedback through pulse surveys and listening exercises. What people see, hear and feel will change positively. This will be shared with the People and Culture Committee. The WOD leadership team will manage the work through the directorate plan and through the Strategic Transformation Board.

Draft IMTP Deliverables

23. As we continue to shape our People and Culture Plan, we have identified some key areas of focus for the coming year which will be reflected in our IMTP Deliverables.

24. Sustainability, efficiency, proactivity and professionalism are the golden threads woven through our plans for 2023 and onwards, and our focus will be on strengthening our foundations and getting the basics right, in order to improve employee experience. Aligning our IMTP priorities with the 3Cs as per the People and Culture Plan, the following provides a summary of our proposed activity:

    a. **Culture:** Developing our target culture by increasing psychological safety, embedding the principles of a learning organisation and improving colleagues' wellbeing. **Key agendas:** Sexual safety, EDI, compassionate practices, Speaking Up Safely, health and wellbeing.
    b. **Capacity:** Lay the people and culture foundations for the organisation to realise its ambitious plans, ensuring efficiency, effectiveness and sustainability. **Key agendas:** Strategic workforce planning, continuous improvement, operational efficiencies (internal and external to WOD), People Development Policy.
    c. **Capability:** Support the development of suitably skilled and qualified people who can work at the highest level of their scope of practise and are comfortable to make decisions within their control. **Key agendas:** Change management, leadership and management development, onboarding, inter-disciplinary learning.

Wales Anti-Racist Action Plan

25. Welsh Government has launched the Anti-Racist Wales Action Plan, aiming to make Wales an anti-racism country by 2030. The purpose of the Plan is to make a measurable change to the lives of ethnic minority people by tackling racism. The Plan is intended to guide Welsh Government, the public sector and other sectors which Welsh Government can influence. It is based on the values of being open and transparent, rights-based and putting lived experience at the heart of all Welsh Government activities.

26. Whilst these activities form part of our overall EDI agenda, captured and reflected within our People and Culture Plan and IMTP Deliverables, the appended action plan (**Appendix 2**) is shared with the Committee given the relevance to members (specific actions for Trust Board members) and deadlines falling within the current financial year.

RECOMMENDED

27. The Committee is asked to:

NOTE and **COMMENT** on the proposed areas of focus for our People and Culture Plan;
NOTE and **COMMENT** on the proposed IMTP priorities;
NOTE and **SUPPORT** the Wales Anti-Racist Action Plan.

Appendix 2

Actions (Welsh Government)	Output	Impact	By When	Lead and Partners	Recommendations
(Priority action 1) Require anti-racist leadership at all levels by direction. All NHS Boards, Trusts and Special Authorities to report demonstrable progress in driving anti-racism at all levels by: • appointing 'Executive Equality Champions' and 'Cultural Ambassadors; • implementing a leadership and progression pipeline plan for Black, Asian and Minority Ethnic staff; • providing Ethnic Minority Networks appropriate levels of resource and access to the Board	Appointment of Executive Equality Champions and Cultural Ambassadors; Pipeline Plans; Audit and local plans implemented to support Ethnic Minority Networks reporting via Integrated Medium Term Plans (IMTP) and annual plans, and specifically recognised in Health Education and Improvement Wales (HEIW) annual planning processes.	More visible representation and allyship at all levels, clear leadership 'pipeline' for Ethnic Minority staff and thriving networks supporting and acting as a critical friend to the Boards. More effective mechanism to address differential attainment	September 2023	• Welsh Government. • NHS Boards. • Equality networks.	EDI team to set up specific network in partnership with staff with the name of the network to be agreed by members. Appointed Executive Equality Champions to continue their support of the EDI agenda; WOD directorate to continue their collaboration with HEIW re Talent Management and Succession Planning to plan a progression pipeline; IMTP and other plans, through the Strategy, Planning & Performance teams, to undertake Equality Impact Assessment that include adopting an anti-racist approach.

Use existing legislative frameworks to require NHS organisations to develop anti-racism action plans, for both employment and service delivery as a specific part of their wider approach to equality, diversity and inclusion. Progress will be monitored and reported via IMTP and Annual Plans, and the Joint Executive Team process.	**NHS organisational plans include anti-racism action plans, monitored annually by Welsh Government for appropriateness, good practice and impact as well as minimal compliance with the Equality Act 2010.**	**Implementation of anti-racism action plans will reduce people's experience of racism while being recruited, progressing and working or accessing services.**	**December 2022**	**• Welsh Government.** **• NHS Boards.**	**IMTP and other plans undertake an Equality Impact Assessment that includes any appropriate race equality related actions.** **Annual Equality Report to be presented to PCC before publication in March 2023.**
All NHS Board members will undertake an anti-racist education programme and implement and report progress against personal objectives (for all Board members) to meet vision of an anti-racist Wales.	**Evidence of attendance, participation and improved understanding and behaviour of Board members where required. Report detailing personal objectives and progress against objectives.**	**Visible evidence of development in the behaviours exhibited by Board members. Visible change, where required, in decision making, evidencing that anti-racism, equality, diversity and inclusion have been considered and acted upon. Visible and transparent allyship and leadership providing confidence to workforce and service users that structural racism is being proactively addressed**	**December 2022.**	**• NHS Boards.** **• Welsh Government.** **• Partner Organisations**	**Corporate Governance to continue to be supported by the EDI team for Board development on anti-racism. Board members have already started the WAST Allyship Programme. The organisation commits to a programme of anti-racist training during 2022/2023 including the next stage of the allyship programme. Further anti-racist training is being explored with**

					external organisations.
(Priority action 2) Commission an independent audit of all existing workforce policies and procedures through an anti-racist lens, and expect Black, Asian and Minority Ethnic representation within forums or groups established to design the audit/and oversee and support their effective implementation and application	**Completed Independent Audit of current workforce policies with recommendations to strengthen anti-racist principles. This will specifically include policies around grievances, complaints and use of Non-Disclosure Agreements**	**Independent assurance, workforce policies address systemic and instructional racism. Confidence in workforce that anti-racist principles are threaded through policies and scrutinised independently. Ethnic Minority staff have increased confidence that they will work in a safe and inclusive workplace that recognises and promotes their performance and progression. This will also address ethnic diversity at all levels of the NHS workforce across Wales**	**December 2022**	**• Welsh Government. • NHS Wales Employers. • NHS Wales organisations. • Trade unions. • Partner organisations.**	**The Head of Inclusion is part of the Welsh Government Group tasked to look at the tendering process for the audit of these policies and to feedback to organisations. WOD will support and develop line managers to lead with compassion and create psychologically safe environments as part of its leadership intervention programmes. This will form part of our Freedom To Speak Up to support**

					our colleagues to speak up when they experience racism and take swift action. **Review resources needed to support EDI leads and Staff Networks.**
Higher Education Institutions (HEIs) and NHS Organisations will co-design anti-racist education programmes with Black, Asian and Minority Ethnic people. Set a requirement for all NHS Staff, NHS Volunteers and students to complete redesigned anti-racist education programmes.	**Audit of current anti-racist educational/training interventions. Appropriate anti-racist education intervention developed. Report detailing completion of staff, student and volunteer numbers completing the education programme. Appraisals will capture completion and participation in anti-racist education**	**Consistent, fit for purpose educational intervention offered to all staff, students and volunteers. Visible mandated education providing confidence to workforce that the organisation is serious about anti-racist principles. Visible evidence of development and change in the exhibited behaviours of those who have participated in education programme. Staff more confident in providing allyship and calling out racism. Staff more confident in complaining about racist**	**December 2023**	**• HEIW.** **• NHS Wales Employers.** **• Trade unions.** **• NHS Wales organisations** **• HEIs.** **• Partner Organisations**	**Educational/training interventions will be developed in conjunction with HEIW as a lead organisation.** **PADRs will take account of anti-racist education and EDI objectives set and met.** **Strategic Education Steering Group to accept all related recommendations/actions.**

	and will require EDI objectives to be set and met.	**incidence by colleagues and public.**			
Each NHS organisation will commit to their involvement in the Aspiring Board Members Programme, ensuring education, mentoring and support to participants who will be from a Black, Asian and minority ethnic background. Academi Wales, to work in partnership with NHS Wales and other appropriate organisations to develop and run an Aspiring Board Members Programme.	**All NHS organisations will provide at least one aspiring board member with experience, education and mentoring from a senior non-executive director, including the opportunity to attend board and committee meetings. In return the senior non-executive member will also receive reverse mentoring from the aspiring board member**	**Increase the number of people from a Black, Asian and minority ethnic background who can evidence more effectively their ability to undertake the role of a non-executive member. Increased ethnic diversity on Boards, "building a robust pipeline" of future Black, Asian and Minority Ethnic Board Members.**	**December 2022**	**• Welsh Government. • NHS Boards. • HEIW. • NHS Wales organisations. • Trade unions. • Academi Wales.**	**The organisation commits to place this work as part of our leadership offer and to collaborate with others as appropriate to the development of Aspiring Board Members Programme or similar.**

(Priority action 3) Improve workforce data quality and introduce a Workforce Race Equality Standard (WRES) to provide an evidence base to make and measure targeted structural change. Underpinned by cultural change, through targeted interventions at both local and national level, developed through social partnership.	**Scoped and implemented WRES to include data about NHS and Social Care Ethnic Minority workforce career. progression, leadership representation, discrimination and bullying**	**High quality workforce data, underpinned by a culture where staff can be safe, respectful, civil, and confident to provide ethnicity data and speak up against racist discrimination and practice.**	**September 2023**	**• Welsh Government. • NHS Wales organisations. • Trade Unions. • Partner Organisations.**	**Our systems are able to identify data sets required to monitor progress; WAST to publish ethnicity pay gap; Develop a system wide EDI plan with a focus on outcomes i.e., SEP 2024-2028; Develop an EDI dashboard; Support systems to improve data collection and staff declarations on ethnicity data.**
(Priority Action 4/ 5) Ensure our COVID-19 recovery plans are fully inclusive and targeted to address known health inequalities in access to care and service provision	**National recovery frameworks and detailed recovery plans of local NHS organisations include specific actions to address inequalities.**	**Delivery of more culturally competent care, with improved access**	**September 2023**	**• Welsh Government. • NHS Wales Organisations.**	**Ensure our COVID-19 recovery plans are fully inclusive and targeted to address known health inequalities in access to care and service provision, including neo-natal care responsibilities (ADLT).**

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

RISK MANAGEMENT & BOARD ASSURANCE FRAMEWORK REPORT

MEETING	People & Culture Committee
DATE	29th November 2022
EXECUTIVE	Trish Mills, Board Secretary
AUTHOR	Julie Boalch, Head of Risk and Corporate Governance
CONTACT	Julie.Boalch@wales.nhs.uk

EXECUTIVE SUMMARY

1. The purpose of the report is to provide assurance in respect of the management of the Trust's principal risks, specifically the 6 risks that are relevant to Committee's remit and additionally the Trust's 2 highest scoring risks which are assigned to 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 2.

3. The BAF, in Annex 2, provides the Committee with an opportunity to review the controls in place against each principal risk and the assurance provided against those control where applicable. This will assist Members in evaluating current risk ratings.

4. The gaps in controls and assurance are set out on the BAF, as are the actions planned to address any gaps. This detail provides Members with an insight into the planned activity, as much as can be anticipated from time to time, to reduce the risk to a level of tolerance set by the target score. This format will continue to evolve as part of the risk transformation programme.

5. Risks are allocated to appropriate Directors to drive the reviews and actions to mitigate the risks. In addition to directorate reviews there are formal risk review discussions with the Assistant Directors Leadership Team (ADLT) and the Executive Management Team (EMT) in relation to risk escalation, changes in ratings, and any new risks for inclusion on the Corporate Risk Register.

RECOMMENDATION:

6. **Members are asked to consider the contents of the report and:**
   a. **Discuss the risks relevant to Committee.**
   b. **Note the inclusion of the new Risk 557 on the Corporate Risk Register at a score of 16.**
   c. **Note the inclusion of the new Risk 558 on the Corporate Risk Register at a score of 15.**

d. Note the decrease in score of Risk 199 from 20 to 15.
e. Review the Board Assurance Framework.

KEY ISSUES/IMPLICATIONS
7. The key issues are set out in the Executive Summary above.

REPORT APPROVAL ROUTE
8. The report has been considered by: • ADLT – 16th October 2022 • ADLT – 31st October 2022 • EMT – 9th November 2022

REPORT ANNEXES
9. SBAR report. 10. Annex 1 - Summary table describing the Trust's Corporate Risks. 11. Annex 2 - 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

RISK MANAGEMENT & BOARD ASSURANCE FRAMEWORK REPORT

SITUATION

1 The purpose of this report is to provide an activity update in relation to the Trust's Corporate Risks, relevant to Committee.

2 A summary report describing each of the corporate risks as of 31st October 2022 is detailed in Annex 1 as an extract from the Corporate Risk Register (CRR).

3 The risk owners have updated progress against the risks in accordance with the review schedule in place across the Trust, with the highest scoring risks reviewed monthly.

4 The Board Assurance Framework (BAF) report is included in the paper in Annex 2.

BACKGROUND

5 The Risk Management Transformation Programme was included in the IMTP (2022/2) with the immediate priority to undertake a detailed review of the Trust's 5 highest scoring risks initially with the remaining corporate risks to follow. The programme of work has been completed to strengthen the articulation of the corporate risks and any new risks including title, summary descriptions, controls, assurances and any gaps or additional actions required.

6 The Assistant Directors Leadership Team (ADLT) continue to review the risk assessments, which have been approved by the Risk Owner, on all new risks in addition to reviewing any changes to existing risks and mitigating actions, reporting activity to the Executive Management Team (EMT), Board Committees and Trust Board.

ASSESSMENT

7 There are currently 17 Corporate Risks on the register, 6 of which are assigned to Committee for oversight, and these are described in the summary table in Annex 1. The table sets out the rearticulation of each of the Corporate Risks including new titles and summary descriptions, utilising an '*if, then, resulting in*' approach, the Executive Owner of the Risk and the Risk score with any changes that have occurred during the period.

8 The EMT has approved the Corporate Risks described in this paper.

<u>Corporate Risks</u>

9 The full detail of each Corporate Risk, including controls, assurances, gaps and mitigating actions form part of the improved Board Assurance Framework (BAF) detailed in Annex 2.

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

Closure and De-Escalation of Risks

11 No risks have been closed from the CRR or de-escalated to Directorate Registers since the last meeting relevant to this Committee.

New Corporate Risks

12 One new risk has been assessed and approved for inclusion on the CRR as follows:

13 **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 SAIs/concerns/coroners cases, negative media reports, and impact on the Trust's corporate reputation.*

14 The Executive Risk Owner and ADLT recommended the inclusion of the risk on the CRR at a score of 16 (4x4) which was approved by the EMT in November 2022.

15 **Risk 558** - *Deterioration of staff health and wellbeing in the face of continued system pressures as a consequence of workplace experiences*

***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*

16 The Risk Owner and ADLT recommended the inclusion of the risk on the CRR at a score of 15 (3x5) which was approved by the EMT and reported to Trust Board in September 2022.

Transfer of Risks

17 No risks relevant to Committee's remit have transferred during this reporting period.

Changes to Risk Scores

18 **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*.

***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*

19 The Risk Owner and ADLT recommended the risk score be reduced from 20 (4x5) to 15 (3x5) having undergone a significant review which was approved by the EMT in August 2022 and reported to Trust Board in September 2022.

20 This reduction in score was a result of the implementation of the Working Safely Programme across the organisation which has had an impact on the application of health and safety.

21 In addition, there has been a significant improvement in the health and safety governance arrangements within the Trust. The Health and Safety Workforce has undergone a review and additional resources allocated to the team.

22 The introduction of the Compliance Register and the ongoing assessment supports the Trust to more effectively map and comply with relevant legislation which supports the mitigation of the risk.

23 Further, the approval of the Health and Safety Management System sets out a process to review health and safely culture within the Trust.

Further Review of Risks

24 Work is ongoing to consider and develop potential new Risks for inclusion on the CRR and consideration will be given during the coming weeks to the following:

- *Patient Safety/Putting Things Right Team*
- *NHS Decarbonisation*
- *Supply Chain Issues – Digital Equipment*
- *Securing Stakeholder Support to Deliver the Strategy and IMTP*
- *Capacity to deliver change (IMTP)*
- *Ongoing Impact of CoVID and Increasing Demand for Services (IMTP)*
- *Staff health and wellbeing in the face of continued pressure (IMTP)*

Board Assurance Framework

25 The BAF is included at annex 2 which focusses the Board on the key risks that are mapped to the IMTP deliverables and that might compromise the achievement of the Trust's strategic objectives. Until such time as the more mature and strategic BAF is developed during 2023/24 as part of the risk transformational programme, these key risks are the corporate risks due to their relationship to the IMTP delivery and their risk ratings.

RECOMMENDED:

26 **Members are asked to consider and discuss the contents of the report and:**

- **a. Discuss the risks relevant to Committee.**
- **b. Note the inclusion of the new Risk 557 on the Corporate Risk Register at a score of 16.**
- **c. Note the inclusion of the new Risk 558 on the Corporate Risk Register at a score of 15.**
- **d. Note the decrease in score of Risk 199 from 20 to 15.**
- **e. Review the Board Assurance Framework.**

Annex 1 – Corporate Risk Register Summary

CORPORATE RISK REGISTER: Summary				
RISK ID	**NEW RISK TITLE**	**NEW SUMMARY DESCRIPTION**	**EXECUTIVE OWNER**	**RISK SCORE**
223 QuEST	The Trust's inability to reach patients in the community causing patient harm and death	**IF** significant internal and external system pressures continue **THEN** there is a risk of an inability and/or a delay in ambulances reaching patients in the community **RESULTING IN** patient harm and death	Director of Operations	**25 (5x5)** →
224 QuEST	Significant handover delays outside A&E departments impacts on access to definitive care being delayed and affects the trust's ability to provide a safe and effective service	**IF** patients are significantly delayed in ambulances outside A&E departments **THEN** there is a risk that access to definitive care is delayed, the environment of care will deteriorate, and standards of patient care are compromised **RESULTING IN** patients potentially coming to harm and a poor patient experience	Director of Quality & Nursing	**25 (5x5)** →
160 PCC	High absence rates impacting on patient safety, staff wellbeing and the trust's ability to provide a safe and effective service	**IF** there are high levels of absence rates **THEN** there is a risk of a reduced resource capacity **RESULTING IN** an inability to deliver services which adversely impacts on quality, safety and patient/staff experience	Director of Workforce & Organisational Development	**20 (5x4)** →
201 PCC	Damage to Trust reputation following a loss of stakeholder confidence	**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	Director of Partnerships & Engagement	**20 (4x5)** →

CORPORATE RISK REGISTER: Summary				
RISK ID	**NEW RISK TITLE**	**NEW SUMMARY DESCRIPTION**	**EXECUTIVE OWNER**	**RISK SCORE**
NEW 557 **PCC**	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 SAIs/concerns/coroners cases, negative media reports, and impact on the Trust's corporate reputation.	Director of Workforce & Organisational Development	**16 (4x4)**
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	**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.	Director of Quality & Nursing	**15 (3x5)** ↓ **New Score Reduced from 20 (4x5)**
NEW 558 **PCC**	Deterioration of staff health and wellbeing in as a consequence of both internal and external system pressures	**IF** significant internal and external system pressures continue **THEN** there is a risk of a significant deterioration in staff health and wellbeing within WAST **RESULTING IN** increased sickness levels, staff burnout, poor staff and patient experience and patient harm.	Director of Workforce & Organisational Development	**15 (3x5)** →

CORPORATE RISK REGISTER: Summary				
RISK ID	**NEW RISK TITLE**	**NEW SUMMARY DESCRIPTION**	**EXECUTIVE OWNER**	**RISK SCORE**
163 PCC	Maintaining Effective & Strong Trade Union Partnerships	**IF** the response to tensions and challenges in the relationships with Trade Union partners is not effectively and swiftly addressed and trust and (early) engagement is not maintained **THEN** there is a risk that Trade Union partnership relationships increase in fragility and the ability to effectively deliver change is compromised **RESULTING IN** a negative impact on colleague experience and/or services to patients.	Director of Workforce & Organisational Development	**12 (4x3)** 

Annex 4 – Board Assurance Framework

Risk ID 223	The Trust's inability to reach patients in the community causing patient harm and death	Date of Review:	07/09/2022	TREND	25 (5x5)
		Date of Next Review:	06/10/2022		

IF	THEN	RESULTING IN		Likelihood	Consequence	Score
significant internal and external system pressures continue	there is a risk of an inability and/or a delay in ambulances reaching patients in the community	patient harm and death	Inherent	4	5	20
			Current	5	5	25
			Target	2	5	10

IMTP Deliverable Numbers: 3, 7,9,11, 12, 14,16, 18, 21, 22, 26

EXECUTIVE OWNER	Director of Operations	ASSURANCE COMMITTEE	Quality, Safety and Patient Experience Committee

CONTROLS	ASSURANCES
1. Patient Flow Co-Ordination based in the Grange University Hospital	**Internal** **Management (1st Line of Assurance)** 1. Patient Flow Coordinators (PFCs) are a commissioned service by the Health Board (x2 in ABUHB specifically for GUH) with a bespoke job description, these link directly with the National Delivery Managers in ODU
2. Regional Escalation Protocol	2. Daily conference calls to agree RE levels in conjunction with Health Boards
3. Immediate release protocol	3. The Immediate Release Protocol is a Nationally agreed NHS Wales protocol. Refusals by Health Boards are Datixed by WAST and compliance report shared weekly with the Health Board Chief Operating Officers (COOs)
4. Resource Escalation Action Plan (REAP)	4. Weekly review by Senior Operations team with assessment of action compliance. The Senior Leadership Team convenes every Tuesday as the Weekly Performance Meeting to review performance and demand data, and review/assign REAP Levels as appropriate. Dynamic escalation via Strategic Command structure.
5. 24/7 Operational Delivery Unit (ODU)	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. Gold/Strategic, Silver/Tactical and Bronze/Operational 24 hour/ 7 day per week system to manage escalation plans	6. Same as 5 - Shift reports from ODU & ODU Dashboard received by Exec, SOT and On-Call Team at start/end. Provides operational oversight with dynamic CSP review and system escalation as required.
7. Limited Alternative Care Pathways in place	7. Limited Assurance - Health Informatics reports, APP dashboard monitors, reports on app use by Consultant Connect, APP development and expansion, and bids for additional prescribing APPs.
8. Consult and Close (previously Hear and Treat)	8. Monitoring CSD rates through AQIs. Consult and Close volumes form part of EMS CCC weekly reports to SLT. Regular reporting of incident volumes to Operational Review Groups. Summary level information about Consult and Close volumes, targets, trends and recontact rates reported to TB and sub-committees. Metrics relating to Ambulance Quality Indicators (AQI) published on a quarterly basis by EASC. Bi-monthly EASC Provider reports. Consult and Close performance reported in Joint Executive Team meeting every 6 months with Welsh Government. NWSSP Information Management Internal Audit report February 2022 (External Assurance)
9. Advanced Paramedic Practitioner (APP) deployment model	9. Qlik sense APP dashboard monitors performance and provides assurance that APPs are flowing patients into alternatives to emergency department. Qlik sense is a national report and can drill down into regional, local and individual performance as required
10. Clinical Safety Plan	10. Clinical agreement – agreeing escalation to higher levels, ODU dashboard, AACE paper through National Director of Operations group
11. Recruitment and deployment of CFRs	11. Volunteers are another resource for response, Volunteer
12. ETA scripting	12. The ETA Dashboard is a tactic that was signed off by EMT – there is a dashboard that supports scripting analysed by comparing with real time data
13. Clinical Contact Centre (CCC) emergency rule	13. CCC Emergency Rule is policy that has been signed off by Execs.
14. National Risk Huddle	14. This is a tactic contained in REAP ratified through SPT and EPT. Daily risk huddles are recorded, and documented actions are shared with stakeholders and progress monitored via the ODU.
15. Handover Improvement Plans agreed between Health Boards and WAST	15. Improvement plans are reviewed by EAST
16. Summer/Winter initiatives	16. Monitoring through SLT and STB

Risk ID 223	The Trust's inability to reach patients in the community causing patient harm and death	Date of Review:	07/09/2022	TREND	25 (5x5)
		Date of Next Review:	06/10/2022		

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

17. CHARU implementation	17. Monitored via the EMS project Board
18. National Transfer & Discharge Model	18. Task and Finish Group established
19. Conveyance Reduction	19. This is part of the weekly performance review and aligned to Care Closer to Home Programme
20. Access to Same Day Emergency Care (SDEC) for paramedic referrals	20. This forms part of the handover improvement plans in place with Health Boards
21. Mental Health Practitioners in cars	21. Part of the Care Closer to Home workstream
22. Roll out of ECNS	22. Reported through QuEST
23. Clinical Model and clinical review of code sets	23. Reported through QuEST
24. Remote Clinical Support Strategy	24. Strategic Transformation Board – IMTP deliverable
25. Trust Board paper (28/07/22) detailing actions being taken to mitigate the risks (see actions section for details of specific work streams being progressed to mitigate this risk)	25. Formally documented action plan – actions captured are contained within and monitored via the Performance Improvement Plan (PIP)
GAPS IN CONTROLS	**GAPS IN ASSURANCE**
1. Acknowledgement and acceptance of risk by Health Boards and balancing the risks across the whole system	None immediately identified but subject to continual review
2. Blockages in system e.g. internal capacity within Health Boards which affect patient flow	
3. Covid capacity streaming	
4. Transition Plan/Inverted Triangle – bid for transition plan has been put in and is now subject to funding	
5. Local delivery units mirroring WAST ODU	
6. Handover delays link to risk 224	
7. Tolerance in Health Boards has become the norm. As delays have increased, there appears to be no visible appetite to address these issues	
8. There is an ambition that no handover should exceed 4 hours and for lost hours to handover to be reduced by 25% but given the track record over last 6 months there is a low confidence in attaining this.	
9. Outputs from the NHS System Reset – it is a closer collaboration to address some of the system blockages and reduce system pressures. This is the aspiration	
Please note that the gaps listed are not WAST's and are therefore outside of the control of WAST	

Actions to reduce risk score or address gaps in controls and assurances	Action Owner	By When/Milestone	Progress Notes:
1. Exploring Rural model options (Paused during Pandemic Response) – subject to funding through IMTP. Now refreshed to wider rural model opportunities to include recruitment of CFRs. Additional funding has been sourced to increase posts within the volunteer function.	Assistant Director of Operations EMS / Assistant Director of Operations – National Operations & Support	31.12.22	
2. Leading Change Together (forum to progress workforce related work streams jointly with TUPs)	ADLT Sub-Group	30.09.22 - Paused	
3. EMS Demand & Capacity i.e. review and implementation of new EMS rosters	Assistant Director of Operations EMS	Extended from 30.09.22 to 31.12.22	

Risk ID 223	The Trust's inability to reach patients in the community causing patient harm and death	Date of Review:	07/09/2022	TREND	25 (5x5)
		Date of Next Review:	06/10/2022		

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	Complete 30/08/22	
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]	TBA	TBA	
6. Maximise the opportunity from Consult and Close – stretch to 15% and beyond (I) [Source: Action Plan presented to Trust Board 28/07/22]			
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]			
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]			
9. Recruitment and deployment of new CFRs (I) [Source: Action Plan presented to Trust Board 28/07/22]			
10. Transition Plan (I) [Source: Action Plan presented to Trust Board 28/07/22]			
11. Overnight Falls Service extension (I) [Source: Action Plan presented to Trust Board 28/07/22]			
12. External Controls detailed within the Action Plan presented to Trust Board on 28/07/22: a. Audit Wales's investigation of Urgent and Emergency Care System. Does NHS Wales and its partners have effective arrangements for unscheduled care to ensure patients have access to the right care at the right time? (E) b. Consideration of additional WAST schemes to support risk mitigation through winter (I) c. NHS Wales educes emergency department handover lost hours by 25% (E) d. NHS Wales eradicates all emergency department handover delays in excess of 4 hours (E) e. 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)			

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:	08/09/2022	TREND	25 (5x5)
		Date of Next Review:	07/10/2022	➡	

IF patients continue to be significantly delayed in ambulances outside Accident and Emergency Departments	**THEN** there is a continued risk that access to definitive care is delayed, the environment of care will deteriorate, and standards of patient care are compromised	**RESULTING IN** patients coming to significant harm and a poor patient experience

	Likelihood	Consequence	Score
Inherent	5	5	25
Current	5	5	25
Target	3	2	6

IMTP Deliverable Numbers: 7,9, 10, 11, 12, 13, 14, 15, 16, 23, 24, 25, 26, 33, 35

EXECUTIVE OWNER	Director of Quality & Nursing	**ASSURANCE COMMITTEE**	Quality, Safety and Patient Experience Committee

CONTROLS	**ASSURANCES**
	Internal Management (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 Delivery Unit under the *Framework for the Investigation of Patient Safety Serious Incidents (SIs)* V2.2, dated July 2019.	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 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 commended in August 2022.	2. Workshop with system partners in place with executive directors of nursing attendance – next meeting 08.09.2002 – plan to finalise revised approach to Appendix B process by November 2022.
3. WAST and system compliance with National Standards - 15-minute handover (NHS Wales Hospital Handover Guidance v2 (May 2016)	3. Monthly Integrated Quality and Performance Report, Health Informatics reports, APP dashboard monitors, reports on app use by Consultant Connect and shared at local and corporate meetings regarding patient safety and handover of care position across NHS Wales and NHS England.
4. WAST Clinical Notice in place - Escalating a clinical concern with a deteriorating patient outside the Emergency Department (11.02.2021). National Early Warning Score (NEWS) trigger of 5 or above for escalation to hospital clinicians. NEWS data available via EPCR (electronic patient care record).	4. NEWS data now available via ePCR and escalation system in place. Learning from incident reporting processes.
5. Workstreams put in place to meet requirements of *Right care, right place, first time Six Goals for Urgent and Emergency Care A policy handbook 2021–2026.* Goal 4 incorporates the reduction of handover of care delays through collective system partnership. 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 NWAS shared that indicates up to 20% of ambulance arrivals may be suitable for Fit 2 Sit Additionally, the Emergency Ambulance Services Committee (EASC) have stated that no delay should exceed 4 hours.	5. Monthly Integrated Quality and Performance Report
6. Hospital Ambulance Liaison Officer (HALO) (Some health Boards).	6. Patient Flow Coordinators (PFCs) are a commissioned service by the Health Board (x2 in ABUHB specifically for GUH) with a bespoke job description, these link directly with the National Delivery Managers in ODU.
7. Regional Escalation Protocol and Resource Escalation Action Plan (REAP).	7. The Senior Leadership Team convenes every Tuesday as the Weekly Performance Meeting to review performance and demand data, and review/assign REAP Levels as appropriate. Dynamic escalation via Strategic Command structure.
8. Staff from WAST, Health Boards and third sector organisations assisting to meet patient's Fundamentals of Care as best they can in the circumstances.	8. Confirmed through Healthcare Inspectorate Wales (HIW) workshops and Health & Care Standards self-assessment process
9. 24/7 Operational Delivery Unit (ODU) escalating handover delays / patient condition to Health Board colleagues.	9. Shift reports from ODU & ODU Dashboard received by Exec, 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 Exec, 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.

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:	08/09/2022	TREND	25 (5x5)
		Date of Next Review:	07/10/2022	➡	

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

12. WAST Education and training programmes include deteriorating patient (NEWs), tissue viability, dementia awareness, mental health.	12. Integrated Quality and Performance Report (June 85% target met)
13. Clinical audit programme	13. Clinical audit programme with oversight from the Clinical Quality Governance Group.
14. Workshop set up by the Deputy Chief Ambulance Commissioner to respond to the findings in the Health Care Inspectorate Wales (HIW) Report *Review of Patient Safety, Privacy, Dignity and Experience whilst Waiting in Ambulances during Delayed Handover* (undertaken 2021). WAST has senior representation at this meeting. – assurance is that HIW approve and sign off WAST elements and Health Board elements of recommendations.	14. Workshop set up by the Deputy Chief Ambulance Commissioner to respond to the findings in the Health Care Inspectorate Wales (HIW) Report Review of Patient Safety, Privacy, Dignity and Experience whilst Waiting in Ambulances during Delayed Handover (undertaken 2021). WAST has senior representation at this meeting.
15. Escalation of patient safety concerns by Trust Board: featured in provider reports to the Emergency Ambulance Committee (EASC); been the subject of Accountable Officer correspondence to the NHS Wales Chief Executive; numerous escalations to professional peer groups initiated by WAST Directors; and coverage at Joint Executive Meetings with Welsh Government. Evidence submission to Senedd Health and Social Care Committee. Written evidence submitted during Q4 21/22 to the committee to assist their inquiry into Hospital Discharge and its impact on patient flow through hospitals Report published in June 2022 containing 25 recommendations with recommendation six specifically WAST related stating "The Welsh Government should explain how the targets outlined in the Minister for Health and Social Service's statement of 19 May 2022 on urgent and emergency care and the Six Goals Programme to eradicate ambulance patient handover delays of more than four hours and reduce the average ambulance time lost per arrival by 25 per cent (from the October 2021 level) have been set. It should also confirm the target dates for the achievement of these targets."	15. Monthly Integrated Quality and Performance Report, CEO Reports to Trust Board and Board sub-committee oversight and escalation.
	External Sources of Assurance **Management (1st Line of Assurance)**
	1. Monitoring and oversight of the Ambulance Quality Indicators (AQIs) including handover of care timeliness and Commissioning Framework by the Chief Ambulance Services Commissioner (CASC) and Joint Executive Team meeting Welsh Government (I&E).
	2. Healthcare Inspectorate Wales (HIW) 'Review of Patient Safety, Privacy, Dignity and Experience whilst Waiting in Ambulances during Delayed Handover' Report and system wide improvement plan with working group in place with WAST senior representation. Oversight by HIW and CASC
GAPS IN CONTROLS	**GAPS IN ASSURANCE**
1. Patient safety reporting and escalation through the Serious Clinical Incident Panel (SCIF), Patient Safety Highlight Reports, Health Board specific reports in place with escalation through WAST governance framework.	1. Strengthen and triangulate patient safety metrics and look back data at ED, service and corporate level for baseline data for improvement projects and WAST reports.
2. Inconsistent review of potentially serious / catastrophic patient safety incidents in line with the Framework for the Investigation of Patient Safety Serious Incidents (SIs) V2.2, dated July 2019 (frequently referenced as 'Appendix B' Reports) by Health Boards pan NHS Wales and lack of ownership of system risks. Lack of whole system approach to handling patient safety incidents resulting from system pressures*.	2. Implementation of revised process, engagement and outcome and improvement measures at system level – to be confirmed.
3. Lack of implementation and holding to account regarding the NHS Wales of the Handover Guidance v2 and recognition of the patient safety risks pan NHS Wales*.	3. 15-minute handover target is not being achieved pan-Wales consistently and has led to a substantial growth in emergency ambulance handover lost hours from c6000 hours per month at the end of 2018 to in excess of 22000 hours per month during Q4 21/22 and Q1 22/23. This scale of lost emergency ambulance capacity has peaked at 30% per month of the entire emergency ambulance fleet..
4. Variation in responsiveness at Emergency Departments to the escalating concerns regarding patients' NEWS*.	4. Strengthen patient safety reports and audit processes as system embeds.

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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

	Likelihood	Consequence	Score
Inherent	5	5	25
Current	5	5	25
Target	3	2	6

5. (a) Variation in appetite across the Health Boards to implement Fit2Sit, citing overcrowded emergency department waiting rooms as the reason. Limited confidence in system engagement to address Goal 4 and achieve reduction in handover delays*. 5. (b) Protracted timescales in the Right care, right place, first time Six Goals for Urgent and Emergency Care - A policy handbook 2021–2026. Goal 4 'Improving ambulance patient handover, ensuring no one arriving by ambulance at an Emergency Department waits more than 60 minutes from arrival to handover to a clinician – by the end of April 2025. The number of people waiting over this period for ambulance patient handover will reduce on an annual basis until that point'. No detail on incremental improvements required at emergency department level or oversight mechanisms. EASC have stated that no delay should exceed 4 hours although WAST is yet to see any demonstrable plans to support this*.	5. 15-minute handover target is not being achieved pan-Wales consistently.
6. Variation pan Wales / England as position not implemented across all emergency departments*.	6.
7.	7.
8. Variation pan Wales / England as position not implemented across all emergency departments*.	8. Health & Care Standards self – assessment in progress.
9. Variable response pan Wales / England. WAST have minimal control on this at patient level*.	9.
10.	10.
11. Variable response pan Wales / England. WAST have minimal control on this at patient level*.	11.
12.	12.
13. Transition to ePCR impacting on data temporarily	13.
14. National steer required to confirm the accountability arrangements regarding patients in ambulances outside of the emergency departments. The seven Local Health Boards (LHBs) in Wales are responsible for planning and securing delivery of primary, community, secondary care services, and also the specialist services for their areas*.	14. HIW approve and sign off WAST elements of recommendations.
15.	15.
	External Gaps in Assurance 1. Lack of escalation and response to AQIs by the wider urgent care system and regulators
	2. Lack of collective system response to HIW 'Review of Patient Safety, Privacy, Dignity and Experience whilst Waiting in Ambulances during Delayed Handover' Report. Meetings cancelled x 2 in May 2022. WAST has representation on the working group*

Actions to reduce risk score or address gaps in controls and assurances	Action Owner	By When/Milestone	Progress Notes:
1. Right care, right place, first time Six Goals for Urgent and Emergency Care A policy handbook 2021–2026 – Goal 4: Rapid response in physical or mental health crisis.	CEO	WAST is represented on the Clinical Reference Group by the Director of Paramedicine	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
2. Handover checklist implementation – Nationally WAST Quality Improvement (QI) Project	WAST QI Team (QSPE)	Review Q4 2022/3	Timeframes awaited via Emergency Department Quality & Delivery Framework (EDQDF)
3. Implement nationwide approach to emergency department 'Fit 2 Sit'	CMO/CNO	Acceptance at meeting of Chairs and CEOs led by Director General for Health and Social Services and the NHS Wales Chief Executive on 08.06.2022 that a national approach to Fit 2 Sit should be adopted. Chief	Emergency Department Quality & Delivery Framework final version drafted for consultation / approval. Q4 2022/23

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:	08/09/2022	TREND	25 (5x5)
		Date of Next Review:	07/10/2022	➡	

IF	THEN	RESULTING IN
patients continue to be significantly delayed in ambulances outside Accident and Emergency Departments	there is a continued risk that access to definitive care is delayed, the environment of care will deteriorate, and standards of patient care are compromised	patients coming to significant harm and a poor patient experience

	Likelihood	Consequence	Score
Inherent	5	5	25
Current	5	5	25
Target	3	2	6

		Medical Officer and Chief Nursing Officer to champion development through peer groups	
4. Implement patient safety dashboards (live and look back data) triangulating quality metrics / KPIs and performance data sourcing health informatics resource.	Assistant Director of Quality & Nursing	Checkpoint Q4 2022/23	Incremental improvements to quality and safety data and information to enable triangulation. Access to ePCR data (NEWS) now available.
5. Continued Health Board interactions – my next patient, patient safety team dialogue – proactive conversations with Health Board Directors of Quality & Nursing.	Director of Quality & Nursing	Monthly	Monthly meetings continue to be held.
6. HIW Improvement Plan / Workshop– WAST inputs / influencing improvements 7. Response and improvement actions to Healthcare Inspectorate Wales Inspection report (2021) 'Review of Patient Safety, Privacy, Dignity and Experience whilst Waiting in Ambulances during Delayed Handover' which links to Fundamentals of Care.	Assistant Director of Quality & Nursing	• August 2022 in progress • Review outputs Q4 2022/23	
8. Participation in the CASC led workshop to reform *the Framework for the Investigation of Patient Safety Serious Incidents (SIs) V2.2, dated July 2019*.	Assistant Director of Quality & Nursing	• Workshop in progress August 2022	Planned to be concluded by November 2022
9. Recruit additional frontline capacity – additional £3m non recurrent 22/23 allocation	Director of Workforce & Organisational Development	• Recruitment decision made at EMT on 15.06.2022 for 100 WTE with offers already made to ACA2s and EMTs on hold list • Courses to commence in Q2 2022/23 with first new deployments in Q3 2022/23 • Offers also made to all 61 NQPs from "Big Bang" event • Correspondence to CASC confirming action taken sent 21.06.2022 with request for recurrent funding source set out	End of Q3 and into Q4 2022/23
10. Recruit and train more Advanced Paramedic Practitioners – Value Based Healthcare Fund bid for up to 50 WTE	Director of Paramedicine	• Bid to Value Based Healthcare Fund made for up to 50 WTE APPs to commence fulltime education for 12 months from January 2023	Q4 2023/24
11. Senior system influencing	Trust Chair Chief Executive Officer	• Ensure that system safety and avoidable harm remain a live topic of discussion in all relevant fora • Seize opportunities as they emerge that can contribute to mitigating avoidable harm • JESG forum used to raise awareness amongst Emergency Service Chief Officers who have written twice to NHS Wales Chief Executive to convey the impact of our inability to respond to incidents in the community on their core service provision	Ongoing
12. Emergency Department cohorting	Director of Operations	• Provide additional clinical staff and suitable space for patients arriving by ambulance to be held at the emergency department awaiting admission enabling the ambulance to be released • In place at Morriston and The Grange	Ongoing
13. Transition Plan	Chief Executive Officer	• Formally submitted to Commissioners in December 2021 and subsequently subject to a part year funding request of Welsh Government on 24 May 2022 this plan sought to grow our establishment to a further 294 WTE having forecast the challenges currently being seen • Around two thirds of the growth was to deploy additional response capacity (now provided in part by 4 above) whilst the system took action to reduce emergency department handover delays	Ongoing

Risk ID 224	Significant Handover of Care Delays Outside Accident and Emergency Departments Impacts on Access to Definitive Care Being Delayed and Affects the Trust's Ability to Provide a Safe & Effective Service for Patients	Date of Review:	08/09/2022	TREND	25 (5x5)
		Date of Next Review:	07/10/2022	➡	

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

		• Around one third of the growth was to accelerate the transition to a new model of service delivery (inverting the triangles) – also now subject to a separate bid as in 5 above	
14. Overnight falls service extension	Director of Quality & Nursing	• Review current extension to falls scheme that has temporarily been running on night duty • Benefit derived but further improvement in utilisation and overall volume of work undertake are necessary in the next 3 months • Scheme extension agreed to 31 March 2023	30 June 2022
15. Audit Wales investigation of Urgent and Emergency Care System: Does NHS Wales and its partners have effective arrangements for unscheduled care to ensure patients have access to the right care at the right time?	Chief Executive Officer	• Conducted in three phases over the next 6 to 9 months Audit Wales will independently investigate and report on patient flow out of hospital; access to unscheduled care services and national arrangements (structure, governance and support) • WAST will proactively support this work and offer best practice examples from other jurisdictions that can support benchmarking and improvement activities	Q1 2023/2024
16. Consideration of additional WAST schemes to support overall risk mitigation through winter	Director of Operations	• Summer performance forecast complete and winter underway imminently • Discussions underway during Q2 to create new/further schemes to support operational delivery through winter	Q3 2022/23
17. National 111 awareness campaign	Director of Partnerships and Engagement Director of Digital	• National public awareness campaign funded by Welsh Government to promote appropriate use of services (111 as an alternative to 999/ED where appropriate) • Upgrade to 111 website and symptom checkers also underway	Q3 2022/23

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:	08/08/2022	TREND	20 (5x4)
		Date of Next Review:	07/10/2022	→	

IF there are high levels of absence e.g. sickness and alternative duties	THEN there is a risk that there is reduced resource capacity	RESULTING IN an inability to deliver services which adversely impacts on quality, safety and patient/staff experience		Likelihood	Consequence	Score
			Inherent	4	4	16
			Current	5	4	20
			Target	3	4	12

IMTP Deliverable Numbers: 1,5, 9, 10, 12, 17, 18, 19, 20, 26, 34

EXECUTIVE OWNER	Director of Workforce & Organisational Development	ASSURANCE COMMITTEE	People and Culture Committee

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

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:	08/08/2022	TREND	20 (5x4)
		Date of Next Review:	07/10/2022	➡	

IF	THEN	RESULTING IN		Likelihood	Consequence	Score
there are high levels of absence e.g. sickness and alternative duties	there is a risk that there is reduced resource capacity	an inability to deliver services which adversely impacts on quality, safety and patient/staff experience	Inherent	4	4	16
			Current	5	4	20
			Target	3	4	12

	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 (b) Education and communication with managers about resources available and how to implement it e.g. stress risk assessments	1. There are other factors that impact on sickness which can't be controlled
4a. Wellbeing policy currently being produced 4b. There is no steering group for Health and Wellbeing – there are plans to restart the group	8. Reporting on training compliance
9 and 10 It is not known what is undertaken with respect to the data covered in assurances 9 and 10 once it is received	9, 10 and 19 Absence data is not updated in a timely manner into ESR by managers
1 – 22 Education and communication with managers about resources available and how to implement it e.g. stress risk assessments	
	External Gaps in Assurance None identified at the present moment

Actions to reduce risk score or address gaps in controls and assurances	Action Owner	By When/Milestone	Progress Notes:
1. Implementation of Improving Attendance project	Deputy Director of Workforce & OD	30.09.23	
2. Implementation of Behaviours Refresh Plan	Assistant Director – Inclusion, Culture and Wellbeing	31.10.22	
3. Long term sickness absence deep dive	Deputy Director of Workforce & OD	31.07.23	Underway and ongoing
4 . Develop guidance for line managers to support addressing challenging conversations and change	Deputy Director of Workforce & OD	31.07.22	Training written rollout underway
5. Roll out platform for raising concerns (in relation to Freedom to Speak Up Arrangements)	Freedom to Speak Up Arrangements Task & Finish Group	Extended from 31.07.22 to 30.11.22	Pushed out date in terms of project plans
6. Strengthen Freedom to Speak Up Arrangements policy and advice	Deputy Director of Workforce and OD	31.05.23	
7. Create a Manager and Staff training plan for Freedom to Speak Up Arrangements	Deputy Director of Workforce and OD	31.05.23	
8. Accountability meetings with senior ops managers	Deputy Director of Workforce & OD	30.09.22	
9. Attendance Management training for managers	Deputy Director of Workforce & OD	31.12.22	
10.PADR review including wellness questions	Assistant Director – Inclusion, Culture and Wellbeing	31.05.22	
11.Restart the Health and Wellbeing Steering Group	Assistant Director – Inclusion, Culture and Wellbeing	Extended from 31.05.22 to 30.05.23	
12. Roll out of meta data compliance policy solution	Senior ICT Security Specialist	31.12.22	

Risk ID 201	Damage to Trust reputation following a loss of stakeholder confidence	Date of Review:	22/08/2022	TREND	20 (4x5)
		Date of Next Review:	21/09/2022	➡	

IF the stability of the Trust deteriorates to a level where service delivery fails to meet patient safety, national standards and contractual obligations	THEN there is a risk of a loss of stakeholder confidence in the Trust	RESULTING IN damage to reputation and increased external scrutiny

	Likelihood	Consequence	Score
Inherent	4	5	20
Current	4	5	20
Target	3	5	15

IMTP Deliverable Numbers: 2,18, 26, 34, 38

EXECUTIVE OWNER	Director of Partnerships and Engagement	ASSURANCE COMMITTEE	People and Culture Committee

CONTROLS	ASSURANCES
	Internal **Management (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	
6. Engagement governance and reporting structures are in place	5. 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
7. Escalation procedure for issues to the Board	6. Minuted meetings, action logs and Board papers
GAPS IN CONTROLS	**GAPS IN ASSURANCE**
1. Inability to control external environment	1.
2. Dependency on Commissioners' decisions	2.
3. Unpredictable external environment affecting the way the Trust operates	3.
4.	4.
5. Engagement Framework Delivery Plan in development and due to be considered by the Board in November 2022	5. Engagement Framework Delivery Plan in development and due to be considered by Board in November 2022
6. Lack of resilience in the function – team is very small so any absences would have an impact on ability to respond	6.

Actions to reduce risk score or address gaps in controls and assurances	Action Owner	By When/Milestone	Progress Notes:
1. Submit refreshed Board Engagement Framework to Trust Board for approval	Director of Partnerships & Engagement	26.05.22 Complete	Approved July 2022
2. Report progress on Engagement Framework Delivery Plan to the People and Culture Committee	Director of Partnerships & Engagement	30.12.22	To be considered by PCC and Board in quarter 3.
3. Monitoring internal Quality and Performance of Trust	Executive Management Team Finance and Performance Committee Quality, Safety and Patient Experience Committee People and Culture Committee Audit Committee	31.03.23 Checkpoint Date	
4. Engaging with internal and external stakeholders to develop confidence	CEO & Director of Partnerships & Engagement	31.03.23 Checkpoint Date	
5. Monitoring external factors that may affect the Trust	CEO & Director of Partnerships & Engagement	31.03.23 Checkpoint date	

Risk ID 557	Potential impact on services as a result of Industrial Action	Date of Review:	09/11/2022	TREND	16 (4x4)
		Date of Next Review:	08/12/2022	NEW	

IF	THEN	RESULTING IN
trade unions take industrial action in response to the national pay award	this is likely to disrupt our ability to provide a safe, efficient and good quality service in the 6 core areas the business	potential harm to patients, adverse effect to patient outcomes, increase in SAIs/concerns/coroners cases, negative media reports, and impact on the Trust's corporate reputation

	Likelihood	Consequence	Score
Inherent	3	4	12
Current	4	4	16
Target	2	4	8

IMTP Deliverable Numbers:

EXECUTIVE OWNER	Director of Workforce & Organisational Development	ASSURANCE COMMITTEE	People and Culture Committee

CONTROLS	ASSURANCES
	Internal **Management (1st Line of Assurance)**
1. Planning process in place	1. Industrial action plan agreed and published
2.	2.
	External **Independent Assurance (3rd Line of Assurance)**
GAPS IN CONTROLS	**GAPS IN ASSURANCE**
1. Need to determine life and limb cover to meet our legal requirements under the Industrial Action Regulations	1. Awaiting outcome of ballot
2.	2.
3.	3.
4.	4.
5.	5.

Actions to reduce risk score or address gaps in controls and assurances	Action Owner	By When/Milestone	Progress Notes:
1.			
2.			
3.			
4.			
5.			
6.			
7.			

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:	22/08/2022	TREND	15 (3x5)
		Date of Next Review:	21/09/2022	⬇	

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	4	5	20
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	Quality, Safety and Patient Experience Committee People and Culture Committee

CONTROLS	ASSURANCES
	Internal **Management (1st Line of Assurance)**
2. Systematic review and assessment of Health and Safety arrangements and Governance (Health & Safety Management system)	2. Assessment criteria set for management system (all Wales system)
3. Health & Safety Governance and reporting arrangements e.g. committees and sub-groups	3. Monthly H&S report to ADLT, quarterly report and annual report to ADLT, H&S committee, EMT, PCC
4. Provision of dedicated health and safety expertise and advice	4. Working Safely team in place until end of September 2022
5. Health & Safety Policy and procedures	5. H&S Policy approved in 2018
6. Mandatory Health and Safety training	6. Quarterly statistics available from ESR and this forms part of Head of Health and Safety's quarterly report
7. Scheduled H&S visits and inspections	7. Head of Health and Safety's monthly report to ADLT
8. Risk assessments (including local risk assessments -Covid 19, workplace risk assessments, risk assessments covering EMS and NEPTs activities, operations risk assessments)	8. Workplace risk assessments are undertaken by local management teams, reviewed by H&S team and monitored by BCRT. Other risk assessments and SOPs are held on Sharepoint and have been submitted
9. Working Safely Programme Board, Dynamic Delivery Action Group & Programme Manager to provide oversight of Working Safely Action Plan	9. Working Safely Action Plan has been agreed and this is being held to account by Strategic Transformation Board. Deliverables are being monitored fortnightly through Dynamic Delivery Group meeting. Terms of reference for Dynamic Delivery Group are approved.
10. IOSH Managing Safely for Managers training in place	10. Attendance and competency figures provided in a monthly report to ADLT and quarterly report to committees and above
11. IOSH Leading Safely for Directors and Senior Managers training in place	11. Attendance and figures provided in monthly report to ADLT. Personal safety commitments are being monitored on a quarterly basis
12. Board development day covering Health & Safety Management and Culture training occurred in April 2022	12. Diarised meeting
13. Health and Safety Management system has been approved. This includes the recognised document approval routes for health and safety documentation.	13. Minuted at ADLT meeting in May 2022
	External **Independent Assurance (3rd Line of Assurance)** 14. Internal Audit to be undertaken in Q4 22/23 (controls 1– 10) 15.
GAPS IN CONTROLS	**GAPS IN ASSURANCE**
6. (a) Baseline audit for (a) not to be commenced till Q1 2022 (***being addressed in Actions 1 & 7)*** (b) Lack of cultural baseline to demonstrate H&S awareness (covering control a) ***(being addressed in Action 5)***	2. Capacity issues in assessing management system

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:	22/08/2022	TREND	15 (3x5)
		Date of Next Review:	21/09/2022	⬇	

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	4	5	20
Target	2	5	10

7.	3. Subgroups of H&S committee currently under review
8. 3 live vacancies within H&S department are being advertised. These will need to be filled **(being addressed in Action 4)**	4. After September 2022, uncertainty over capacity to deliver to the Working Safely programme
9. The Health and Safety Policy and some procedures are due to be reviewed by the end of Q1 2022 in Q1 2022 (***being addressed in Action 1***)	5. (a) Review of H&S Policy is due at end of Q1 2022 (b) Workforce Transformational change will influence content within H&S policy
10. Poor uptake in statutory and mandatory H&S training ***(being addressed as part of Actions 2 – 3)***	6.
11.	7. Developing schedule for H&S inspections and visits. Once this is undertaken, metrics to be developed
12.	8. (a) Current copies of risk assessments and SOPs are not available at all stations (b) Do not know how many SOPs are required until baseline audit completed
13. Operational pressures on service impacting on Working Safely Programme delivery (covering control h) (being addressed in Action 1)	9.
14. Staff availability to attend training ***(being addressed in Action 4)***	10.
15. Effective learning from events to be documented ***(being addressed in Action 1)***	11. (a) H&S team in discussions with best way of monitoring Personal safety commitments (b) Do not have a schedule of training in place but expecting to complete this in Q1 2022

Actions to reduce risk score or address gaps in controls and assurances	Action Owner	By When/Milestone	Progress Notes:
8. Delivery of the Working Safely Action Plan (WSAP) (Priority top 25)	Head of Health & Safety	31.09.22	
9. IOSH Leading Safely training to be delivered to Exec Team and Board (forms part of WSAP)	Head of Health & Safety	31.12.22	
10. WAST Leading Safely Behavioural Audit training to Exec Team and Board (forms part of WSAP)	Head of Health & Safety	31.12.22	
11. 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 H&S Workforce report was presented and discussed at EMT on 6.04.22. Director of Finance and Corporate Resources would be formulating a paper for discussion at the ADLT/EMT meeting on 13.04.22 to discuss the issue of investment in Corporate Services based on the evidence provided in H&S Workforce report.
12. Culture survey to all members of staff (forms part of WSAP)	Head of Health & Safety	30.09.22	
13. A compliance register that describes the requirements of the various Health & Safety legislation that the Trust needs to comply with (part of WSAP)	Working Safely Programme Manager	30.06.22 Completed	
14. An initial assessment will provide assurance on how we are complying with the legislation.	Working Safely Programme Manager	Assurance - 30.06.22 Rolling programme of audits – 31.12.22 (Checkpoint date)	

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:	22/08/2022	TREND	15 (3x5)
		Date of Next Review:	21/09/2022		

IF	THEN	RESULTING IN
significant internal and external system pressures continue	there is a risk of a significant deterioration in staff health and wellbeing within WAST	increased sickness levels, staff burnout, poor staff and patient experience and patient harm

	Likelihood	Consequence	Score
Inherent	4	5	20
Current	3	5	15
Target	2	5	10

IMTP Deliverable Numbers:

EXECUTIVE OWNER	Director of Workforce & OD	ASSURANCE COMMITTEE	People & Culture Committee

CONTROLS	ASSURANCES
	Internal **Management (1st Line of Assurance)**
1. Health and wellbeing strategy in place and shared across the Trust.	1. Review undertaken of the Health and Wellbeing Strategy by Assistant Director annually.
2. People Services & Occupational Health & Wellbeing support/Employee Assistance Programme	2. Regular review meetings with all external providers to ensure they meet requirements of the SLA contracts. Regular management information received so that trends can be monitored.
3. Self-referrals or managerial referrals to Occupational Health	3. Regular reports submitted by Occupational Health team to WOD Business Meetings for monitoring.
4. Wellbeing support and training for line managers	4. Diarised meetings, webinars and workshops in place through a rolling programme.
5. Development of range of wellbeing resources for staff and line manager	5. Tools are available on WAST intranet. Occupational Health and Wellbeing teams visit stations, A&E , CCCs and other locations regularly where operational staff are based to promote the occupational health and wellbeing offer.
6. Peer support network forum	6. Agendas and minutes of meetings produced for each meeting.
7. WAST Keep Talking (mental health portal)	7. Available on intranet for staff to access easily.
8. TRiM	8. TRiM Coordinator has regular dialogue with TRiM managers and practitioners. Project plan and training schedule in place. Information in TRim Teams folder.
9. Coaching and mentoring framework	9. Information on intranet on Learning launch pad available to all staff.
10. Acting on results of staff surveys relating to staff experience	10. Each Directorate has developed their own action plan to address staff surveys.
11. HSE stress risk assessments	11. Undertaken by managers and advice is provided on how to use them by Occupational Health team.
12. KPIs are reported monthly to WOD regarding Occupational Health and Wellbeing activity	12. Received at WOD Business Meetings monthly.
13. Wellbeing drop-in sessions for CCC and 111 staff	13. Diarised sessions in place as part of the programme.
14. Fast track physiotherapy	14. Regular review meetings with physiotherapy provider and monthly monitoring information received at WOD Business meetings.
15. Specialist trauma counselling service	15. Same as 15.
16. Regular psycho-educational sessions with managers and staff	16. Diarised sessions
17. Compassionate leadership training sessions	17. Same as 17 in place as part of the programme.
18. Chaplaincy programme	18. Training plan and minutes of meetings produced quarterly for the Wellbeing Team – to be reviewed.
19. Occupational Health team inclusion in sickness and absence meetings	19. Diarised meetings in place.
	External **Independent Assurance** Audit Wales – Taking Care of the Carers report in October 2021

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:	22/08/2022	TREND	15 (3x5)
		Date of Next Review:	21/09/2022		

IF	THEN	RESULTING IN
significant internal and external system pressures continue	there is a risk of a significant deterioration in staff health and wellbeing within WAST	increased sickness levels, staff burnout, poor staff and patient experience and patient harm

	Likelihood	Consequence	Score
Inherent	4	5	20
Current	3	5	15
Target	2	5	10

GAPS IN CONTROLS	GAPS IN ASSURANCE
1. There is no steering group for Health and Wellbeing – there are plans to restart the group	4. Reporting on wellbeing training take up
11. Need to increase the education and communication with managers about stress risk assessments	• Lack of awareness about staff wellbeing services
	• Effects of REAP 4 affecting the ability of staff to engage with staff health and wellbeing services

Actions to reduce risk score or address gaps in controls and assurances	Action Owner	By When/Milestone	Progress Notes:
1. Restart the Health and Wellbeing Steering Group (link to risk 160)	Assistant Director – Inclusion, Culture and Wellbeing	30.09.22 Checkpoint Date	
2. Increase the education and communication with managers about stress risk assessments	Assistant Director – Inclusion, Culture and Wellbeing	31.12.22 Checkpoint Date	

Risk ID 163	Maintaining Effective & Strong Trade Union Partnerships	Date of Review:	22/08/2022	TREND	12 (4x3)
		Date of Next Review:	21/11/2022		

IF	THEN	RESULTING IN
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	there is a risk that TU partnership relationships increase in fragility and the ability to effectively deliver change is compromised	a negative impact on colleague experience and/or services to patients

	Likelihood	Consequence	Score
Inherent	5	3	15
Current	4	3	12
Target	4	3	12

IMTP Deliverable Numbers: 2, 4, 6, 11, 20, 34

EXECUTIVE OWNER	Director of Workforce and Organisational Development	ASSURANCE COMMITTEE	People & Culture Committee

CONTROLS	ASSURANCES
	Internal **Management (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. Fortnightly TUP Cell meetings	7. Diarised meetings with a formal agenda. Any business needed to be discussed is included in the agenda. Good attendance and commitment observed at meetings.
8. Local Co-Op Forums, and informal monthly meetings between TUs and Senior Operations Team	8. Consistency of invitation and good attendance/commitment observed at meetings. Trade Union representations on SOT meetings
9. Quarterly Report on TU activity to People and Culture Committee	9. Report at every P& C committee meeting regarding activities TUPs involved with which is noted. Whenever Partnerships are discussed, the value of these is formally minuted in the Board and Committee minutes
	External Not applicable
GAPS IN CONTROLS	**GAPS IN ASSURANCE**
1. Need to move back to business-as-usual footing	None identified
2. Facility to manage situations where there is a failure to agree, to avoid grievance and disputes from occurring	

Actions to reduce risk score or address gaps in controls and assurances	Action Owner	By When/Milestone	Progress Notes:
1. Clarify the formal and informal consultation and engagement framework and definitions	Deputy Director of Workforce & Organisational Development	Extended from 31.05.22 to 31.12.22	Formal engagement framework is defined with the re-establishment of the WASPT model. Further work is being done on the engagement model below WASPT through SLT and SOT. TU cell will be stood down. Shadow WASPT Board scheduled for 22nd September
2. Agree the ToR for refreshed Partnership Forum meeting and move back to a business-as-usual footing	Deputy Director of Workforce & Organisational Development	31.10.22	Underway and good progress now being made

Risk ID 163	Maintaining Effective & Strong Trade Union Partnerships	Date of Review:	22/08/2022	TREND	12 (4x3)
		Date of Next Review:	21/11/2022		

IF the response to tensions and challenges in the relationships with TU partners is not effectively and swiftly addressed and trust and (early) engagement is not maintained	THEN there is a risk that TU partnership relationships increase in fragility and the ability to effectively deliver change is compromised	RESULTING IN a negative impact on colleague experience and/or services to patients

	Likelihood	Consequence	Score
Inherent	5	3	15
Current	4	3	12
Target	4	3	12

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	31.10.22	Rearranged date 24.08.22 due to COVID in ACAS facilitators. First ACAS sessions delivered in June. Joint ACAS session with TUPs and Senior Team delivered on 24.08.22. Awaiting report from ACAS advised they are finalising by 23.09 and will forward week of 26th Sept. Draft plan in development to capture actions from the meeting. Actions from the ACAS recommendations will be added on receipt.
4. Minutes of formal Partnership Forum should be reported to PCC or Board in future (return to BAU).	Deputy Director of Workforce & Organisational Development	Extended from 30.09.22 to 31.10.22	

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 SERVICE PARTNERSHIP TEAM (WASPT)
HIGHLIGHT REPORT

This highlight report provides the reader with details of the key areas discussed at the last WASTP meeting. The report is intended to be used to communicate the work of this Board advisory group to the People and Culture Committee and the wider organisation. Areas that require the attention of the People and Culture Committee are set out in the Alert section.

WASPT Meeting Date	15 November 2022
Joint Chairs	Jason Killens (in chair for 15 November meeting) Mark Marsden

KEY ESCALATION AND DISCUSSION POINTS

ALERT

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

1. The first formal meeting of the **reconstituted Welsh Ambulance Service Partnership Team (WASPT)** was held on 15 November 2022 after meeting in shadow form on 22 September 2022. WASPT is an advisory group under the Trust's Standing Orders. The Joint Chairs, Jason Killens and Mark Marsden, rotate the chair of each meeting. The **Terms of Reference have been revised and are attached** for review and endorsement by the People and Culture Committee with a recommendation to the Trust Board for their approval at the 26 January 2023 meeting. The People and Culture Committee will note:

   - The Standing Orders refers to WASPT as the 'Local Partnership Forum' however that nomenclature has not been adopted for WASPT. Local partnership forums will be established in the sub-structure to deal with local tactical/operational matters, with WASPT focusing on strategic issues.
   - The Standing Orders provides that the main link with this group and the Board is through its executive members. However, it is felt that reporting formally to the People and Culture Committee is more effective and aligns with that Committee's responsibility to provide advice and assurance to the Board on all matters relating to partnerships and engagement, including but not limited to trade unions.
   - WASPT meetings will take place bi-monthly for the first four meetings and then it is intended that they will be held quarterly. The sub-structure being established for escalation from a local level will be key to this change in frequency. A review of operating arrangements will take place at the May 2023 meeting to evaluate the flow and embedding of the sub-structure before that change is effected.

ADVISE

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

2. A draft sub-structure reporting into WASPT was discussed at the November meeting. This consists of local partnership forums designed to address and resolve operational issues within regions/territories/localities, and an escalation structure into the Senior Operations Team and Senior Leadership Team. A task and finish group has been established to work through the sub-structures for both operations and corporate functions, with the January meeting reviewing the next iteration of this.

3. The engagement framework delivery plan which is before the People and Culture Committee for their November meeting was also presented to WASPT. It was received positively, with good discussion on ways in which to reach operational colleagues in particular so they had the opportunity to engage with it in a variety of modalities.

ASSURE

(Detail here any areas of assurance)

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

RISKS

Risks Discussed: No risks specified.

New Risks Identified: No new risks identified.

COMMITTEE AGENDA FOR MEETING		
1. Draft WASPT terms of reference	2. Local partnership forum sub-structure	3. Engagement framework delivery plan

COMMITTEE ATTENDANCE			
Name	**15 Nov 2022**	**XX Jan 2023**	**XX Mar 2023**
Joint Chairs			
Jason Killens	Chair 15/11/22		
Mark Marsden (Unison)			
Management Representatives			
Angela Lewis			
Lee Brooks			
Rachel Marsh			
Chris Turley			
Andy Swinburn			
Estelle Hitchon			
Trish Mills			
Trade Union Representatives			
Paul Seppman (Unite)			
Hugh Parry (Unite)			
Sean Herbert (Unite)			
Christian Fox (Unite)			
TBC (Unite)			
Henry Garrard			
Ian James (GMB)			

Maldwyn Jones (GMB)			
Marcus Viggers (GMB)			
Carl Hardwick (GMB)			
Mark Ivey (Unison)			
Bethan Williams (Unison)			
Damon Turner (Unison)			
TBC (RCN)			
TBC (RCN)			
TBC (RCN)			

	Attended
	Deputy attended
	Apologies received
	No longer member

Ymddiriedolaeth GIG Gwasanaethau Ambiwlans Cymru
Welsh Ambulance Services NHS Trust

WELSH AMBULANCE SERVICES PARTNERSHIP TEAM (ADVISORY GROUP)

TERMS OF REFERENCE AND OPERATING ARRANGEMENTS

1. INTRODUCTION

1.1. The Trust's Standing Orders provide that "*The Trust may and where directed by the Welsh Ministers must, appoint Advisory Groups to the Trust to provide advice to the Board in the exercise of its functions. The Board's commitment to openness and transparency in the conduct of all its business extends equally to the work carried out by others to advise it in the conduct of its business. The Board shall, wherever possible, require its Advisory Groups to hold meetings in public unless there are specific, valid reasons for not doing so*".

1.2. In line with Standing Orders the Board shall nominate annually a committee to be known as the Local Partnership Forum, herein referred to as the **Welsh Ambulance Services Partnership Team (WASPT)**. The detailed terms of reference and operating arrangements set by the Board in respect of this committee are set out below.

2. PURPOSE

2.1. WASPT is the forum where the senior leaders, trade unions and professional organisations work together to improve the Trust's services for the people of Wales. It is the principal partnership forum for the discussion of national priorities and strategies and where key stakeholders will engage with each other to inform, debate and seek to agree priorities on workforce and health service issues.

2.2. WASPT will provide the formal mechanism for consultation, negotiation and communication between the staff organisations and management. The TUC principles of partnership will apply.

2.3. Members will work in partnership, including:

- Showing joint commitment to the success of the organisation with a positive and constructive approach
- Recognising the legitimacy of other partners and their interests and treat all parties with trust and mutual respect
- Demonstrating commitment to employment security for workers and flexible ways of working

- Sharing success – rewards must be felt to be fair
- Practising open and transparent communication – sharing information widely with openness, honesty and transparency
- Bringing effective representation of the views and interests of the workforce
- Demonstrating a commitment to work with and learn from each other

3. DELEGATED POWERS AND AUTHORITY

WASPT will:

3.1 Establish a regular and formal dialogue between WAST management and the staff representatives on strategic issues affecting the workforce and provide opportunities to input into organisational strategy and service development plans at an early stage.

3.2 Consider the implications on staff of service reviews and identify and agree new ways of working where required to deliver the service effectively.

3.3 Consider the implications for staff of NHS organisational change at a national level and to work in partnership to achieve mutually successful implementation.

3.4 Consider and discuss the Trust's services, activity and financial performance and its implications.

3.5 Take account of, consider and communicate key decisions taken by the Board and senior management.

3.6 Develop and maintain in partnership appropriate facilities arrangements using Agenda for Change Facilities Agreement as a minimum standard.

3.7 Discuss and resolve escalations from sub-groups

Authority

3.8 WASPT as an advisory group supports, advises and challenges on matters of partnership working at a strategic level. Whilst decisions on a range of issues will be made by WASPT relating to consultation, negotiation, next steps and communication, all decisions that have financial, performance, and workforce consequences must be made with reference to the authorities set out in the Standing Orders and its annexures, in particular the Scheme of Reservation and Delegation ('SoRD') which details where decisions are reserved to the Board and where they may be delegated to Executives. Table A of the SoRD details the non-financial delegations and Table B details

the financial delegations to Directors and Officers. The SoRD can be found on the Trust website.

Sub-Committees

3.9 WASPT may establish sub-committees or task and finish groups to carry out on its behalf specific aspects of its business. Formal sub-committees may only be established with the agreement of the Board.

3.10 Sub-committees shall report regularly to WASPT by way of a highlight report clearly indicating areas of escalation.

4. MEMBERSHIP

Members

Membership of WASPT is proposed to be kept as small as possible to ensure its focus on strategic issues. A clear sub-structure for resolving issues at a local level and escalations will be put in place to support this. Membership is proposed as follows:

4.1 Management membership will be as follows:

- Chief Executive (management Chair)
- Director of Workforce and Organisational Development
- Executive Director of Operations
- Executive Director of Strategy, Planning and Performance
- Executive Director of Finance and Corporate Resources
- Director of Paramedicine
- Director of Partnerships and Engagement
- Board Secretary

4.2 Staff representative membership shall consist of 12 members, representing the four recognised Trade Unions (GMB, RCN, Unison and Unite). However, once the sub-committee structure is established the staff representative membership will be reviewed with the intention that it will reduce to 8 members. Staff representation membership will collectively represent all major work groups and professional bodies at WAST.

4.3 WASPT shall have joint Chairs who will work in partnership and rotate the role each meeting. Joint Chairs shall ensure that key and appropriate issues are discussed by members in a timely manner with all the necessary information and advice being made available to members to inform the debate and ultimate resolutions.

4.4 The joint Chairs may extend invitations to other staff representatives, Directors and/or Senior Managers, and to officials (including full time officers) from within or outside the organisation to attend all or part of the meeting to assist with its discussions on any particular matter.

4.5 All members must:

- Engage with and fully contribute to WASPT's activities and in a manner that upholds the standards of good governance set for the NHS in Wales;
- Prepare fully for the meeting by reviewing any papers provided;
- Equip themselves to fulfil the breadth of their responsibilities by participating in appropriate personal and organisational development programmes;
- Promote the work of WASPT within the directorate, Trade Union and/or professional discipline they represent.

4.6 Members may send deputies in their absence who will act with their full authority. To instigate a substitution arrangement members must notify the Board Secretary before the day of the meeting that they are unable to attend and the name of the member who will attend as the substitute.

4.7 The arrangements under which staff are allowed time off to attend meetings of the group and reimbursed expenses incurred in attending such meetings are set out in the agreed Policy on Recognition of and Facilities for Trade Unions.

Member Appointments

4.8 WASPT membership shall be determined by the Board, based on the recommendation of the Trust Chair, taking account of the balance of skills and expertise necessary to deliver the group's remit, and, subject to any specific requirements or directions made by the Welsh Government. Membership will be reviewed by the Trust Chair annually.

4.9 Staff representative membership (including the Chair) will be drawn from the elected staff side.

4.10 It is intended that the majority of membership will be consistent to allow for continuity of discussions and ease of communication, other than when a deputy is required under the provisions in paragraph 4.6. Where a member does not attend for three consecutive meetings the joint Chairs may seek an explanation from the member and where necessary the replacement of the member.

Secretariat and Support to WASPT

4.11 The Board Secretary, on behalf of the joint Chairs, shall:

(a) Arrange the provision of advice and support to members on any aspect related to the conduct of their role;
(b) Facilitate the effective conduct of Trust business through meetings
(c) Provide the secretariat function to WASPT;
(d) Ensure members have the right information to enable them to make informed decisions and fulfil their responsibilities;
(e) Ensure that in all its dealings, WASPT acts fairly, with integrity, and without prejudice or discrimination;
(f) Monitor the group's compliance with its terms of reference; and

4.12 The Board Secretary, on behalf of the Board, shall oversee a process of regular and rigorous self-assessment and evaluation of the Committee's performance and operation including that of any sub-committees established.

5. COMMITTEE MEETINGS

Quorum

5.1 At least 50% of the management members and 50% of the staff representative members must be present to achieve a quorum.

Frequency of Meetings

5.2 Meetings shall be held no less than quarterly or otherwise as the joint Chairs deems necessary. However, for the first four meetings of WASPT these shall be bi-monthly to allow the group to re-establish.

5.3 Due to the sensitivity of the issues being discussed, meetings shall be held in private session with the public and press excluded.

Withdrawal of individuals in attendance

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

Conflicts of Interest

5.5 Members must disclose all conflicts of interest in line with the Standing Orders and the Trust's standards of business conduct policy. Members may be asked to recuse themselves from all or part of discussions where a conflict is deemed to exist.

6. OPERATING ARRANGEMENTS

Agenda Setting

6.1 The joint Chairs shall meet with the Board Secretary at least 5 weeks before a meeting to set the agenda which will be circulated to members within 5 working days of that meeting.

6.2 Changes to agenda shall only be made with the agreement of both joint Chairs.

6.3 Any items of 'other business' must be notified to the joint Chairs ahead of each meeting so that appropriate time can be provided for in the meeting for discussion.

Papers and timetables

6.4 The presentation of items on the agenda should be accompanied by sufficient information for WASPT to make a determination on that item. Where an SBAR is not possible due to operational pressures, a shortened template will be developed.

6.5 Papers will be circulated with the agenda 14 calendar days before the meeting unless otherwise agreed with the joint Chairs.

7. REPORTING AND COMMUNICATION

Reporting

7.1 WASPT shall report into the People and Culture Committee of the Board as that Committee has the responsibility to provide advice and assurance to the Board on all matters relating to partnerships and engagement relevant to the remit of the Committee, including but not limited to trade unions, external organisations and staff communications.

7.2 Notwithstanding that the Standing Orders provide that WASPT's main link with the Board is through the executive members of the group, the joint Chairs shall prepare a highlight report to the People and Culture Committee following each WASPT meeting setting out any areas of escalation and key issues discussed. In turn, the People and Culture Committee will report such work in their highlight report to the Board.

7.3 WASPT shall submit an annual report to the Board through the Chair of the People and Culture Committee within three months of the end of the reporting year setting out its activities during the year and detailing the results of a review of its performance and that of any sub-Committee it has established

Communication

7.4 The WASPT highlight report will be used to communicate the work of the group to the organisation more widely. This is in keeping with the Standing Orders that requires advisory groups to report regularly on its activities to those whose interest they represent.

7.5 The Chair of the Trust Board shall meet with the joint Chairs on a regular basis to discuss the WASPT activities and operation.

8. APPLICABILITY OF STANDING ORDERS TO COMMITTEE BUSINESS

8.1 The requirements for the conduct of business as set out in the Trust's Standing Orders are equally applicable to the operation of WASPT, except in the following areas:

- Quorum
- Meeting in private session
- Reporting to the People and Culture Committee

9. REVIEW

9.1 These terms of reference and operating arrangements shall be reviewed at least annually but more frequently if required.

9. VERSION CONTROL TABLE

Version Number	Change	Author/ Reviewer/ Approver	Date
1.0	Terms of Reference and Operating Arrangements for Welsh Ambulance Partnership Forum (WASPF)	WASPF	TBD
1.1	Terms of Reference for reconstituted Welsh Ambulance Services Partnership Team (WASPT). Revised format and wording review	WASPT	15 November 2022
2.0	Terms of Reference for reconstituted Welsh Ambulance Services Partnership Team (WASPT)	People and Culture Committee – endorsement	29 November 2022
2.0	Terms of Reference for reconstituted Welsh Ambulance	Trust Board – Approval	26 January 2023

	Services Partnership Team (WASPT)		

AGENDA ITEM No	**11**
OPEN or CLOSED	**OPEN**
No of ANNEXES ATTACHED	**2**

IMPROVING ATTENDANCE

MEETING	**People and Culture Committee**
DATE	**29th November 2022**
EXECUTIVE	**Angela Lewis, Director of Workforce and OD**
AUTHOR	**Liz Rogers, Deputy Director of Workforce and OD**
CONTACT	**Liz Rogers, Deputy Director of Workforce and OD**

EXECUTIVE SUMMARY

Sickness Absence levels are recognised as a significant issue in WAST. To address the levels, an Improving Attendance Project Plan was developed and is being delivered into the organisation by a joint team from WOD and Operations.

The purpose of the report is to:

Provide Committee with an update on sickness data and progress since the last meeting in September

Provide assurance on progress and report by exception on any areas of risk.

KEY ISSUES/IMPLICATIONS

Progress continues on delivering the project and there is an ongoing impact on absence figures.

Long term sickness absence is 5.60% for September compared to 5.72% in August and after a rise in long term sick cases opened in July (100 compared to 85 in May and 84 in June); there is a reduction to 82 in August.

Short term absence was running at 4.67% in July, due primarily to Covid. 3.03% in August and 3.09% in September.

Figures for October are looking higher than September at an indicative figure for the Trust of 9.53%. We do not have the breakdown at the time of writing as this is produced after the payroll run. We have however seen an increase in Covid absences compared to September which will account in part for the increase.

The delivery of the project plan continues and there has been a significant amount of training delivery over the past few months.

One area of the plan which has been held is that of communicating data across the organisation on WAST attendance figures. This is because of a number of sensitivities on how the figures would be received and the pressures on the organisation.

The Committee is asked to:

- **NOTE and COMMENT** on the data reported in the attached PowerPoint deck
- **NOTE and COMMENT** on the content of the report

REPORT APPROVAL ROUTE		
WHERE	**WHEN**	**WHY**
WOD Business Meeting	22nd November 2022	For noting
P&C Committee	29th November 2022	For noting

REPORT APPENDICES
Appendix 1 SBAR Appendix 2 PowerPoint deck

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

Appendix 1: SBAR
SITUATION

1. WAST had seen a significant increase in sickness absence levels through 2021 and the beginning of 2022, which have been regularly reported to Committee and Board.

2. To respond to the high levels of absence, a project plan was developed with a range of workstreams tackling various challenges, including support to managers, building on the wellbeing offer and interventions for supporting colleagues off on long term sick.

3. The organisation and P&C Committee recognised the need to address the levels of absence in a sensitive way, aligned to policy and being mindful of the general wellbeing of the workforce which is significantly affected by the pressures on the service such as handover delays.

BACKGROUND

4. The team continue to work hard supporting managers within Operations to improve attendance across their teams. This engagement is having a positive impact.

5. The impact of Covid continues to play its part and is reflected in the figures. We saw a peak in the summer and a drop through September but we are seeing a slight uptick in Covid numbers in October. We are also expecting an increase in seasonal illnesses as we go into the winter.

6. We are promoting flu vaccinations including the wellbeing team attending the recent CEO Roadshows where unvaccinated colleagues could have a flu jab.

7. WAST have asked to reopen the conversation at a national level on 'normalising' Covid absence for both long term sickness and to count Covid in short term absence. Currently there seems to be little appetite to change the current model despite WAST not being a lone voice on this issue. We have asked Welsh Government colleagues to raise this within the appropriate forums.

ASSESMENT

Data Analysis

8. Appendix 2 is a PowerPoint deck outlining the changes in sickness figures over recent months since the last Committee meeting. Committee members will note the reduction in long term sickness absence since April from 6.18% to 5.60% in September. However, for every month excluding July and September (97 opened and 94 closed in September) there have been more long-term absence cases closed than opened.

9. Short term sickness absence figures have fluctuated a little with a general reducing trend. April reported a figure of 4.96%, May was 3.25%, June was 3.94%. July saw 4.67% (Covid mainly), August was the lowest yet at 3.03% and September has seen a small rise 3.09%. Mental health related absence has reduced month on month in the last quarter but is still the most frequent reason for absence. MSK absence is holding.

10. In terms of Operations all areas showed a decrease in August compared to July, being mindful July was, as noted, Covid driven. But all services saw a decrease in August compared to June except EMS. This can be viewed on slide 6 of the appended deck.

11. Covid absence was an issue in June and July but declined through August. The end of August and September figures for Covid were much reduced, as low as 28 people (1% and below) absent with Covid compared to 170 on 10th July.

October has seen a higher average of 2% in some parts of the service. Slide 7 shows the peaks and troughs in short term sickness absence relating to Covid as well as sickness absence. We have seen higher Covid figures in October than September.

Short Term Sickness Absence Audit

12. The team have been undertaking an audit in EMS on short term sickness management. The key findings are that:

    - There are returns to work evidenced on local files but these are not reflected in ESR, training being delivered will support addressing this
    - On ESR reasons for absence are not always being completed
    - There was limited evidence of missed opportunities
    - There is no standard way of identifying and recording which employees have prompted action in line with the policy or which stage of the policy someone may be in.

13. Managers are being supported on a one to one basis and in their locality team to improve practice. The senior team in Operations continue to actively support the project. Currently a deep dive is being undertaken in one Health Board as the figures are an outlier compared to others and we will report back on the findings of this review.

Training Delivery for Managers

14. The team have developed and are delivering training to managers on a range of aspects of managing attendance:

    - Review Prompts and Discretion in the Policy
    - Managing Short Term Sickness Absence
    - Reasonable Adjustments and the Equality Act
    - Getting the Best from an Occupational Health Referral

15. Attendance to date as at the end of October is as follows:

	Registered	**Attended**
Review Prompts and Discretion	181	100
Short Term Sickness	168	88
Reasonable Adjustments and Equality Act	170	81

16. These sessions have continued through November. The team will work through the attendance lists and reach out to Locality Managers to provide the lists of those attending / not attending. We will aim to ensure that all line managers will attend the sessions.

17. As well as the bitesize sessions, 59% of managers have attended the ½ day All Wales training session which is delivered bi-monthly. This session works through the principles of compassionate management and the core elements of the policy.

18. ESR training is routinely delivered to managers to support with ESR structure and overall usage with a particular focus on business intelligence reporting including sickness absence.

Improving Attendance Plan Update

19. The team workstream leads continue to deliver and develop work in line with the plan and also are including new actions and activities as an iterative approach to the project. For example, the team are trialling a further bite size training session on guiding managers through preparing a final formal report to present at the sickness meeting, which may result in a termination. This has been piloted with two groups. This training has been well received.

20. Fortnightly reporting to EMT continues but now the reporting every four weeks is focused on the data and in the other meetings there is a deep dive on a specific area. Most recently there has been a deep dive on OH provision and initiatives such as the Circle of Support, and Women's Health Group, Health Promotion Activities, drop in sessions and targeted workshops.

Audit Review

21. The project has recently been the subject of an internal audit review by NWSSP colleagues. The draft report has been shared and a rating of reasonable assurance with some helpful recommendations for further improvement which can be implemented.

RECOMMENDED

22. The Committee is asked to:

    NOTE and **COMMENT** on the Report

Ymddiriedolaeth GIG
Gwasanaethau Ambiwlans Cymru

Welsh Ambulance Services
NHS Trust

Improving Attendance Update

P&C Committee 29th November 2022

Improving Attendance Programme

EXECUTIVE SUMMARY

- The figures reported in this presentation are official to 30 September 2022
- All figures for October are indicative only.
- September saw a slight decrease in sickness absence
- Early indications are for an increase in sickness absence for October (COVID absence also appears to be increasing in October)

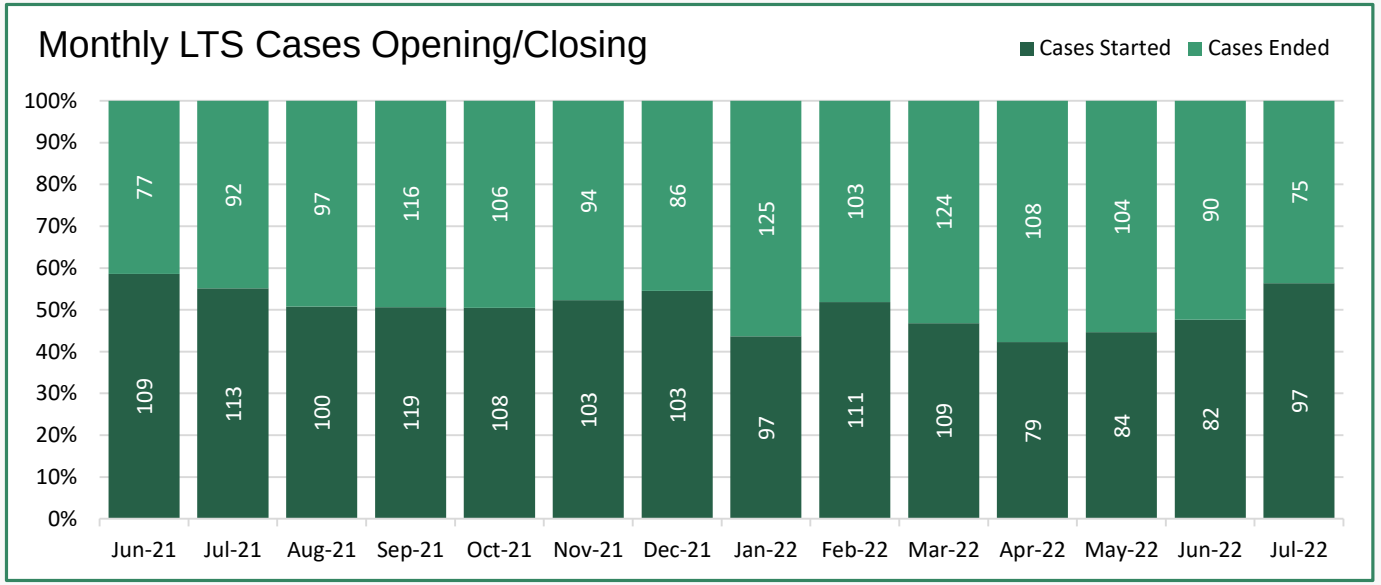
	Trust	Operations
July	10.31%	11.27%
August	8.75%	9.50%
September	8.74%	9.51%
October	9.53%	10.36%

- Positive and proactive engagement between People Services, Occupational Health and Management:
  - Meetings to support career conversations for those off with Long Covid
  - Bitesize training is live
  - Short term sickness audits completed in EMS, findings are being shared and improvements sought where required
  - Survey to managers re MAAW goes live next week to seek feedback on the support received to date and suggestions for further improvements / support

Analysis: Sickness Absence – Overview

July 2022

Average working days lost per FTE (Annual)	
25.00	days
Single month Absence %	
10.32%	
Long Term	**Short Term**
5.65%	4.67%
Mental Health	**Other MSK**
(S10 Stress/Anxiety)	(excluding Back)
2.36%	1.04%

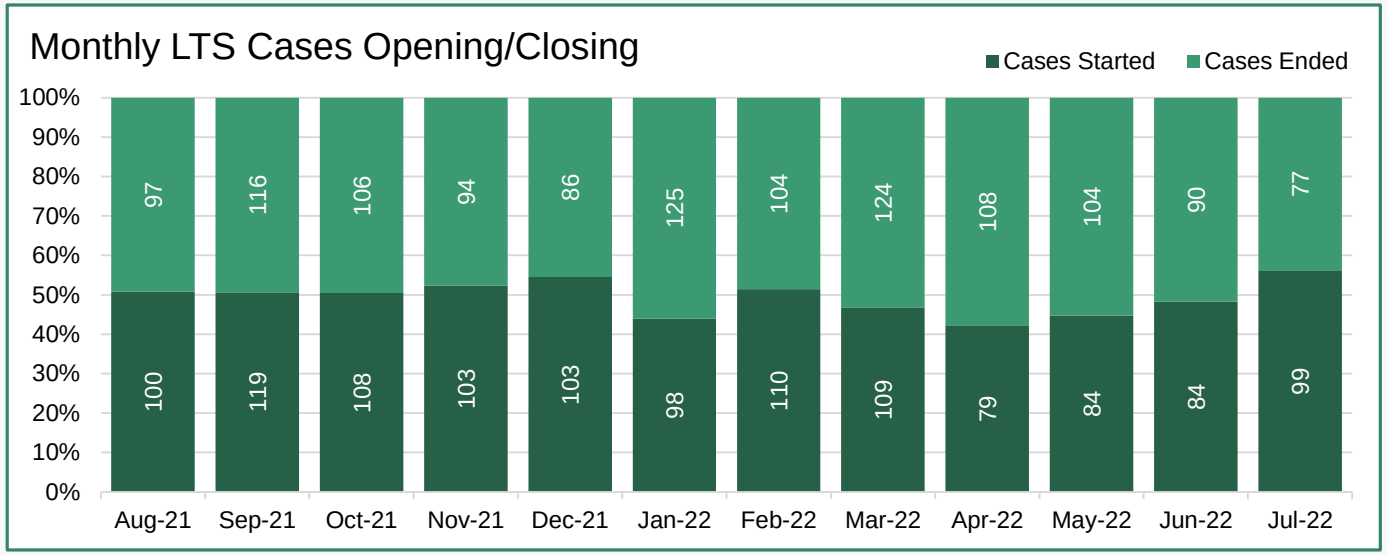


Absence Reason	Headcount	Abs Occurrences	%	Abs FTE%
S10 Anxiety/stress/depression/other psychiatric illnesses	159	162	22.9%	2.36%
S27 Infectious diseases	260	261	15.7%	1.62%
S15 Chest & respiratory problems	175	177	11.8%	1.22%
S12 Other musculoskeletal problems	79	79	10.1%	1.04%
S11 Back Problems	55	56	6.2%	0.64%
S25 Gastrointestinal problems	123	123	5.5%	0.57%
S13 Cold, Cough, Flu - Influenza	104	105	5.1%	0.52%
S28 Injury, fracture	38	39	4.3%	0.45%
S98 Other known causes - not elsewhere classified	25	26	3.0%	0.31%
S99 Unknown causes / Not specified	30	30	2.7%	0.28%

Analysis: Sickness Absence – Overview

August 2022

Average working days lost per FTE (Annual)	
24.68	days
Single month Absence %	
8.75%	
Long Term	**Short Term**
5.72%	3.03%
Mental Health	**Other MSK**
(S10 Stress/Anxiety)	(excluding Back)
2.33%	1.09%

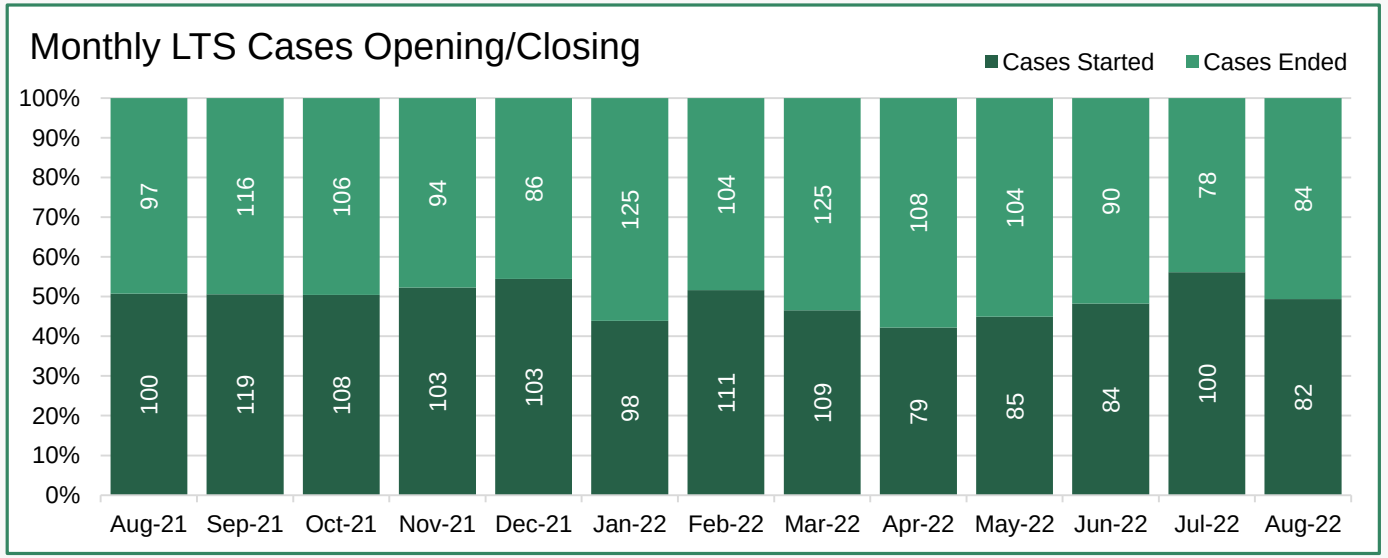


Absence Reason	Headcount	Abs Occurrences	%	Abs FTE%
S10 Anxiety/stress/depression/other psychiatric illnesses	162	163	26.7	2.33%
S12 Other musculoskeletal problems	84	85	12.5	1.09%
S27 Infectious diseases	105	106	8.3	0.72%
S11 Back Problems	52	52	8.1	0.71%
S25 Gastrointestinal problems	129	130	6.7	0.59%
S28 Injury, fracture	47	47	6.4	0.56%
S15 Chest & respiratory problems	66	68	6.1	0.53%
S13 Cold, Cough, Flu - Influenza	68	68	3.8	0.34%
S99 Unknown causes / Not specified	25	25	3.7	0.32%
S98 Other known causes - not elsewhere classified	28	28	2.6	0.23%

Analysis: Sickness Absence – Overview

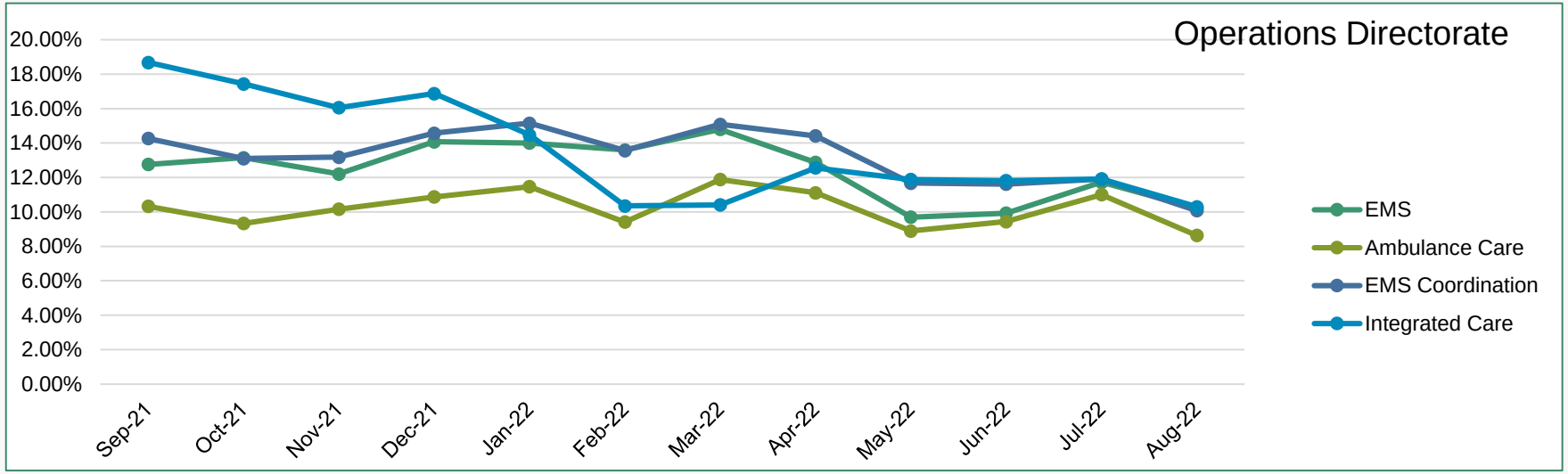
September 2022

Average working days lost per FTE (Annual)	
24.15	days
Single month Absence %	
8.68%	
Long Term	**Short Term**
5.60%	3.09%
Mental Health	**Other MSK**
(S10 Stress/Anxiety) 2.30%	(excluding Back) 1.03%



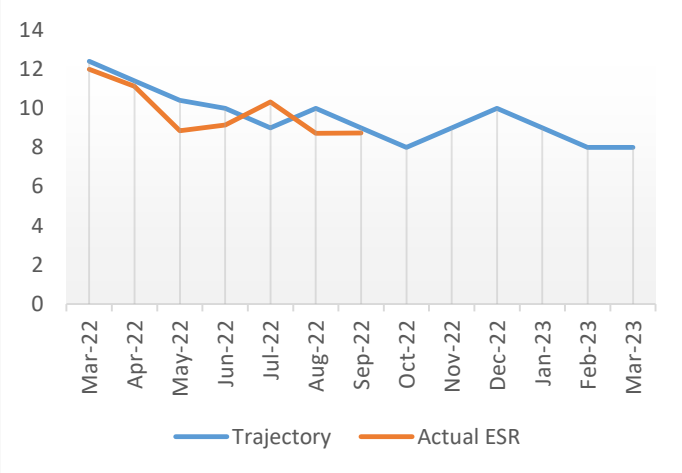
Absence Reason	Headcount	Abs Occurrences	%	Abs FTE%
S10 Anxiety/stress/depression/other psychiatric illnesses	155	157	28.8	2.30%
S12 Other musculoskeletal problems	78	79	12.9	1.03%
S11 Back Problems	55	55	9.3	0.74%
S25 Gastrointestinal problems	136	137	7.5	0.59%
S28 Injury, fracture	41	41	5.8	0.46%
S99 Unknown causes / Not specified	38	38	4.6	0.37%
S15 Chest & respiratory problems	48	49	4.6	0.37%
S13 Cold, Cough, Flu - Influenza	86	88	4.3	0.34%
S98 Other known causes - not elsewhere classified	28	28	3.9	0.31%
S26 Genitourinary & gynaecological disorders	33	33	3.7	0.29%

WAST Sickness Absence – 8.75% August Trust; 9.50% Operations

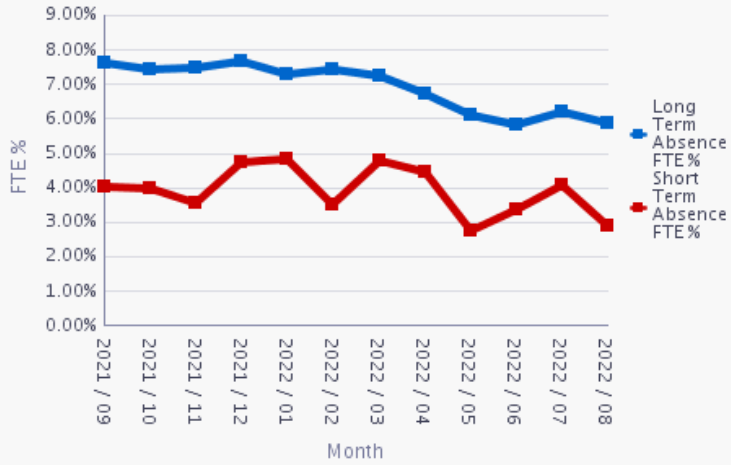


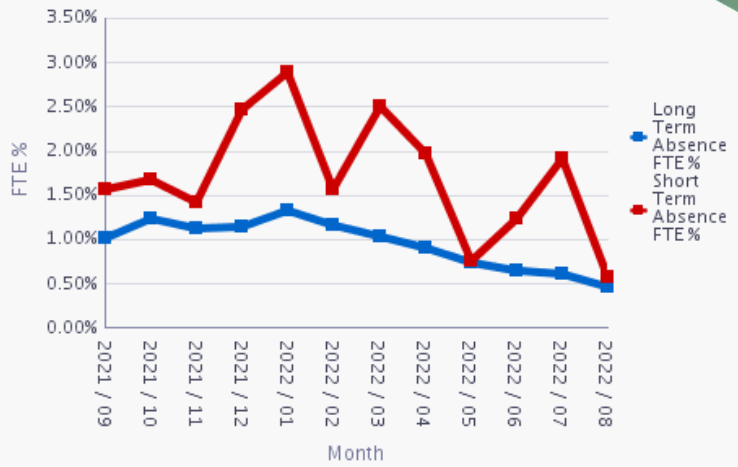
	Trust	Emergency Medical Services	EMS Coordination	Integrated Care	Ambulance Care	020 National Operations & Support L4 (DX02)
Sep-21	11.67%	12.76%	14.26%	18.68%	10.33%	6.29%
Oct-21	11.44%	13.15%	13.10%	17.44%	9.33%	5.86%
Nov-21	11.04%	12.21%	13.18%	16.05%	10.16%	5.97%
Dec-21	12.44%	14.07%	14.57%	16.88%	10.87%	7.69%
Jan-22	12.15%	14.00%	15.16%	14.48%	11.47%	4.39%
Feb-22	10.94%	13.59%	13.56%	10.35%	9.42%	3.56%
Mar-22	12.02%	14.80%	15.08%	10.41%	11.88%	4.11%
Apr-22	11.15%	12.88%	14.41%	12.56%	11.11%	3.32%
May-22	8.87%	9.70%	11.67%	11.89%	8.89%	2.71%
Jun-22	9.17%	9.93%	11.62%	11.82%	9.44%	4.60%
Jul-22	10.31%	11.72%	11.91%	11.92%	11.01%	4.99%
Aug-22	8.75%	10.21%	10.08%	10.30%	8.64%	3.29%

Trust Wide MAAW Analysis



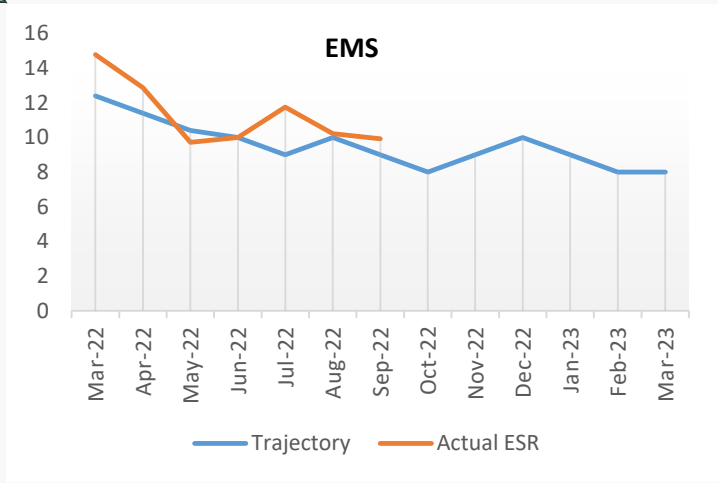
COVID Analysis

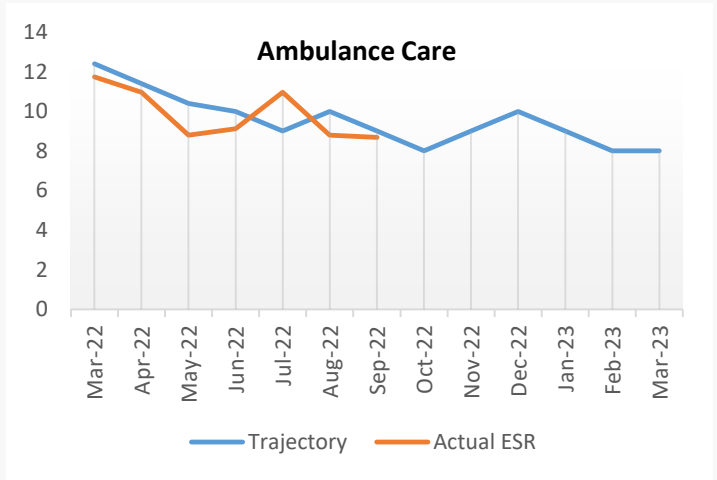


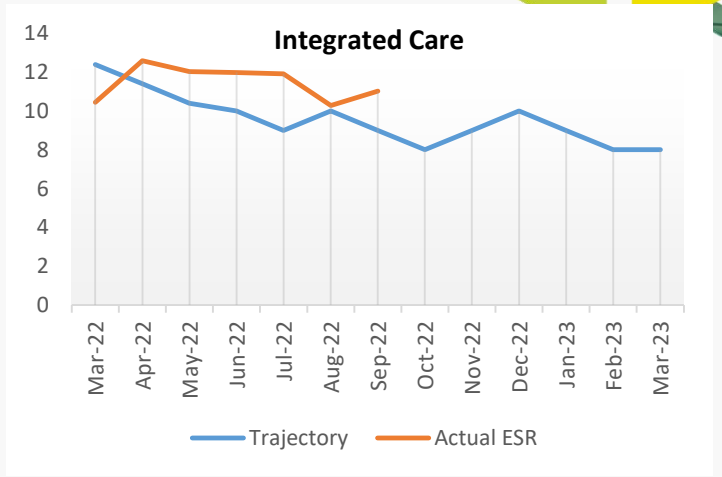


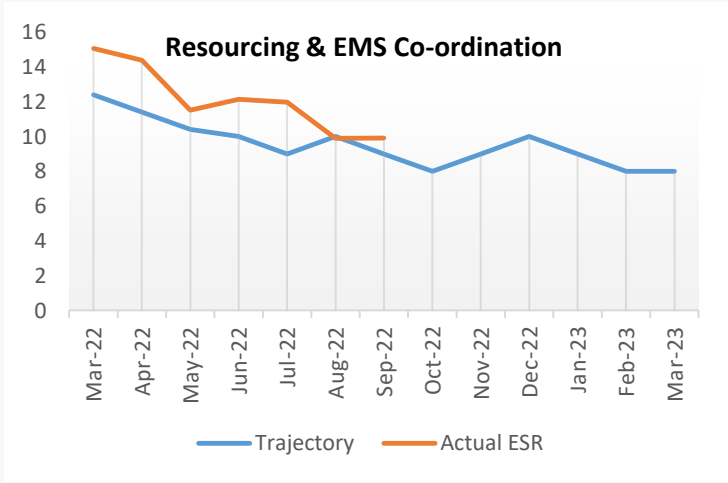
- The actual sickness for August is just below the trajectory.
- Seeing a bit of a pattern in terms of short term sick and reflects the Covid graph
- COVID absences have decreased in August (1.04% Absence FTE in August)
- We have seen sightly higher figures for Covid in October, in the 50-60s range in October rather than the 30s in September. That will be reflected in the short term sickness absence figures.

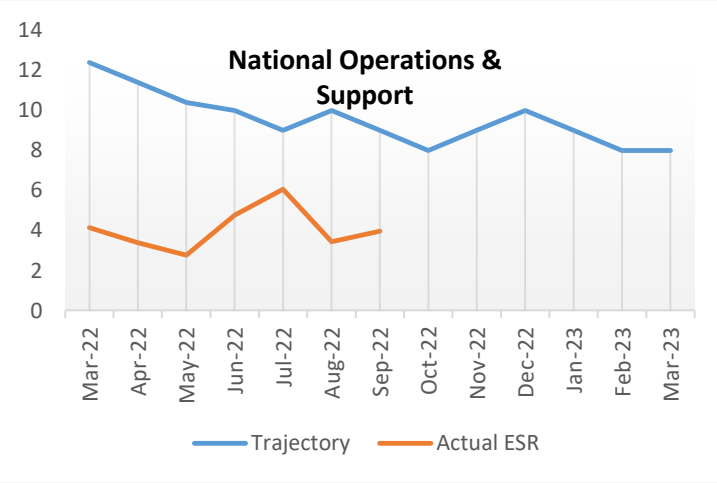
Actual vs Trajectory (September figures are indicative)











EMS Short Term Sick Audit Findings

- RTWs are evidenced in paper files but not reflected in ESR (bitesize training will support to address this)

- Some reasons for absence are not being completed on ESR

- There was limited evidence of missed opportunities although, a number of individuals have had repeated COVID absences – RTWs largely demonstrate that these individuals have had appropriate welfare supports

- No uniform means of identifying / recording which employees have prompted the MAAW policy and which stage of the policy an individual is in.

MAAW – Bitesize Learning and Coaching

- Topics covered at training are: short-term sickness and RTWs; review prompts and discretion; Equality Act and reasonable adjustments

- Sessions on getting the best out of OH have also been delivered

- 10 sessions delivered to date; 9 sessions scheduled for November. The sessions are well attended and received. 347 attendees up to 19th October.

- Drop in sessions for managers in 111 and Ambulance Care arranged throughout June and July. 9 sessions were available for managers.

- The sessions were well received by those who did 'drop in' but engagement was not high.

- The sessions were paused during August and September due to annual leave / capacity.

- Further sessions will be scheduled, as demand requires, to support managers.

COVID 19 - Attendance Management

- Reduction in number of colleagues off LTS due to long COVID

	No. of colleagues off with Long COVID	No. of colleagues off 100+ days with Long COVID
22.07.2022	23	15
25.08.2022	18	14
14.09.2022	12	6
29.09.2022	11	6

- The number of COVID absences have remained relatively stable during September

	04.07.2022	01.08.2022	26.08.2022	29.09.2022
FTE% of colleagues off due to COVID	4% (133)	2% (81)	1% (31)	1% (38)

Impact of the Project to date

- Decrease in sickness absence
- Better consistency of policy application across the organisation
- Increased manager capability and confidence when supporting cases
- Better levels of understanding of what can / can't be done to remain compliant
- Not all absence is sickness - work arounds such as shift swaps being used more – positive impact on productivity and relationships
- Better grip on data (but still further to go)
- Deep dives in specific teams and outliers in terms of data to offer additional support
- Development of more coaching style of approach

Next Steps

- Continue delivering activities
- Continue to review and update plan (iterative)
- Review training attendance and invite those who have not yet attended (to ensure cover all managers)
- Continue to work with management teams collectively on team engagement
- Look at ways to improve reporting
- Deliver the actions from the recent Managing Attendance audit
- Consider comms around absence to the whole organisation (challenging in current landscape)

AGENDA ITEM No	**12**
OPEN or CLOSED	**OPEN**
No of ANNEXES ATTACHED	**2**

QUARTER 2 - 2022/23 HEALTH AND SAFETY PERFORMANCE REPORT

MEETING	People and Culture Committee
DATE	29 November 2022
EXECUTIVE	Executive Director of Quality and Nursing
AUTHOR	Head of Health and Safety
CONTACT	Nicola White 07973 829556 Nicola.white3@wales.nhs.uk

EXECUTIVE SUMMARY

This report provides an update to the People and Culture Committee on key information in relation to health and safety performance over the period of 1 July - 30 September 2022. It additionally provides an overview of discussions held at National Health and Safety Committee held on the 2 November 2022.

The People and Culture Committee is requested to note the following:

- The Health and Safety Annual Report 2021/2022 was presented at the Trust's People and Culture Committee on 5 September 2022. The report was well received, with Committee members feeling assured with progress made in relation to the Trust's Health and Safety performance and the direction of travel for continuous improvement.
- The Working Safely Programme's (which was established on 1 October 2021 and is a Trust Integrated Medium Term (IMTP) deliverable) 'Pump and Prime' phase ceased on 31 September 2022. A Closure Report detailing recommended arrangements for the continuation of the Programme's Action Plan is to be presented to the Executive Management Team in November 2022.
- Appointments were made to the remaining vacancies in relation to the implementation of the Trust's health and safety workforce transformation. These appointments allowed for the new structure to commence on 3 October 2022.
- The Board and Executive Management Team undertook the Institute of Safety and Health (IOSH) Leading Safely training session on 27 July 2022. This course is aimed at Directors and Non-Executive Directors Management Team and provides the relevant knowledge and capability to ensure compliance with legislative requirements. This commenced the roll out of this course to all of the Senior Management Team across the Trust.
- The 'Retained EU Law (Revocation and Reform) Bill' is set to be reviewed and places a position on 58 health and safety related EU retained laws following

Brexit via the EU withdrawal Act. The Act will catch the full range of health and safety regulations, which will automatically be repealed on 31 December 2023, unless Ministers make specific decisions to save them (paragraph 4).

- The introduction of the new DATIX Cloud system in May 2022, which replaced the Trust's DATIX Web Incident Reporting System, continued to place significant pressures on the health and safety function via the following means:

  - Further work ceased on outstanding DATIX incidents (2019-2022) in ensuring that relevant incidents were investigated and closed out.
  - DATIX incidents reported from 1 April - 3 May 2022 were transferred over to the new DATIX Cloud system.
  - Continued support provided to handlers by the health and safety function in the reporting and managing of DATIX incidents on the DATIX Cloud system.

The Committee is to be assured that:

- The Legislative Compliance Register and Hazard Register Frameworks have been completed and partial assessments undertaken. Further meetings have been scheduled with the relevant stakeholders in Quarter 3, 2022 to assess compliance against both Registers.

While this report provides the health and safety performance within the last quarter, the Trust recognises that periods of high operational demand have continued to impact on capacity to progress with improvements to the overall Health and Safety Management System. The Working Safely Programme, which was established in October 2021, will provide a holistic, comprehensive means of ensuring a robust suitable and sufficient management system. The full implementation of the workforce review commencing on 3 October 2022 will additionally support and drive the Trust forward to a mature culture of interdependency.

KEY ISSUES/IMPLICATIONS

RECOMMENDED: That the Committee:

(1) Gives its attention to the following key issues:

- Reporting of incidents under Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) 2013 to the Health and Safety Executive (HSE) continues to be a challenge with timely reporting due to information provided by handlers. Weekly Incident Meetings continue to be undertaken by the health and safety function to identify potential incidents for RIDDOR reporting. RIDDOR compliance metrics are to be presented at relevant Business Meetings for monitoring and further scrutiny (paragraph 4).
- This report contains incident data as of 11 October 2022. This may have changed since that date due to quality assurance checks by the DATIX Team. Additionally, incidents have been/are being reported late as staff continue to become familiarised with the new system. Weekly Incident Meetings are undertaken within the health and safety function to review coding and amend accordingly.

REPORT APPROVAL ROUTE	
National Health and Safety Committee	2 November 2022
People and Culture Committee	29 November 2022

REPORT APPENDICES	
Annex 1	- SBAR which provides the background for this report
Appendix 1	- WAST Safety Alerts

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

SITUATION

1 This provides analysis of the level of health and safety performance throughout the organisation for Quarter 2, 2022-2023 and an overview of discussions held at the Trust's National Health and Safety Committee on 2 November 2022.

2 The assessment section of this report is structured in line with the All-NHS Wales Health and Safety Management System (HSMS) Principles (1-11) and subsequently the National Health and Committee Action Log and Working Safely Programme Action Plan. The principles are:

- Principle 1 - Leadership, Accountability and Culture
- Principle 2 - Competent People
- Principle 3 - Compliance Assurance
- Principle 4 - Risks and Opportunities
- Principle 5 - Learning from Events
- Principle 6 - Occupational Health
- Principle 7 - Asset Management
- Principle 8 - Contractor and Supplier Management
- Principle 9 - Communication
- Principle 10 - Emergency Preparedness
- Principle 11 - Measuring Performance

3 Health and safety items that fall within the scope of Health and Safety Principles not detailed within this report have been considered and contained in the context of the Working Safely Programme and reported via the Strategic Transformation Board. Additionally, some health and safety items can be within the scope of more than one principle.

ASSESSMENT

Alert Advise Assure (AAA) Highlight Report

4 The Alert Advise Assure Highlight Report provides a concise overview of:

ALERT/ ESCALATE	**The 'Retained EU Law (Revocation and Reform) Bill** This Bill is set to review and place a position on approximately 2500 EU retained laws following Brexit via the EU Withdrawal Act. The Act will catch the full range of Health and Safety (H&S) Regulations, which will automatically be repealed on 31 December 2023 unless Ministers make specific decisions to save them. The Bill lists 58 within the H&S category which contains many estate-related regulations and additionally environmental protection will also be subject to review. The Health and Safety at Work etc. Act 1974 will remain as primary legislation will not be affected however, legislation which is categorised as a Regulation (e.g., Provision and Use of Work Equipment,

Workplace [Health, Safety and Welfare] Regulations etc.) will be affected.

All these Regulations will be automatically repealed on 31 December 2023 without any consultation with the relevant stakeholders or parliamentary scrutiny. The Bill sets out options to avoid the automatic sunset on each specific set of Regulations unless Ministers postpone the repeal however, this is only permitted to June 2026. Alternatively, Ministers can replace the Regulations with new ones.

The Welsh Government Counsel General and Minister for the Constitution has written to the Secretary of State outlining his concerns over U.K. Ministers legislating in devolved areas and the 2023 sunset deadline.

Workplace risk Assessment Compliance

With the HSE position in relation to COVID RIDDOR reporting changed on 1 April 2022, removing the requirement for staff-to-staff contamination and with the UK learning to live with COVID, this has resulted in a reduction of COVID control measures as previously required. Following this position, the Trust transitioned from COVID workplace risk assessments to generic workplace risk assessments with exposure to pathogens incorporated as one of the many hazards. Subsequently all sites were requested to undertake this review which commenced in July 2022. Since the introduction of the new template only 14% of premises have a suitable and sufficient risk assessment in place (paragraph 16).

RIDDOR Reporting Challenges

Despite improvements RIDDOR reporting performance for non-COVID incidents are still providing challenging in relation to delays in entering incident onto the DATIX system and/or handler response to provide all necessary information to the Health and Safety function to allow for timely reporting. It is understood that this is being done in good faith. Delays may be due to operational pressures and/or shift patterns however, a deep dive would be required to determine causation. The RIDDOR requirements and reporting process has been communicated on several occasions via Trust communication platforms, relevant meetings and within the Duty Operations Managers induction week.

During Quarter 2, five RIDDORs have been reported late. This leaves the Trust vulnerable to enforcement action from the HSE.

A further contributory factor in late reporting may be the introduction of the new DATIX Cloud and issues accessing DATIX at local levels (paragraph 29).

The introduction of the Health and Safety Advisor's role which commenced in Quarter 3, 2022 will increase local awareness of reporting requirements with Duty Operation Managers and Operational Team Leaders. A further RIDDOR requirements communication is to be cascaded throughout the Trust during November 2022.

	Commencing in Quarter 3, 2022, RIDDOR compliance metrics are to be presented at Operations Business Meetings, with a request to monitor performance at territorial levels.
ADVISE	**IOSH Leading Safely Training** Courses for Quarter 3 - Quarter 4, 2022/23 have been scheduled. Attendees are encouraged to book their preferred place via the IOSH Leading Safely Teams form. Four members of staff have already registered to attend during Quarter 3 - 4 (paragraphs 9-10).
ASSURE	**Organisational Risks** Risk 199 has been updated to reflect work which was undertaken during Quarter 2. The risk currently remains at 15 and is reviewed monthly (paragraph 19). **H&S Legislative Compliance Register** A Register of all relevant health and safety legislation has been complied into a Framework to allow for continued assessment by the health and safety function and relevant Business Units Leads in Quarter 3, 2022 (paragraph 16). This will provide an assessment of the Trust's compliance to legislation and also a vehicle to any improvements that may be required. **H&S Hazard Register** A Register of all relevant health and safety hazards has been completed and is to be subject to continued assessment by health and safety function and relevant Business Leads in Quarter 3, 2022 (paragraph 17). Following the completion of assessments this will become a live document and provide assurance around the level of controls.
INFORM	**Historic DATIX Incidents** Following approval from the Executive Management Team, major harm incidents were transferred to the Once for Wales DATIX Cloud system for investigation and conclusion. **Display Screen Equipment / Manual Handling Advisor (DSE / MH)** The Trust's first DSE/MH Advisor was appointed on 30 September 2022. This completes the workforce transformation of the health and safety function. This will help further compliance with The Health and Safety (Display Screen Equipment) Regulations 1992 and supporting Occupational Health via the undertaking of staff 'functional assessments. The role also supports compliance with the Manual Handling Operations (MHOR) Regulations 1992. **WorkRite - Display Screen Equipment Assessment** The Trust's account with external Display Screen Equipment (DSE) provider WorkRite ceased on 31 August 2022. This will save the Trust revenue in the region of more than £4K per annum. All staff requiring DSE training and assessment are to complete via the Trust Learning Launchpad. Since the launch of the Programme 66 assessments have been undertaken across the Trust with no program issues identified. Discussions are underway to determine the number of defined 'DSE'

	users' data Pan Wales to inform Trust compliance against DSE requirements. **Health and Safety Premise Audit** A 2-year audit schedule which covers all Trust premises commenced on 1 September 2022. This template is utilised to assess legislative compliance against each location. Discussions are to be held with the relevant Directorates on the best means of presenting audit output for monitoring and action where required (paragraph 18). **Commercial Opportunity with Powys University Health Board** The health and safety function has been approached by the Executive Director responsible for health and safety, proposing a potential income generation initiative for the Trust via the delivery of IOSH Leading and Managing Safely Training. This initiative was considered within the Workforce Transformation Business Case. A paper is to be developed outlining the logistics for the potential delivery of training over 3 years (paragraph 9).

Principle 1 - Leadership, Accountability and Culture

Health and Safety Resource

5 The Working Safely Team continues to undertake business-as-usual (BAU) activities however, this has impacted on the delivery of working safely activities. Whilst the function resourced a member of staff via agency to support vacancies within the BAU Team, this role significantly focused on the DATIX Cloud closure and migration.

6 Following the funding for 'The Transformation of the Health and Safety Function' Business Case Workforce Review conclusion in Quarter 1, 2022, all senior members of the team commenced their roles with the Trust during Quarter 2, 2022, introducing the role of a Violence and Aggression Manager. Additionally, further appointments were made to align with the workforce review requirements. Subsequently the new structure came into force on 3 October 2022.

7 Work was undertaken for the planning of an induction week for the team and the transition into new ways of working during Quarter 3, 2022.

IOSH leading Safely Training

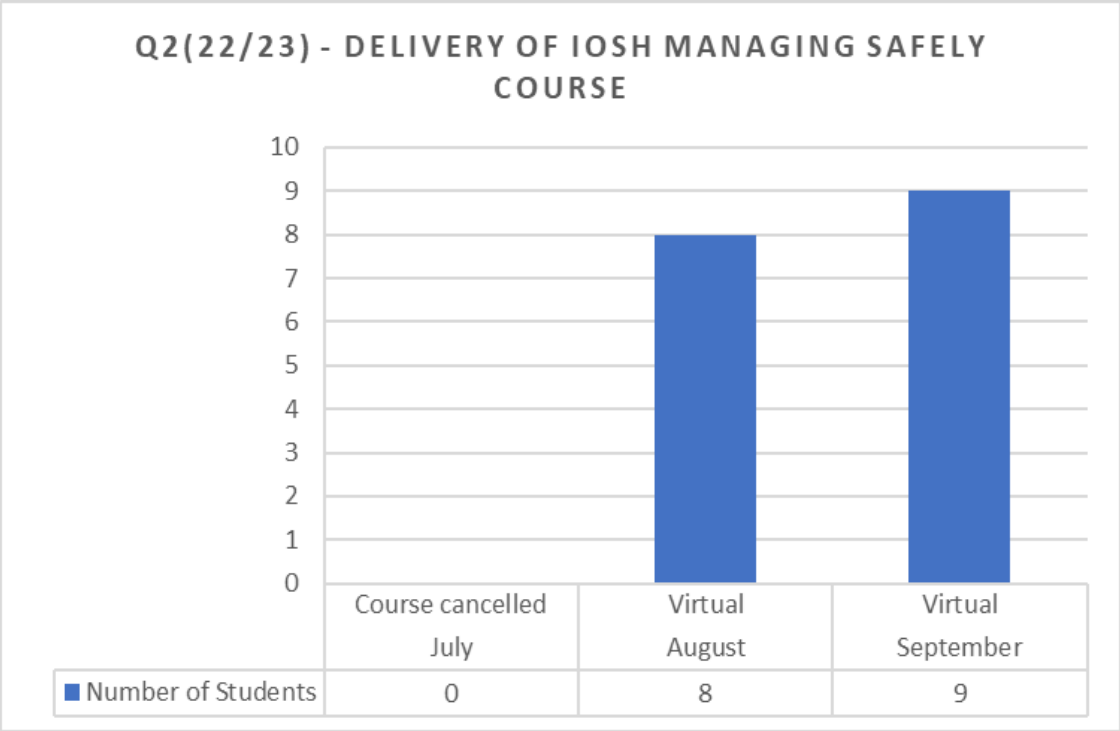
8 Quarter 2, 2022/23 commenced the delivery of the IOSH Leading Safely Training Programme at Wrexham's Make Ready Depot. This accredited course is aimed at Executive Directors, Board Members and Senior Managers. This session demonstrated significant leadership, commitment and engagement from the Board and the Executive Management Team with 20 members in attendance. A further session was attended by members of the Assistant Directors Leadership Team during Quarter 2.

9 Further training sessions are scheduled during Quarter 3 and Quarter 4 for new additions to the Executive Management Team, Non-Executive Directors and all

of the Trust's Senior Managers. To date 4 senior members of the Management Team have reserved their place on forthcoming training sessions for Quarter 3 - Quarter 4, 2022/23 with online sessions being able to accommodate 10 members. Two sessions were cancelled during Quarter 2 due to poor attendance. Spare capacity on each course will allow for the commercial opportunity with Powys and not impact on our current performance and additionally benefit by reducing cancellation costs when experiencing a lack of attendees.

10 As part of this course individuals are required to submit personal commitments to improve health and safety within the Trust. Delivery of these commitments and attendance will be monitored, measured and presented within all Health and Safety Quarterly Reports.

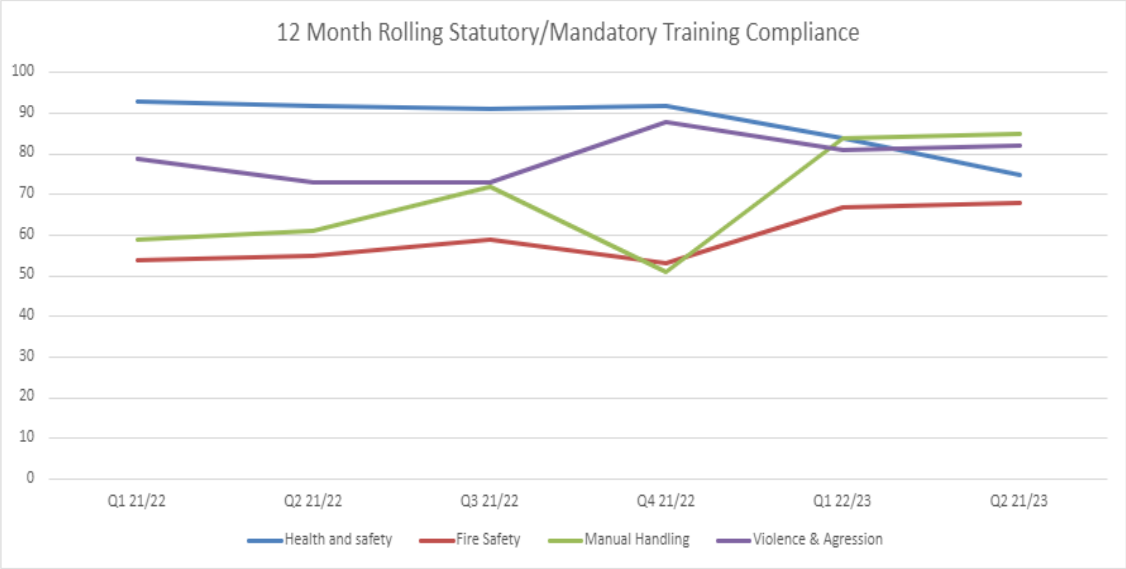
IOSH Managing Safely Training



11 IOSH Managing Safely has been carried out primarily by one member of the health and safety function which has presented challenges in the scheduling of some training dates. During Quarter 2, two Health and Safety Advisors achieved their IOSH Tutor status, which will enable more courses to be scheduled and assist in delivery of training courses. In total, 17 members of staff have been trained during Quarter 2. Further work is ongoing to identify the number of staff requiring training to be able to generate compliance metrics.

Principle 2 - Competent People

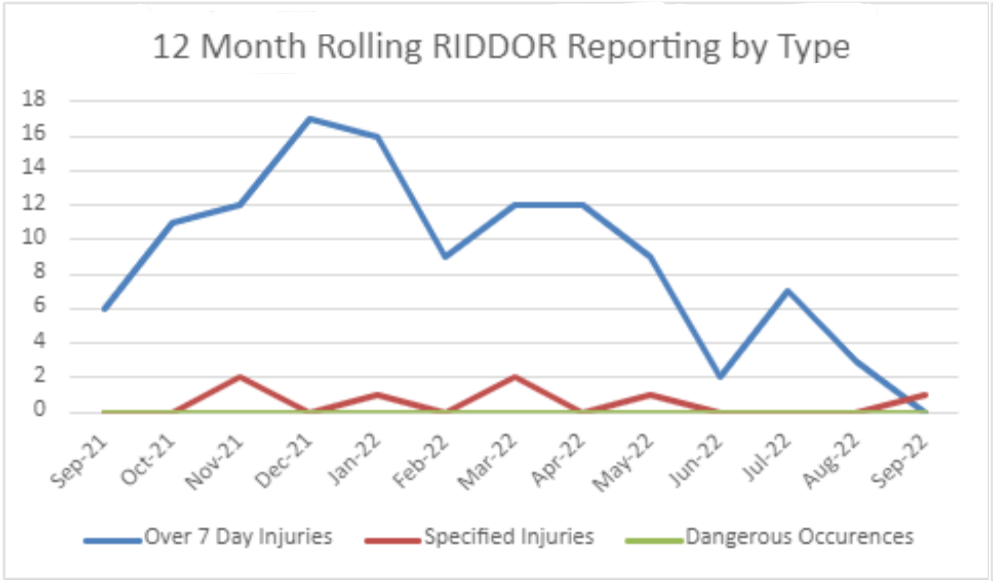
Statutory and Mandatory Compliance Figures

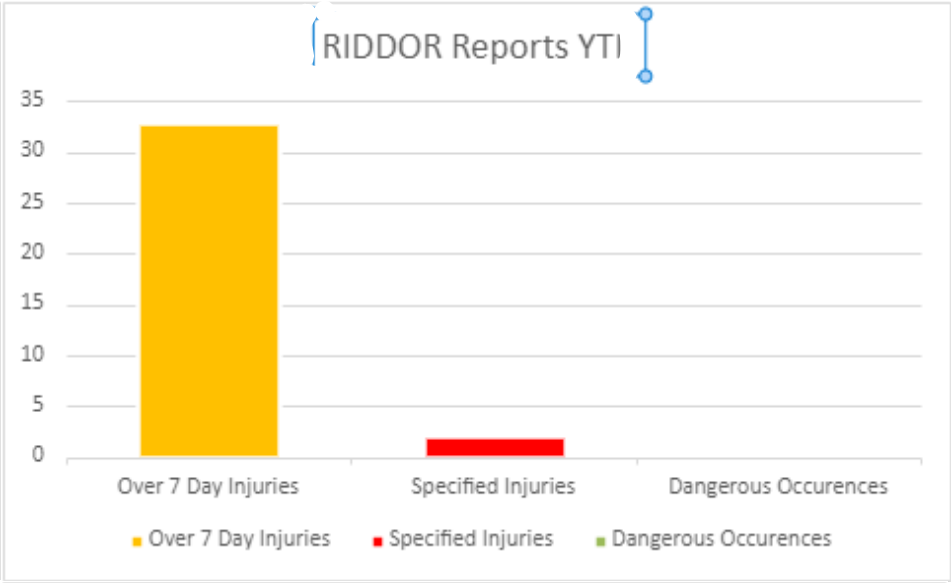


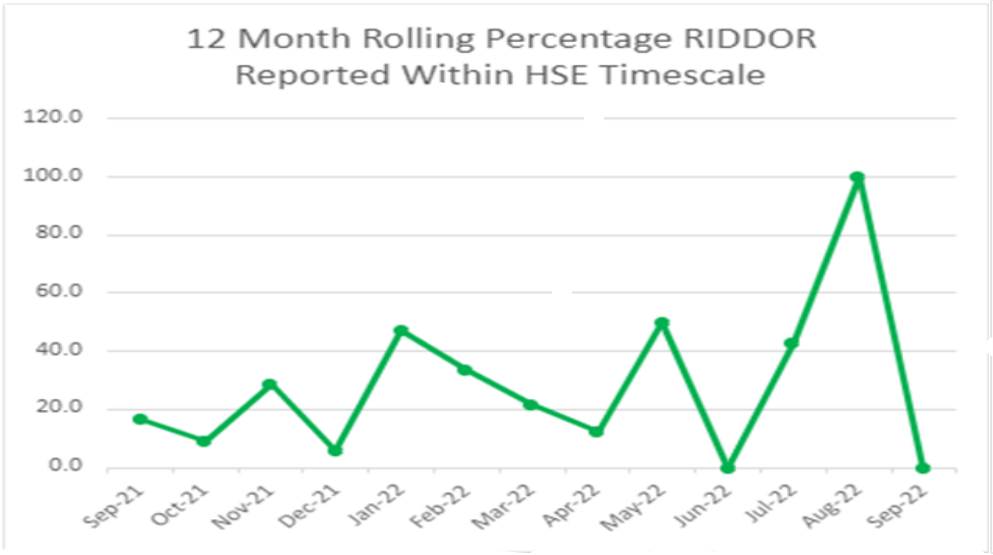
12 Fire safety training continues to be below Trust expectations. Fire safety sits within the remit of the Estates Department. Health and safety training has dropped below Trust compliance rates, however, there has been improvement in Manual Handling and Violence and Aggression (V&A) compliance rates.

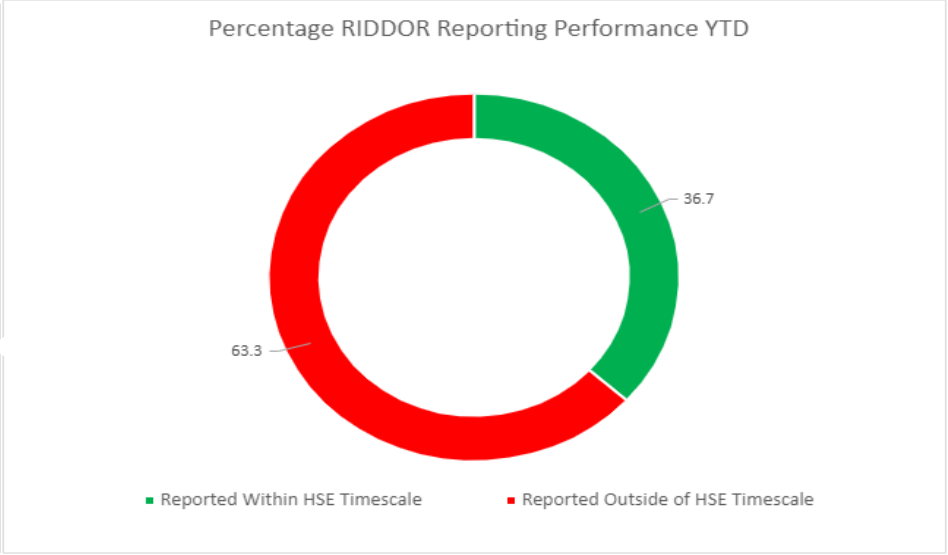
13 Initial meetings have been held between Violence & Aggression Manager and the Training Department with the aim to improve content and context of V&A training. Plans are being developed to work together to deliver tailored training adding value to current training, with specific focus on prevention and reduction of both verbal and physical incidents.

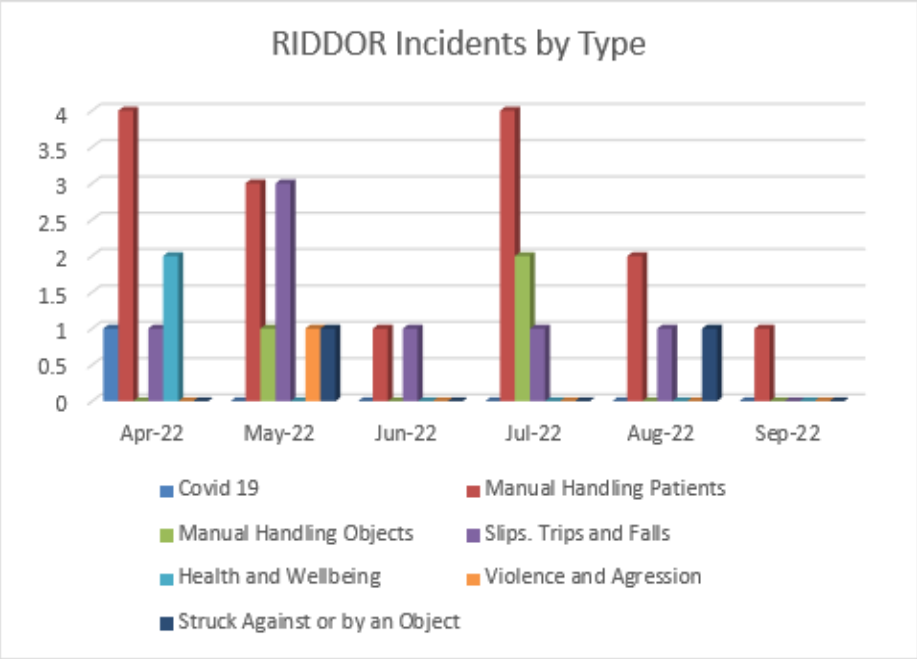
Principle 3 - Compliance Assurance- RIDDOR Performance

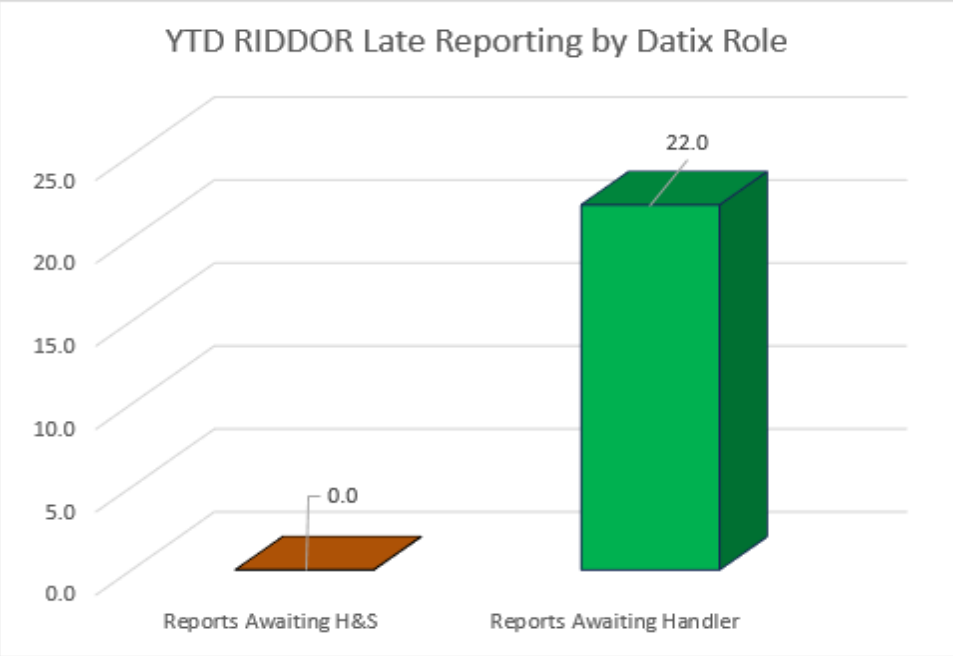












14 Manual handling of patients continues to be the highest trend for RIDDOR Reports, decreasing during Quarter 2. This is in line with the national picture for the ambulance sector. The introduction of the Trust's Manual Handling Advisor in Quarter 3 should assist the reduction of manual handling incidents over the next two years.

15 Seven days or greater sickness absence continues to be the highest reported RIDDOR category. Twenty-two RIDDORS have been reported outside of RIDDOR requirements year to date.

Health and Safety Site Risk Assessment Compliance

16 The Trust recently transitioned from specific COVID workplace Risk Assessments (RA) to holistic workplace RA. This review commenced in Quarter 2, 2022 with Trust compliance measured, monitored and presented within all Health and Safety Quarterly Reports. To date compliance pan-Wales is 14%. The lack of compliance may be linked to operational pressures or lack of awareness of supervisors. A deep dive would be required to confirm the direct cause. Compliance is to be presented at Operational Business Meetings for awareness and to request for expedition of completion of workplace assessments.

H&S Legislative Compliance Register

17 The Trust's Legislative Compliance Register Framework has been developed. This is a 'Live' document and assessment against the Register with all business units continues in Quarter 3, 2022. Key additions, changes and removals will be presented within Health and Safety Quarterly Reports. Going forward updates to the Compliance Register will be presented via table form within Health and Safety Performance Report appendices.

H&S Hazard Register

18 The Trust's Hazard Register Framework has been developed. This is a 'Live' document and assessment against the Register with all business units continues in Quarter 3, 2022. Key additions, changes and removals will be presented within Health and Safety Quarterly Reports. Going forward, updates to the Compliance Register will be presented via table form within Health and Safety Performance Report appendices.

Workplace Audits

19 During Quarter 2, 4 station audits and site visits were conducted by the health and safety function. These station audits and visits have highlighted opportunities for improvements in the following areas:

- COSHH storage and documentation
- General lack of storage capacity across sites
- Fire Safety
- Housekeeping
- Security

20 Following the audit, output is shared with the relevant Lead. This includes any actions which have been generated. These are collated on an Action Log for action by the relevant Lead. These Logs are stored on Teams channels for ease of use with the function providing support in the undertaking of these actions. Going forward, compliance to these audits will be presented at National Health and Committee Sub-group Meetings for discussion and to gain assurance from the relevant stakeholders that actions have or are being progressed. Discussions to be held with the Senior Operations Team to identify a means of presenting this information. Going forward, this assurance will be included within the Quarterly Health and Safety Report to People and Culture Committee.

Principle 4 - Risk and Opportunities

Risk Register

21 The Corporate Risk Register currently has 1 risk identified, which is monitored monthly and updated by the health and safety function.

22 There are 2 health and safety risks on the Directorate Risk Register and 1 health and safety risk identified on the Local Risk Register. These are reviewed monthly with an agreed process of escalation and de-escalation of risks in place.

Corporate Risk Register			
Risk Title	**Risk ID**	**Risk Score**	**Progress against action**
Failure to embed an interdependent and mature health and safety culture which could cause harm and a breach in compliance.	199	15	• Continuation of the of the Working Safely Programme. • IOSH Leading Safely training delivered to Board and Executive Management Team. • Workforce review concluded all appointments commenced 3 October 2022. • Compliance Register Framework completed, assessments to continue in Quarter 3, 2022.
Directorate Risk Register			
Risk Title	**Risk ID**	**Risk Score**	**Progress against action**
Health and Safety team resource capacity.	372	16	• Workforce Transformation business case was fully implemented on the 3 October 2022. Advise that this risk be reduced to 6 until team fully embeds with an expectation of closing the risk in Quarter 4, 2022.
Directorate Risk Register			
Risk Title	**Risk ID**	**Risk Score**	**Progress against action**
Inability to confirm COVID+ status through workplace exposure to compete a RIDDOR in a timely manner.	316	15	Advise that this risk is reduced to 9 due to the following: • Significant reduction into reported COVID+ cases, • Expansion into H&S function to provide capacity to support handlers.
Local H&S Risk Register			
Risk Title	**Risk ID**	**Risk Score**	**Progress against action**
Risk of Violence and aggression towards staff.	400	15	This risk has been reviewed by Directorate management and referred for further consideration by the Trusts Violence and Aggression Manager. The V&A Manager will undertake a strategic review of violence and aggression processes during Quarter 4, 2022 to complete a fully informed review of the risk.

Principle 5 - Learning from Events

23 Learnings identified, or allegations of health and safety breaches made against the Trust through Personal Injury claims via the Trust Legal team include:

- Lack of task related risk assessments
- Lack of task related standard operating procedures
- Lack of dynamic risk assessments undertaken
- Inconsistencies in adherence to safe systems of work
- Lack of training in the use of work equipment
- Not maintaining adequate traffic routes
- Inappropriate disposal of sharps
- Overstocking of medical equipment causing damage to other equipment
- Charging cables left on walkways.

24 Whilst these learnings are being addressed in response to Welsh Risk Pool, Directorates are to be made aware that this lack of control can potentially be applied across the Trust and to consider any potential gaps within their business units.

Principle 6 - Occupational Health

25 Hearing Surveillance is being undertaken in 111Wales and the Clinical Contact Centres (CCC) pan-Wales. Themes and trends identified will help to inform the health and safety function in determining the requirement for further environmental noise monitoring surveys.

26 Workshops are scheduled during Quarter 3 & Quarter 4 to determine further means for (CCC) Managers in the reduction of work-related stress. Meetings to be held with Occupational Health, Organisational Development and Health and Safety to develop a process to improve visibility around work-related stress.

27 Work is ongoing in relation to the atmospheric environmental monitoring in relation to diesel fumes at Accident and Emergency Departments. A paper is to be presented to the Executive Management Team in Quarter 3, 2022 for discussion and subsequent action.

28 During Quarter 2, 2022, eight functional assessments were undertaken on staff experiencing musculoskeletal (MSK) issues. Poor posture was identified as the most common theme. The introduction of the new Display Screen/Manual Handling Advisor in Quarter 3 will assist Occupational Health via the undertaking of DSE assessments assisting staff in their return to work following sickness absence for musculoskeletal (MSK) issues. This role provides additional support, with the provision of suitable and sufficient DSE assessments, to prevent staff being affected with MSK issues.

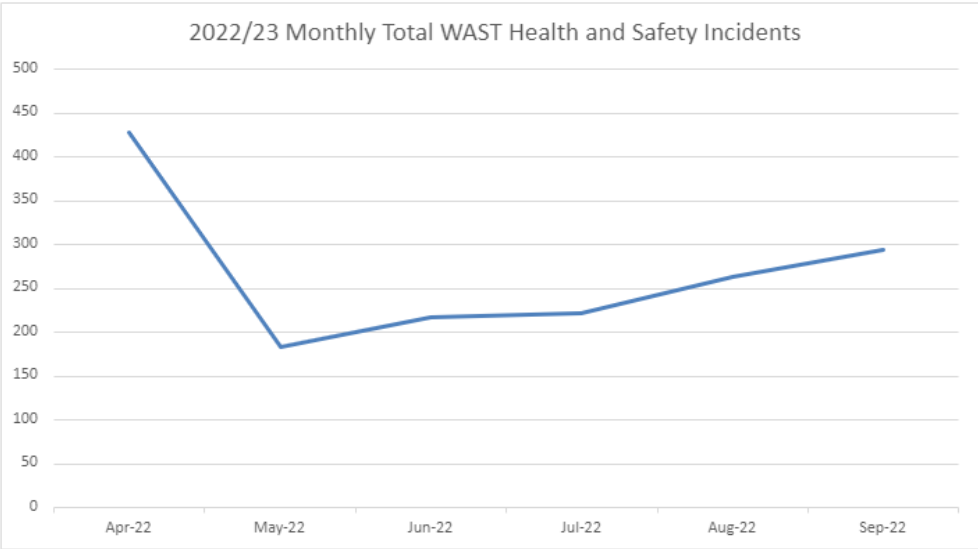
Principle 9 - Communication

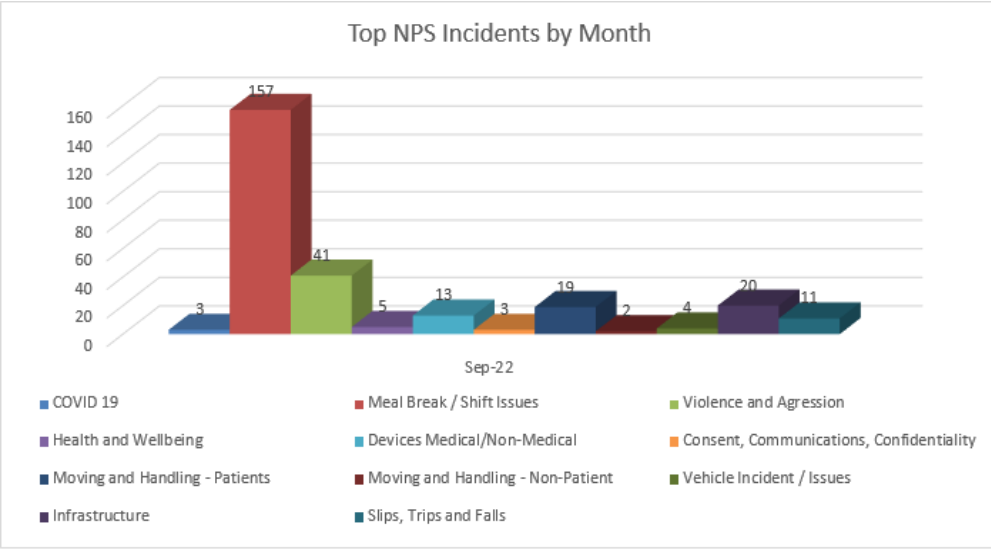
29 Two safety alerts have been created following learnings from two high potential consequence incidents reported onto DATIX Cloud. These have been

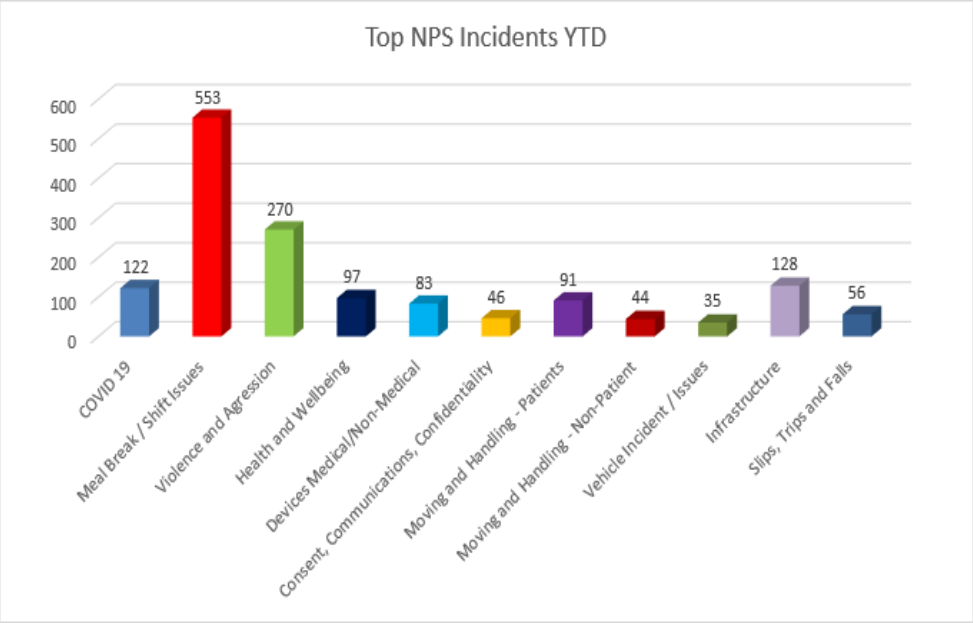
communicated via Siren (**Appendix 1**). Details of both alerts are described below:

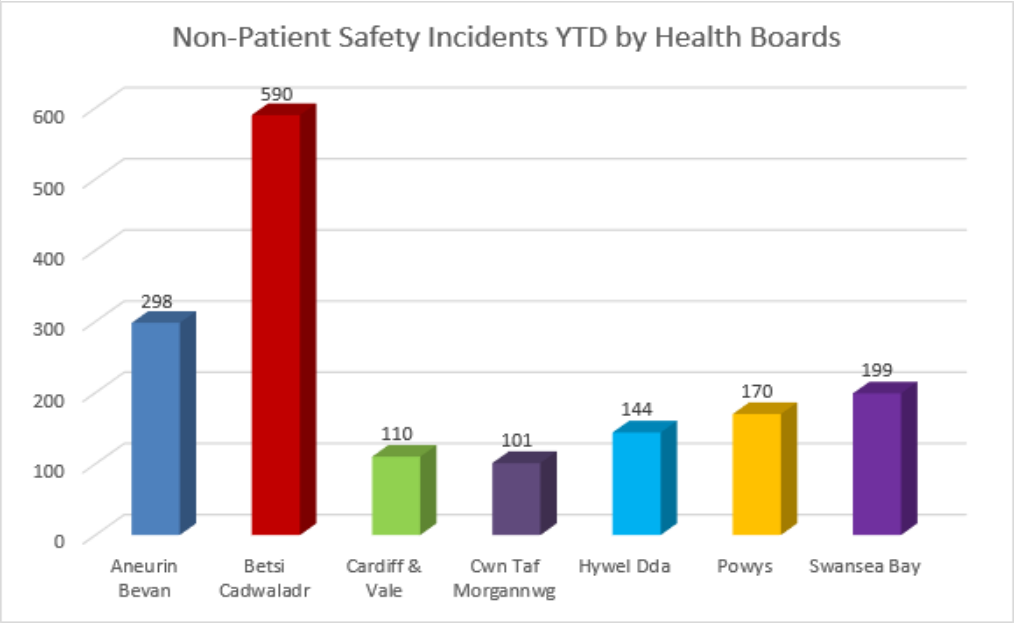
- An unsafe act occurred when a member of staff attended an incident with no information provided of patient's radioactive status and, there was no procedure in place to define how the patient should be conveyed to hospital while ensuring staff safety. The alert informs WAST patient booking centres to be made fully aware of the patient's condition-treatment-conveyancing and any risks which could cause hazard-risk-injury to our people or others present on the vehicle; with specific consideration for those of child-bearing age due to the increased risk to this category. Protocol to be reviewed to avoid further incidents of this nature. The incident investigation is ongoing.
- An unsafe act occurred when an Emergency Medical Service vehicle being used on Trust business travelling to a P2 backup call with no electronic dashboard present within the vehicle. Crew informed the CCC to inform them of the vehicle's defective condition on more than 1 occasion. However, the crew continued to respond to the call with a rapid response vehicle also deployed to escort the defective vehicle. The alert informs staff of their legal responsibilities of using an unroadworthy vehicle. The incident investigation is ongoing.

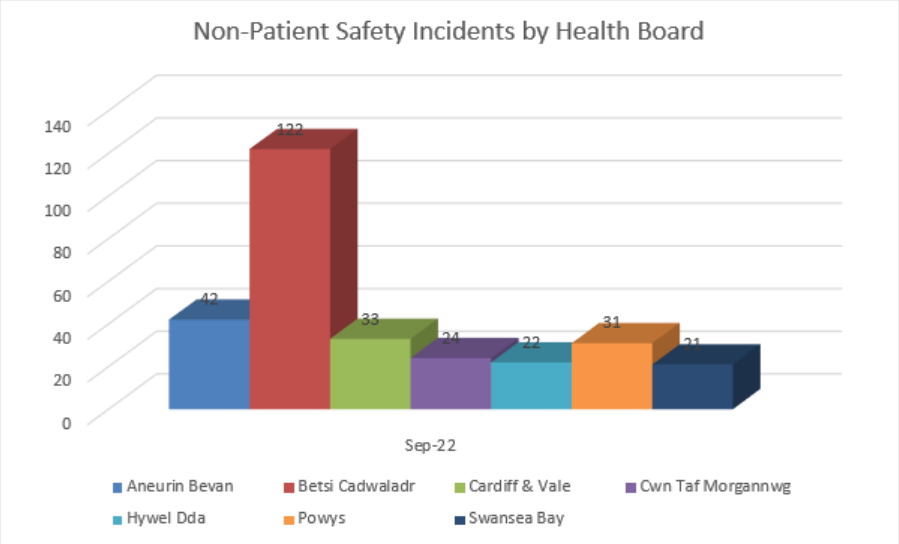
Principle 11- Measuring Performance- Incident Reporting

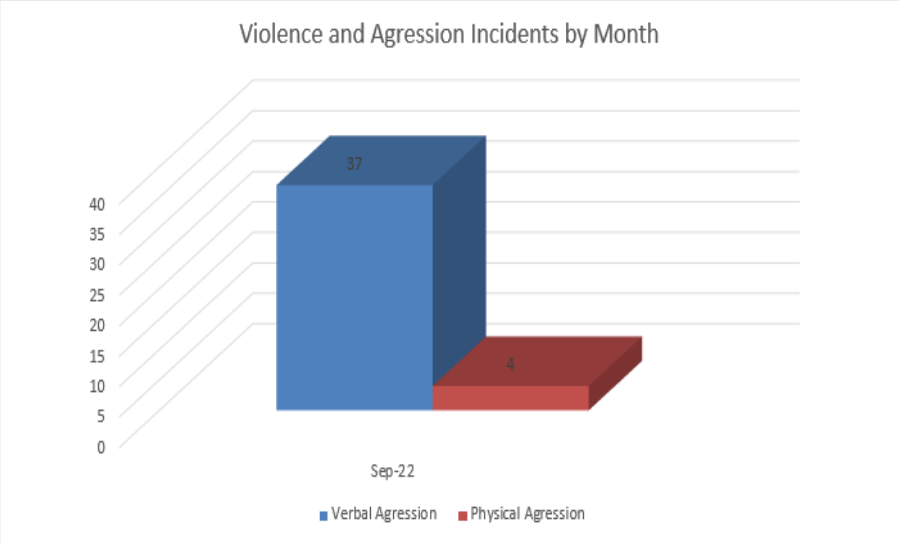












30 Data within this report is as of 14 October 2022, as reported onto DATIX Cloud. There can be fluctuation within the data set as data is continuously reviewed as investigations are completed which can result in changes to coding. The introduction of the new DATIX Cloud continues to provide challenges at an all-NHS Wales level in relation to coding sets which is being addressed nationally. Subsequently more work is ongoing in the development of dashboards.

31 Betsi Cadwaladr University Health Board (BCUHB) continues to be the Health Board with the highest number of reported non-patient safety incidents. This is followed by Aneurin Bevan University Health Board. With the Quarter 3, 2022 Performance Report moving on to additionally report on frequency rates, this will provide more perspective in relation to each Health Board performance and allow for potential local Improvement Plans for 2023/24.

32 Meal breaks and shift overruns continue to be the highest reported trend since May 2022, with 553 reported incidents. The highest reported incidents being reported at BCUHB. The highest areas within BCUHB, in line with the Working Time Regulations 1998 Regulation 12(1) requirement, 'Where an adult worker's daily working time is more than six hours, he is entitled to a rest break', a working group has been established in relation to this concern. Significant efforts have already been applied to support staff through the provision of meal vouchers and

refreshments. Whilst the HSE does not enforce rest breaks entitlements, missed meal breaks can negatively impact on staff wellbeing.

33 During Quarter 2 there were 37 incidents of verbal aggression and 4 physical incidents reported. A deep dive is currently being undertaken by the Trust's new V&A Manager to assist in the development of a continuous Improvement Plan in Quarter 4, 2022.

34 Meetings have been held with the Trust's V&A Manager, Case Manager and Crown Prosecution Leads in Cardiff, to seek support to reinvigorate the Case Managers Group Forum and Anti-Violence Collaborative (AVC). Subsequently, during Quarter 3, 2022, an introductory Case Managers Meeting will be held to set out the next steps and agree focussed Terms of Reference (ToR) and agenda.

35 The Trust's V&A Manager is the Chair of the All-Wales Datix V&A Task and Finish Group. This Group has already identified several actions to improve the accessibility and functionality of recording and investigation standards. Improvements have been submitted with regards to initial coding. Further suggested updates will be considered quarterly by the All-Wales Datix Team.

Key Matters and Activities of the Joint National Health & Safety Committee

36 The fundamental purpose of the National Health and Safety Committee is to provide a forum for engagement with Trade Unions around the organisation's arrangements regarding the health, safety and welfare of the organisation's people.

37 The reviewed National Health and Safety Committee Terms of Reference (ToR) have been developed, moving the Committee to be more strategic in nature and have been fully implemented at the meeting on 3 May 2022.

38 The National Health and Safety Committee is to meet quarterly to discuss issues whereby Highlight Reports are to be presented for the relevant period.

Discussions held at National Health and Safety Committee on 2 November 2022.

39 An Occupational Health Highlight Report was presented. This generated a significant level of discussion around missed meal breaks and the lack of canteen facilities in some areas. Members were informed of initiatives currently in place and further initiatives that are underway to move this forward with a paper being presented to the Executive Management Team in November 2022.

40 A Legal Highlight Report was presented informing the Committee that personal injury claims have increased. The report provided an overview of several 'Learning from Event Reports'. Common learnings from these are a lack of risk assessments and safe operating procedures; staff not taking accountability for their own safety and their subsequent actions. Further work is ongoing to establish a sub-group to discuss wider learnings.

41 Issues were raised by Trade Union Partners in relation to the current Committee Terms of Reference. A Task and Finish Group is to be established by the Assistant Director of Quality Governance to review issues raised.

42 The Committee received a presentation on fume monitoring undertaken at three Emergency Departments in Quarter 4, 2021 and Quarter 1, 2022. The group was assured that diesel fumes had not exceeded the Workplace Exposure Limit (WEL) at the time the Surveys were undertaken. Members were also informed that work was being undertaken within the function with costs sought for further monitoring. This was being contained within a paper going to the Executive Management Team for discussion in November 2022.

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Health and Safety Notice

0010-2022 WAST Vehicle Safety

For the attention of: All EMS staff | DATIX ID -1827 | Date of Issue: 20/10/2022

Incident Details:

Vehicle being used on Trust business travelling to P2 backup call while in defective condition (No speedometer, Rev counter, Siren, Horn, fuel gauge, bull horn or indicators, Warning sign of "distribution brake failed, visit workshop" visible on the dashboard)
The rationale of warning signs displaying in any vehicle is to warn of a failure in the respective system.
Any indication of the respective vehicle system being faulty and cause the vehicle to be unroadworthy and whether in Emergency Status or not makes the vehicle unsafe for use on the public highway and therefore illegal.

Immediate cause:
Electrical Systemic Failure during Emergency call.

Contributory Factors:
Distribution Brake failure warning on dashboard-No Visual speedometer/Tachometer/Indicators/Fuel Gauge displaying-No Audible and Visual Emergency Warning Equipment (EWE) functioning.

Root causation:

- Failure to Dynamically Risk Assess situation knowing of faulty Emergency Warning Equipment (Driving at Work Policy)
- Failure to adhere to Trust Driving at Work Policy.
- Failure to comply with Driver's responsibilities (Section 10. Driving at Work Policy).

Recommendations:

- If vehicle is identified as faulty at the earliest and safest stage possible driver to notify CCC and to withdraw from the incident parking safely and wait for recovery/service technician to attend.
- In the event of EWE failing the vehicle is not to be used for further EMS calls until fault is identified and rectified.

It is the Drivers legal responsibility to ensure the roadworthiness of the vehicle he/she oversees.
(WAST Driving at Work Policy 2021) & The Road Traffic Act 1988

Our goal must be to ensure that our systems and operations do not repeat this type of incident again.

Don't become a statistic! Have you had a similar incident or near miss regarding the use of vehicle safety?

If so, report on DATIX and inform your DOM or OTL. Diolch/Thank you

Please encapsulate this notice and display on notice boards for a period of 30 days from date of issue.
This alert will be retained for future reference. Prepared by Paul Aston Jones - H&S Dept.

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Health and Safety Notice

009-2022 Radio/Chemotherapy Patients

For the attention of: All Trust staff DATIX ID: 1648 Date of Issue: 20/10/2022

Immediate cause:

Staff attended an incident with no information provided of patients radioactive status and no procedure in place on how the patient should be conveyed to hospital ensuring staff safety.

Staff being in contact with patients undergoing Radio/Chemotherapy causing risk of contamination of staff and other individuals proximal who may be at high risk due to the relevant treatment given to the transported patient.

Contributory Factors:

- Reduced or no level of communication between Hospital Clinics to CCC/NEPTS Control and staff attending and transporting said patients.
- No clinical information given to staff on level of radioactivity.
- No discharge documentation from Hospital.
- Lack of protocol information from Health Board-GP-WAST
- No informatics systems in place for cross referencing Clinical/Treatments/Conveyancing and/or definitive care for patients receiving treatments

Root causation:

- Inability to gain contact with relevant Health Board-WAST-GP for guidance on procedure for transportation.
- Lack of protocol.

Recommendations:

- WAST patient booking centres to be made fully aware of the patient's Condition-Treatment-Conveyancing and any risks involved for any of the issues previously raised in this paragraph which could cause hazard-risks-injury to anyone
- Ensure a dynamic risk assessment is undertaken with specific consideration for those of child-bearing age due to the increased risk to this category.
- Protocol to be reviewed to avoid further incidents of this nature.

Our goal must be to ensure that our systems and operations do not repeat this type of incident again.

Don't become a statistic! Have you had a similar near miss? If so, report on DATIX and inform your DOM or OTL.

Diolch/Ta/Thank you

Please encapsulate this Notice and display on notice boards for a period of 30 days from date of issue. This alert will be retained for future reference. Prepared by Paul Aston Jones H&S Dept.

AGENDA ITEM No	**14.1**
OPEN or CLOSED	OPEN
No of ANNEXES ATTACHED	1

MONTHLY INTEGRATED QUALITY & PERFORMANCE DASHBOARD – October 2022

MEETING	People and Culture Committee
DATE	24th November 2022
EXECUTIVE	Rachel Marsh – Executive Director of Strategy, Planning and Performance
AUTHOR	Hugh Bennett – Assistant Director of Commissioning and Performance Nicola Quiller – Senior Commissioning & Performance Analyst Melanie O'Connor – Commissioning & Performance Officer
CONTACT	Hugh.bennett2@wales.nhs.uk Nicola.Quiller@wales.nhs.uk Melanie.O'Connor@wales.nhs.uk

EXECUTIVE SUMMARY

The purpose of this report is to provide senior decision makers in the Trust with an integrated dashboard (Our Patients, Our People, Value and Partnerships/System Contribution) focused on the "vital few" key metrics. This report is for **October 2022** (with the exception of Sickness where September 2022 is reported).

This Report contains information on 24 key indicators. The indicators used at this high-level show, in many areas, a continued poor picture in terms of the quality and safety of the service that the Trust can provide to patients. There are, however, some areas of improving performance within the Trust's control, such as the decrease in levels of sickness absence in September and the improving levels of PADRs completed.

RECOMMENDATION

People and Culture Committee is asked to: -

- **Consider** the October 2022 Integrated Quality and Performance Report and actions being taken and determine whether:

  a) The report provides sufficient assurance;

  b) Whether further information, scrutiny or assurance is required, or

  c) Further remedial actions are to be undertaken through Executives.

SITUATION

1. The purpose of this report is to provide senior decision makers in the Trust with an integrated dashboard (Our Patients, Our People, Value and Partnerships/System Contribution) focused on the "vital few" key metrics. This report is for **October 2022.**

BACKGROUND

2. This Integrated Quality & Performance Report contains information on 24 key indicators at a highly summarised level which aims to demonstrate how the Trust is performing across four integrated areas of focus:-

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

3. These four areas of focus broadly correlate with the Quadruple aims set out in '*A Healthier Wales*'.

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

ASSESSMENT

Our Patients – Quality, Safety and Patient Experience

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

6. 999 answering times have been challenged through significant increases in call demand. The median and 65th percentile performance remain good; however, the call answering tail increased in October 2022 to 1 minutes 3 seconds, which is higher than the Trust would want.

7. No additional funding was secured into 2022/23 for 999 call handlers. Forecasting and modelling has been completed and fed into the EMS Co-ordination Reconfiguration project with a re-rostering project planned for completion by March 2023 i.e. it will proceed without the funding for the relief gap in call handlers.

8. 111 call answering performance remains poorer than the Trust would want. Recent negotiations with commissioners suggest that the Trust has broadly the right number of commissioned and funded call handlers in post, however, further

work is required to reduce capacity lost through sickness absence, aligning capacity with demand and improving efficient of use of resource. A peer review of the 111 service has just been completed, which the Trust is currently considering; a key area of focus is likely to be re-rostering and moving to fix roster patterns.

9. **111 Clinical response:** whilst the Trust continues to see achievement of the clinical call back times for the highest priority 111 calls, and improvements have been made in the last 3 month for other priorities, there is still much to do. Recruitment and retention of clinicians remains a priority, with significant numbers of clinical vacancies currently. An urgent set of actions within a focused plan are now in place to increase clinician numbers. This includes introduction of a new base for staff within the Cardiff area, a more focussed recruitment campaign and consideration of expanded numbers of clinical professions.

10. **Ambulance Response** (safety / patient experience): Red response times declined into October 2022, dipping under 50% for the first time. In comparison Amber saw improvements in performance across the percentiles; however, the Amber 1 tail (95th percentile) remains at unacceptable levels, at eight hours 55 minutes. These long response times have a direct impact on outcomes for many patients (see separate People and Culture Committee report on patient harm mitigations). Actions within the Trust's control include:

    Capacity:

    - Recruitment: the Trust has received an additional £3m (payment on results) in 2022/23 which will allow the Trust to recruit 100 FTEs over and above the existing establishment. The Trust is on target to deliver this uplift, as planned, by 23 January 2023. This increased establishment will leave a relief gap of 64 FTEs, against the FTE requirement for the re-rostered position, including full roll out of the Cymru High Acuity Response Units (CHARUs).

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

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

    - The Ambulance Response roster review will complete its go live in November 2022. This has been a large scale project involving 1,800 staff, 146 rosters, and 80 working parties. This will have the equivalent performance impact of 72 FTEs. A project evaluation is planned for quarter four.

    - A Managing Attendance Programme has been agreed with EMT, which includes seven work-streams. This is now live and being reported to EMT every two weeks. The aim is to reduce sickness absence in line with a trajectory included in the IMTP (8% by March 2023). There is a clear downward trend, with particular improvements noticeable in long term sickness.

- Further discussion continues constructively with trade union partners on a range of other potential workforce efficiencies and staff-well-being.

Demand Management

- The Trust has prioritised 41 additional clinicians into the Clinical Support Desk, with 36 Paramedic FTEs and five mental health practitioners successfully recruited and now in place. As well as improving the safety of the calls that are waiting, this investment will also mean an increase in consult and close rates, with the Trust now aiming to achieve a 15% rate by December 2022, an increase in the previous target of 10.2% which has been delivered. The Trust achieved 12.8% in October 2022.

11. One of the key factors in relation to response times is the capacity lost to handover outside Emergency Departments. 28,937 hours were lost in October 2022 which represents 36% of the total number of conveying resource hours produced for the month. The levels are so extreme that all the actions within the Trust's control cannot mitigate and offset this level of loss (see also separate report to People and Culture Committee on patient harm mitigations). Urgent and high-level discussions have taken place between the Trust, Health Board CEOs and the CEO of NHS Wales. A number of mitigating actions have been agreed and a target of no >4 hour waits and a reduction of 25% in minutes per ambulance arrival (from Oct. 21 baseline). Whilst this is a target and trajectories are in place, improvements have not yet been seen. There has been a noticeable improvement in Cardiff & Vale's handover lost hours linked to an organisational focus. Immediate Release figures for October were: Red 344 accepted and 41 declined; and Amber 1 238 accepted and 510 declined.

12. **Ambulance Care (formally NEPTS) (Patient Experience)**: performance was above target for enhanced renal patient arrivals prior to appointment in October 2022 and improved for patients requiring discharge. Overall demand for the service continues to increase, although it has not yet recovered to pre CoVID-19 levels. The Trust has a comprehensive Ambulance Care Transformation Programme in place, which includes delivering a range of efficiencies and improvements, for example: improved procurement through the plurality model, aligning clinic patient ready times to ambulance availability, re-rostering (NET Centre and NEPTS transport).

13. **National Reportable Incidents (NRIs) / Concerns Response**: the Trust reported six NRIs to the Delivery Unit in October 2022, compared to seven in September 2022; and 15 serious patient safety incidents were referred to health boards in October 2022 under the "Appendix B" arrangement, remaining consistent as the previous month of September 2022. In October 2022 complaint response times remained at 28%, failing to meet the 75% target. In the main, many of these incidents will be because of continued longer response times and the actions outlined above therefore are key. The Trust is putting more capacity into the Putting Things Right team.

14. **Clinical outcomes**: the Trust is unable to fully report on the performance of all clinical indicators whilst work continues to link ePCR with the CAD and quality assure metrics. The percentage of suspected stroke patients who are documented as receiving an appropriate stroke care bundle was 78.20% in October 2022**,** below the 95% performance target. The introduction of ePCR

enables the collection and sharing of information and data in a more timely and accurate manner. This will enable the Trust to better showcase clinical care provided to patients. Work is ongoing on the new call to door time-based metrics for STEMI and Stroke using the following roll out plan:

- Q3 (Oct – Dec 2022) – a decision will be made on the criteria to define 'call to door' and a reporting dashboard will be developed.
- Q4 (Jan – Mar 2023) – the data will be tested internally to include data from April 2022.
- April 2023 – approve for ASI reporting.

Our People (workforce resourcing, experience and safety)

15. **Hours Produced**: 110,916 Ambulance Response ambulance unit hours were produced in October 2022. The emergency ambulance unit hours production (UHP) was 90% in October 2022 and RRV UHP decreased from the previous month to 73%. Key to the hours produced are roster abstractions which remain high.

16. **Response Abstractions:** Abstraction levels remained at 40% in October 2022, but are significantly improved from the high in March 2022 of 49%, however, they remain much higher than the 30% benchmark. COVID-19 has had a significant impact on abstractions with sickness abstractions being 11% in October 2022 (benchmark 5.99%). The training abstraction is also high, driven by internal movements linked to recruitment (more than 6% currently). This abstraction could be removed, being treated as a vacancy rather than an abstraction. The Trust is currently comparing practice with other UK ambulance services.

17. **Trust Sickness absence:** the Trust's overall sickness percentage was 8.68% in September 2022 which represents an improvement. Actions within the IMTP concentrate on staff well-being with an aim to start to reduce this level. A specific Managing Attendance programme has been established, led by the Deputy Director of WOD, to identify and implement actions across a range of areas to improve sickness absence and alternative duties.

18. **Staff training and PADRs:** Stat / Mand training compliance rates have been improving again achieving the 85% target. PADR levels are also improving steadily although remain below target.

Finance and Value

19. **Financial Balance**: the Trust has reported outturn performance for September 2022 with a surplus of £1,000, and a forecast to the year-end of breakeven. At present the Trust is forecasting achievement of both its External Financing Limit and its Capital Resource Limit for 2022/23.

20. **Post-production lost hours**: the efficient and effective use of the capacity that the Trust produces is a key indicator. This is measured within the EMS service by the calculation of post-production lost hours (PPLHs). The reasons for PPLHs are many and varied. The EMS Demand & Capacity Review identified that the Trust benchmarked favourably on all elements of PPLH other than return to base

meal breaks. The Trust and TU partners continue to work together on options for change.

Partnerships/ System Contribution

21. **Shift left**: much of Trust's work relates to working with health boards and other partners to provide the right care closer to home and reducing the number of patients who need to be conveyed to hospital. Good progress has been made through the year in increasing **consult and close** rates after 999 calls; and the Trust achieved 12.8% in October 2022, compared to the benchmark of 10.2%, which was exceeded during 2021/22. The benchmark has been revised up to 15%, to be achieved by December 2022.

22. The Trust **conveyed** 32% of patients to emergency departments in October 2022, but this figure needs to be treated with significant 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 October, over 10,970 patients cancelled their ambulance, and the Trust was unable to send an ambulance due to application of CSP levels to approximately 850 callers. In the longer term, as the Trust knows, the system needs to transform if it is to become more sustainable. A formal programme to take forward "inverting the triangle" has been established. A bid was submitted to Welsh Government to start to increase numbers of APPs being trained; this was not successful, but the Trust has decided to proceed with the option of an additional 10 MSC places from September 2022 and a further 8 later in the year. The Trust has also appointed a Head of Strategic Development to take forward the "inverting the triangle" work, with the appointee now having started in the role. The Trust has agreed with CHCs that it will undertake am 8-12 week public engagement in Spring of next year. Prior to that, further work will be required to engage with stakeholders.

Summary

26. The indicators used at this high-level show, in many areas, a continued poor picture in terms of the quality and safety of the service that the Trust provides to its patients. Patient demand across the 111 and EMS services increased in October 2022, however, other factors such as the continuation of the CoVID-19 variants, levels of sickness (including CoVID-19 related absence) and extreme handover lost hours continue to impact on the Trust. EASC, WG and the 111 Programme Board have been very supportive of the Trust through the pandemic, investing in a range of mitigations; however, funding for further initiatives is currently limited and is expected to worsen significantly in 2023/24. For 111 and Ambulance Care (NEPTS) the Trust can look to take a range of actions to optimise the balance between patient demand and capacity; however, for EMS the Trust cannot take sufficient actions within its control to mitigate the impact of the extreme handover lost hours. As a result, all three committees have expressed serious concern about the impact of handover lost hours on patient safety and staff well-being. The Trust has received further funding (£3m) for +100 FTEs into EMS, which is welcome, but it remains critical to patient safety that handover lost hours are reduced in line with Ministerial expectation.

RECOMMENDATIONS

People and Culture Committee is asked to: -

- **Consider** the October 2022 Integrated Quality and Performance Report and actions being taken and determine whether:

  a) The report provides sufficient assurance.

  b) Whether further information, scrutiny or assurance is required, or

  c) Further remedial actions are to be undertaken through Executives.

REPORT APPROVAL ROUTE	
Date	**Meeting**
18 Nov-22	**CEO & Director of Strategy, Planning & Performance**
24 Nov-22	**Trust Board**
29 Nov-22	**People and Culture Committee**

REPORT APPENDICES
Appendix 1 – Top Indicator Dashboard

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

Ymddiriedolaeth GIG
Gwasanaethau Ambiwlans Cymru

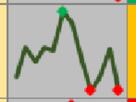
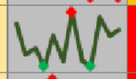
Welsh Ambulance Services
NHS Trust

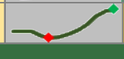
Monthly Integrated Quality & Performance Report

November 2022

Annex 1 – Top Indicator Dashboard

Section 1: Monthly Indicators / Top Indicators Dashboard

Top Monthly Indicators	Target 2022/23	Baseline Position (2021/22)	Sep-22	Oct-22	2 Year Trend	RAG
Our Patients - Quality, Safety and Patient Experience						
NHS111 Abandoned Calls	< 5%	18.60%	11.2%	14.8%		R
999 Call Answer Times 95th Percentile	95% in 00:00:05	00:52	00:52	01:03		R
999 Red Response within 8 minutes	65%	55.2%	50.0%	48.0%		R
999 Amber 1 Median	00:18	01:10	01:30	01:42		R
Stroke Patients with Appropriate Care	95%	TBD	79.10%	78.20%		R
Acute Coronary Syndrome Patients with Appropriate Care	95%	TBD	45.00%	37.50%		R
Renal journeys arriving within 30 minutes of their appointment (NEPTS)	70%	79%	74%	74%		G
Discharge & Transfer journeys collected less than 60 minutes after booked time (NEPTS)	90%	81.00%	88%	85%		A
National Reportable Incidents reports (NRI)	Reduction Trend	5	7	8		R
Concerns Response within 30 Days	75%	61%	28%	28%		R

Top Monthly Indicators	Target 2022/23	Baseline Position (2021/22)	Sep-22	Oct-22	2 Year Trend	RAG
Our People						
Capacity						
EMS Abstraction Rate	29.92%	42.00%	41%	40%		R
Hours Produced for Emergency Ambulances	95%	95.0%	96%	90%		A
Health and Wellbeing						
Sickness Absence *(all staff)*	8.00%	10.48%	8.68%	-		A
EMS Operations Sickness Rates	8.00%	7.76%	9.26%	10.12%		R
Staff Turnover Rate	TBD	8.71%	11.35%	11.11%		R
Statutory & Mandatory Training	>85%	82.3%	85.60%	85.58%		G
PADR/Medical Appraisal	>85%	60%	78.75%	80.49%		A
Value						
Financial balance - annual expenditure YTD as % of budget expenditure YTD	100%	100%	100.00%	100.00%		G
Post-Production Lost Hours (EA, RRV, UCS)	Reduction Trend	TBD	9121:31	9382:33		A
Partnerships / System Contribution						
NHS111 Consult and Close	Improve	7,843	15,342	17,695		G
Combined 999 & NHS111 Consult & Close	15.0%	10.4%	12.3%	12.8%		A
% Of Total Conveyances taken to a Service Other Than a Type One Emergency Department	Improvement Trend	TBD	11.14%	11.10%		TBD
Number of Handover Lost Hours	25% reduction from Oct-21 position	15,955	25,174	28,038		R

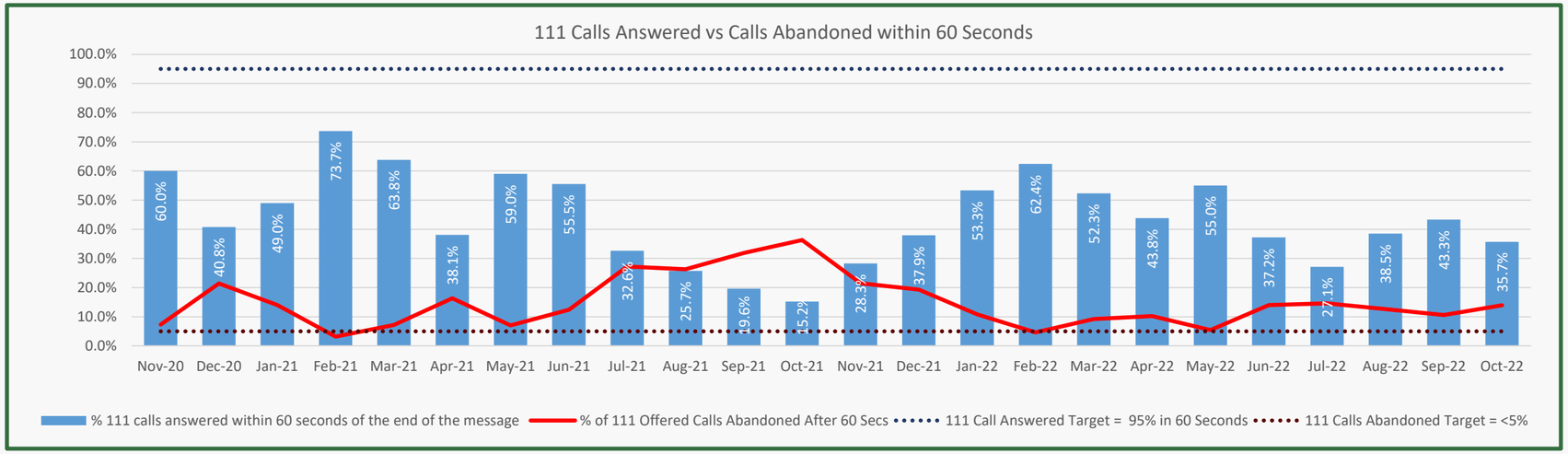
In-Month RAG Indicates =
Green: Performance is at or has exceeded the target *(Indicates no action is required)*
Red: Performance is less than 10% of target (Indicates close monitoring or significant action is required)
Amber: Performance is at or within 10% of target *(Indicates some issues/risks to performance (monitoring is required))*
TBD: Status cannot be calculated (To Be Determined)

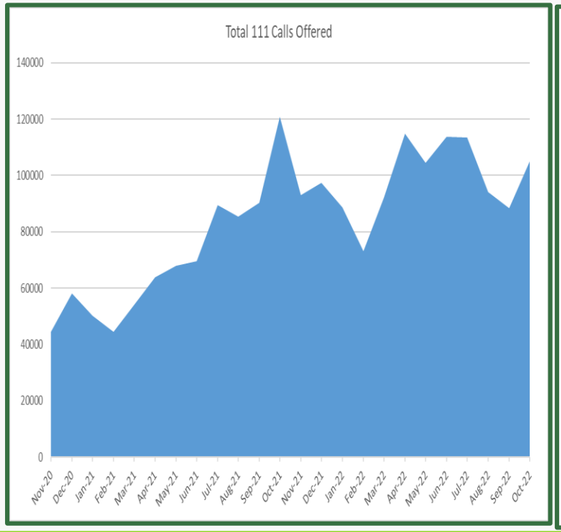
Our Patients: Quality, Patient Safety & Experience
111 Call Answering/Abandoned Performance Indicators

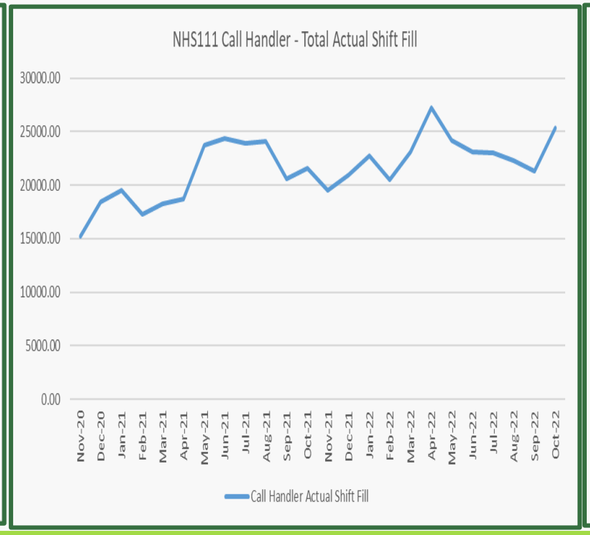
R

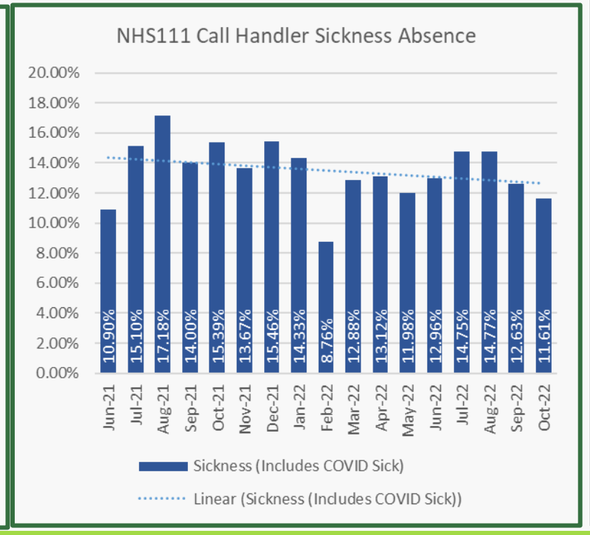
FPC

Influencing Factors – Demand and Call Handling Hours Produced









Analysis

111 call abandonment is a key patient safety indicator for the service**. October 2022** saw an abandonment rate of 14.8%, therefore failing to meet the 5% target.

The percentage of 111 calls answered within 60 seconds of the end of the message declined in October 2022 to 30.5%. 111 call demand increased when compared to September 2022, however higher volumes of people continue than the Trust would like continue to receive a poor patient experience.

Capacity (staff hours) has generally been increasing in line with the roll-outs and as planned and a high level of shift fill was seen in October. This does continue to be impacted on however by sickness which was at 11.61 % in October. Demand increased in October but so has capacity which is why performance has remained relatively stable this month. It is worth noting that in response to the ongoing Business Continuity incident as a result of the Adastra outage, additional Call Handlers have been necessary to support manual processes as the Trust is unable to pass calls to Health Boards electronically.

Remedial Plans and Actions

- The key to improving call answering times is having the right number of call handlers, rostered at the right time to meet demand, and to maximise efficiency.
- Agreement has been reached with commissioners that 178 WTE call handlers will be funded this year. We are currently broadly at that number, and further recruitment is planned to meet anticipated attrition levels to maintain levels at the funded WTE figure.
- Work continues on sickness absence in line with the Trust's managing absence work programme to increase capacity.
- Work is underway to look at the rosters and ensure that capacity is aligned to demand, and to try and even out performance through the week and at weekends. Consideration is being given to how this programme of work could be resourced.
- Work also continues in reviewing the use of the Clinical Advice Line which is available to call handlers who want some clinical advice whilst on call with the patient. The call handler has to wait for a clinician to answer the call and therefore the time spent is related to clinician availability. At present there are high levels of clinical vacancies**.** The national recruitment campaign in October yielded circa 10 WTEs and a further round of recruitment is currently underway.

Expected Performance Trajectory

With call handler numbers broadly at commissioned levels, call answering times will only be improved through improved efficiency gains (reducing sickness absence, re-rostering, reducing time for CAL line). This work is underway but will take some time to come to fruition.

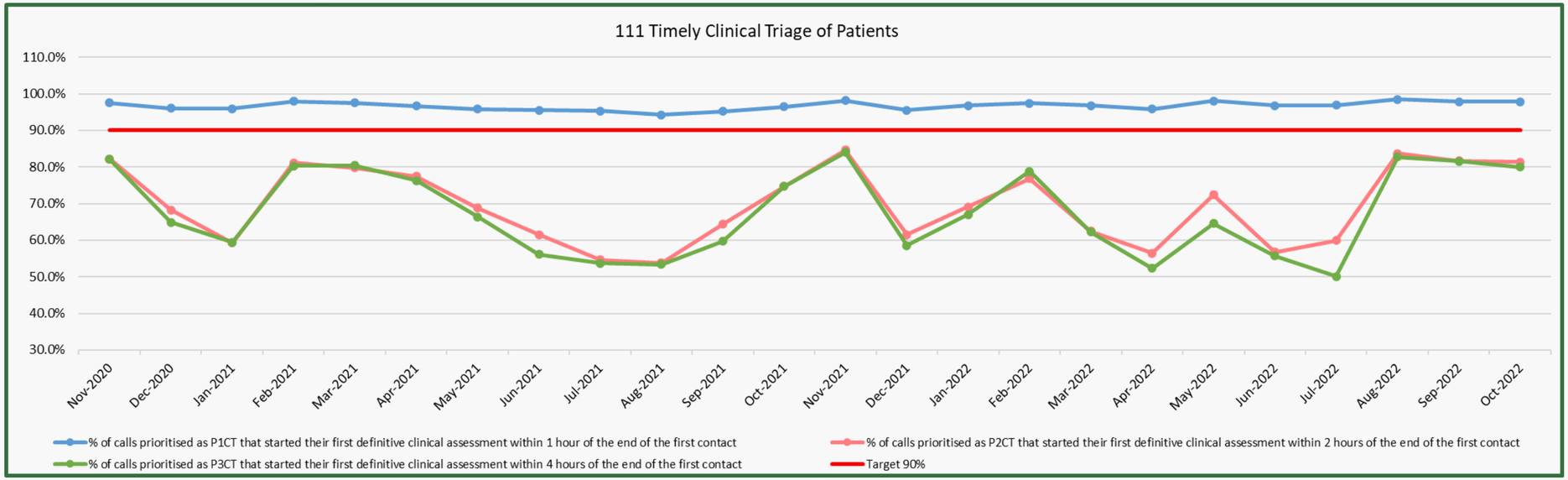
NB: Abstraction data is currently under review for accuracy reporting this has yet to be agreed and therefore there isn't a plan to deliver the required changes

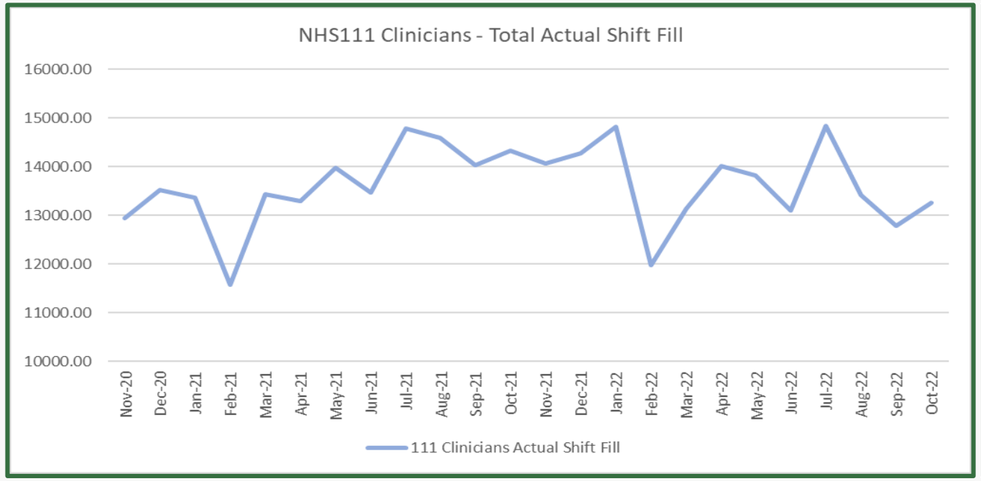
Our Patients: Quality, Safety & Patient Experience
111 Clinical Assessment Start Time Performance Indicators

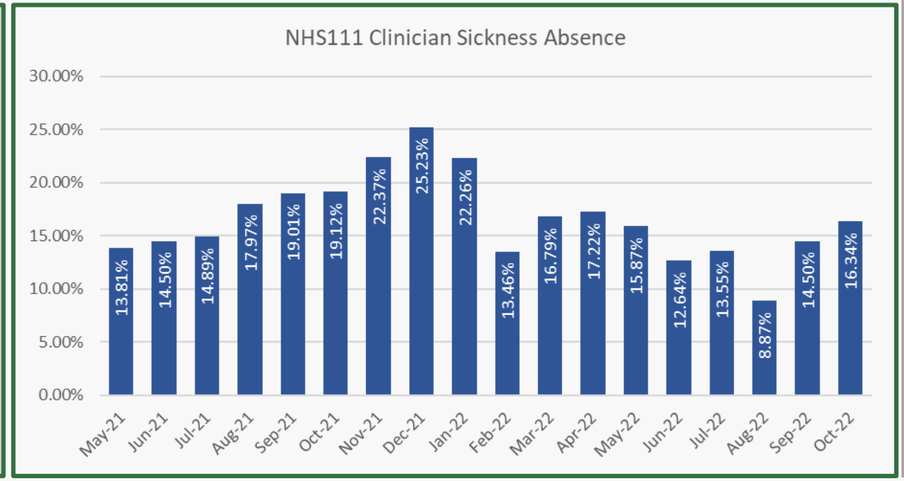
P1CT G

FPC

Influencing Factors – Demand and Clinical Hours Produced







Analysis

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

For lower category calls the Trust is not meeting the 90% target, but there has been a significant improvement in performance in recent months which has been maintained through August – October.

Demand for the service has grown significantly as service has been rolled out, and there was an increase in demand in October above that seen in September.

Recruitment and retention of clinical staff is the key issue in relation to .

13,260 hours were filled by clinicians in October 2022 an increase when compared to 12,788 in September 2022. Clinician sickness absence increased from 14.50% in September to 16.34 % in October. At present there are 100.1 (FTE) nurses and paramedics employed within NHS111 and 39.1 FTE Vacancies *(data correct as of 16/09/22 and therefore subject to change).*

Remedial Plans and Actions

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

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

Expected Performance Trajectory

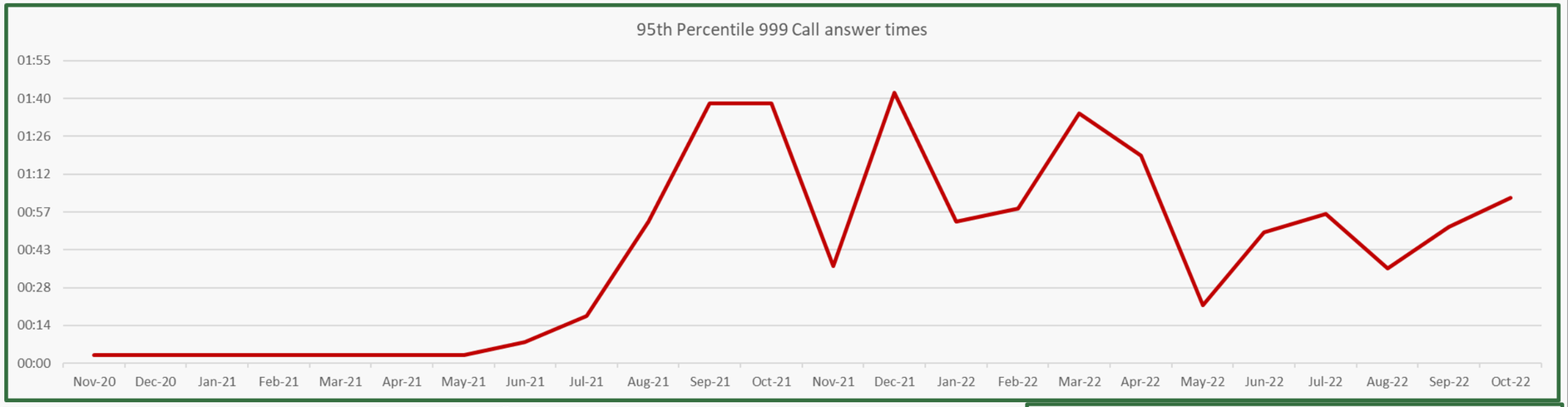
Risks have been highlighted in previous reports about the ability to recruit sufficient clinicians and this is now being seen. Although urgent actions are in play as set out above, performance is likely to be below levels expected until these bear fruit into Q4.

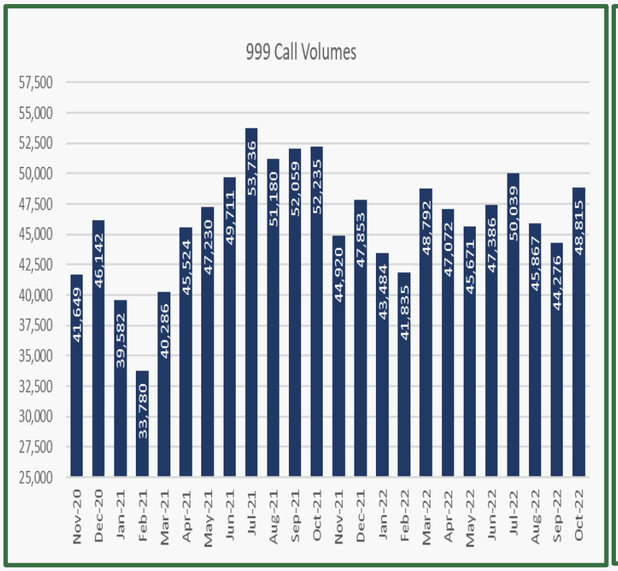
NB: Abstraction data is currently under review for accuracy reporting

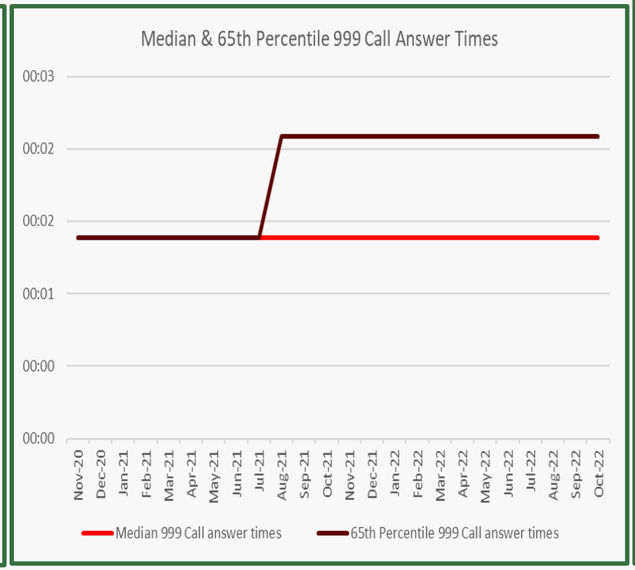
Our Patients: Quality, Safety & Patient Experience
999 Call Performance Indicators

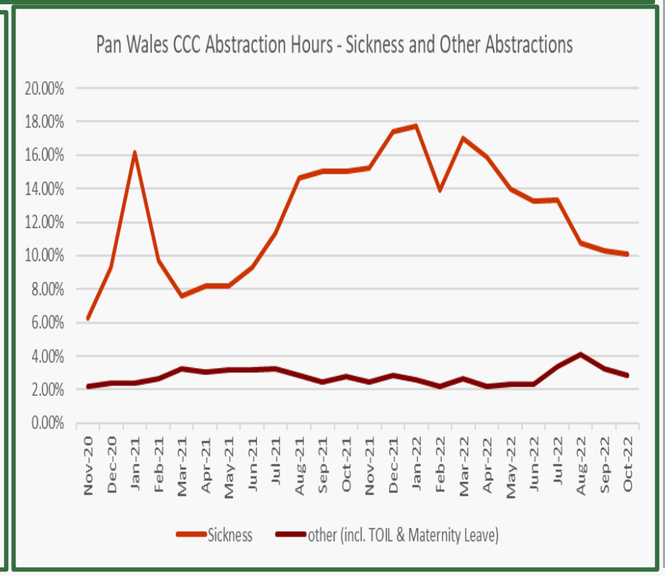
Influencing Factors – Demand and Hours Produced

R FPC CI









Analysis

The 95th percentile 999 call answering performance declined in October 2022 to 1 minute 3 seconds, compared to 52 seconds September 2022. Delays in call answering times are a significant concern in relation to patient safety. 86.2% of calls were answered within 6 seconds in October 2022.

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

The Trust received 48,815 emergency 999 calls in October 2022, an increase compared to September 2022. October 2022 saw a reduction in sickness abstractions, in line with the planned trajectory.

A continuing higher level of call volumes could be as a result of repeat callers, as a direct result of long wait times, prompting people to call back or conditions to deteriorate.

Remedial Plans and Actions

- EMS CCC meet twice weekly to review demand profiles and align staffing levels appropriately. Resources teams are focussing on balancing capacity across the 7-day period, targeting overtime to weekends and Mondays where patterns of demand and reduced UHP are identified.
- No additional funding is available this year to increase numbers of call handlers.
- Increased pressure and sustained levels of 999 demand above baseline is impacting on staff attrition and wellbeing.

Expected Performance Trajectory

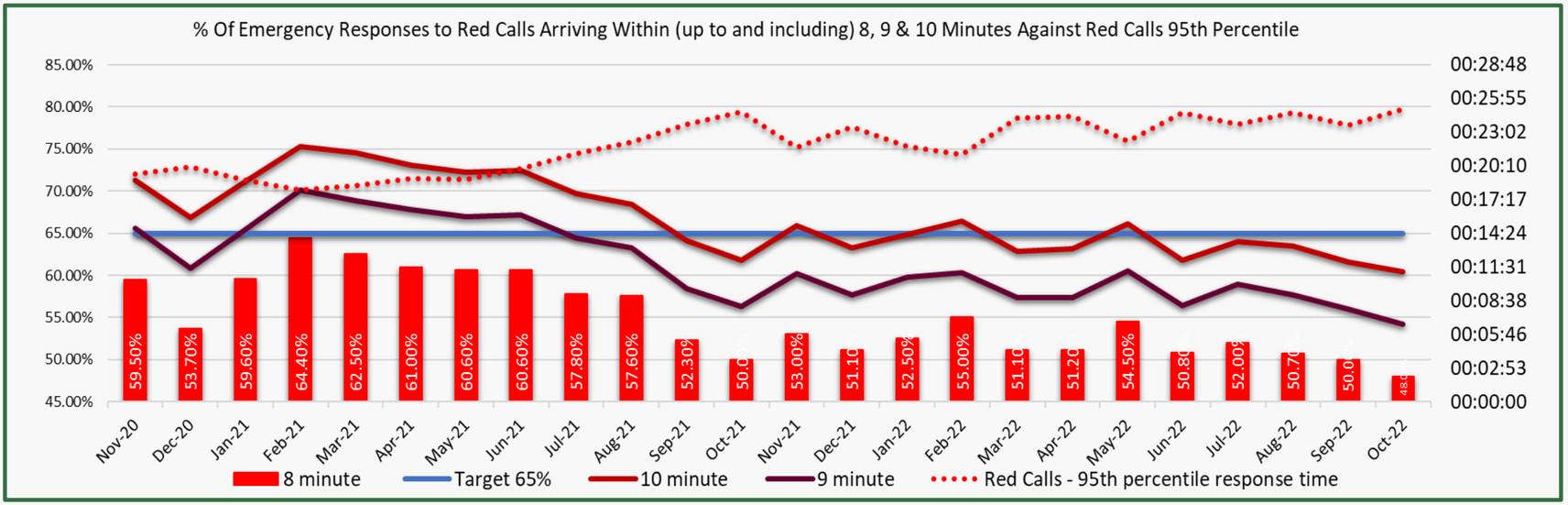
Performance is expected to continue to be difficult with call demand forecasted to increase throughout the fiscal year. EMS Coordination continue to focus on proactive recruitment to mitigate the impact of current attrition rates

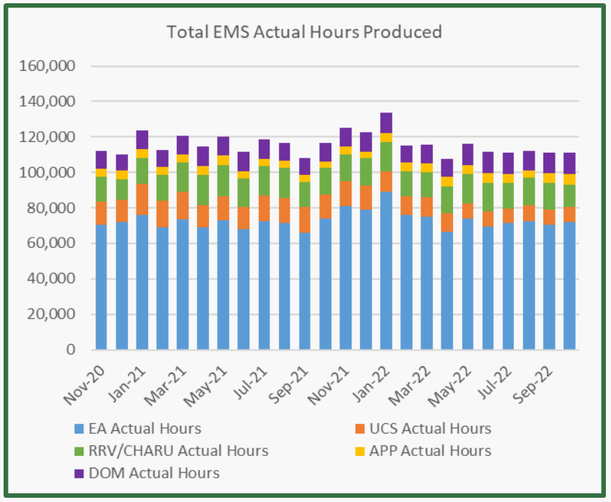
Our Patients: Quality, Safety & Patient Experience
Red Performance Indicators

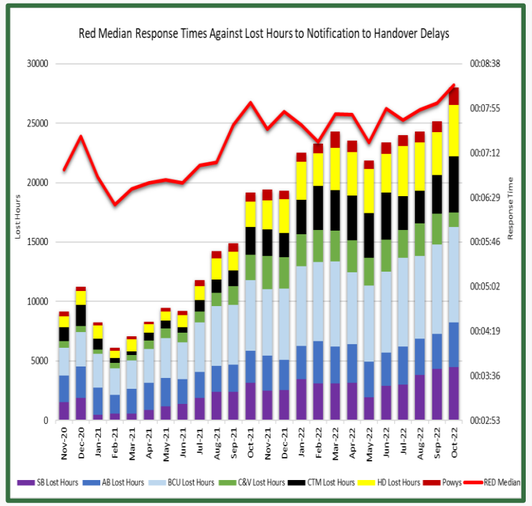
Influencing Factors – Demand, Hours Produced and Hours Lost

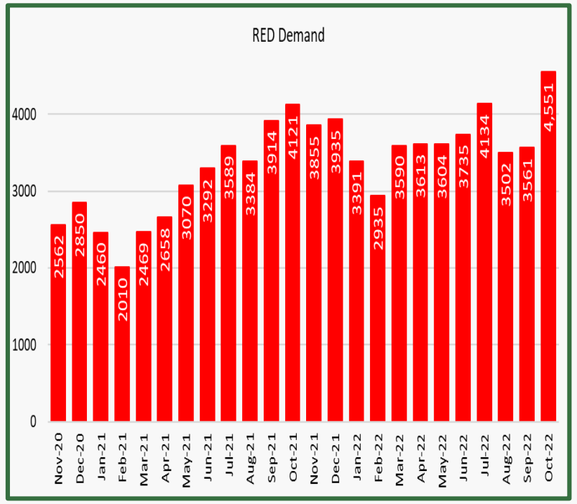
65% R | 95% R

CI | QUEST | FPC









Analysis

Red performance declined in October 2022; remaining significantly lower than the 65% target; the target has not been achieved since July 2020. There was also significant health board level variation with none of the seven health board areas achieving the 65% target. A continuing level of poor performance was forecast based on predictions of demand, lost hours and hours produced. Red 10-minute performance was 60.4% in October 2022.

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

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

The lower centre graph demonstrates the correlation of performance with hospital handover lost hours, with extreme levels of losses continuing to be seen with 28,937 hours lost in September.

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

Remedial Plans and Actions

The main improvement actions are:

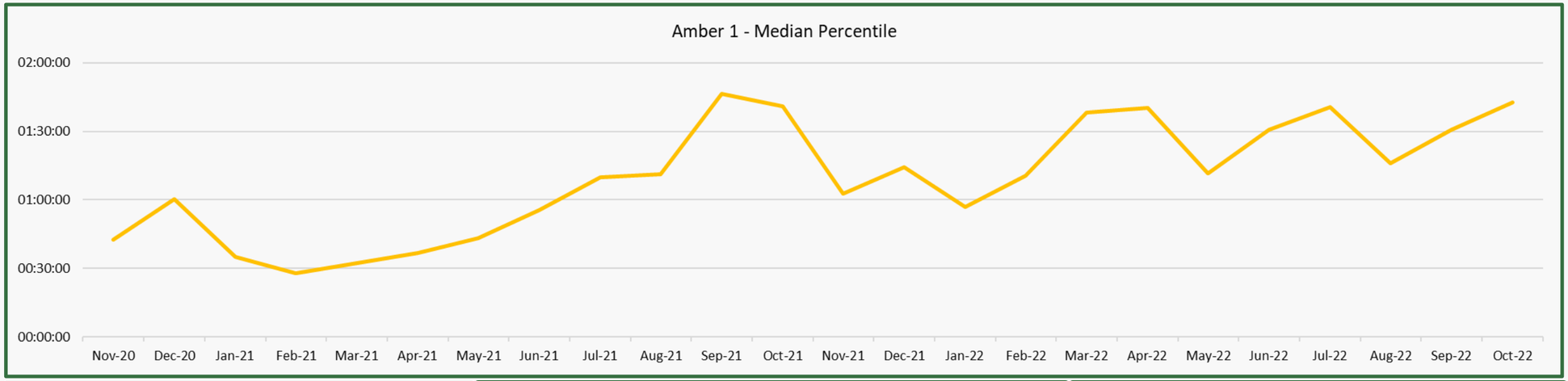
- Increase capacity where funded - recruitment of 100 FTEs, EMTs and ACA2s during 2022/23 (on target for all operational by end of Jan 2023)
- Reduce hours lost through sickness absence through managing attendance programme – trajectory for improvement in place as part of IMTP
- Negotiations are ongoing to increase capacity through modernisation of practices and supporting staff well-being. This is under discussion with TU partners currently.
- Plans are in place and work continues with partners to reduce hours lost at hospital. Handover reduction plans and trajectories are currently being developed by health boards facilitated by the NCCU. Agreement on immediate release and fit to sit, together with commitment to no >4 hour waits and a reduction in 25% overall. These have not yet had any impact in most areas.
- Improving efficiency – the role out of new rosters through September – November 2022 will provide the equivalent of 72 WTE additional staff.
- A deep dive of Red performance by Health Informatics has concluded with further actions to investigate increased time spent on scene and consideration of dispatch volumes and locations.
- CSAM Optima have completed work to investigate Red variation summarising that Red variation on any given day can be difficult to impact due to the +20 factors that affect Red response times.

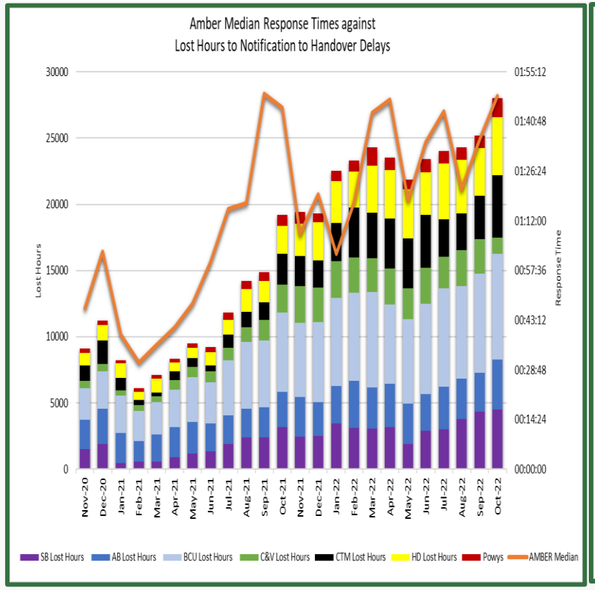
Expected Performance Trajectory

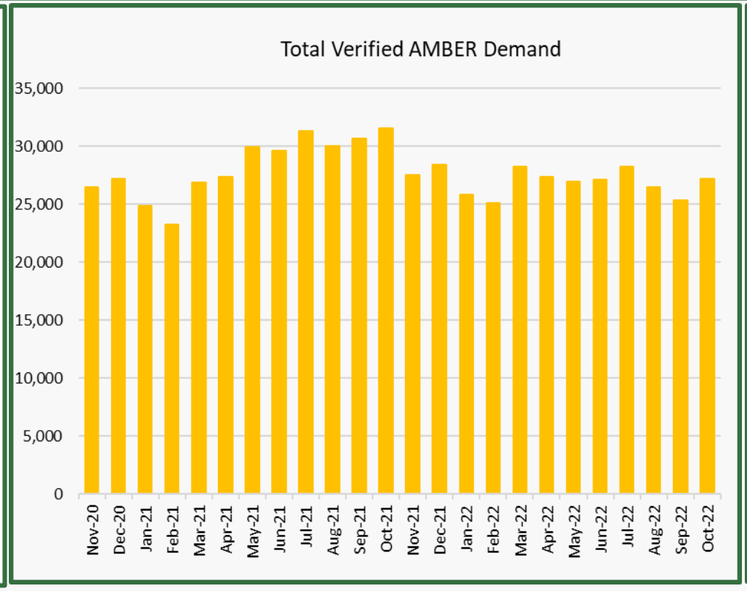
Winter modelling (March 2023) indicates that without reductions in handover in line with the Welsh Government directives, the Trust can expect to see Red 8 minute performance reduce to below 40% without the application of the Clinical Safety Plan to levels 3 and above and the recruitment of the +100.

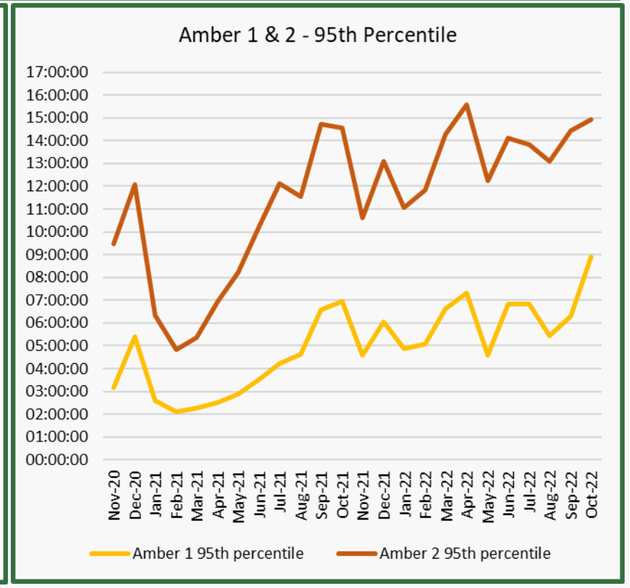
Our Patients: Quality, Safety & Patient Experience
Amber Performance Indicators

Influencing Factors – Demand, Hours Produced and Hours Lost









Analysis

Amber response times declined across the percentiles in October 2022. In addition, there were some some very long patient waits (see below). The ideal Amber 1 median response time is 18 minutes, in October 2022 the Trust recorded median response times of 1 hour 42 minutes.

In October 2022, 918 patients (all categories, not just Amber) waited over 12 hours, an increase when compared to August 2022, continuing to represent a very poor quality and experience of service. 785 of these patients were in the Amber category.

Amber demand increased again in October 2022 although has been broadly stable.

There is strong correlation between Amber performance and lost hours due to notification to handover delays. The number of hours lost to notification to handover delays in October 2022 increased to 28,937, higher than the worst recorded in March 2022 of 24,479, and higher than the Trust would like. Prior to August 2021 the worst handover levels recorded were in December 2019 (13,820).

Remedial Plans and Actions

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

Expected Performance Trajectory

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

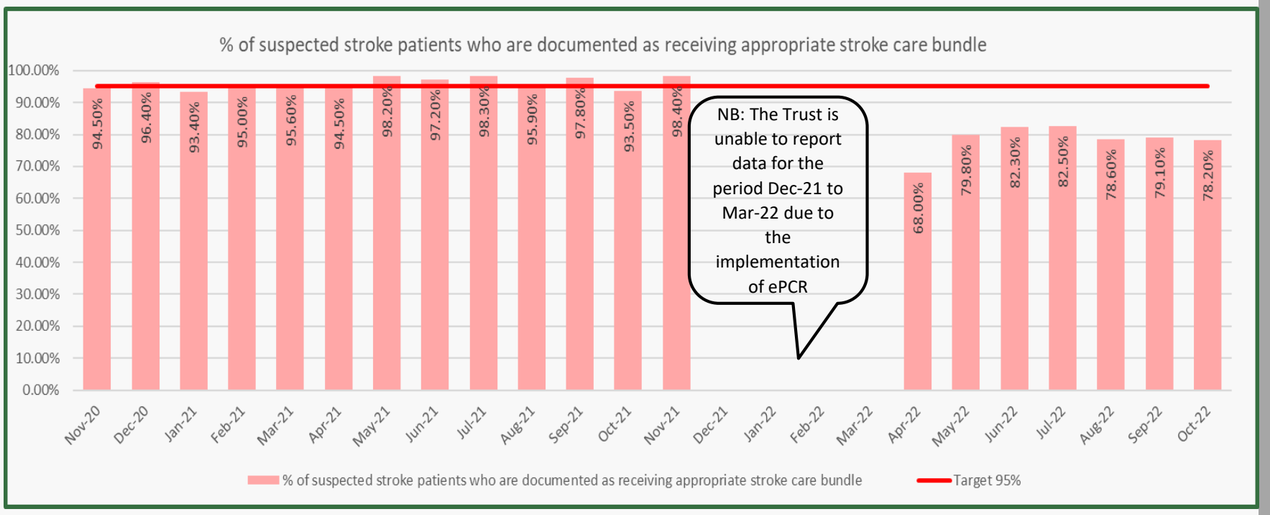
Our Patients: Quality, Safety & Patient Experience
Clinical Outcomes Indicators

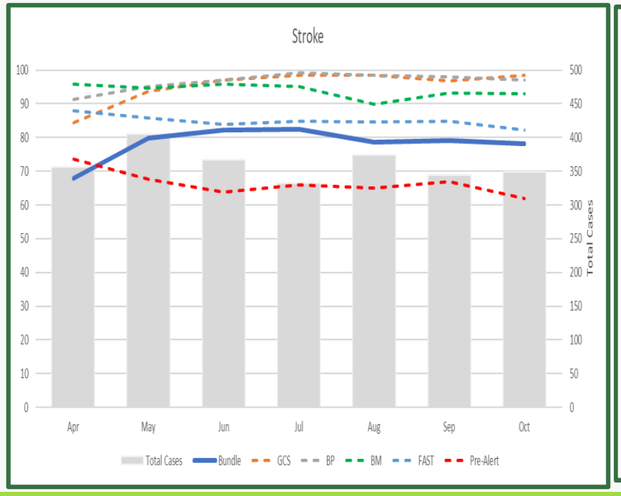
Stroke/Hip Fracture/Hypo glycaemic.
R

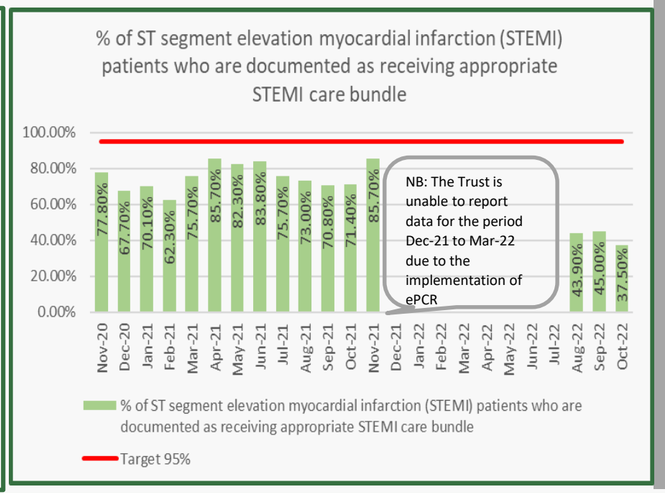
Self Assessment: Strength of Internal Control: Moderate

QUEST

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







Analysis

Clinical: The Trust is unable to fully report on the performance of all clinical indicators whilst work continues to link ePCR with CAD and quality assure metrics.

Clinical Indicator for Stroke has seen a 0.9% decline in October 2022 when compared to September 2022. From the chart, the key factor for improving care bundle compliance is the recording of a pre-alert, or a justified exception. In addition, the number of recorded (or with a documented justified exception) blood glucose reading has also dropped, which has contributed to the overall score.

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 a deep dive audit conducted and reported through the Clinical Intelligence Assurance Group. In addition, the deep dive audit is contributing to recommending improvements that can be made to the ePCR user interface to enable better data capture in future versions of the application. Each Clinical Indicator is subject to a deep dive audit owing to the changes in how data flows to generate the CI report.

Mortality Review: The Trust participates in Health Board led mortality reviews as appropriate, with attendance from the patient safety team and clinical colleagues. Work is currently underway to address a backlog of mortality reviews with oversight from the Clinical Quality Governance Group.

Following discussions this month with the Lead Medical Examiner Officer for Wales the expected timeline for the Medical Examiner Service to review all non-coronial deaths in Wales (including those occurring in community) is from Spring 2023.

The Delivery Unit has issued guidance to all NHS bodies in Wales on how mortality reviews should be undertaken moving forward. This aligns mortality reviews with requests for information from the Medical Examiner, this should then link with organisation Putting Things

Remedial Plans and Actions

Clinical: 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.

The new agreed indicator for this year (commissioning intention) is the call to door time for STEMI and Stroke. There is a lot of work required to agree and then report on this indicator, with he following roll out plan:

✓ Q3 (Oct – Dec 2022) – a decision will be made on the criteria to define 'call to door' and a reporting dashboard will be developed.
✓ Q4 (Jan – Mar 2023) – The data will be tested internally to include data from April 2022.
✓ April 2023 – Approve for ASI reporting

The Trust cannot currently report on ROSC rates, a deep dive audit into ROSC at hospital will be completed for November CIAG meeting when decisions whether to approve reporting via EASC to the suite of indicators will be made.

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 will commence in October 2022 in some areas.

Mortality Review: The Trust's 'Learning from Mortality Reviews Framework' adopted from the All Wales Mortality Framework was approved at the Clinical Quality Governance Group on 30 September 2022 and has been shared with the All-Wales Mortality Review Steering Group. The Trust is in the process of developing the internal mechanisms in order to facilitate mortality reviews under the new approach. Meeting dates for the All Wales Mortality Working Group have been shared recently by the NHS Wales Delivery Unit, at which WAST are represented.

Expected Performance Trajectory

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

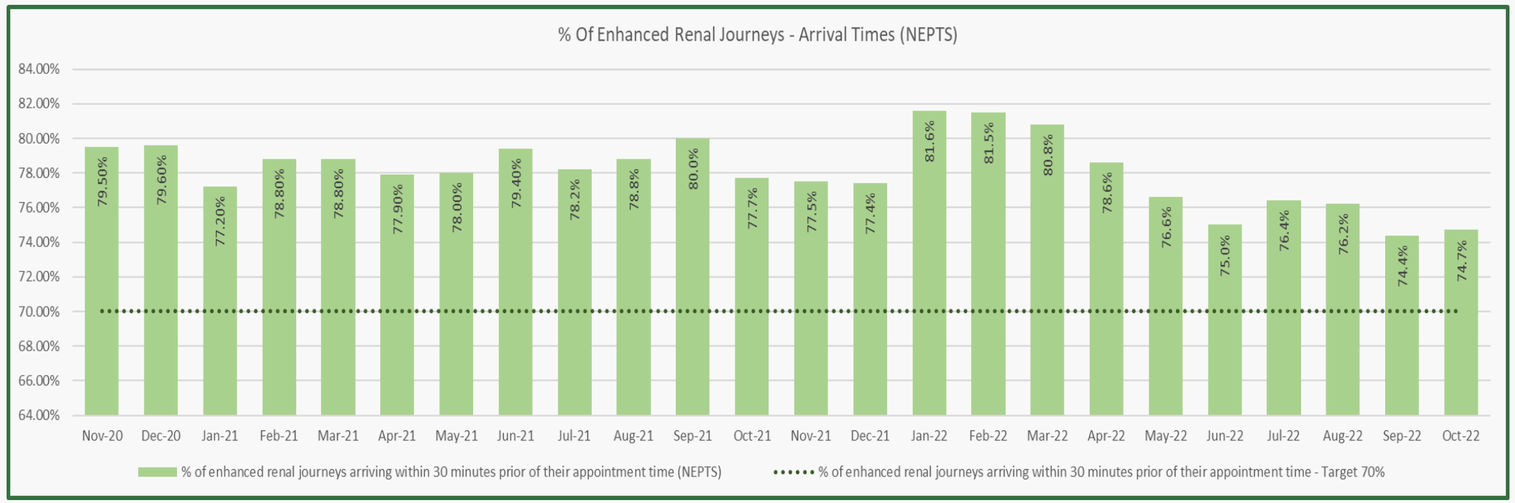
Mortality Review: Whilst the multiple benefits of the ME process are recognised there will undoubtedly be significant resource implications for the Trust, particularly as the process expands to every non-coronial death in NHS Wales and the Health Boards (who are at different levels of maturity regarding mortality reviews) start to develop and embed their processes. It is recognised that some cases will have already been reviewed via PTR processes internally.

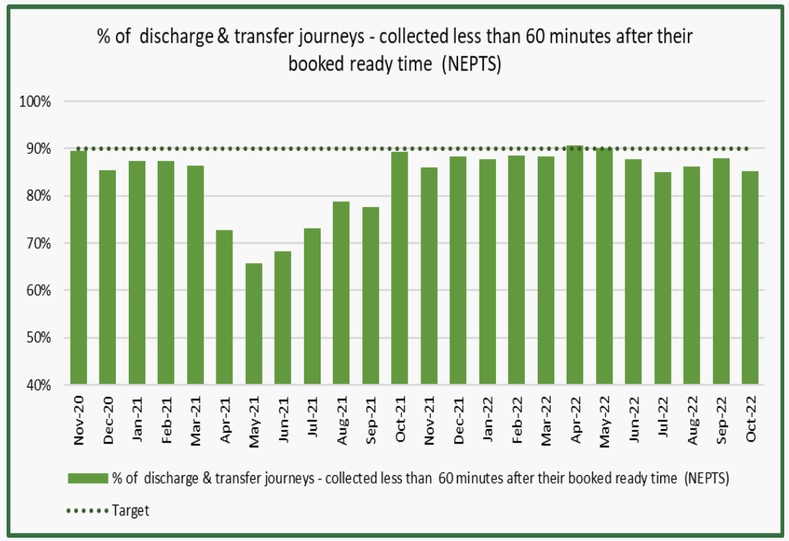
Mortality Reviews Data source: Internal Web Application

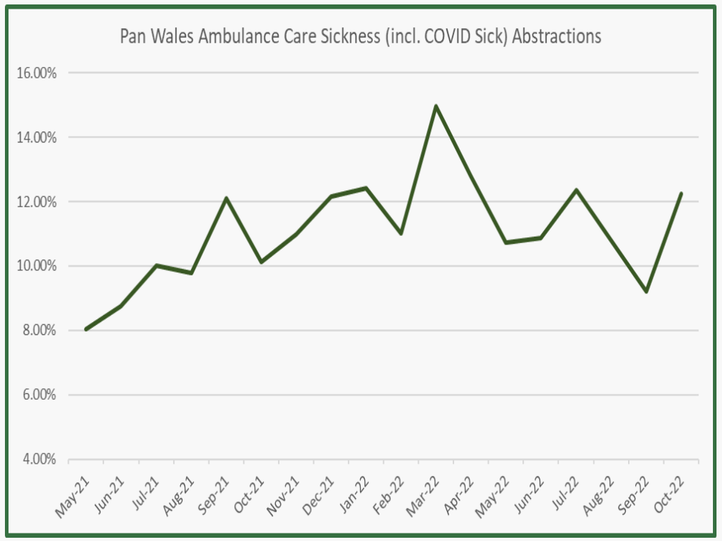
Our Patients: Quality, Safety & Patient Experience
Ambulance Care Indicators

Patient Experience

Renal	D&T	CI	FPC
G	A		







Analysis

Ambulance Care has seen a stabilisation of service delivery affecting patient experience. 74.7% of enhanced renal journeys arrived within 30 minutes prior to their appointment time, achieving the 70% target in October 2022.

85.3% of discharge & transfer journeys were collected within 60 minutes of their booked ready time, therefore not achieving the 90% target, and a decline compared to September 2022 (87.9%).

Key factors affecting these indicators are demand and capacity:

- **Capacity** continues to be adversely affected by other factors such as sickness absence levels, worsening in October 2022 to 12.25%. Annual Leave returned to levels below the 20% cap at 12.25%.
- Overall demand has been increasing since the initial reduction at the beginning of the pandemic, but overall it is still not quite at pre-pandemic levels.
- As the Trust emerges out of pandemic response and the health system is “re-set” it is anticipated that further demand increases could be experienced at which point capacity may be an issue. This has been modelled and mitigations put in place.

Remedial Plans and Actions

- D&C Project: the revised keys are currently being developed. A PDSA has been written to test the ORH keys against the revised keys (ORH++) and the PID is expected in November 2022.
- NEPTS Operational Improvement: it has been agreed at ACT programme board that the Resource Downtime workstream is complete; the new report is in place and is being reviewed regularly as 'business as usual'. Contact has been made with BCUHB to restart the discharge lounge trial and data is being collated in relation to the Oncology booking process PDSA and will be shared at the next ACT programme board.
- Transfer and Discharge Project:
  - Major Trauma Network: this workstream is now complete. WAST has responded to the peer review paper and the recommendations from this are being considered within the Transfer and Discharge project.
  - Transfer and Discharge Service: the project team has been established and the PID has been approved by ACT. Work is in progress with regards to the modelling (ToR drafted) and understanding the data in order to develop a concept for consideration by EASC at the end of the financial year.
  - Vascular Network in SE Wales: this workstream is complete as the network went live on 18 July 2022. Ongoing attendance at operational meetings have not identified any significant issues.
- Transport Solutions: Health Boards have been engaged with training for the online booking system, in line with the deadline of December 2022 after which telephone bookings will no longer be accepted.
- NEPTS Plurality Model: the procurement process has continued and whilst this has taken longer than expected, contracts less than 12 months in length will be awarded by 30th November. Providers have been procured for the interim period.
- NEPTS CAD Upgrade: whilst there have been challenges to the timeline for this project, the new go live date is confirmed as 30th November and ACT have received assurance that this will not change.

Expected Performance Trajectory

At present, the uncertainty around demand and future impacts of the pandemic and system recovery means that it is difficult to forecast performance; however, it is likely that the service will experience both positive and negative fluctuations of performance until activity normalises across the system.

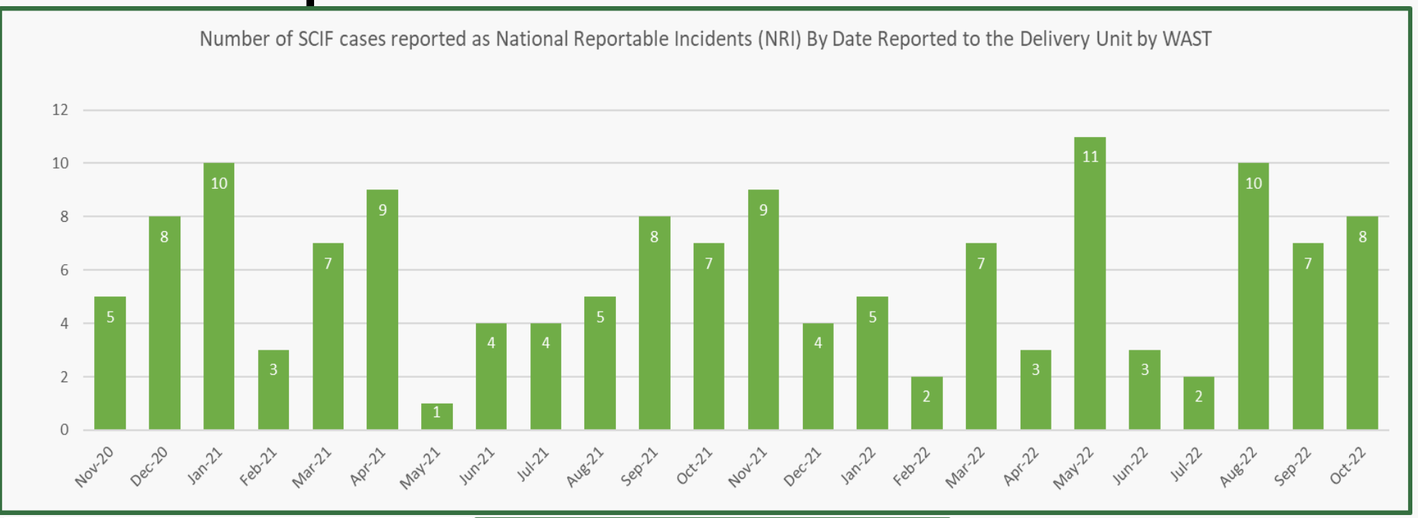
Our Patients: Quality, Safety & Patient Experience
Patient National Reportable Incidents & Patient Concerns Responses Indicators

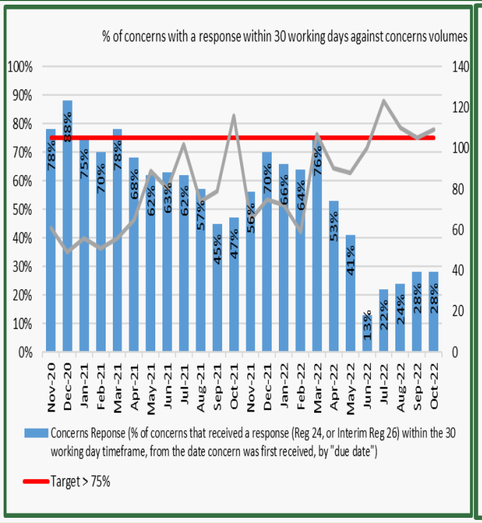
SCIF. A

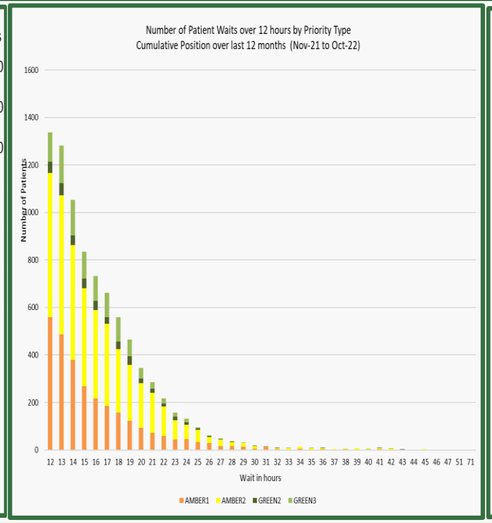
Self Assessment: Strength of Internal Control: Moderate

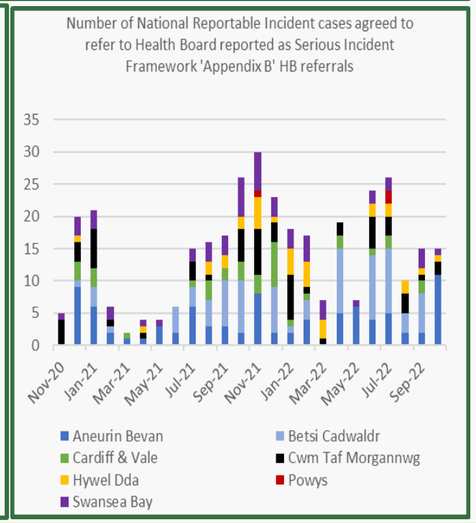
QUEST

Health & Care Standard
Health - Safe Care / Timely Care









Analysis

The percentage of responses to concerns remains static in October 2022 at 28% against a 75% target. Several factors continue to affect the Trust's ability to respond to concerns, including, overall increased demand, a rise in the number of inquests, continuing volumes of Nationally Reportable Incident's (NRIs) and timely response to requests for information from key parties. The number of total concerns increased slightly in October 2022 (109) when compared to September 2022 (105).

In October 2022 there were 6 Serious Case Incident Forums (SCIF) and 42 cases were discussed. 7 cases were reported to the NHS Wales Delivery Unit and 15 cases were referred to Health Boards for investigation under the appendix b framework.

Themes relating to incidents reported to the NHS Wales Delivery Unit as Nationally Reportable Incidents (NRIs) include call categorisation and clinical aspects of care including misdiagnosis and subsequent management. The ineffective breathing descriptor remains a theme, as it does UK wide. Year on year the overall volumes of NRIs remains static with the same volume recorded in 2021-22 as 2020-21 (Nov-Oct). In October 2022 there were 3 NRIs relating to Red calls, 3 relating to Amber calls and 1 in relation to Green calls. There were 2 NRIs as a result of calls prioritised Amber which should have been Red.

As reported earlier, in October 2022, 918 patients waited over 12 hours for an ambulance response, an increase month on month, also an increase when compared to 586 in October 2021 and 211 in October 2020.

39 Compliments were received from patients and/or their families in October 2022, a decrease compared to the previous month (41).

Remedial Plans and Actions

A range of actions are in place:-

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

Expected Performance Trajectory

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

NB: October 2022 data is correct on the date and time it was extracted; therefore, these figures are subject to change. At present reporting accurate data is not possible due to implementation of the Once For Wales Datix RL system.
****NB: Complex Cases will always report one month in arrears***

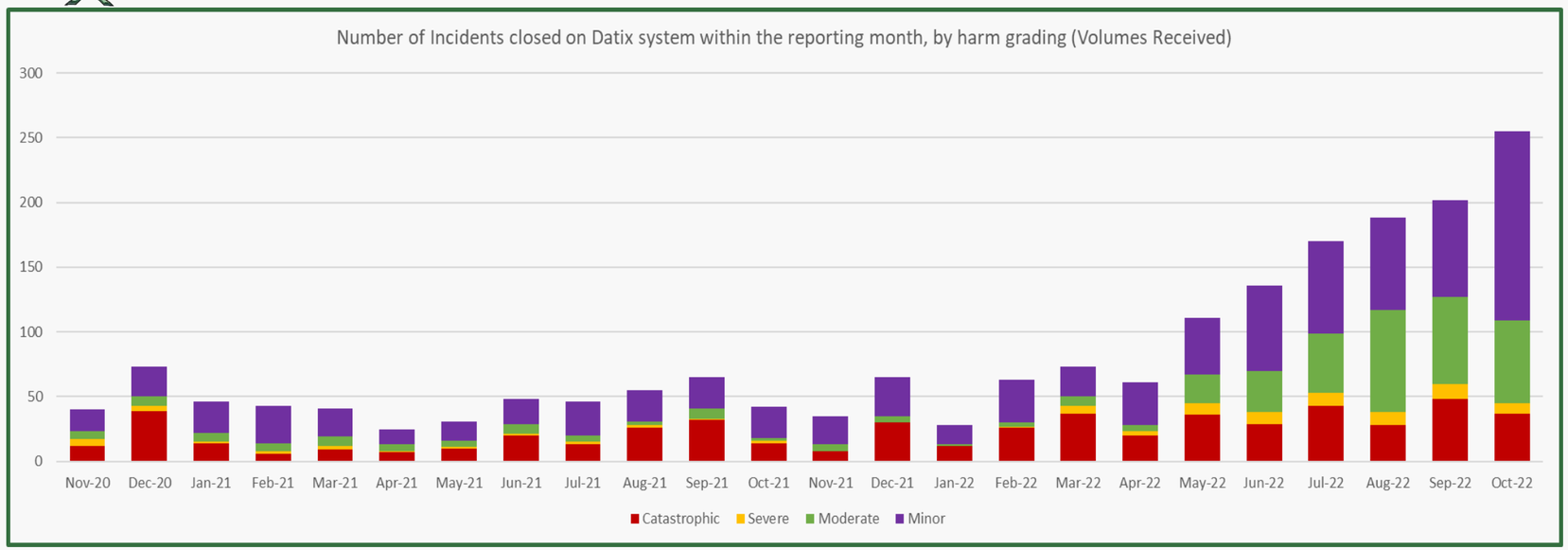
NRI & Concerns Data source: Datix / Longest Waits Data Source: Report Manager

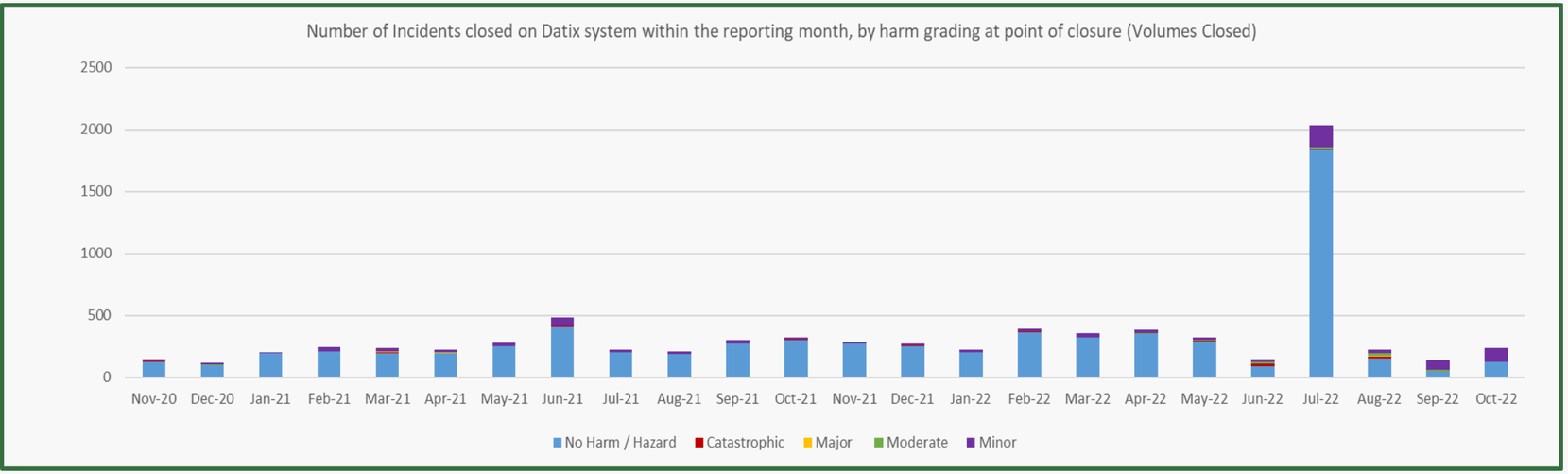
Our Patients: Quality, Safety & Patient Experience
Patient Safety Indicators

Self Assessment: Strength of Internal Control: Moderate

PCC

Health & Care Standard
Health – Safe Care





Analysis

The number of patient safety adverse incidents volumes submitted on Datix Cymru via frontline crews, health boards, the Operational Delivery Unit (ODU) and CCC within October 2022 increased to 558 when compared to 303 in September 2022. The 558 reports relate to incidents where the outcome for our patients was:

- No harm or hazard – 303
- Minor harm – 146
- Moderate harm - 64
- Severe Outcomes - 8
- Catastrophic - 37

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; 238 cases were closed in October 2022. Monthly volumes should be interpreted with caution as incidents can be duplicated on the system (for example; 2 crews submitting the same incident), however the increase in incident volumes is attributed to the current rise in hospital handovers.

The rise seen in the number of cases closed in July 2022 is largely attributed to the transition from Datix Web to Datix Cymru when a risk-based review of all incidents on the system (including Covid related incidents) was undertaken by patient safety and health & safety teams, with oversight by the Executive Management Team.

Remedial Plans and Actions

Capacity issues have impacted the ability of some teams to support investigations due to ongoing operational pressures. Additional resources have been agreed by the Executive Management Team to support concerns functions in the Clinical Contact Centres and Corporately. Recruitment / redeployment of staff is in progress.

Expected Performance Trajectory

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

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

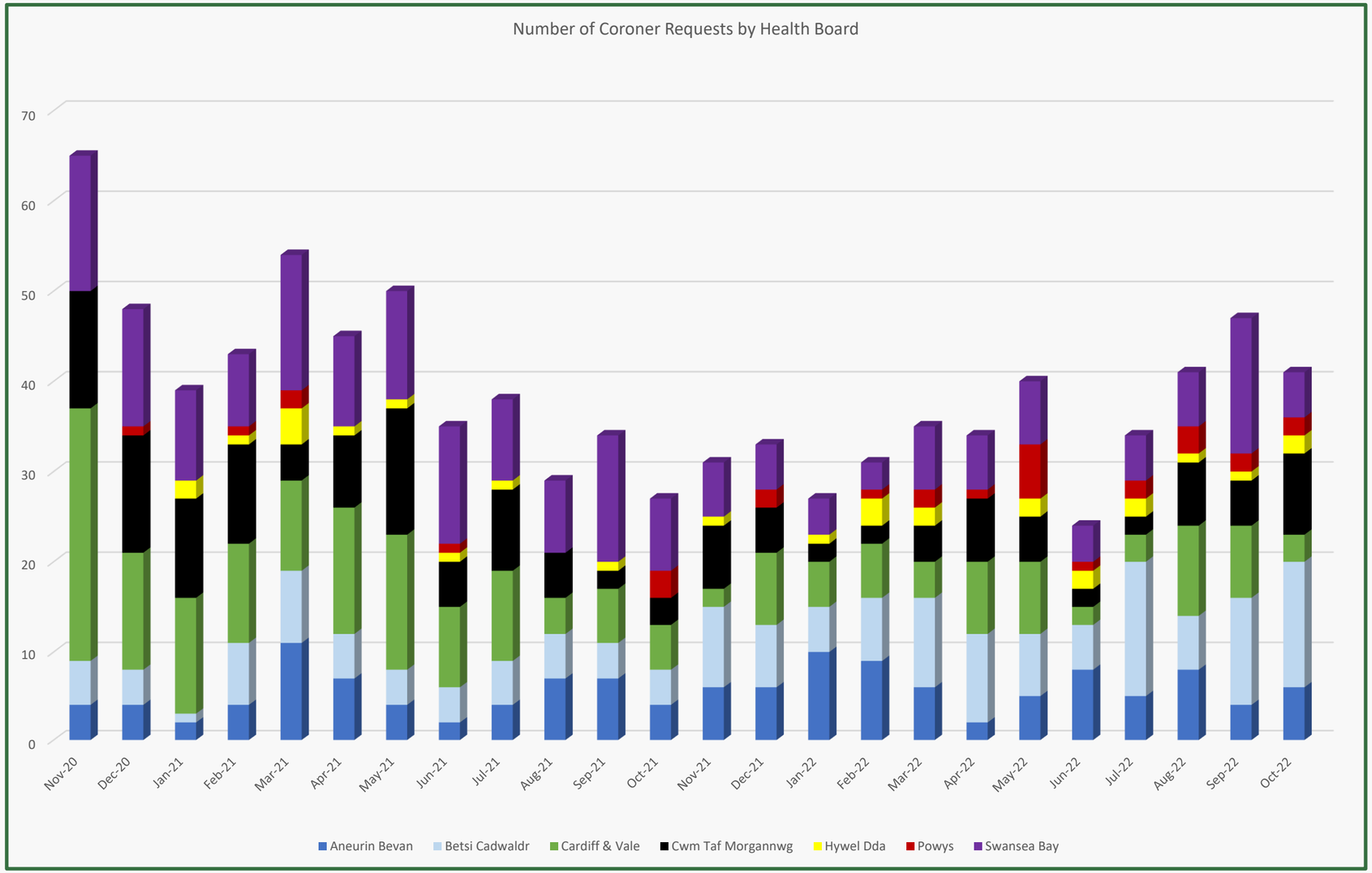
Data source: Datix

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

Self Assessment: Strength of Internal Control: Strong

QUEST

Health & Care Standard
Health – Safe Care



Analysis

Coroners: The number of in month requests is higher than the same month in the previous years. The timeliness of our response and unexpected deaths continues to be the main themes. There continues to be a marked increase in the BCU area.

At the end of October 2022 there are 419 claims open; these relate to Personal Injury (76 Claims); Personal Injury - Road Traffic Accidents (47 Claims), Clinical negligence (109 claims); Road Traffic Accident (165 claims) and Damage to Property (22 claims).

Ombudsman: There are currently 18 open Ombudsman cases in October 2022. At present cases are not being investigated, which supports the Trusts actions.

Remedial Plans and Actions

Coroners: Cases continue to be registered and distributed in a timely manner. If there is likely to be a delay in responding the Trust ensures that the coroner is kept informed of the expected date of response. Inquests are being arranged for December and into 2023.

Ombudsmen: All cases are recorded and monitored on the Datix System.

Expected Performance Trajectory

Coroners: The Trust continues to focus on the learning from our investigations and report these via the Patient Safety Highlight report, which is presented to the Executive Management Team and Trust Board.
In addition to this, learning from our investigations continues to be presented to the Patient Safety, Learning and Monitoring Group and our Scrutiny Panels.
Individual learning it also a huge focus across the organisation with significant attention on both clinical and CCC areas of business.
We also continue to engage with our Health Board colleagues where we have utilised the Joint Investigation Framework and/or where there is a focus on joint investigations and learning.

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

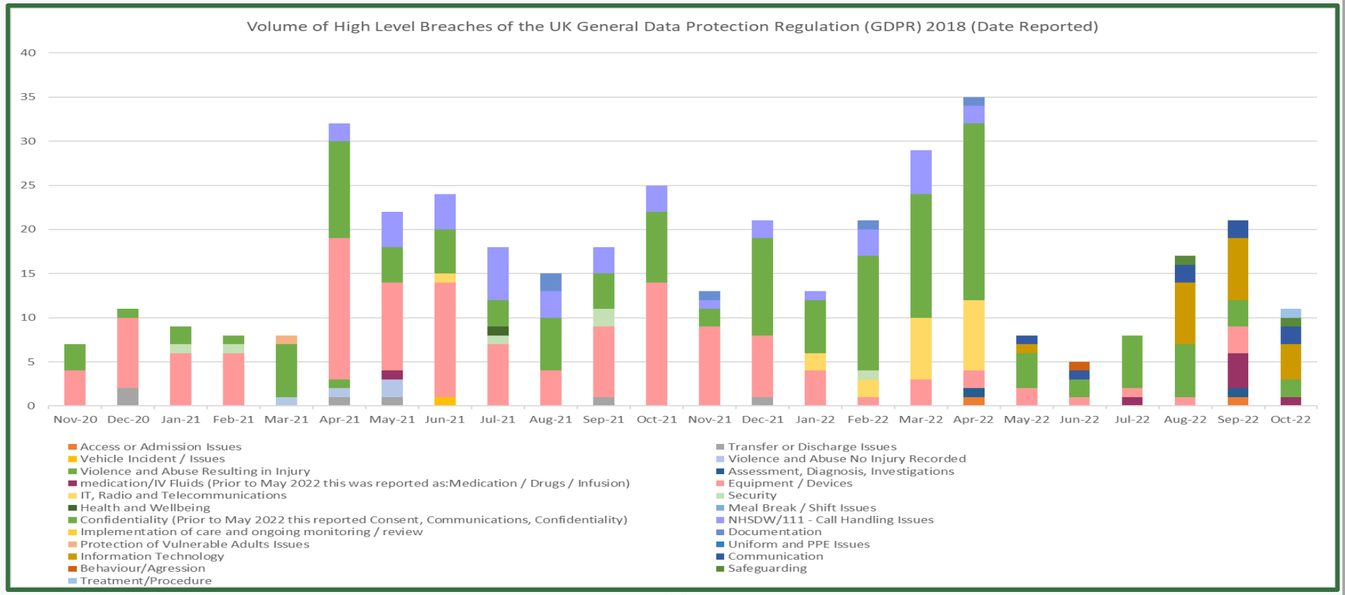
Data source: Datix

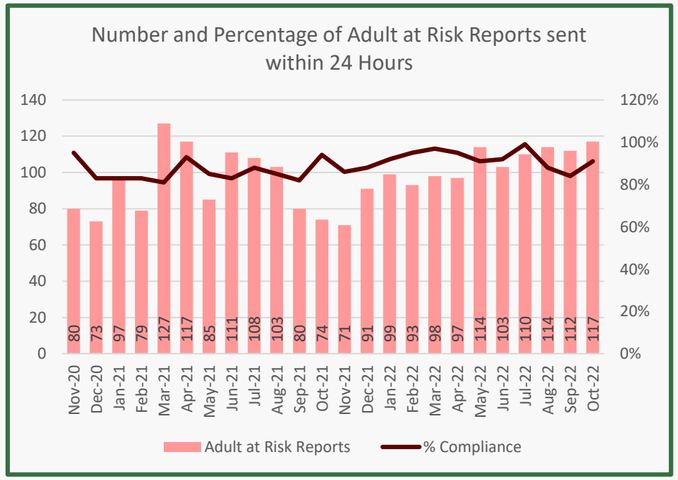
Our Patients: Quality, Safety & Patient Experience
Safeguarding, Data Governance & Public Engagement Indicators

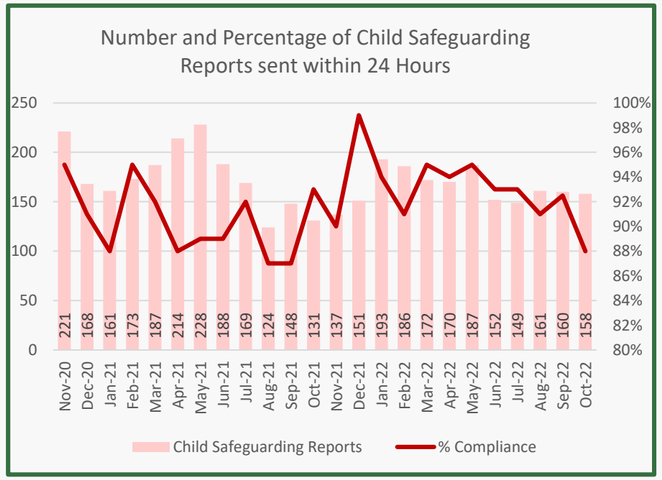
Health & Care Standard
Health – Safe Care

Self Assessment: Strength of Internal Control: Strong

QUEST







Analysis

Safeguarding: In October 2022 staff completed a total of 117 Adult at Risk Reports, an increase compared to September 2022 when 112 were reported. 91% of these were processed within 24 hours. Whilst the Trust does not report on Adult Social Need reports, 386 referrals were received during this reporting period.

There have been 158 Child Safeguarding Reports in October 2022, a decrease from September 2022 when 160 reports were made. In October 2022 88% were sent within 24 hours.

Data Governance: In October 2022 there were 39 information governance (IG) related incidents reported on Datix Cymru categorised as an Information Governance (IG) breach, an increase when compared to September 2022. Of these 39 breaches, 26 related to records/information 4 Information technology, 2 behaviour/aggression, 2 confidentiality, 2 medication/IV Fluids, 1 Access or admission issues, 1 treatment/procedures and 1 safeguarding.

Public Engagement: During October the PECI Team attended 55 engagement opportunities, engaging with 4,714 people. It should be noted that numbers engaged with this month are higher than average as October saw the PECI Team work with colleagues and volunteers from across the Trust to visit schools across Wales, delivering the Shoctober and Restart a Heart campaigns, which aim to teach children and young people about how to call 999 in an emergency, how to perform effective bystander CPR and what else they can do whilst help is on the way. Our community engagement permits meaningful conversations with people about using the services we provide; helping communities feel listened to and empowered to drive change. Outcomes of our engagement with people and communities across Wales remain consistent to those previously reported. With people continuing to tell us that long waits and delays remain their primary concern. 111 callers have told us that they experienced long waits for their calls to be answered and reported long waits for call backs, especially when accessing GP Out of Hour Services. NEPTS users told us that overall they continue to be happy with the transport they receive but experience long delays when making their initial telephone booking.

Remedial Plans and Actions

Safeguarding: The Trust primarily manages all safeguarding reports digitally via Docworks and regular monitoring of the system by the Safeguarding Team provides a means to identify any problems with delayed reports with appropriate action taken to support staff with the use of the Docworks Scribe App and liaise with local authorities when or where required. Numbers of paper safeguarding reports have significantly reduced with the embedding of Docworks; however, they are used as a back-up and are sent directly to the Safeguarding Team for further action. Continued monitoring supports practice in this area which is seeing a steady improvement.

Data Governance: During the reporting period, of the 39-information governance related incidents reported on Datix, 0 incidents were deemed to meet the risk threshold for reporting to the Information Commissioner's Office (ICO). Incidents have been reviewed and investigated where necessary by the IG team and remedial actions taken where appropriate.

Public Engagement: Though we continued to engage with communities across Wales throughout the coronavirus pandemic, this was done in a much more digital way, holding online events and joining online forums and meetings. Whilst this online engagement was crucial and allowed us to maintain connections, it was widely acknowledged that for many, online engagement was a barrier, and some felt excluded from participating in online activities in general. A return to in person community engagement is very welcome and allows to re-start having rich conversations with people about their experiences and expectations. It is acknowledged that coronavirus cases in the community are rising again, the PECI Team will continue to take measures to ensure staff and communities safety during engagement events.

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 Information Governance Steering Group took place in October 2022 which discussed the Welsh NHS IG Toolkit status and improvement updates. An increase in frequency of the IGSG meetings was agreed to monitor the IG Toolkit improvement actions prior to the next submission period which opens in January 2023.

Public Engagement: Outcomes of our engagement with people and communities across Wales remain consistent to those previously reported. With people continuing to tell us that long waits and delays remain their primary concern; though the transport, care or treatment they ultimately receive is good. This theme is repeated across all services delivered by the Welsh Ambulance Service - 999 emergency care, Non-Emergency Patient Transport and NHS 111 Wales. The PECI Team will continue engaging with communities, proactively communicating with people and communities, sharing important information regarding Trust services and appropriate use of these during the current period of increased demand. Learning from our engagement will be shared with partners, stakeholders and colleagues and will be used to help influence quality improvement.

Safeguarding Data source: Doc Works

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

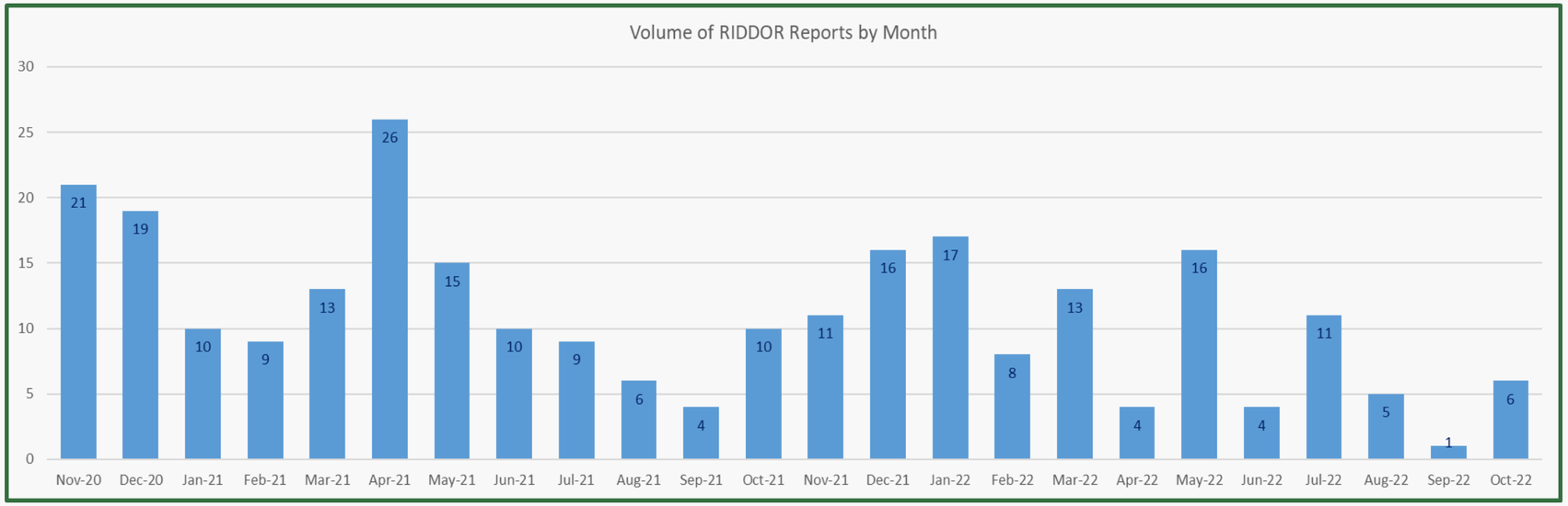
(Responsible Officer: Liam Williams)

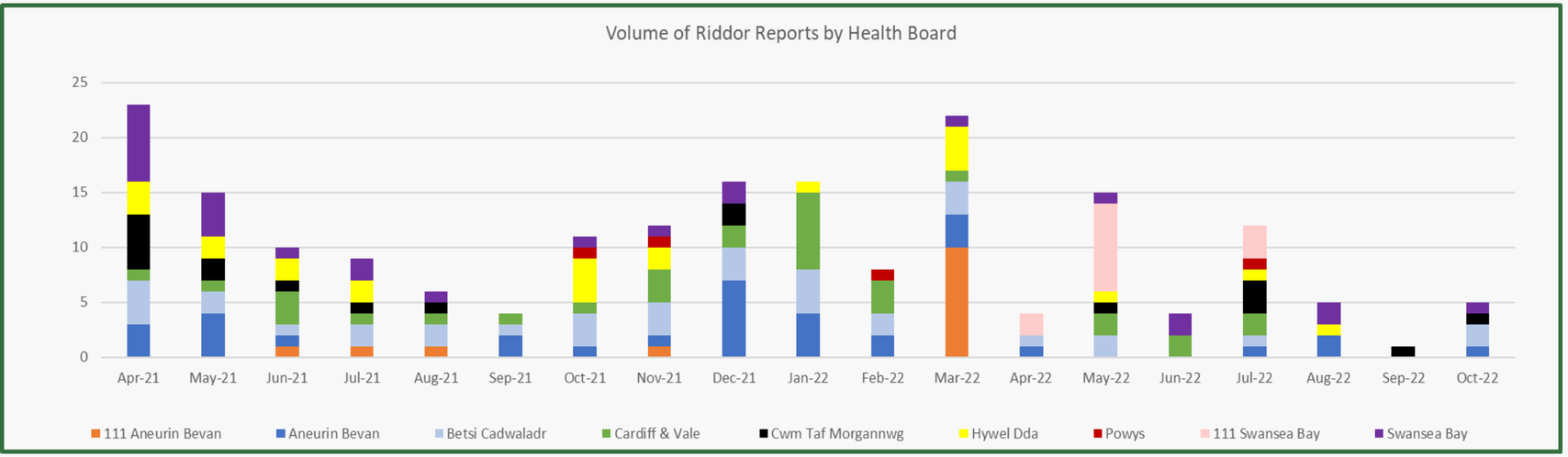
Our Patients: Quality, Safety & Patient Experience
Health & Safety (RIDDORS) Indicators

Self Assessment: Strength of Internal Control: Moderate

PCC

Health & Care Standard
Health – Safe Care





Analysis
Whilst there is a strong level of internal control with respect to metrics provided to the Health & Safety Executive (HSE), there are moderate levels of internal control. Challenges around incident reporting times or handlers confirming staff sickness absence to the H&S function continue to impact on the timeliness of Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDORS) to the Health and Safety Executive (HSE).

Risk 199 is currently rated as 15. This was reduced in Q2 as a result of work undertaken via the Working Safely Programme and funding secured for the Workforce review which commenced on 3rd October 2022. This risk is reviewed monthly.

In October 2022 there were 6 RIDDORs reported. As shown in the bottom graph these related to ABUHB (1), BCUHB (2), CTMUHB (1), PUHB (1) and SBUHB (1).

Remedial Plans and Actions
DATIX incident review meetings continue to be held on a weekly basis to review non-patient safety incidents to check for potential RIDDORS and associated coding and allows for further scrutiny. RIDDOR performance is presented in monthly reports and service units business meetings .
The Working Safely Programme (IMPT deliverable) 'Pump Prime' phase ceased on 31st September 2022. A closure report is to be presented to the Working Safely Strategic Board in Q3 2022 with recommendations on the transition of outstanding program actions into business-as-usual activities.

Expected Performance Trajectory
The Workforce review was fully implemented with the new structure came into force on 3rd October 2022. This will allow for the embedding of expertise within the organisational and increase in capacity to support operational structures to influence performance positively.

Increased focus by the Health and Safety Managers and visible presence of newly appointed Health and Safety Advisors at local levels should additionally improve the Trusts RIDDOR performance by 30% during Q3-Q4 2022.

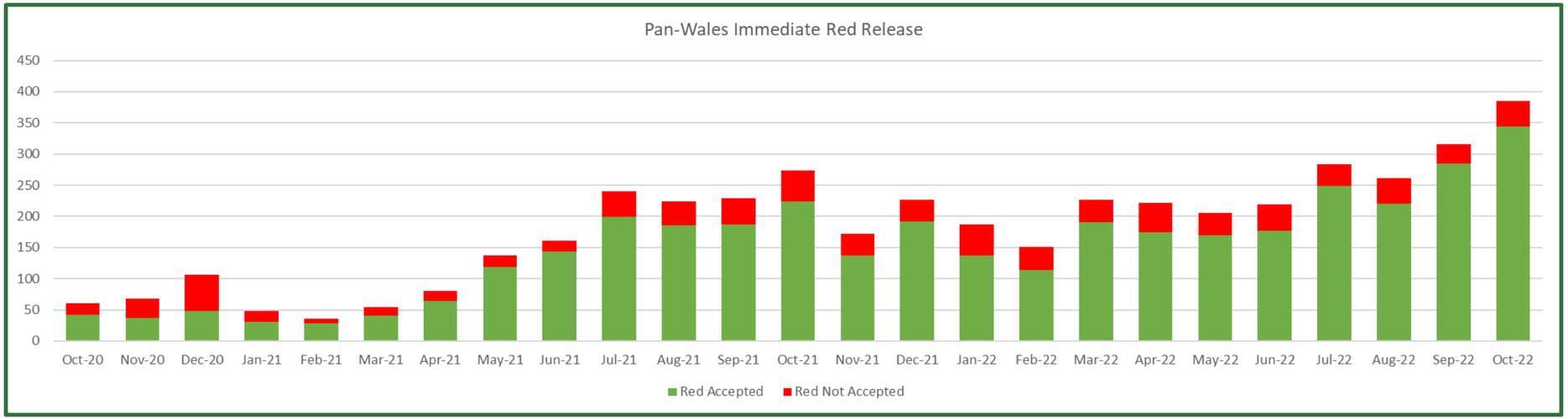
NB: October 2022 data is correct on the date and time it was extracted; therefore, these figures are subject to change

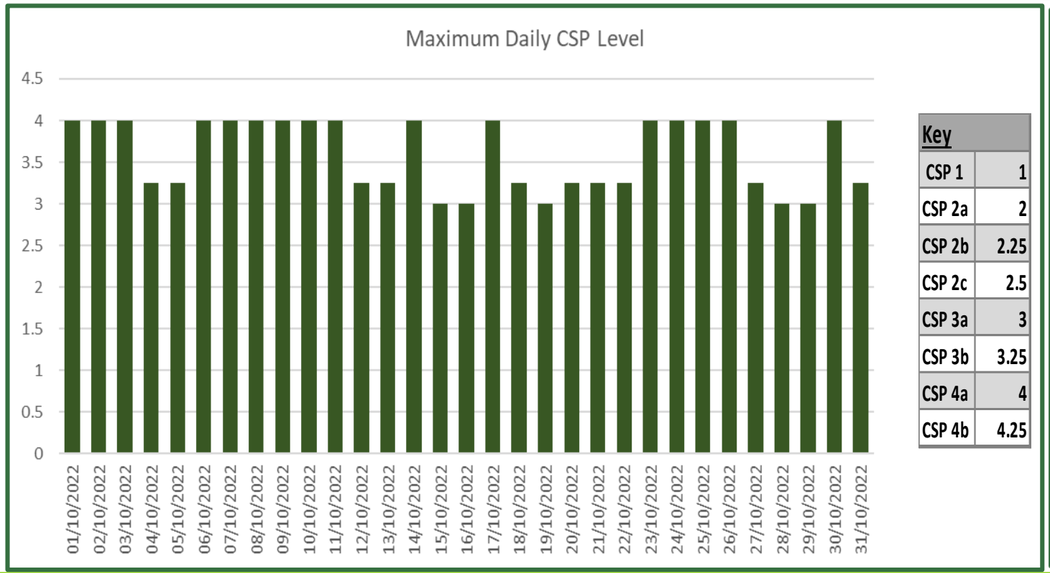
Data source: Datix

Our Patients: Quality, Safety & Patient Experience
Escalation and Patient Experience

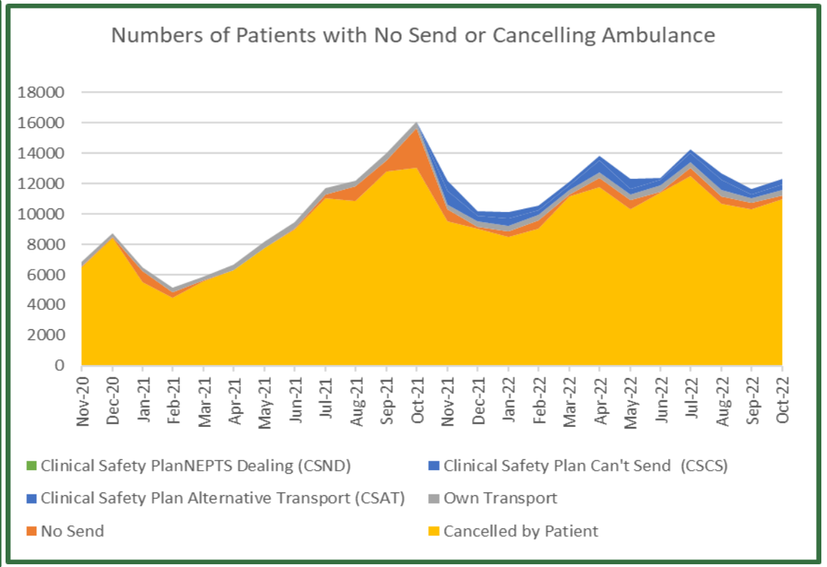
TBD

FPC





Key	
CSP 1	1
CSP 2a	2
CSP 2b	2.25
CSP 2c	2.5
CSP 3a	3
CSP 3b	3.25
CSP 4a	4
CSP 4b	4.25



Analysis

There were 1,133 request made to Health Board EDs for immediate release of Red or Amber 1 calls in October. Of these 344 were accepted and released in the Red category, 41 were not accepted. In conjunction to this, 238 ambulances were released to respond to Amber 1 calls, but 510 were not.

During October 2022, the Trust has not seen any days at CSP level 1, Business as Usual (BAU) or CSP 2a, 16 days were spent at Clinical Safety Plan (CSP) level 4a, resulting in clinical screening of Amber 1 calls and the Trust being unable to respond to calls in the Amber 2 and Green categories advising these patients to contact their GP, 111 Online or make their own way to a Minor Injury Unit (MIU), those callers within the HCP category are advised to make their own way to hospital. 10 days were spent at CSP level 3b, therefore seeing the Trust only being able to respond to Red and with some exceptions, Amber 1 calls, with Amber 2 calls being clinically screened and the Trust unable to respond to Green and HCP calls. 5 Days were spent at CSP level 3a again resulting in the Trust only responding to Red calls and with some exceptions Amber 1 and 2 calls.

In October 2022, 390 ambulances were stopped due to CSP alternative transport and 851 were stopped as a result of CSP Can't send options. In addition, 10,970 ambulances were cancelled by patients (including patients refusing treatment at scene) and 371 patients made their way to hospital using their own transport.

Remedial Plans and Actions

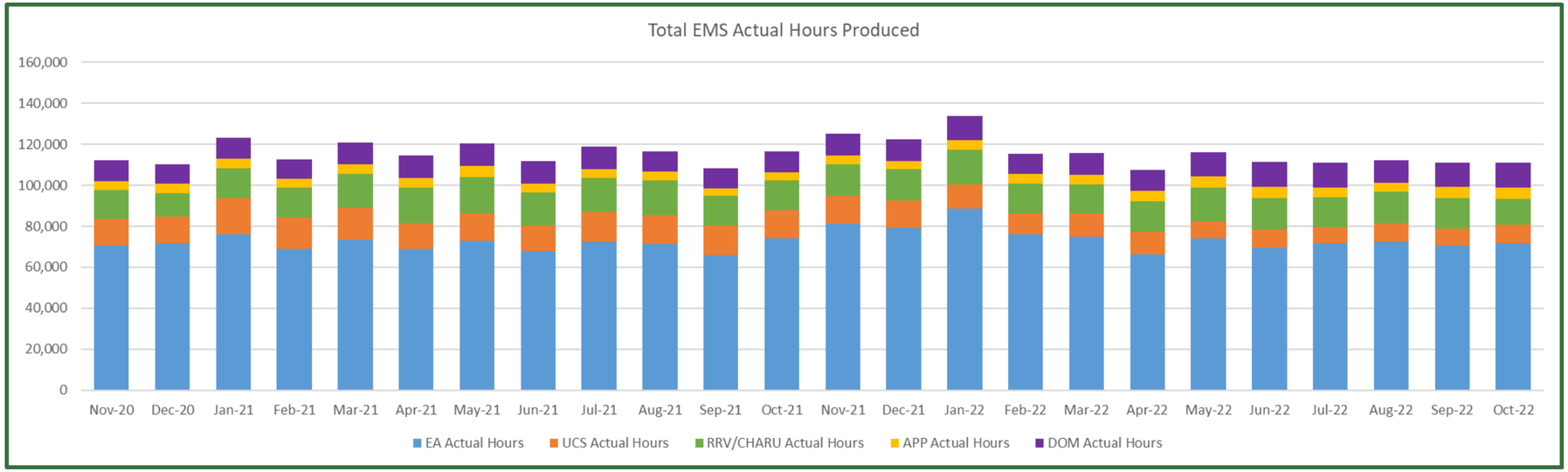
Red immediate release is monitored weekly by the Chief Executive and reported through to Health Board CEOs with the expectation that there are no declines for Red Release from any of the 7 Health Boards. All health boards have agreed to this measure.

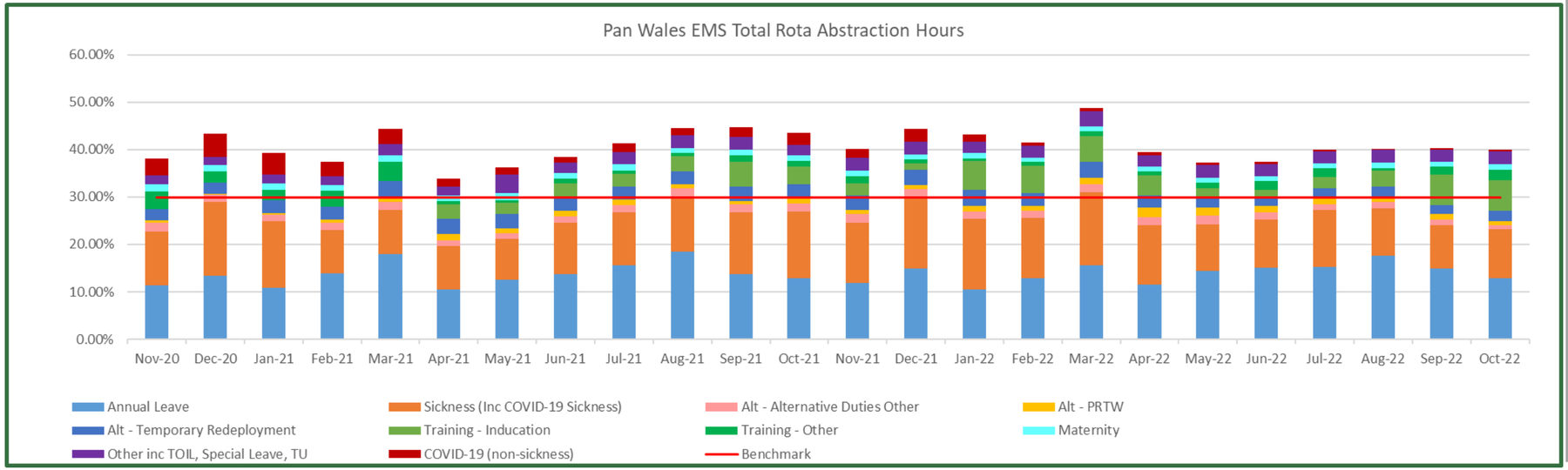
Expected Performance Trajectory

The Trust continues to monitor CSP levels both daily through the ODU and weekly through the Weekly Operations Performance Meeting and mitigations are actioned to reduce the impact on the Trusts ability to respond to demand. Winter pressures will impact the Trust and seasonal planning is being used to prepare for this.

Our People
Capacity - Ambulance Abstractions and Production Indicators

EA Production: A
Abstractions: R
CI
PCC
FPC





Analysis
As shown in the bottom graph, monthly abstractions from the rosters are key to managing the number of hours the Trust has produced. In October 2022, total abstractions stood at 39.91%. This compares to a benchmark set in the Demand & Capacity Review of 30% which the Trust was achieving pre-COVID-19. The highest proportion was Annual Leave at 12.89% and sickness at 10.28%. Sickness abstractions for October 2022 were lower when compared to the previous year (13.92%). COVID-19 (non-sickness) related abstractions increased in October 2022 when compared to the previous month but decreased when compared to the same period last year accounting for 0.33% of overall abstractions.

Emergency Ambulance Unit Hours Production (UHP) was 90% in October 2022 (73,700 Actual Hours), therefore failing to achieve the 95% benchmark. RRV UHP achieved 73% (12,480 Actual Hours) compared to 76% in September 2022. The total hours produced is a key metric for patient safety. The Trust produced 110,916 hours in October 2022, but the graph shows that even despite significant funding for increased substantive numbers of staff, total hours produced has not risen sustainably.

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

The Trust has a budgeted establishment of 1,661 FTEs for 2022-23. The key actions to maximise production will continue to be the EMS Demand & Capacity Review with an additional 100 WTE to be recruited this year.

Following completion by localities of new roster rollout, the Trust will report 2 levels of UHP commissioned vs ORH demand key once all rosters are live; implementation of rosters commenced in September 2022

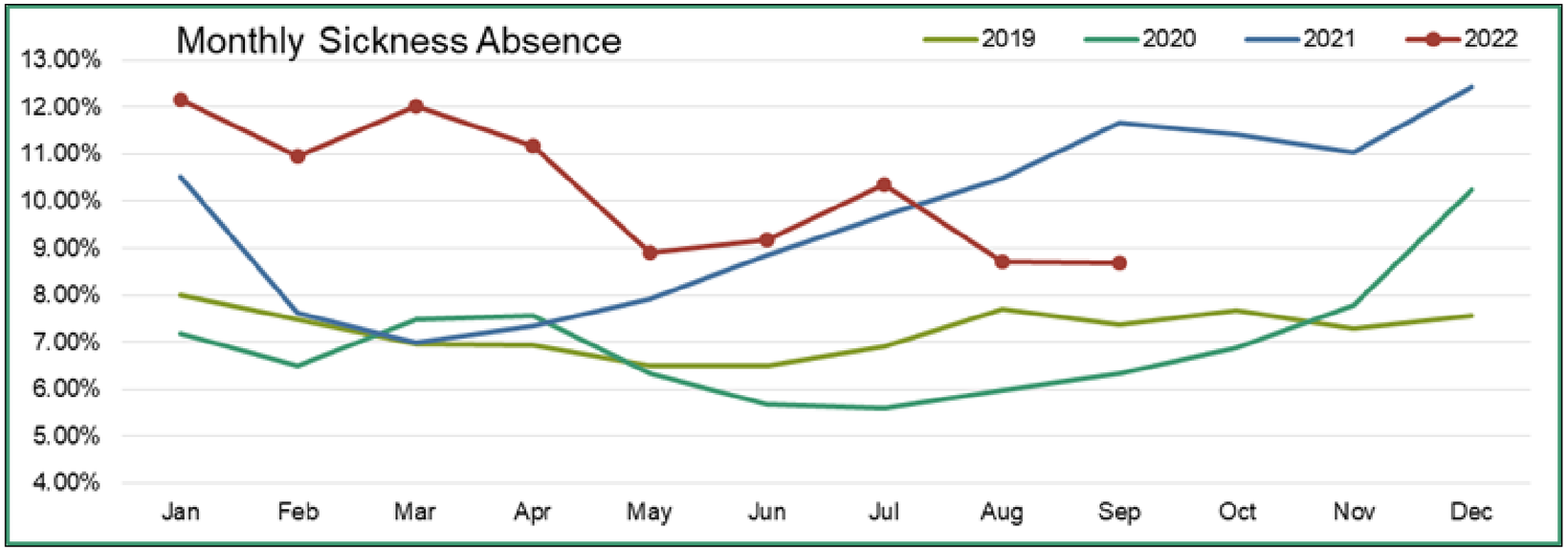
Expected Performance Trajectory
Subject to the longer-term impact of COVID-19 the benchmark is a UHP of 95% across the Trust's three main resource types and an abstraction rate of 30%.

Our People
Health & Wellbeing - Sickness Absence Indicators

A

CI

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



Analysis

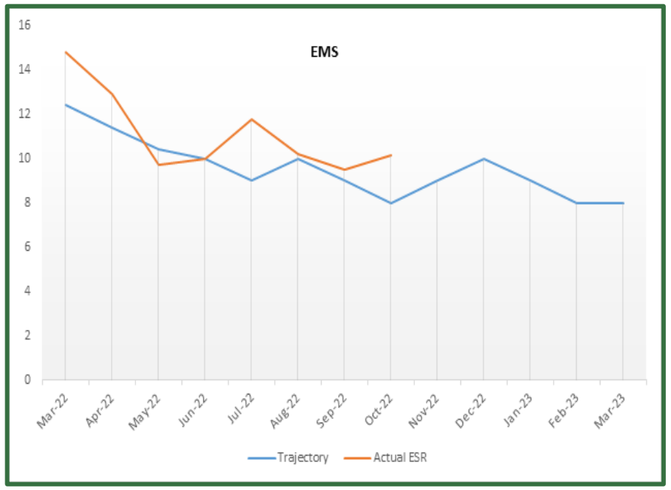
- There has been a slight decrease in sickness absence in September 2022 (8.68%), with a reduction in COVID absences to 0.70% FTE, down from 1.04% FTE in August 2022.
- Based on current intelligence, we are expecting October to see an increase in sickness absence
- The number of long COVID cases continues to decline
- Physiotherapy: 37 referrals were received in September 2022, slightly up on September 2021. Average Length of Time from Referral to Clinical Assessment: 2.75days
- Average age of those referred is 47 years, with back issues being the main reason for referral. 60% of staff at point of referral are on sick leave, which is a sharp increase from 33% in August.
- Health Assured- EAP: Call summary - In September 2022 = 21 calls and 46 online App hits
- Thrive App September 2022 – Total of 679 staff signed onto App with 128 Active Users in the month

Remedial Plans and Actions

- Bitesize training continues, and sessions are being well received, with attendance across all WAST directorates.
- Training is underway for EMS Co-ordination colleagues – training being provided on policy application and ESR
- Sickness audits are being undertaken across EMS Co-ordination - all audits expected to be completed in November
- Focus remains on directing colleagues undertaking alternative roles as a direct result of sickness absence.
- Survey to managers re MAAW has now gone live. Engagement with survey is currently low, and further work will be done to encourage engagement
- Occupational Health continue to engage with Health Board colleagues to fast track appointments and treatment to reduce length of absences.
- Regular meetings continue to be held to discuss complex cases.
- Case reviews continue to be held to agree next steps for colleagues that are on LTS due to COVID so that comprehensive RTW plans are developed.

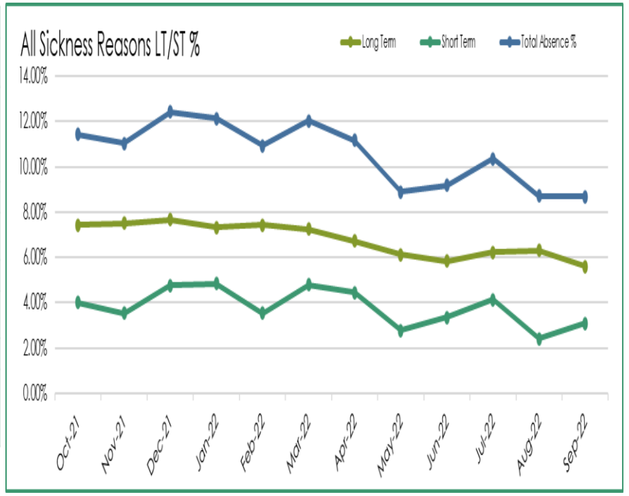
Expected Performance Trajectory

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



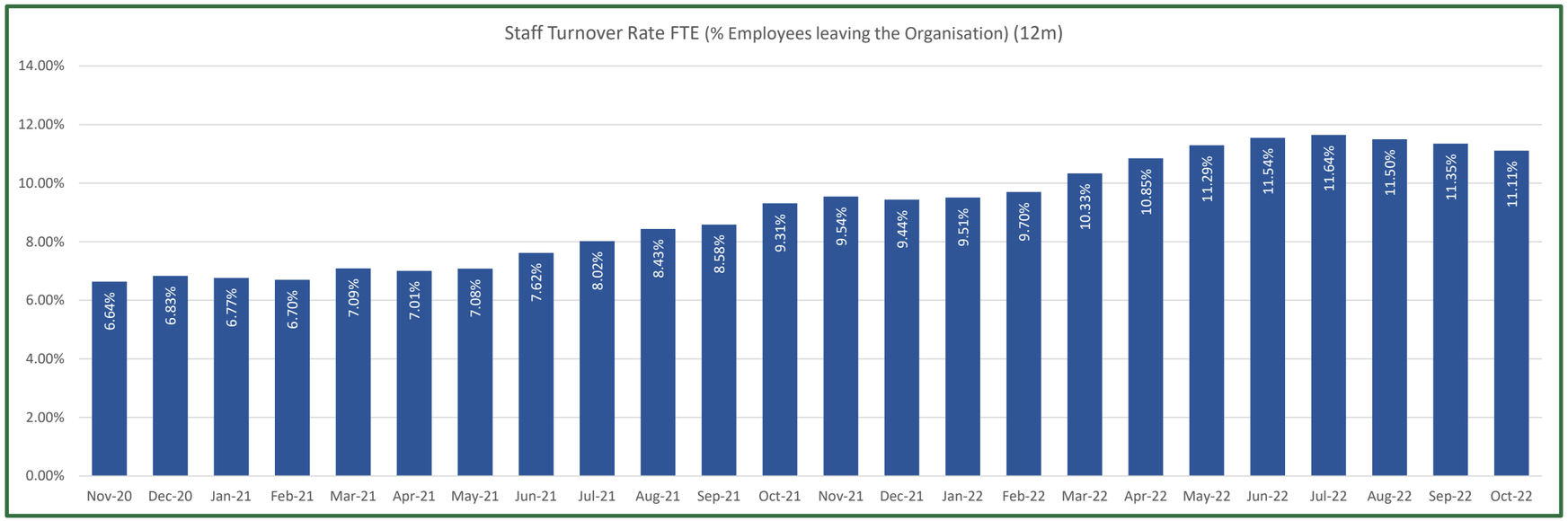
Average working days lost per FTE (Annual)	
24.15 days	
Single month Absence %	
8.68%	
Long Term	**Short Term**
5.60%	3.09%
Mental Health	**Other MSK**
(S10 Stress/Anxiety)	(excluding Back)
2.30%	1.03%

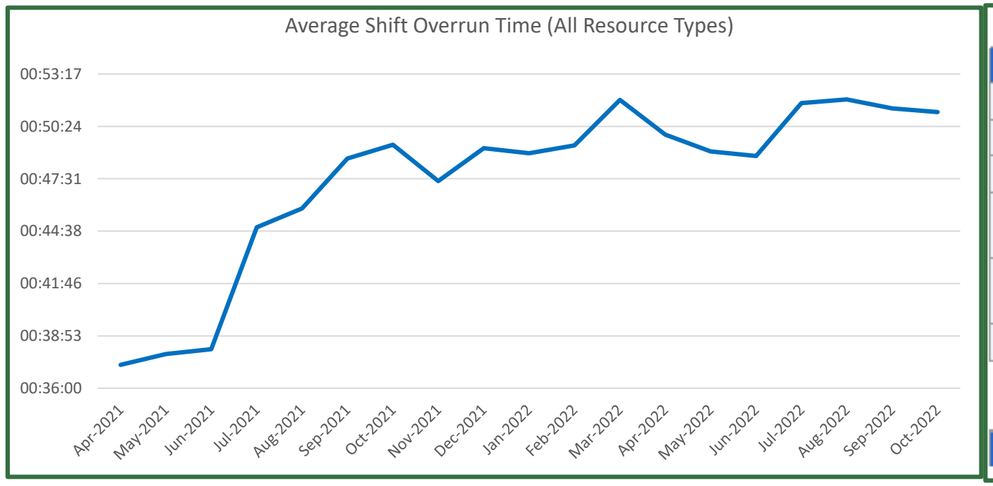
September 2022



Our People
Health and Wellbeing – Turnover

A





		FTE by Month		
Org L4		2022 / 08	2022 / 09	2022 / 10
020 Ambulance Care L4 (NX10)		849.63	793.56	784.83
020 Emergency Medical Services L4 (DX04)		1,728.74	1,801.24	1,806.17
020 Integrated Care L4 (DX03)		438.38	436.01	430.79
020 National Operations & Support L4 (DX02)		154.77	153.77	152.52
020 Resourcing & EMS Coordination L4 (DX05)		344.27	331.17	328.17
Grand Total		3,515.80	3,515.75	3,502.48

Ambulance Response:				1556.53

Analysis

Staff turnover rates in October 2022 were 11.11%. In comparison staff turnover rates were 9.31% in October 2021. As highlighted in the Staff & Wellbeing deep Dive presented to People and Culture Committee on 06th September 2022 the number of staff leavers has increased over the last 3 years and were lower pre-pandemic; staff leave the Trust for a variety of reasons including promotions, relocations and due to pressures of NHS working.

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

Wellbeing levels remain low for a range of reasons such as wider system challenges, COVID and population issues (cost of living crisis), the Trust continues to address these circulating communication for wellbeing opportunities and groups, such as women's health, menopause and pensions presentations and through training, including Carers Wales Workplace Champion training in October 2022.

Remedial Plans and Actions

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

- A direct survey was undertaken with colleagues across the Trust in November 2020 which identified that colleagues would like to see improvements in:
- Improved training and development opportunities
- Managers who listen more
- More focus on staff wellbeing
- An end to bullying and harassment
- Increased professionalism and positive behaviours

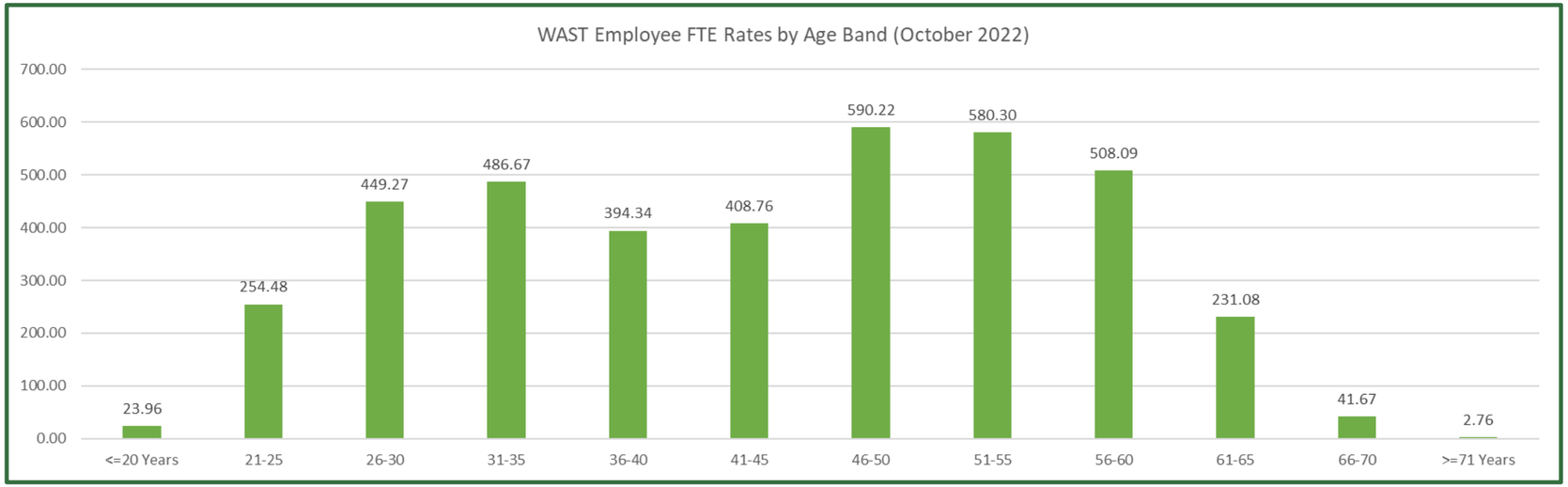
Expected Performance Trajectory

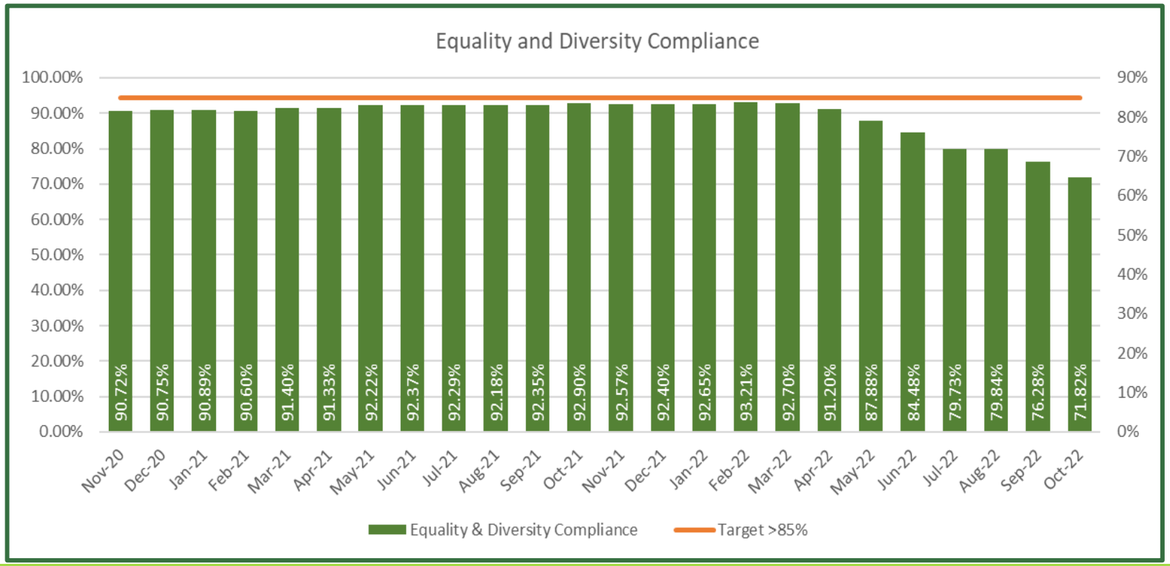
The situation regarding wellbeing of staff remains challenging, many of the difficulties and frustrations are difficult to influence and change. Management development will continue with a focus on people skills and support with robust wellbeing offers so colleagues know where to get support, financial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

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

Our People
Inclusion and Engagement

CI





	Female %	Male %
Band 2	1.48	1.72
Band 3	16.04	14.15
Band 4	8.46	10.78
Band 5	5.03	4.15
Band 6	12.16	13.49
Band 7	2.90	5.13
Band 8 - Range A	0.92	1.25
Band 8 - Range B	0.52	0.43
Band 8 - Range C	0.17	0.49
Band 8 - Range D	0.13	0.11
Other	0.24	0.26

Analysis

In October 2022 of the 4,667 employees at the Trust, 0.60% fall in the under 20 category and 0.37% in the over 71 age category. 84.65% of staff employed at the Trust the define themselves within the White ethnic grouping; with 69.67% of staff identifying in the White, British category, 0.11% identify within black ethnic groups, 0.28% within Asian ethnic groups and 0.75% are of mixed heritage. 0.11% of staff fall into other ethnic groups. 5.00% fall in the unspecified category and 9% have not stated ethnicity.

As of October 2022, 71.82%, of staff have completed mandatory Equality and Diversity Training a decrease compared to September 2022, therefore failing to meet the 85% target.

Gender pay as a percentage of the workforce indicates that in October 2022 for those employed within bands 2 - 5 employment is more equally distributed, with 31.01% of females and 30.80% of males fulfilling those roles; however, there are higher levels of men employed within the more senior grades. 15.06% of females are employed in Band 6 and 7 roles compared to 18.62% of males and of those employed within Band 8 roles 1.74% are females and 2.28% are males.

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

Remedial Plans and Actions

The Trust has seen a sharp increase in the demand for services conducted in the Welsh language, staff are encouraged and given opportunities to undertake Welsh language training and each department has a 'Welsh Language Champion'.

The roll out of the Allyship programme has been positive and it is now being reviewed to ensure it is fit for purpose and valuable to staff.

Expected Performance Trajectory

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

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

NB: Future iterations of this slide will report Welsh Language Indicators

Our People
Staff Vaccination Indicators

Self Assessment: Strength of Internal Control: Moderate

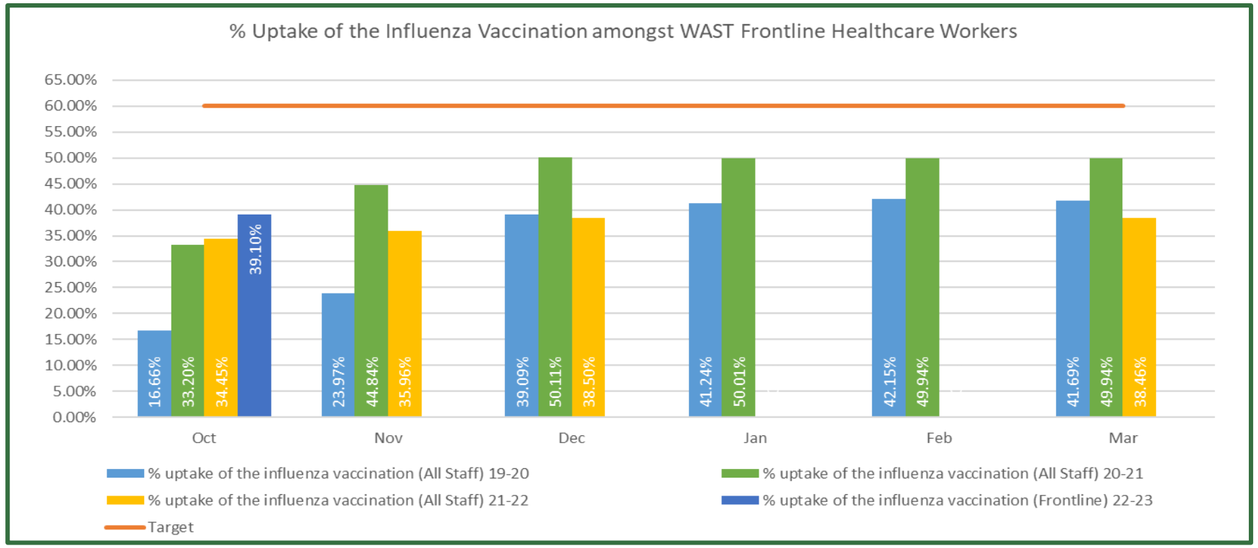
Flu: R

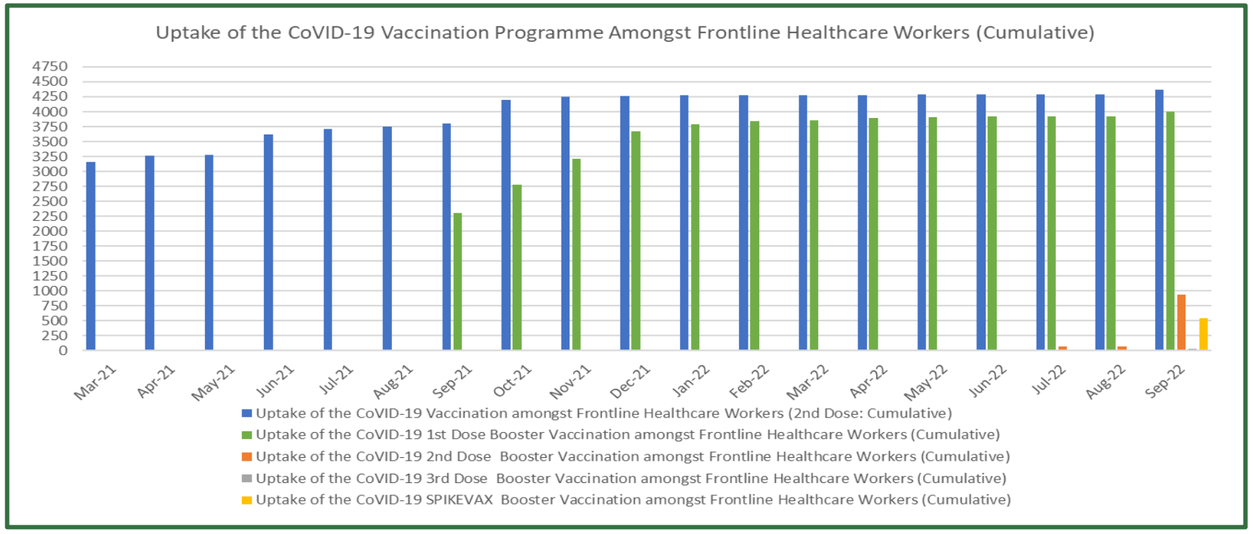
CI

PCC

Health & Care Standard - Health (PPI)

NB: October 2022 update not received for COVID Vaccines





Analysis

1,594 flu vaccines have been administered by Occupational Health Vaccinators and Peer Vaccinators (this includes flu vaccines administered to PHW staff / Students / HCS staff etc.) since the launch of the 2022/23 campaign.

1,452 WAST staff received their flu vaccine in a WAST setting with further 209 WAST staff receiving the vaccine elsewhere (i.e. GP Surgery / COVID-19 Booster Setting). A total of 1,661 WAST staff are now protected against the flu, equating to 39.1% of the overall workforce. Since the launch in September, we have surpassed the overall flu vaccine uptake figure of 38.5% from last year's Flu Campaign.

182 WAST staff have completed the Microsoft Form indicating that they have chosen to opt-out of having the flu vaccine.

In September 2022 an up-to-date staff list has been used to calculate COVID, with extraction of 485 leavers and 619 new staff added, therefore there are 4,667 staff currently employed (All staff), 2,913 of these are front line. As of September 2022 front line (Patient Facing and Non-Patient Facing staff), 94% (4,391) of staff have received a first dose COVID-19 vaccination, 94% (4,366) have received a second dose and 17% (535 Staff) have received the SPIKEVAX booster vaccination.

Remedial Plans and Actions

- Staff are required to complete mandatory training for flu through Flu One e-learning modules via ESR.
- Planning commenced earlier than ever for the 2022/23 campaign, with 48 Flu Leads (across all EMS localities and all Directorates, unlike previous years) being appointed in July 2022.
- Monthly Flu Update meetings (with Flu Leads) commenced earlier than ever too, with the first taking place on Monday 12th September to ensure all were ready for the delivery of the flu vaccines
- Vaccines were delivered in September in a bulk order to 4 delivery points (Matrix One, Ty Elwy, Hensol and Caernarfon), as opposed to being delivered over several months and therefore, preventing vaccine supply issues that have occurred in previous years
- The Flu Siren page launched, with all details of clinics, Flu Leads, Peer Vaccinators.
- The Digital Directorate is currently creating an online booking page for staff to directly book flu vaccinations with the Occupational Health Department (this is a new idea, as previously if staff wish to have their flu vaccine with OH, they have had to phone a booking line)
- The Trust aim to have 146 signed off and competent Peer Vaccinators for the 2022/23 campaign as opposed to (Approx.) 50 in previous years
- The flu consent / opt-out form has been simplified with fewer questions in a bid to encourage the staff who do not wish to have the flu vaccine or have had the vaccine elsewhere to let us know, which will hopefully increase engagement across the Trust.

Expected Performance Trajectory

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

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

NB: COVID Vaccinations are reported using the WAST definition of Frontline Pacing Facing employees and therefore includes those employed within Clinical Contact Centres.
NB: Flu data accurate as of 11th November 2022

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

Our People
Health and Wellbeing - PADR and Training Rates Indicators

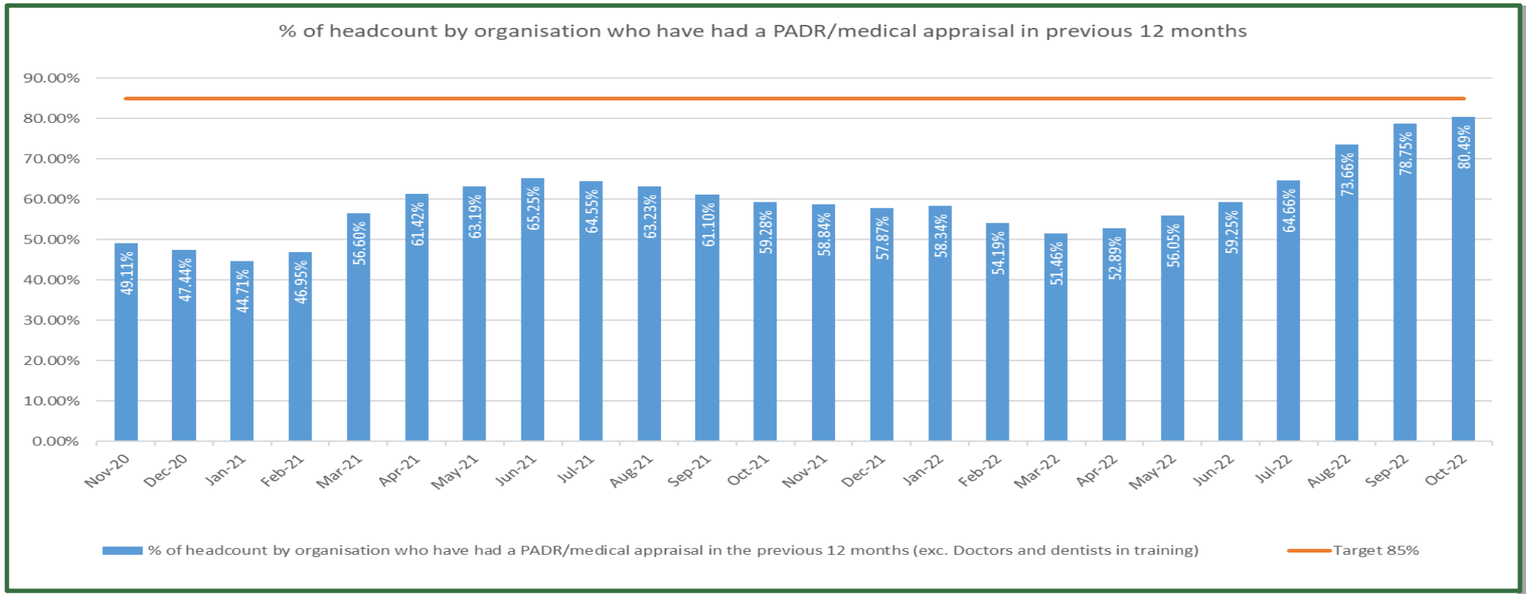
A

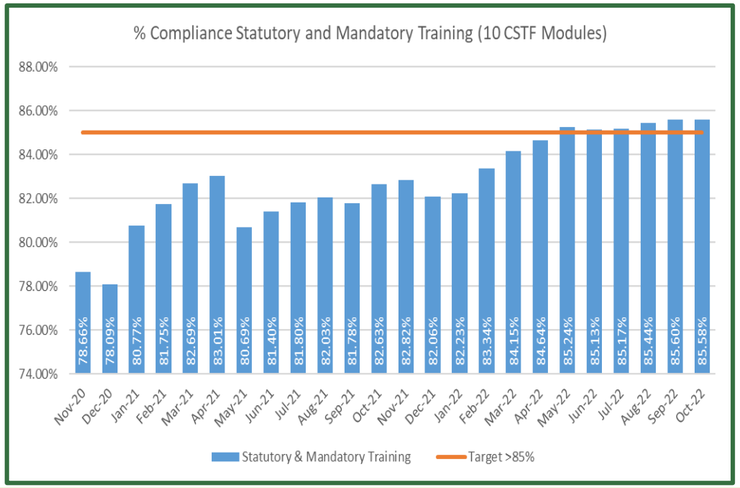
Self Assessment: Strength of Internal Control: Strong

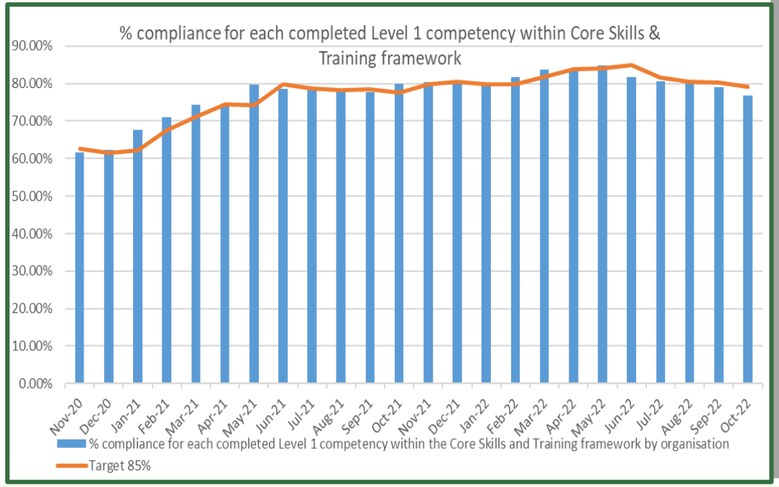
CI

PCC

Health & Care Standard
Health – Staff & Resources







Analysis t

PADR rates for October 2022 improved for the eighth consecutive month to 80.49% and are on an upward trajectory, however they continue to remain below the 85% target.

October 2022 Statutory & Mandatory Training rates decreased by 0.02 from the September 2022 figure, however it still achieved the 85% target for the sixth consecutive month. Fire Safety (68.58%), Moving & Handling (84.30%), and Equality & Diversity (71.82%) failed to achieve the 85% target; however, Information Governance (85.13%) Dementia Awareness (88.44%) and Safeguarding Adults (88.85%) achieved the target in October 2022.

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

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

Remedial Plans and Actions

We continue to advocate the model whereby all colleagues take ownership of their own e-learning via ESR and, where appropriate, On Click. All colleagues can see what areas of statutory and mandatory learning have expired and are due to expire within their individual "My Learning" section of ESR and can access relevant training materials to renew their compliance. All topics achievable via e-learning can be completed in this way. For those elements which require practical training, these are included in this year's Mandatory In-Service training (MIST) which commenced delivery in November 2022 and will be facilitated pan Wales within the remainder of quarter 3 and quarter 4. This is a rebrand of the previous annual CPD training and we have fundamentally changed its delivery to include all operational staff grades on the same training day rather than separating the training by staff grade. The benefits of this will extend beyond the core topics being delivered and will increase the understanding of colleagues' scopes of practice and working practices. WAST intranet and via Yammer.

PADR: The rate of completion continues to increase across the organisation and over the last 2 quarters has reported an increase of 24.55%. Phase 2 of the PADR Refresh process is underway with a toolkit and bitesize session developed in order to support colleagues and managers through the revised PADR process. This bitesize session has been piloted with colleagues and is designed to improve the completion rate of PADRs. Work on Phase 3 of the revised process has begun. This involves the PADR form being available digitally on ESR which will ensure real time reporting and organisational training can take place. This is due to be piloted at the end of November 2022 and the managers toolkit will be adapted to reflect this change

Expected Performance Trajectory

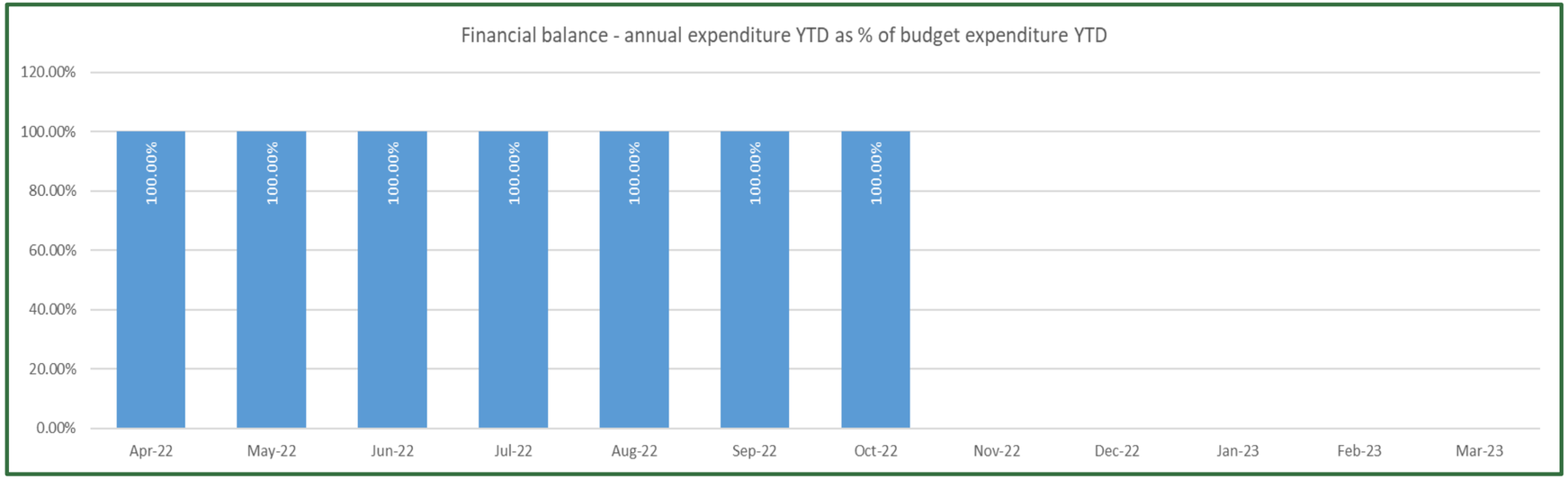
Uptake in the e-learning based topics continues to be very positive and staff of all grades have embraced the concept and are engaged with this new concept. Staff seem to have bought into the "new normal" and the Trust expects to continue to see improving compliance figures across the Trust.

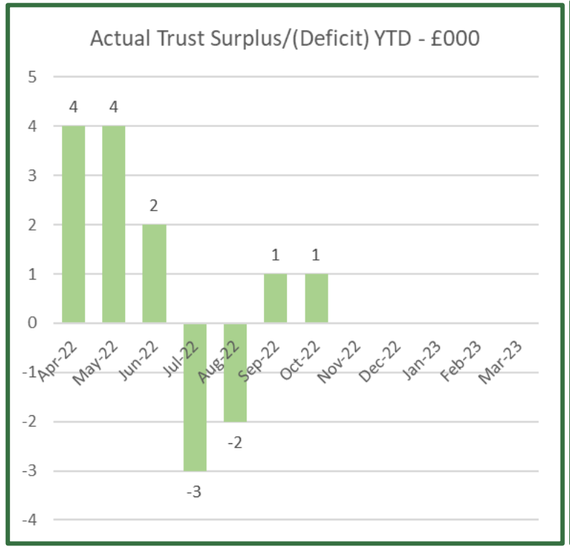
Data source: ESR

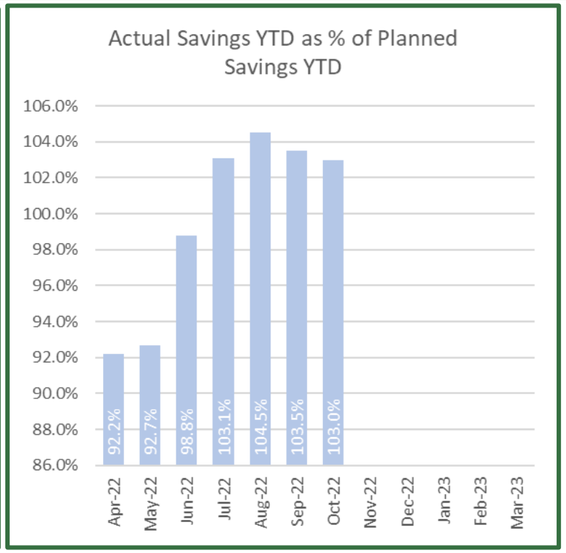
Finance, Resources and Value
Finance Indicators

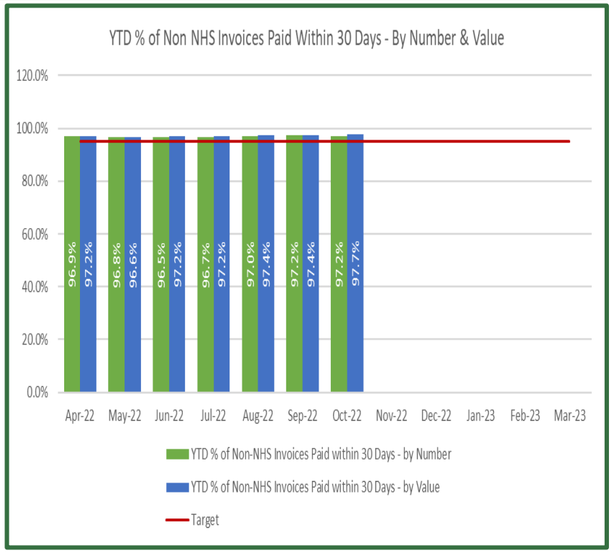
G

FPC









Analysis

The reported outturn performance at month 7 is a surplus of £1,000, with a forecast to the yearend of breakeven.

For month 7 the Trust is reporting planned savings of £2.514m and actual savings of £2.590m, an achievement rate of 103.0%.

Cumulative performance against the Public Sector Purchase Programme (PSPP) as of October 2022 was 97.2% against a target of 95%.

As of October 2022, 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 2022-25 has been built on the plans and financial performance of the last few financial years, in which the Trust has, year on year, achieved financial balance; the 2022-25 financial plan was submitted to WG following Board sign off on 31st March 2022.

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

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

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

Expected Performance Trajectory

The expectation is that the Trust will continue to meet its statutory financial duties, as outlined in its IMTP; however, it is expected that the Trust will continue to operate in a challenging financial environment and will need to continue to deliver further planned savings further into the 2022/23 financial year.

Finance, Resources and Value
Resource and Value Indicators

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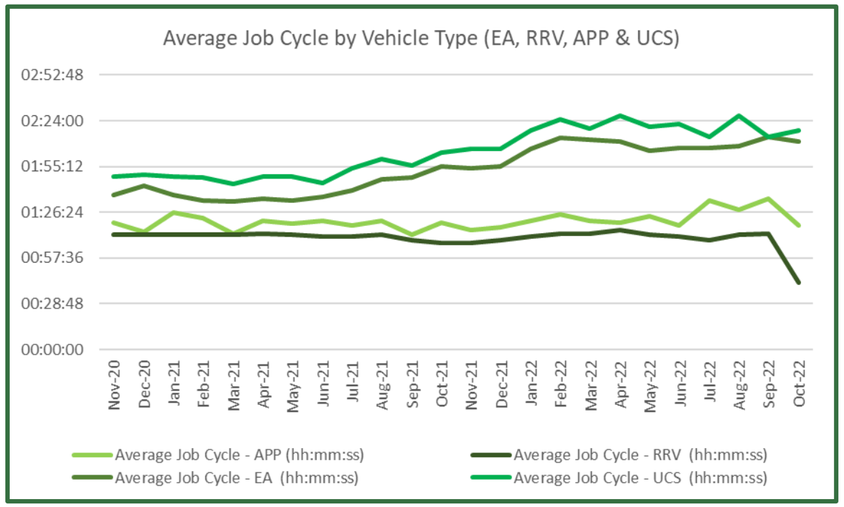
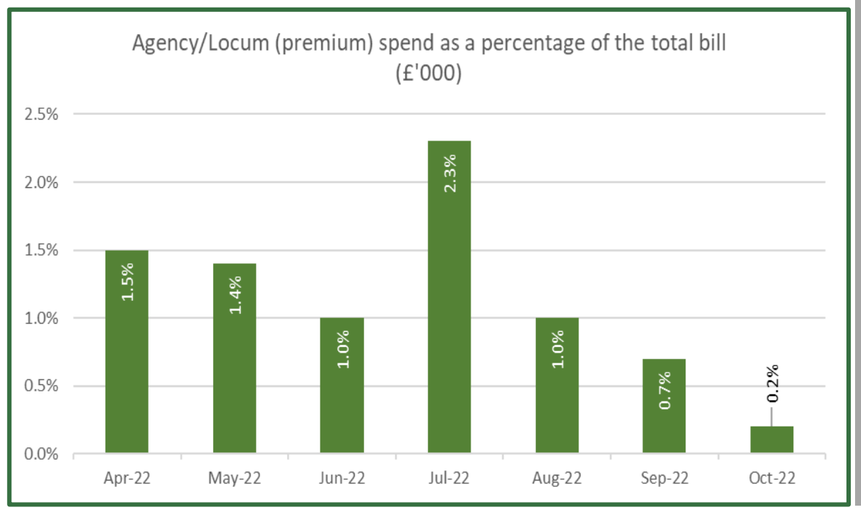
FPC

Slide under Development: Future iterations of the report will include emissions data





Analysis

The Trust has deployed 23 plug in hybrid Rapid Response Electric Vehicles (EV) across Wales as part of the 2022/23 fleet replacement programme in an ongoing commitment to decarbonisation and in line with actions identified in the Decarbonisation Action Plan.

As demonstrated in the bottom left graph, average job cycle decreased in August 2022 for UCS, but increased for Advanced Paramedic Practitioners (APP), UCS and EA calls. EA calls averaged 2 hours and 15 minutes in September 2022 and have been on an increasing trajectory.

There was a continued reduction seen in agency spend again in October 2022 from the September 2022 position.

Remedial Plans and Actions

In terms of physical infrastructure, WAST Information Communications Technology (ICT) is heavily involved in both the expansion of Fleet and Estates. All new buildings require fitting out with the latest ICT equipment, networking, and audio-visual equipment to enable hybrid working, whilst the Trust continues to modernise the digital offer within both EMS and NEPTS fleet to provide connected workspaces wherever our people need to be. In terms of digital infrastructure, there is also a constant requirement to ensure that our critical services are supported by modern, resilient, and secure technology.

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.

Value / Partnerships & System Contribution
EMS Utilisation & Postproduction Lost Hours Indicators

A

FPC

Analysis

There were 9,382 postproduction lost hours (PPLH) across EA, RRV & UCS vehicles in October 2022; an increase when compared to September 2022 (9,121).

PPLH are due to numerous factors as outlined in the bar chart. There was identified an issue with the data set in relation to the U/A RTB Stand Down Mealbreak reason whereby the data was not being pulled through correctly and was being under reported. The issue was previously fixed; however, this was only for data being reported after the fix and not retrospectively. A retrospective fix has now taken place from May 2022 inclusive which is when the revised/amended codes were implemented. The bar chart demonstrates that PPLH have remained relatively consistent from May 2022 albeit with some smaller variations mostly attributed to the unavailable RTB Stand Down Mealbreak reason.

The Operations Directorate is working in partnership with Health Informatics to undertake extensive investigations to ensure reliable reporting which has resulted in more accurate reporting of unavailability through PPLH and 90th percentiles for codes, including soiled uniform, vehicle cleaning, equipment and meetings.

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. Work has previously been undertaken to reduce hours against U/A Vehicle Cleaning which can be seen in the data; January 2022 was over twice as much as October 2022. Other PPLH reasons remain at a relatively consistent trajectory. Current work is ongoing in relation to the U/A RTB Stand Down Mealbreak reason and is currently at the TU engagement stage.

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, and the data prior to May 2022 has not had the retrospective fix. The reasons for the rise in PPLH from 2021, which is also attributed to the U/A Stand Down Mealbreak reason, is that during the pandemic and with less handover delays at hospitals, resources were returning to base for resting in the meal break window. The resource would not be assigned an unavailable status as it would still be available for certain category of calls (RED) and, therefore, would not have contributed to PPLH

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

Partnerships / System Contribution
NHS111 Hand Off Metrics and NHS111 Consult & Close Indicators

G

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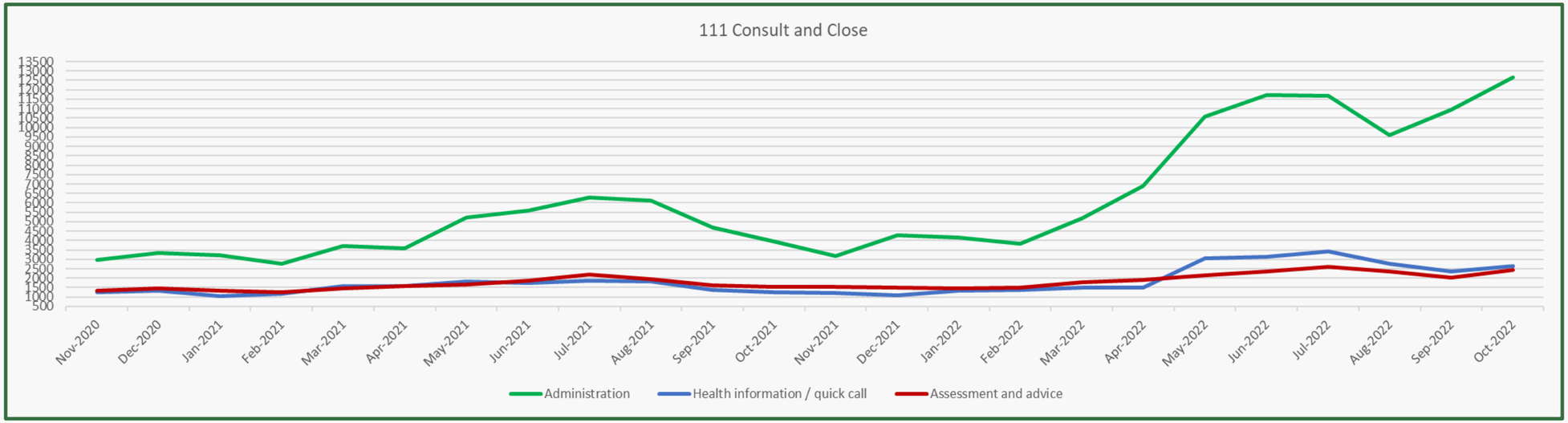
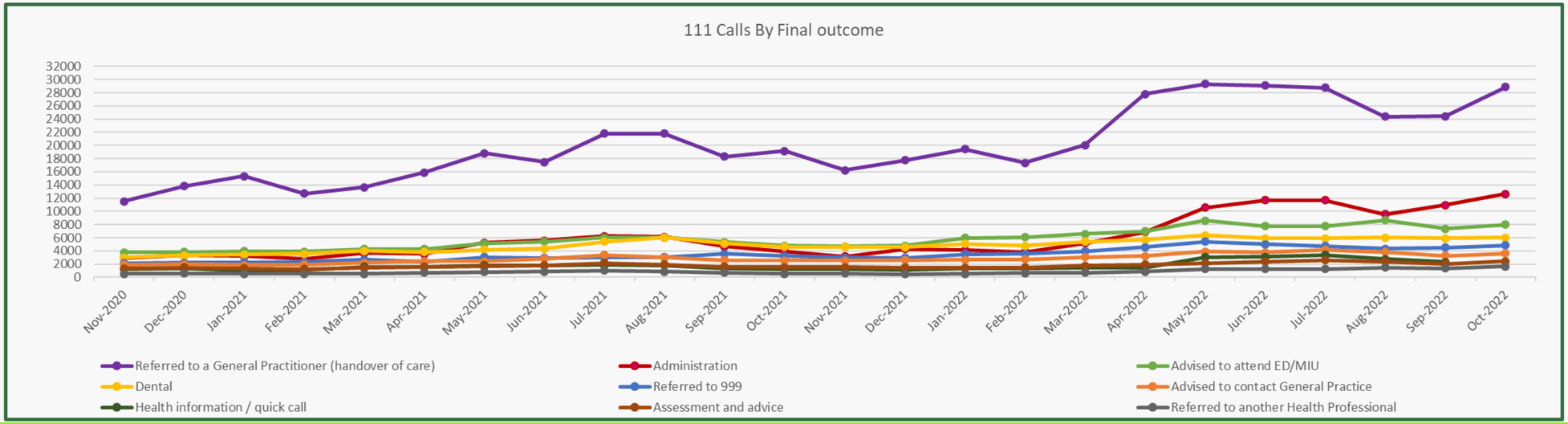
Influencing Factors – Demand and Clinical Hours Produced





Analysis

The top graph depicts the outcomes for calls handled through NHS111 Consult and Close with administration calls (those calls resulting in no action) accounting for the highest volume (12,643 calls); callers requiring health information accounted for 2,623 calls and callers requiring assessment and advice accounted for 2,429 calls.

In October 2022 calls Referred to General Practitioner (handover of care) continued to be the top outcome for NHS111 accounting for 41% of calls.

In October 2022 70,726 calls were received in the 9 categories displayed in the bottom graph, an increase when compared to 62,208 in September 2022; and a significant increase when compared to 28,223 in October 2020 and 41,616 in October 2021.

Remedial Plans and Actions

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

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

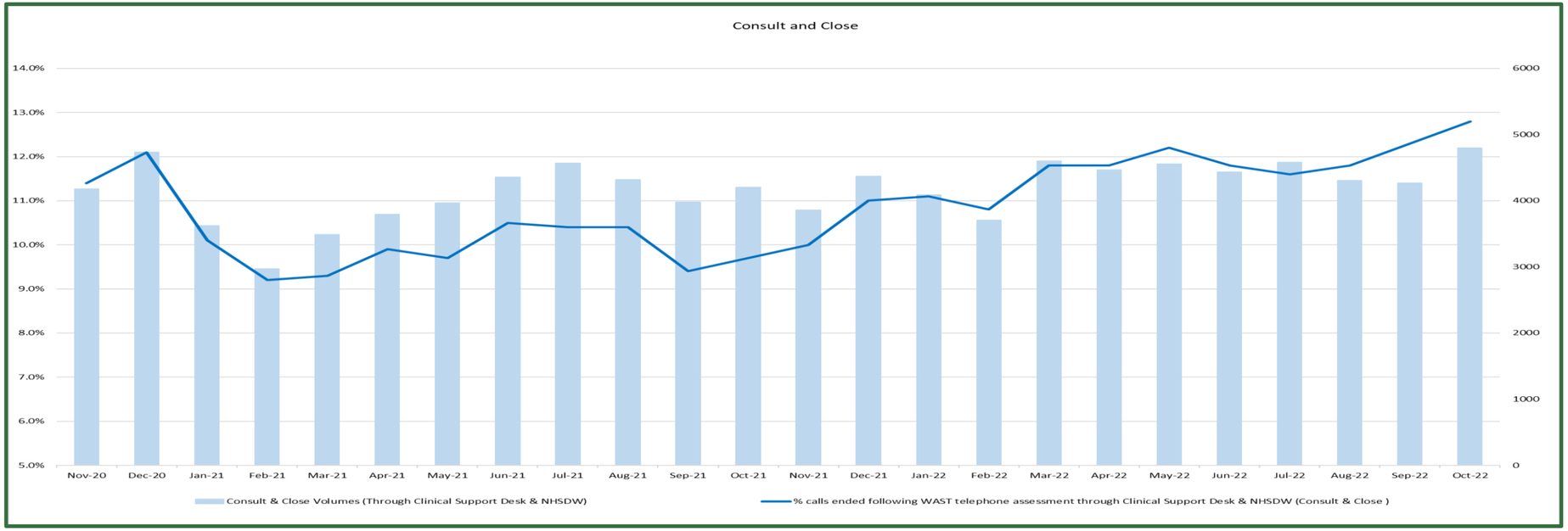
Expected Performance Trajectory

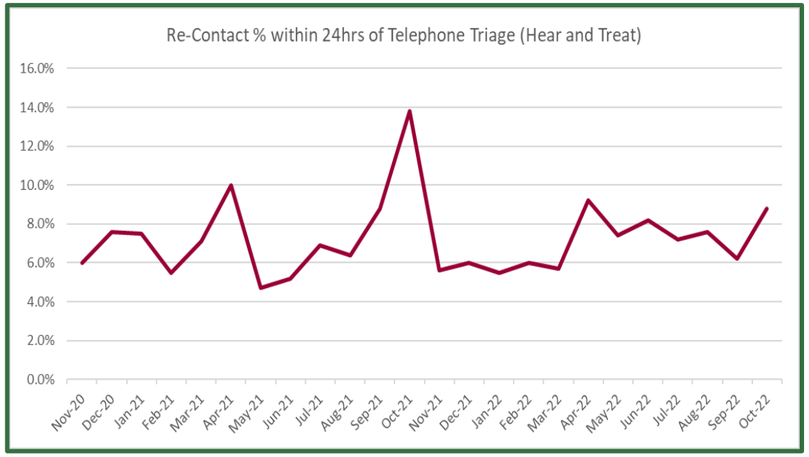
A Contract Analyst is currently undertaking work to improve 111 data metrics available; this will allow us to report more meaningful and relevant data in relation to whether patients are directed to the most appropriate and best outcomes.

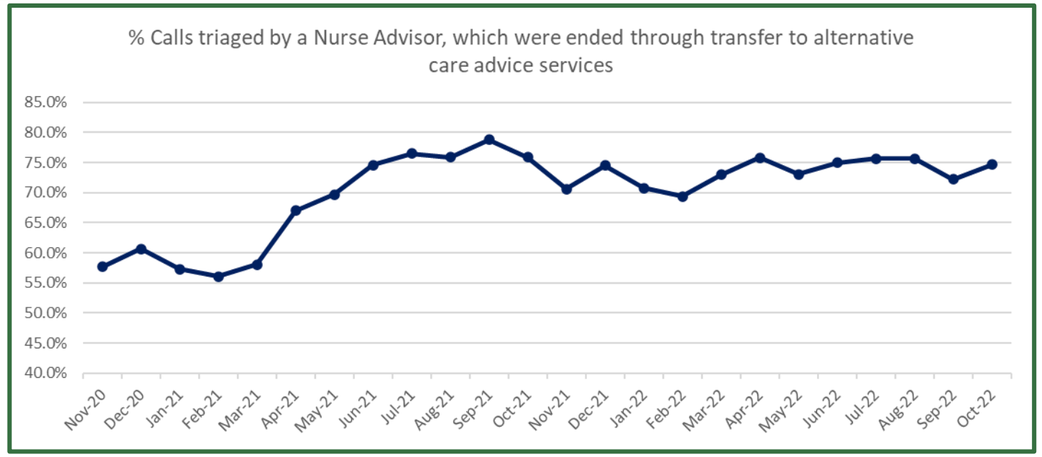
Partnerships / System Contribution
Consult & Close Indicators

A

FPC







Analysis

The **Clinical Service Desk (CSD) and NHS111 (Consult & Close)** achieved 12.8% performance in October 2022, therefore continuing to achieve the historical 10.2% benchmark and working towards the mew benchmark of 15%.

9.4% of consult & close volumes were achieved by the CSD in October 2022. In comparison, 3.4% of consult & close was by NHS111.

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

Re-contact rates in October 2022 were 8.8% an increase compared to 6.2% in September 2022, however this is a decrease compared to 13.8% in October 2021.

The percentage of calls triaged by nurse advisor ended through transfer of alternative care advice services increased month on month to 74.7% in October 2022; by comparison, this figure was higher in October 2021 at 75.9%.

Remedial Plans and Actions

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

Expected Performance Trajectory

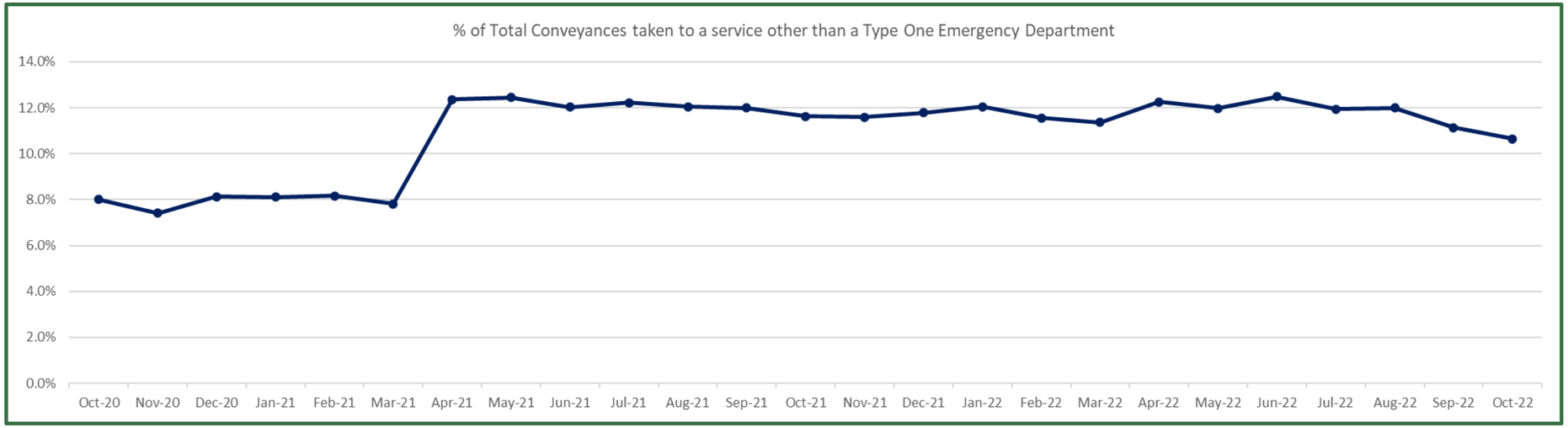
The current target for this year is 15% hear and treat rate for 2022/23 as part of the development of the 2022-25 IMTP and associated forecasting and modelling. We would hope to be achieving this in the second half of the year.

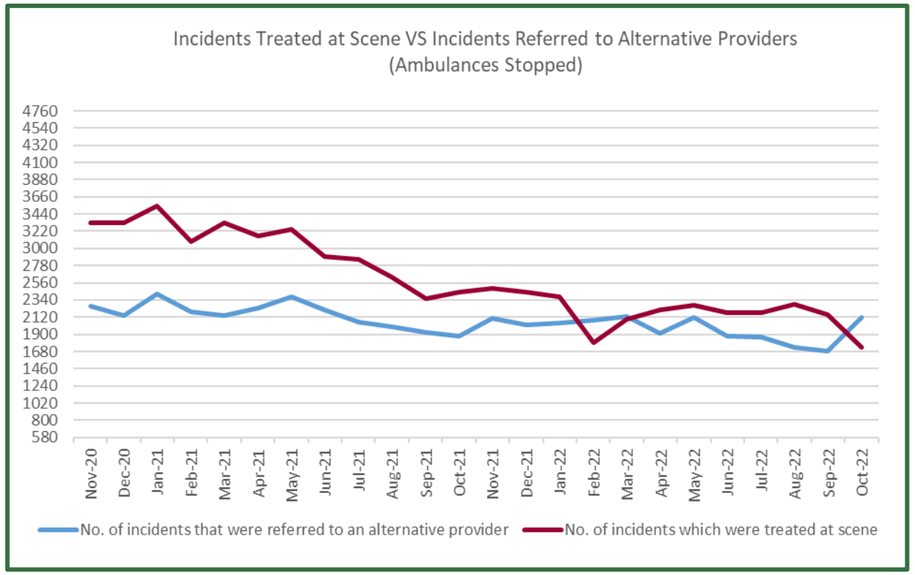
Partnerships / System Contribution
Conveyance to ED Indicators

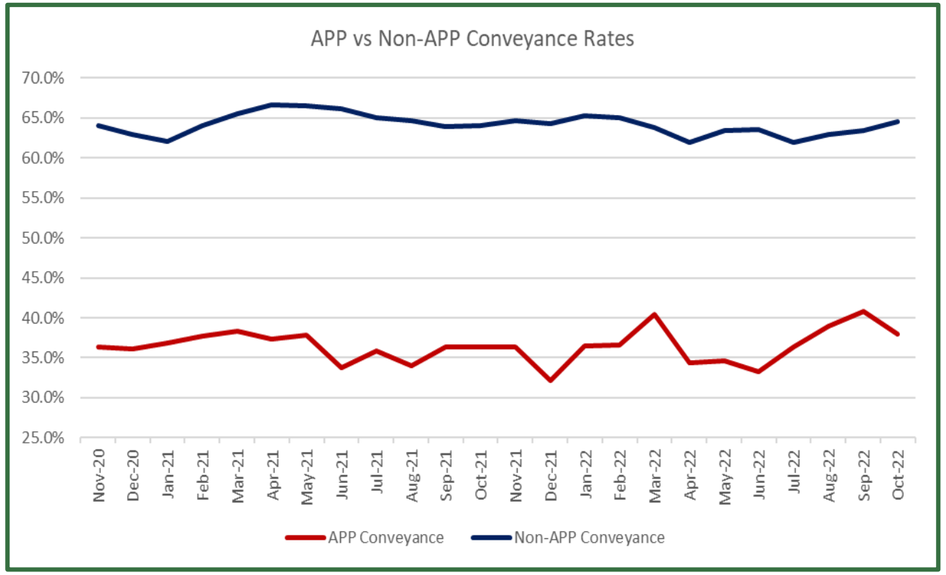
A

FPC

Ministerial Measure







Analysis

In October 2022 10.65% of patients (1,427) were conveyed to a service other than a Type One ED. Although not shown here, the percentage of patients conveyed to EDs increased (i.e. declined) compared to the same period last year. In October 2022 conveyance to EDs as a proportion of total verified incidents was 31.70% (compared to 30.% in October 2021).

The combined number of incidents treated at scene and referred to alternate providers increased marginally in October 2022. 2,119 incidents were referred to alternative providers in October 2022 and 1,739 incidents were treated at scene; however, a review of other outcomes (see graph) shows that there are a number of incidents where there was a no send due to escalation of the Clinical Safety Plan (CSP).

Remedial Plans and Actions

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

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

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

Expected Performance Trajectory

The Trust has completed modelling on a full strategic shift left, which identifies that the Trust could reduce handover levels by c.7,000 hours per month, with investment in APPs and the CSD; however, the modelling indicates that handover would still be at 10,000 hours per month. Health Board changes are required as well. This modelling indicates a reduction in patients conveyed of 1,165 per week, but is predicated on large scale investment in APPs (470 v a starting position of 67).

Partnerships / System Contribution
Handover Indicators

R

CI

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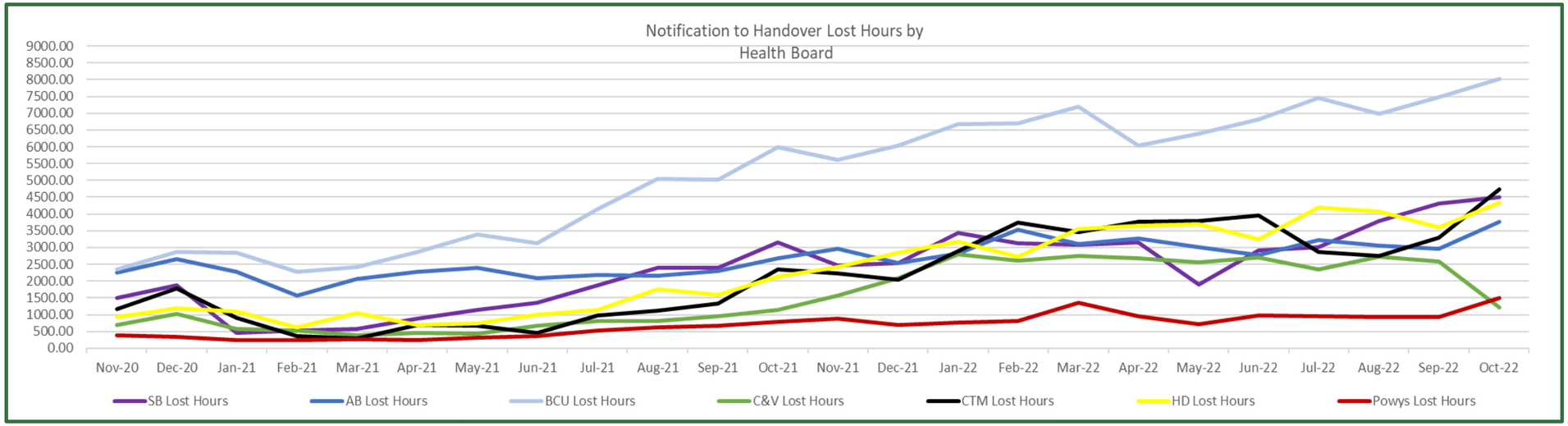
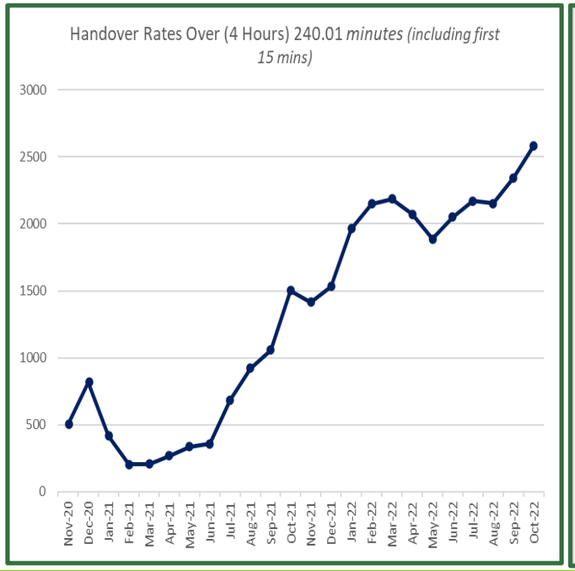
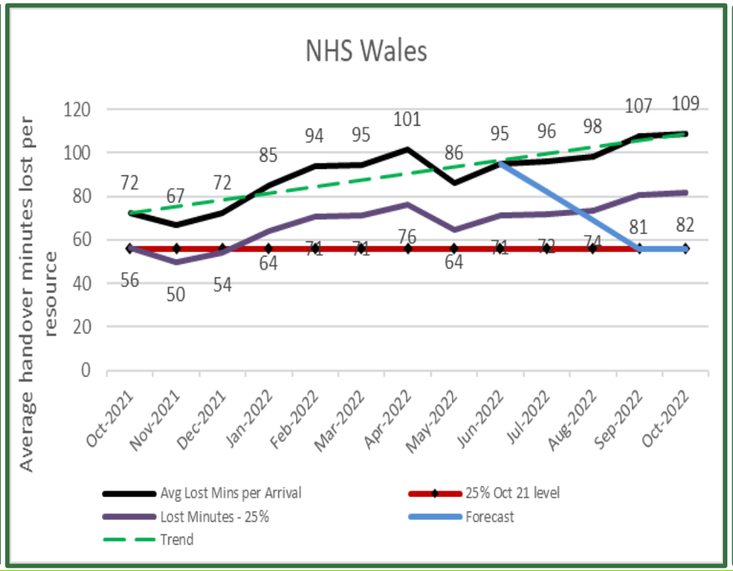
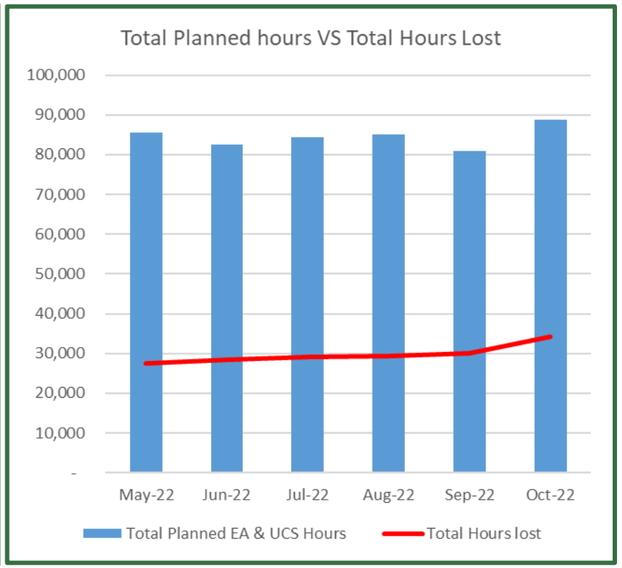








Analysis

260,309 hours were lost to Notification to Handover, i.e. hospital handover delays, over the last 12 months, compared to 135,747 in same period a year ago (November 2020 to October 2021). 28,937 hours were lost in October 2022, a 37% increase compared to 18,234 lost hours in October 2021. The hospitals with highest levels of handover delays during October 2022 were:

- Morriston Hospital (SBUHB) at 4,583 lost hours
- The Grange University Hospital (ABUHB) at 3,402 lost hours
- Glan Clwyd Hospital Bodelwyddan (BCUHB) at 2,990 lost hours
- University Hospital of Wales (CVUHB) at 1,997 lost hours.

Notification to handover lost hours averaged 933 hours a day in October 2022.

In October 2022 the Trust could have responded to approximately 9,128 more patients if handovers were reduced.

Remedial Plans and Actions

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

Healthcare Inspectorate Wales (HIW) has undertaken a local review of WAST to consider the impact of ambulance waits outside Emergency Departments, on patient dignity and overall experience during the COVID-19 pandemic.

The WIIN platform continues to focus on patient handover delays at hospital and Electronic Patient Care Record (ePCR). 60 ideas have been received through the WIIN platform from staff in August 2022.

Expected Performance Trajectory

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

Definition of Indicators

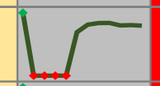
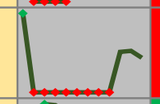
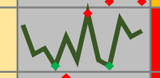
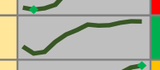
Indicator	Definition	Indicator	Definition
111 Abandoned Calls	An offered call is one which has been through the Interactive Voice Response messages and has continued to speak to a Call Handler. There are several options for the caller to self serve from the options presented in the IVR and a proportion of callers choose these options. An example is to guide the caller to 119 if they wish to speak to someone about a Coronavirus test. Once the caller is placed in the queue for the Call Handler if they hang up they are counted as “abandoned” as we did not answer the call. The threshold starts at 60 seconds after being placed into the queue as this allows the callers to respond to the messages and options presented as it often takes a short while for the caller to react. Starting the count at 60 seconds provides a picture of abandonment where the caller has chosen not to wait, despite wanting to speak to a Call Handler	**Hours Produced for Emergency Ambulances**	Proportion of hours produced within the calendar month for Emergency Ambulance Vehicles (Target 95%).
111 Patients Called back within 1 hours (P1)	(Welsh Government performance target) which prescribes that 111 has up to 1 hour (longer for lower priory callers) for a 111 Clinician to call the patient to discuss their medical issue. These callers will already have been screened by Call Handlers and received an outcome which needs a conversation with a 111 Clinician. WAST operates a queue and call back method for all Clinical Calls.	**Sickness Absence (all staff)**	Staff sickness volumes as a percentage for all staff employed within the Welsh Ambulance Services NHS Trust.
999 Call Answer Times 95th Percentile	Time taken (in Minutes) to answer 999 emergency calls by call handlers. A percentile (or a centile) is a measure used in statistics indicating the value below which a given percentage of observations in a group of observations fall. For example, the 95th percentile is the value below which 95 percent of the observations may be found.	**Frontline COVID-19 Vaccination Rates**	Volume of frontline (patient facing and non-patient facing) who have received a second COVID-19 vaccination.
999 Red Response within 8 Minutes	Percentage of 999 incidents within the Red (immediately life-threatening) category which received an emergency response at scene within 8 minutes.	**Statutory and Mandatory Training**	Combined percentage of staff who are compliant with required statutory training undertaken by staff where a statutory body has dictated that an organisation must provide training based on legislation and mandatory training which relates to trade-specific training that the employer considers essential or compulsory for a specific job. (A detailed list of these can be found on slide 20).
Red 95th Percentile	Time taken (in minutes) for emergency response to arrive at scene for Red (immediately life-threatening) calls (NB: The 95th percentile is the value below which 95 percent of the observations may be found).	**PADR/Medical Appraisal**	Proportion of staff who have undertaken their annual Performance Appraisal & Development Review (PADR) or Medical Appraisal. This is a process of self-review supported by information gathered from an employees work to reflect on achievements and challenges and identify aspirations and learning needs. It is protected time once a year.
999 Amber 1 95th Percentile	Time taken (in minutes) for emergency response to arrive at scene for Amber 1 calls (other life-threatening emergencies – including cardiac chest pains or stroke). (NB: The 95th percentile is the value below which 95 percent of the observations may be found.	**Ambulance Response FTEs in Post**	Number of Emergency Medical Services, Full Time Equivalent (FTE) staff working for the Welsh Ambulance Services NHS Trust.
Return of Spontaneous Circulation (ROSC)	Percentage of patients for whom Return Of Spontaneous Circulation occurs. This refers to signs of restored circulation (more than occasional gasp, occasional fleeting pulse or arterial waveform) evidenced by breathing, a palpable pulse or a measurable blood pressure.	**Ambulance Care, Integrated Care, Resourcing & EMS Coordination FTEs in Post**	Number of Ambulance Care, Integrated Care, Resourcing & EMS Coordination Full Time Equivalent (FTE) staff working for the Welsh Ambulance Services NHS Trust.
Stroke Patients with Appropriate Care	Proportion of suspected stroke patients who are documented as receiving an appropriate stroke care bundle (a bundle is a group of between three and five specific interventions or processes of caret hat have a greater effect on patient outcomes if done together in a time-limited way ,rather than separately).	**Financial Balance – Annual Expenditure YTD as % of budget Expenditure**	Annual expenditure (Year to Date) as a proportion of budget expenditure.
Acute Coronary Syndrome Patients with Appropriate Care	Proportion of STEMI patients who receive appropriate care. ST segment elevation myocardial infarction - occurs when a coronary artery is totally occluded by a blood clot.	**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 scute in-patient and out-patient specialist services together with the necessary support systems, which allow emergency admissions, and which usually has an Accident and Emergency Department).
Concerns Response within 30 Days	Proportion of concerns responded to by the complaints team within 30 working days of receiving the concern.	**Number of Handover Lost hours**	Number of hours lost due to turnaround times at EDs taking more than 15 minutes. Transferring the care of a patient from an ambulance to an ED is expected to take no longer than 15 minutes, with a further 15 minutes for ambulance crews to make their vehicle ready for the next call.
EMS Abstraction Rate	The percentage of Emergency Medical Services (EMS) staff unavailable for rostered duties due to reasons, such as: annual leave, sickness, alternative duties, training, other and COVID-19.	**Immediate Release requests**	The number of requests submitted to Health Boards for the immediate release of vehicles at Emergency Departments to release them back into the community to respond to other urgent and life-threatening calls

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

Ymddiriedolaeth GIG
Gwasanaethau Ambiwlans Cymru

Welsh Ambulance Services
NHS Trust

Welsh Ambulance Services NHS Trust
Integrated Performance Report
2020/21

Top Monthly Indicators	Target 2022/23	Baseline Position (2021/22)	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	2 Year Trend	RAG
Our Patients - Quality, Safety and Patient Experience																
NHS111 Abandoned Calls	< 5%	18.60%	22.8%	21.1%	11.4%	4.7%	9.6%	10.8%	5.6%	15.0%	15.6%	13.3%	11.2%	14.8%		R
999 Call Answer Times 95th Percentile	95% in 00:00:05	0:52	0:37	1:43	0:54	0:59	1:35	1:19	0:22	0:50	0:57	0:36	0:52	1:03		R
999 Red Response within 8 minutes	65%	55.2%	53.0%	51.1%	52.5%	55.0%	51.1%	51.2%	54.5%	50.8%	52.0%	50.7%	50.0%	48.0%		R
999 Amber 1 Median	0:18	1:10	1:02	1:14	0:57	1:10	1:38	1:40	1:11	1:30	1:40	1:16	1:30	1:42		R
Stroke Patients with Appropriate Care	95%	TBD	98.40%	-	-	-	-	68.00%	79.80%	82.30%	82.50%	78.60%	79.10%	78.20%		R
Acute Coronary Syndrome Patients with Appropriate Care	95%	TBD	85.70%	-	-	-	-	-	-	-	-	43.90%	45.00%	37.50%		R
Renal journeys arriving within 30 minutes of their appointment (NEPTS)	70%	79%	78%	77%	82%	82%	81%	79%	77%	75%	76%	76%	74%	74%		G
Discharge & Transfer journeys collected less than 60 minutes after booked time (NEPTS)	90%	81.00%	86%	88%	87%	88%	88%	91%	90%	87%	85%	86%	88%	85%		A
National Reportable Incidents reports (NRI)	Reduction Trend	5	9	4	5	2	7	3	11	3	2	10	7	8		R
Concerns Response within 30 Days	75%	61%	56%	70%	66%	64%	76%	53%	41%	13%	22%	24%	28%	28%		R
Our People																
Capacity																
EMS Abstraction Rate	29.92%	42.00%	40%	44%	43%	42%	49%	39%	37%	37%	40%	40%	41%	40%		R
Hours Produced for Emergency Ambulances	95%	95.0%	103%	96%	109%	110%	98%	90%	96%	94%	94%	95%	96%	90%		A
Health and Wellbeing																
Sickness Absence *(all staff)*	8.00%	10.48%	11.05%	12.44%	12.14%	10.93%	12.04%	11.18%	8.88%	9.15%	10.33%	8.75%	8.68%	-		A
EMS Operations Sickness Rates	8.00%	7.76%	12.71%	15.04%	14.89%	12.76%	15.47%	12.54%	9.90%	10.07%	11.98%	9.87%	9.26%	10.12%		R
Staff Turnover Rate	TBD	8.71%	9.54%	9.44%	9.51%	9.70%	10.33%	10.85%	11.29%	11.54%	11.64%	11.50%	11.35%	11.11%		R
Statutory & Mandatory Training	>85%	82.3%	82.82%	82.06%	82.23%	83.34%	84.15%	84.64%	85.24%	85.13%	85.17%	85.44%	85.60%	85.58%		G
PADR/Medical Appraisal	>85%	60%	58.84%	57.87%	58.34%	54.19%	51.46%	52.89%	56.05%	59.25%	64.66%	73.66%	78.75%	80.49%		A
Value																
Financial balance - annual expenditure YTD as % of budget expenditure YTD	100%	100%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%		G
Post-Production Lost Hours (EA, RRV, UCS)	Reduction Trend	TBD							9165:59	9167:17	9378:51	9131:04	9121:31	9382:33		A
Partnerships / System Contribution																

NHS111 Consult and Close	Improve	7,843	5,915	6,875	6,943	6,699	8,432	10,295	15,819	17,208	17,694	14,729	15,342	17,695		G
Combined 999 & NHS111 Consult & Close	15.0%	10.4%	10.0%	11.0%	11.1%	10.8%	11.8%	11.8%	12.2%	11.8%	11.6%	11.8%	12.3%	12.8%		A
% Of Total Conveyances taken to a Service Other Than a Type One Emergency Department	Improvement Trend	TBD	11.59%	11.79%	12.05%	11.55%	11.37%	12.27%	11.99%	12.48%	11.95%	11.99%	11.14%	11.10%		TBD
Number of Handover Lost Hours	25% reduction from Oct-21 position	15,955	18,160	18,773	22,563	23,232	24,479	23,382	22,080	23,380	24,021	24,295	25,174	28,038		R

AGENDA ITEM No	**14.2**
OPEN or CLOSED	**Open**
No of ANNEXES ATTACHED	**2**

EXIT INTERVIEWS IN WAST

MEETING	**People and Culture Committee**
DATE	**29th November 2022**
EXECUTIVE	**Angela Lewis, Director of Workforce and OD**
AUTHOR	**Liz Rogers, Deputy Director of Workforce and OD**
CONTACT	**Liz Rogers, Deputy Director of Workforce and OD**

EXECUTIVE SUMMARY

The Committee requested a review of exit interview data post a review of organisational attrition figures which have increased over the past few years.

This report summarises the information available, which is limited, and what that means to WAST, also reflects on what others are doing in Wales and the plans underway to review and relaunch the exit interview process in WAST.

KEY ISSUES/IMPLICATIONS

The deep dive requested by P&C Committee at the last meeting has highlighted the limitations of the data held and the need for a review of the process for exit interviews.

The purpose of an exit interview is to get real time feedback direct from the leaver. Exit interview data held is limited and inconsistent across WAST and the policy is in need of internal review as an All Wales approach has been halted.

Findings gathered noted there are a wide range of reasons for leaving, many are personal to the individual, however there are likely to be more organisational driven reasons also and these may be reflected in the fact that most are not completing the process.

The team are already working on reviewing the process to better suit organisational needs. The changes will be piloted to test the fit of the process and also get feedback from managers and leavers on what works, what does not work and what is missing.

The Board is asked to:

- **NOTE and COMMENT** on the data reported in the attached PowerPoint deck
- **NOTE and COMMENT** on the content of the report

REPORT APPROVAL ROUTE		
WHERE	**WHEN**	**WHY**
WOD Business Meeting	22nd November	For noting
P&C Committee	29th November	For noting

REPORT APPENDICES
Appendix 1 SBAR Appendix 2 Project Plan

REPORT CHECKLIST			
Confirm that the issues below have been considered and addressed		**Confirm that the issues below have been considered and addressed**	
EQIA (Inc. Welsh language)	Para 23	Financial Implications	Para 3
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	Para 16

APPENDIX 1 - SBAR
SITUATION

1. At the last PCC meeting, members reviewed the MICPR deep dive output and reviewed the organisational attrition data and reasons for leaving which had increased in the last two years.

2. PCC members requested further information on exit interview data from the team and whether there was any themes or trends coming through.

BACKGROUND

3. The purpose of an exit interview is to get real time feedback direct from the leaver. Leavers are generally more willing to share information and raise issues than those who remain and it allows constructive and structured feedback, the identification of patterns or issues which are pushing people out of the organisation. With this information, we can reflect on the reasons and look to remove those making WAST a better place to work. By reducing our turnover, we can reduce the costs of recruitment and promote team and organisational stability.

4. Attrition data reviewed by PCC at the meeting in September noted an increase in leavers in most leaver categories. Work has been undertaken by the team on what is held and there have been some challenges.

5. WAST has a policy for exit interviews which dates from 2007 and has not been reviewed. There was All Wales work on exit interviews which began in 2019 but this was subsequently halted as the pandemic hit and has not been restarted. The purpose of the joint work was whether there was an opportunity to use a standard process where All Wales data could be collected and collated via ESR, our HR and Payroll system. There has been no notification that this work will be reinstated. As a result of this planned joint work, internal development of the process was not pursued at that time but based on this hiatus at a national level, a plan is being developed with initial work underway to review our exit interview process. Actions are identified further on in the report.

ASSESMENT

Current Exit Interview Process

6. Exit interview data is limited and there are a range of reasons for this. Exit interviews are not compulsory and not all leavers want to complete one. Managers do not always approach team members to complete exit interviews and there are no prompts or reminders for them to do so. This is complicated in cases where the leaver data on ESR is sometimes not completed by the manager until after the person has left the organisation, impacting the value of an electronic trigger via ESR.

7. Those exit interview forms completed are not always sent to the People Services Team. Some are held locally e.g. on a local personnel file or by the manager and therefore can't be easily accessed to review. Only if there is a specific concern e.g. a concern or potential R&R issue coming through, are they likely to be shared directly with the People Services team for further investigation and support. Those received by the People Services Team are shared with the People Services Advisor/ Partner if issues are identified.

8. In the last 12 months there were 490 leavers in total of which 302 were voluntary resignation. The highest numbers of leavers are in EMS control and 111 (pan-Wales) with most leavers having a reason of a voluntary resignation, totalling just under 50%.

Exit Interview Review

9. As a part of the deep dive, the HR Hub team have undertaken a sample check of exit interviews. Out of 154 leavers in Operations over the last 12 months, 36 files of leavers who have left the trust via either voluntary or promotion rather than those with an R&R, dismissals or bank staff and only 2 had an exit interview on file. In terms of the numbers as there are few responses there is limited statistical assurance.

10. In terms of findings, in 111 there were 101 leavers, 80 of whom were not leavers through retirement or processes driven by the organisation. Of those 80, only 5

completed an exit interview and all the reasons for leaving were different e.g. career change, family commitments, relocation, one was uncomfortable with the direction of the service. Interestingly, those who completed exit interviews, in their exit interview questionnaire said they were all happy with the hours of work – this is the opposite of what managers are being told verbally by leavers. Many note weekend and unsocial hours are a major consideration of why they are leaving. Others note limited promotion opportunities.

11. A second example of four localities in North Wales where there were 14 leavers noted reasons for leaving including 2 final formal disciplinary, 1 failed EMT training, 2 retirements, 1 IHR, a relocation, move to work in primary care, resigned from a redeployment and 1 declined exit interview. Three of the leaders had exit interviews.

12. A third example is EMS co-ordination who, as part of their processes, review reasons for leaving, themes and trends to see if there are learning opportunities or potential issues. The main reasons issues highlighted are that the hours are too long and workload in high. Others are moving internally into Operations for other reasons e.g. career progression, development and change of career. Most of the most recent leavers have gone to start University courses which had been cancelled due to Covid. A couple started / returned to roles which stopped due to Covid or put on hold e.g. back to working at the theatre. The team are creating a database on themes and trends going forward.

13. There is also some anecdotal feedback which should not be overlooked. We are mindful of the impact of handover delay, shift overruns and missed meal breaks which are playing into people's decisions to leave. At risk of making further assumptions there will likely be operational / organisational reasons as to why people are leaving but these key issues will continue to impact turnover in the organisation.

The Wider Picture

14. There is much publicity in the media of clinicians, especially nurses leaving the profession completely and we at WAST are not immune to this. The pressures of working in the NHS through the pandemic has made many reflect on their careers and options. There were those colleagues who postponed their retirement to assist with demand and they are now retiring whilst others are choosing to leave earlier as soon as they can afford to go. Alongside this are the national issues across the NHS which all play into people's career decisions. Financial pressures on employees will no doubt be impacting on people's career decisions.

15. As a part of the review, we have reached out to Health Boards and Trusts for info on what they do for exit interviews and how they manage it. Feeback from many is that their processes are not working well and are being reviewed. One organisation has been using the ESR exit interview functionality and is turning it off from January 2023 as it does not give them the richness of data they are seeking. Another said an optimistic figure for exit interviews is 25% completion. Another Health Board confirmed that it did not have an exit interview process currently.

What Next?

16. The project plan is appended to the report. A task and finish group from the team have started work on the various aspects of the exit interview process. They are developing a new exit interview framework, questions and mechanisms so we can relaunch the process, write and deliver bite sized training for managers and to seek an electronic trigger to managers to complete an exit interview with a leaver prior to them departing. The Trade Unions have been invited to participate in the task and finish group so they are involved in the early development phase and pre- piloting work. The fundamental purpose of the exit interview is for organisational feedback and learning and this should be viewed as a positive.

17. It is noted that the current arrangement is that there is an exit interview policy. As a part of the review, it is recommended that it is a process rather than a policy.

18. We have not used ESR to date for exit questionnaires. The questions in ESR are pre-populated, limited and cannot be amended and we do not have the ability to change these in the system. A colleague in another Health Board with whom we engaged has advised they were involved in some work with organisations in NHS England to amend the ESR exit questionnaire but reported there was no appetite to change anything (probably linked to the replacement of ESR over the next few years).

19. Should we use the questionnaire, it will be automatically sent to anyone who has a termination date input on ESR and results can be reported through BI. To note however, it would not be issued to anyone who is moving internally within the Trust which means we would lose this data and it would also be issued to those who are retiring. We would not want to send to colleagues who are retiring and returning.

20. We also have an option to create an exit interview using Microsoft Forms and we can report from MS Forms into Excel for filtering of feedback and data.

21. We will pilot our new processes to test out effectiveness. 111 is a particular area with higher turnover and the Head of Service has expressed their interest in being a pilot. They have also been considering an idea to implement ‘keep me in the team’ conversations building on their absence initiative of ‘keep me in work’ conversations. This would be a structured conversation which facilitates what can be explored to keep someone from resigning rather than doing an exit interview after notice has been given.

22. It is very much recognised that we can not and would not wish to force a colleague to complete an exit interview but options on whether the complete a form, meet with their line manager or meet with someone other than the line manager will be supported. The preferred route would be a high-quality conversation to clearly understand the reasons as well as thanking them for their contribution to WAST and the team.

23. Whilst undertaking the exit interviews and data review we will ensure we that we build in robust diversity and inclusion considerations reviewing the potential protected characteristics of leavers and whether there are any patterns here.

24. After the work on the exit interview the team will be working on ‘stay’ interviews to identify what are the positives which support people staying in their roles and how do we build on those things to the benefit of our people and the team.

RECOMMENDED

25. The Committee is asked to:

    NOTE and **COMMENT** on the Report
    SUPPORT the work to redevelop the exit interview process

26. Progress on work will be reported back to the Committee.

Exit Interview Action Plan+A1:N1A1:AA12			14/10/2022	21/10/2022	28/10/2022	04/11/2022	11/11/2022	18/11/2022	25/11/2022	02/12/2022	09/12/2022	16/12/2022	23/12/2022	30/12/2022	06/01/2023	13/01/2023	20/01/2023	27/01/2023	03/02/2023	10/02/2023	17/02/2023	24/02/2023	03/03/2023	10/03/2023	17/03/2023	24/03/2023	31/03/2023	07/04/2023	14/04/2023	21/04/2023	28/04/2023	05/05/2023	12/05/2023	19/05/2023
Action	**Owner**	**Complete**																															
Collation of data for PCC report	**LR**	**11.11.22**						Complete																										
Pull team together for work	**LR**	**17.10.22**		Complete																													
Review of current data / arrangements	**LR/ Team**	**18.11.22**						Complete																									
Schedule first meeting	**LR**	**25.10.22**		Complete																													
PCC Report complete	**LR**	**21.11.22**							Complete																								
Review of other NHS org arrangements for exit interviews	**EM**	**11.11.22**					Complete																										
Engagement with TUPs - TU nomination requested	**SW**	**18.11.22**						Complete																									
TUP nomination received	**PS**	**18.11.22**						Complete																									
Schedule drumbeat meetings	**EM**	**21.22.22**							Complete																								
Update shared with WOD business	**LR**	**22.11.22**							Complete																								
List of potential interview questions collated	**Team**																																
List of potential questions consulted on with cohort of managers (email / teams cha	**HC/KJ/SW/LR**																																
Update to ADLT and feedback (pilot area recommendations from ADLT)	**LR**																																
Confirm pilot areas	**LR/Team**																																
Feedback from PCC meeting included in the plan	**LR**																																
Review of policy doc (change to a process from a policy)	**SW**																																
Final list of questions collated	**EM**																																
Review IT options for data collation - ESR, MS Forms and MS Developer	**Team/ IT support**																																
Capacity of ESR for exit interviews reviewed	**Team**																																
Decision on options for IT vehicle	**Team/ ADLT**																																
Rewrite of guidance for managers on responsibilities (IT dependency)	**SW**																																
Develop comms to go out to pilot areas	**SW / HC**																																
Design training for pilot areas	**KJ**																																
Pilot launch and delivery	**Pilot leads TBC**																																
Gather pilot feedback	**Pilot leads & EM**																																
Develop comms to go out to whole organisation	**SW/HC**																																
Design bite size training for managers	**KJ**																																
Review pilot	**LR**																																
Schedule training for managers and send invitations	**EM & DE**																																
Deliver training to managers	**People Services**																																
Develop action card for ops teams	**HC**																																

Ymddiriedolaeth GIG
Gwasanaethau Ambiwlans Cymru

Welsh Ambulance Services
NHS Trust

Staff Health and Wellbeing: Deep Dive

Occupational Health & Wellbeing

Occupational Health & Wellbeing

Autumn Covid 19 Booster vaccine: Lists of eligible staff (incl. front-line patient facing staff) have been sent to the Health Boards in line with JCVI Guidelines.

Flu vaccination programme: started on September 26th
At time of writing (10/11/2022) uptake of vaccination is 38.7% of staff.

Women's Health Group: We have 109 active members; we have had external speakers on a variety of topics that affect women's health.

Circle of Support: The group is open to colleagues living with a range of long-term conditions, we have 37 active members in the group.

REACT training: We have a current total of 142 attendees to date.
Each month the figures have increased, and dates are scheduled throughout November and December. We have lots of interest already!

Occupational Health & Wellbeing - data for September/October 2022

OH Management referrals-313. Average time for referral to offered appointment is 7.5 working days.

Average time for referral to first call is 1 day.

Employer	Welsh Ambulance Service Trust		
Reason for referral	**Number of referrals received**		
	Sept 2022	**Oct 2022**	**Nov 2022**
Continuous Absence >10 Days	29	24	
Counselling	13	14	
Covid 19	7	8	
Frequent Short Term Sickness Absence	16	27	
Health Condition Effecting Work Performance	33	50	
Long Term Sickness Absence	28	34	
Physio	14	17	
Recurrent Related Absences	5	9	
Wellbeing	100	106	
Work Place Incident / Accident	15	8	
Traumatic Incident	18	16	
Grand Total	**278**	**313**	

Employer	Welsh Ambulance Service Trust		
Wellbeing	**Number of calls**		
	Sept 2022	**Oct 2022**	**Nov 2022**
People referred via Cohort	141	144	
People contacting the Wellbeing service via telephone/email	34	17	
People receiving further support from Wellbeing	86	88	
Grand Total	**261**	**249**	

Occupational Health & Wellbeing

Physiotherapy - FitBack: 37 referrals in September**.**
Average length of time from referral to first contact: **1.3 days**
Average length of time Referral from to Televid Clinical Assessment: **2.75 days**
FitBack are working on case studies in order to measure impact of interventions, also ROI. This will be included in the review of the service.

Thrive Wellbeing App: Total users up to end of October - 709 (increase of 30 from last month)
65.58% Staff screened positive for depression
69.61% Staff screened positive for anxiety
55.36% Staff sought further help

Employee Assistance Programme – Health Assured: WAST had 682 calls in the last reporting period, with most calls (95%) being counselling related. (1st November 2021 - 31st October 2022)

Occupational Health & Wellbeing

Chaplaincy: The first cohort of WAST Volunteer Chaplains have been successfully inducted into the Wellbeing Service.

Peer Support Network: We now have 70 trained Peer supporters pan Wales- providing additional resource for disseminating relevant/up to date information to staff.

Health promotion: November focus - Movember / International Stress Awareness Week: 7th Nov - 12th Nov / Sugar Awareness Week. The OH vehicles are attending A&E departments across Wales on a regular basis.

Workshops: Workshops have been delivered with WAST Managers around getting the best from OH, also on work related stress.

Presentations: Targeted presentations have been delivered to NEPTS and CCCs

Drop-in sessions CCCs/111: These are proving helpful. Attendance is steady and increasing in some areas.

AGENDA ITEM No	**15**
OPEN or CLOSED	**OPEN**
No of ANNEXES ATTACHED	**2**

WORKFORCE PERFORMANCE REPORT

MEETING	People and Culture Committee
DATE	29th November 2022
EXECUTIVE	Angela Lewis - Director of Workforce and OD
AUTHOR	Sarah Davies – Workforce & OD Directorate Business Manager
CONTACT	Sarah.davies31@wales.nhs.uk

EXECUTIVE SUMMARY

The purpose of this report is to provide an overview of the key workforce performance data and trends (September 2022) and associated improvement actions.

KEY ISSUES/IMPLICATIONS

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

- Improvements demonstrated in relation to Job Evaluation processing times;
- Improvement in PADR completion rates (24.55% improvement since April 2022)

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

REPORT APPROVAL ROUTE

- **Noted** at WOD Business Meeting (22.11.2022)

REPORT APPENDICES

Appendix 1a: SBAR – Workforce Performance Report for September 2022
Appendix 1b: Workforce KPI Summary

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	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: Workforce Performance Report for September 2022

SITUATION

1. This report provides an overview of the September 2022 key trends and improvement actions as identified in the Workforce and OD (WOD) KPI Summary enclosed at **Appendix 1b**.

BACKGROUND

2. The WOD KPI Summary provides detail of the key performance indicators for WAST's workforce, aligned to the key themes of the Trust's People & Culture Strategy - Planning and Resourcing, Education and Training, Leading and Engaging.

3. This paper is intended to be read in conjunction with **Agenda Item 11 – 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.

    This report provides a further level of detail (both data and narrative) in relation to a wider range of workforce performance indicators.

ASSESSMENT

4. The Committee is asked to note the following headlines and key trends by theme:

Planning and Resourcing

5. **Time to Hire:** Average time to hire for the purposes of this report is from the point a vacancy is created on the Trac recruitment system to the point an unconditional offer is sent to the candidate. The All Wales target is 71 calendar days but the Trust has continued to exceed this target since July 21, with the highest average being 131 days in July this year. This was mainly due to large volume recruitment of Emergency Medical Services staff to meet this year's establishment targets. There has, however, been steady improvement this last quarter, reducing from 131 days in July to 85 days in September, partly due to some of the large volume recruitment campaigns coming to an end (e.g. large cohort of trainee EMTs started in post on 5th September) and a high number of internal candidates fast-tracking through checks. A cleansing exercise was undertaken last quarter to remove anomalies in the data and a newsletter issued with hints and tips for improving the recruitment process and candidate experience. **Next Steps:** Continue to monitor processes and send reminders to managers. a business case is being pulled together to

request extra resources for the recruitment team to enable oversight of most of the Trust's recruitment needs. This will bring control to a central location whilst supporting managers to improve their knowledge of recruitment.

6. **Job Evaluation:** 22 job descriptions currently in the JE process. Of these, 3 will be proceeding to the next available job matching panels, 5 are being quality checked, 2 are on hold and the remaining 12 are awaiting action or a response from the requesting manager. During October, 7 job descriptions were successfully completed, taking on average 17 days to complete, which is a significant improvement compared to September where job descriptions took on average 46 days to complete. **Next Steps:** All members of the People Services team to receive appropriate job evaluation training/refresher training in order that team members can participate in all elements of the job evaluation process, including sitting on both job evaluation and consistency checking panels.

7. **Sickness Absence:** September saw a slight decrease in sickness absence going from 8.72% in August to 8.68% in September, however, early indications suggest that the Trust will see an increase in sickness absence for October. Despite the slight decrease, the Trust remains above the trajectory position. During September, the number of people off due to COVID decreased and the number off long-term due to COVID reduced to 6. This month has seen a focus on delivery of bitesize training sessions for managers, sickness audits being undertaken within EMS Co-ordination, MDT meetings with People Services, Occupational Health and Operational Teams. A survey is underway with managers to obtain feedback in terms of what we have delivered to date, and how we can improve. **Next Steps:** Deep Dives are commencing in hot spot areas to understand the drivers for high sickness absence levels. Career conversations are continuing with those colleagues currently off with Long Covid, with an aim to facilitate them back into the workplace.

8. **Vaccination Rates:** The Covid19 Autumn Booster Campaign began on 1st September; this booster is only being offered to WAST staff who work in front line, patient facing roles, are over the age of 50 years or clinically vulnerable to negative consequences of infection. Data on 14th October 2022 show that 18% of frontline, patient facing staff have received the Spikevax vaccination. The WAST Flu campaign began on September 26th and as of 11th November 2022, 39.1% of staff had received a flu vaccination. **Next Steps:** Communications are continuing to be sent out regarding engaging with Flu vaccination / informing of uptake outside of WAST, further clinics are being arranged with OH and CCC where percentage of uptake is lower due to low numbers of Peer vaccinators in this area. Flu Leads are actively promoting vaccination in their areas.

Education and Training

9. **Statutory and Mandatory Training Compliance:** Completion of S&M training at level 1 for the ten CSTF (Core Skills Training Framework) topics was at 82.07% for the Trust at the end of September 2022; this is the figure reportable to WG against a target of 85%. **Next Steps:** Communications to be issued to remind staff of the need to take ownership for their e-Learning on ESR and line managers will be encouraged to have discussions with their teams to address any shortfalls.

Leading and Engaging

10. **PADRs**: Completion rates continue to increase across the organisation to 76.86%; this is an increase of 24.55% since April. Phase 2 of the PADR Refresh process is underway with a toolkit and bitesize session developed in order to support colleagues and managers through the revised PADR process. This bitesize session has been piloted with colleagues and is designed to improve the completion rate of PADRs. **Next steps:** Work on Phase 3 of the revised process has begun; this involves the PADR form being available digitally on ESR which will ensure real time reporting and organisational training can take place. This piece of work will be completed by the end of year and a pilot testing the system will be implemented in the New Year.

11. **Employee Relations:** Slight increase in the last quarter, to 42 cases in total. The number of disciplinary cases has not increased (15 cases), however there are currently 6 employees who have been suspended for over four months. In addition, a steady increase in formal respect & resolution cases submitted albeit the number has slightly decreased in October (27 cases). **Next steps:** Work is underway with employees and managers in relation to respect & resolution requests received, recommending early and appropriate intervention. Following Compassionate Practices for All training, a full review of disciplinary investigations is currently being undertaken by the People Services team, to identify areas of learning and to improve our processes in moving forward. In conjunction with this work, a task and finish group has also been set up to look at the support we can offer the person at the centre of the disciplinary process, specifically those individuals being taken through an investigation.

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

Workforce KPIs
September 2022

Plan

Job Evaluation

JDs currently in process: **18** ↓
JDs completed in month: **6** ↑
Ave. days to complete: **46** ↑

Recruitment

Vacancy creation to unconditional offer: **85** ↓

Educate

Stat Mand training compliance: **82.07%** ↓

Apprenticeships

Apprenticeships in progress: **243** ↑
Apprenticeships completed: **0** ↔

Resource

Sickness

Rolling 12 month: **10.59%** ↓
In month: **8.68%** ↑
Ave. length of closed LTS: **95.6** ↑

Wellbeing

OH referral to first offer of appointment: **8** ↓
Sickness absence attributable to MH: **28.80%** ↑

Engage

PADR Compliance: **78.68%** ↑

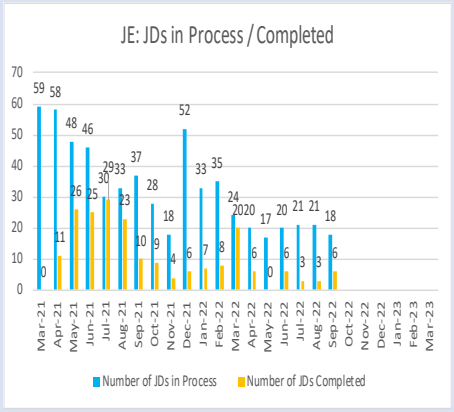
Open ER cases: **17** ↑

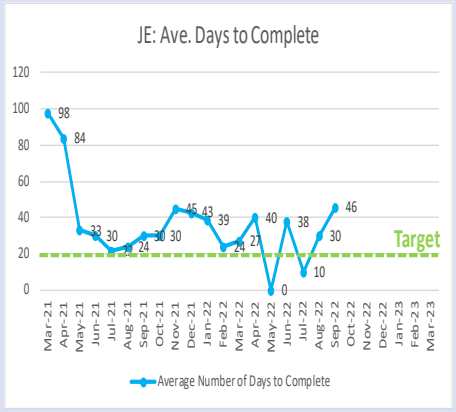
Formal requests for resolution: **30** ↑

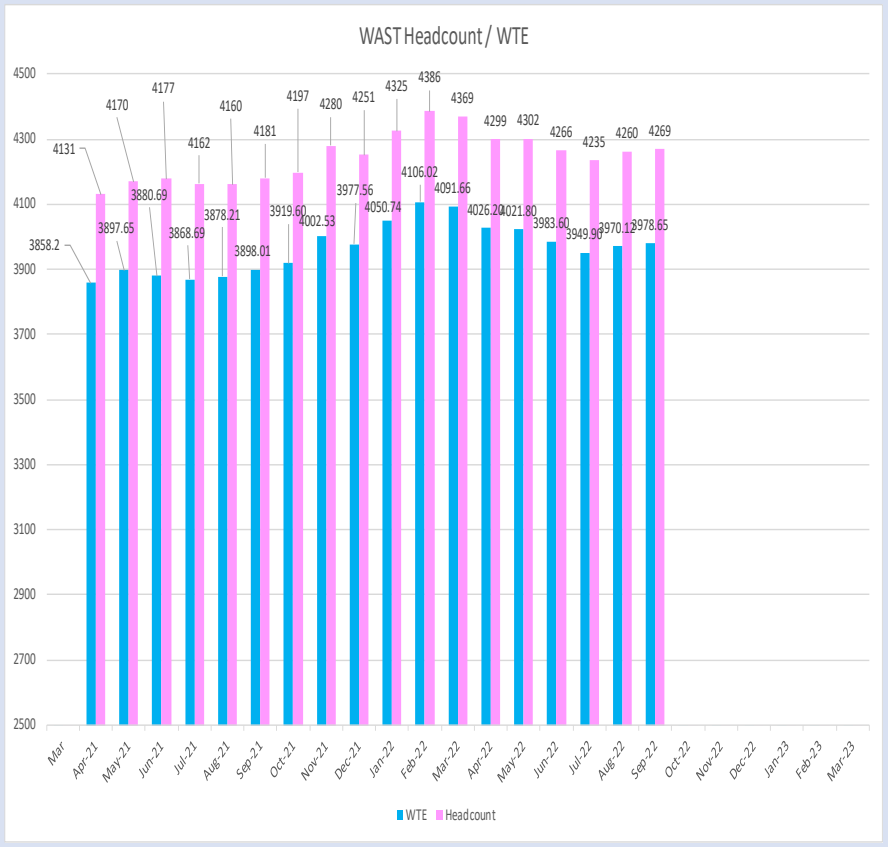
Workplace Safety

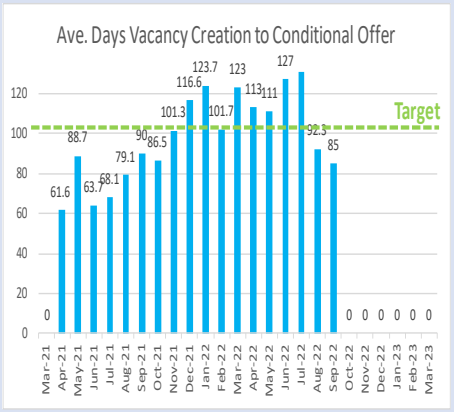
V&A Incidents Recorded via Datix: **38** ↓

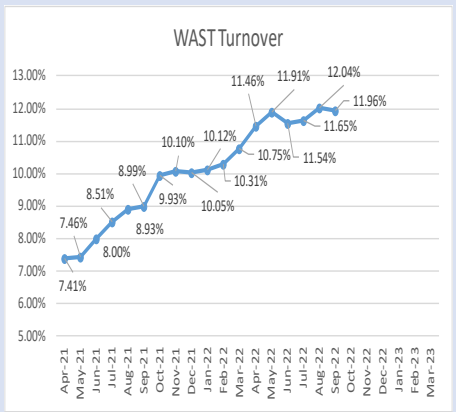
Return to Summary











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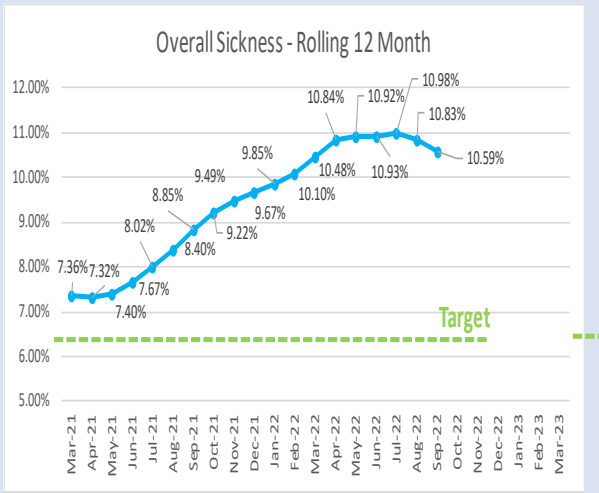

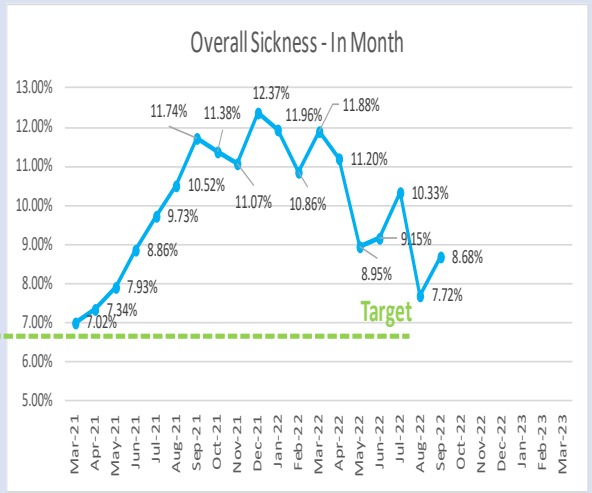

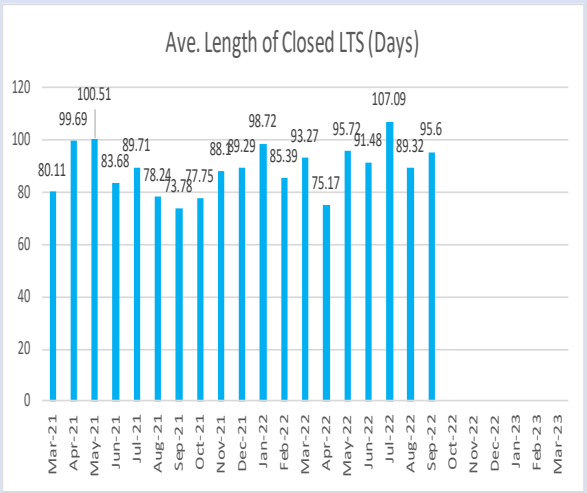

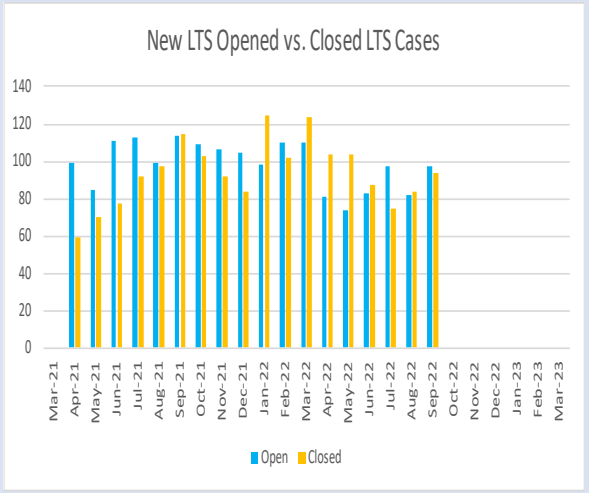

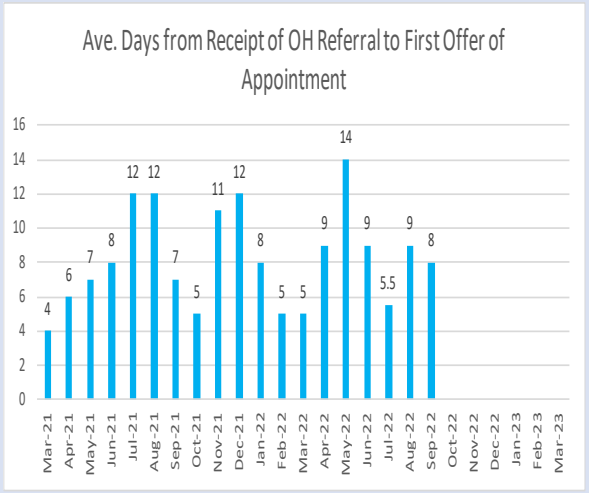

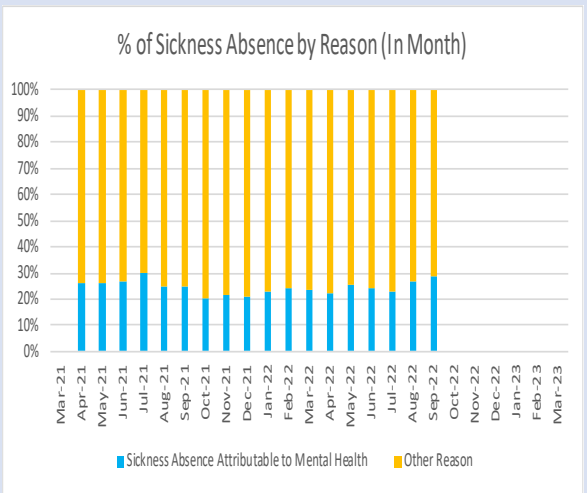

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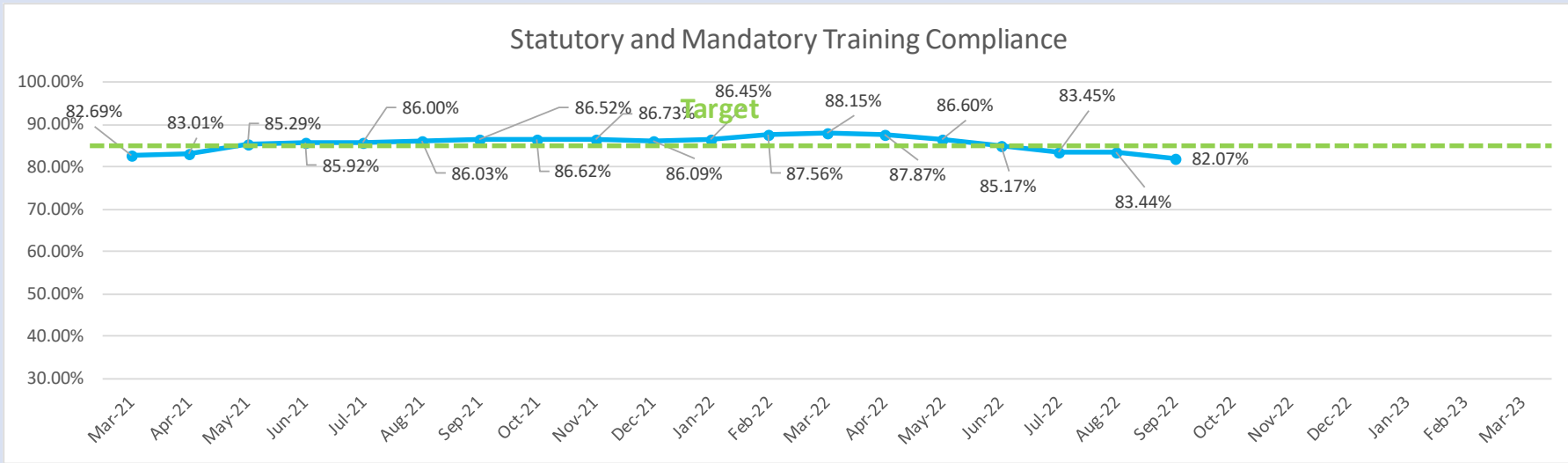

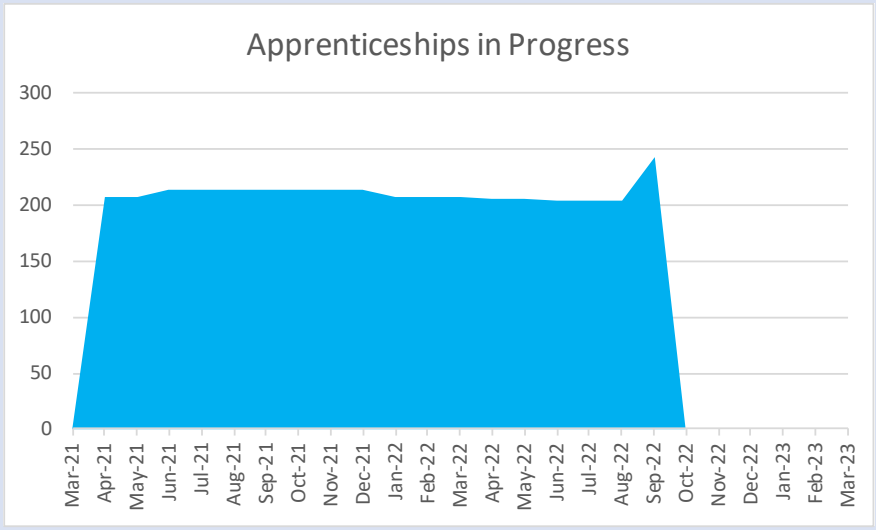

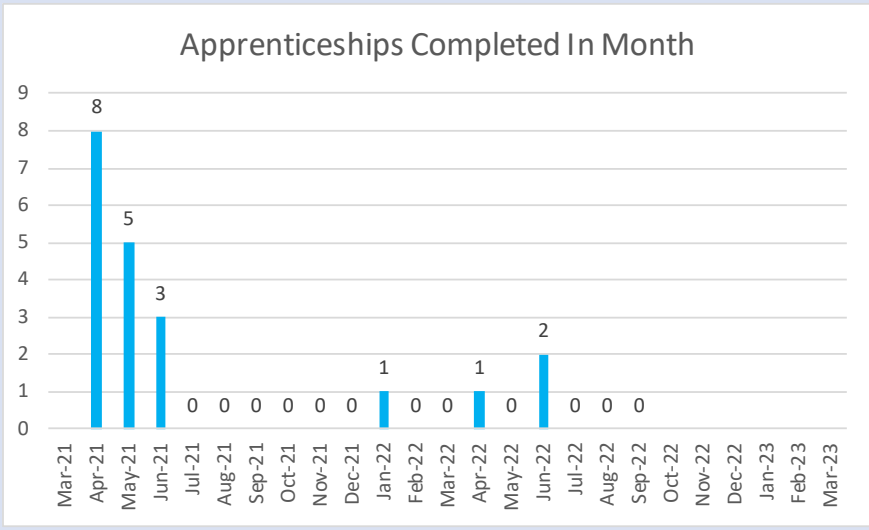

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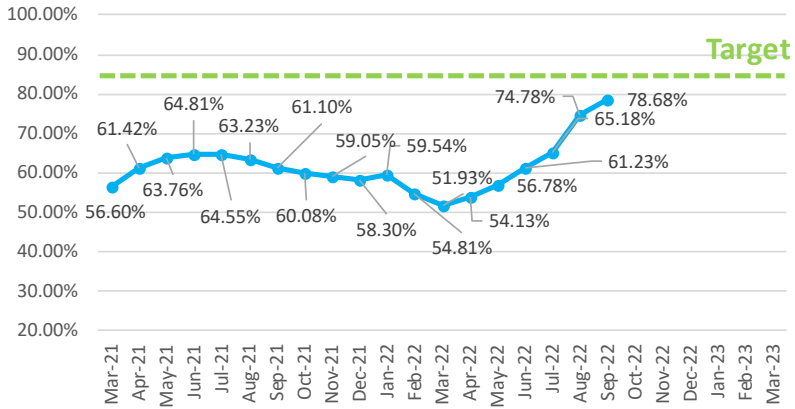
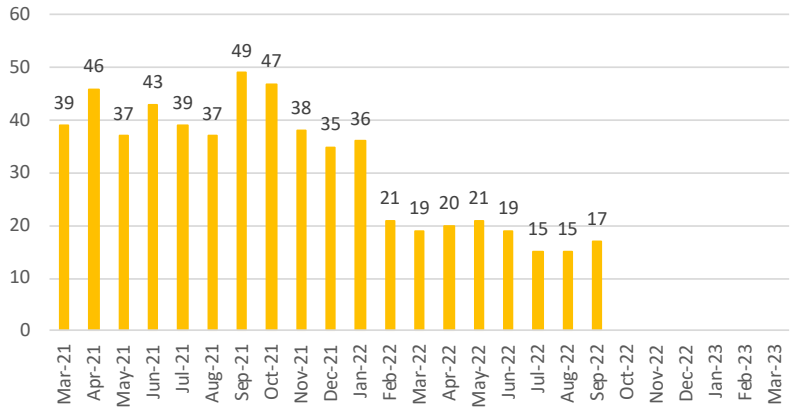
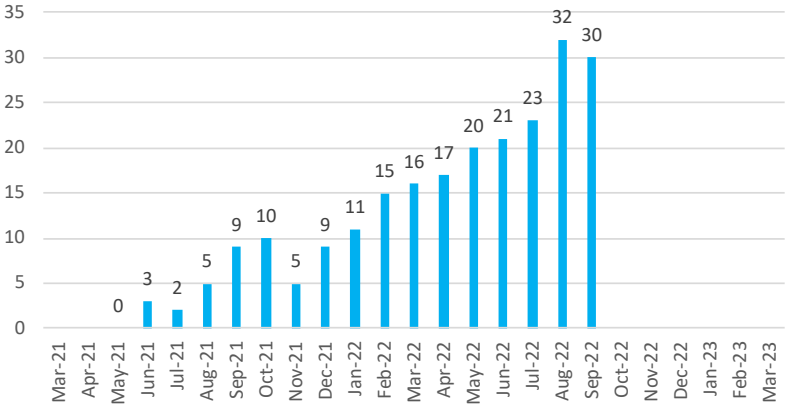
PADR Compliance



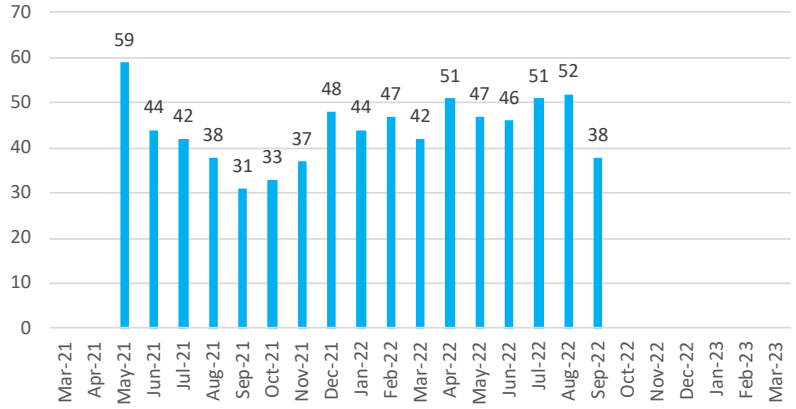
Open ER Cases



Formal Requests for Resolution



V&A Incidents Reported Via Datix



	Ave. Length of Closed LTS (Days)
Mar-21	80.11
Apr-21	99.69
May-21	100.51
Jun-21	83.68
Jul-21	89.71
Aug-21	78.24
Sep-21	73.78
Oct-21	77.75
Nov-21	88.1
Dec-21	89.29
Jan-22	98.72
Feb-22	85.39
Mar-22	93.27
Apr-22	75.17
May-22	95.72
Jun-22	91.48
Jul-22	107.09
Aug-22	89.32
Sep-22	95.6
Oct-22	
Nov-22	
Dec-22	
Jan-23	
Feb-23	
Mar-23	

	Open	Closed
Mar-21		
Apr-21	99	59
May-21	85	70
Jun-21	111	77
Jul-21	113	92
Aug-21	99	97
Sep-21	114	115
Oct-21	109	103
Nov-21	106	92
Dec-21	105	84
Jan-22	98	125
Feb-22	110	102
Mar-22	110	124
Apr-22	81	104
May-22	74	104
Jun-22	83	87
Jul-22	97	75
Aug-22	82	84
Sep-22	97	94
Oct-22		
Nov-22		
Dec-22		
Jan-23		
Feb-23		
Mar-23		

	Formal Requests for Resolution
Mar-21	
Apr-21	
May-21	0
Jun-21	3
Jul-21	2
Aug-21	5
Sep-21	9
Oct-21	10
Nov-21	5
Dec-21	9
Jan-22	11
Feb-22	15
Mar-22	16
Apr-22	17
May-22	20
Jun-22	21
Jul-22	23
Aug-22	32
Sep-22	30
Oct-22	
Nov-22	
Dec-22	
Jan-23	
Feb-23	
Mar-23	

	V&A Incidents Reported Via Datix
Mar-21	
Apr-21	
May-21	59
Jun-21	44
Jul-21	42
Aug-21	38
Sep-21	31
Oct-21	33
Nov-21	37
Dec-21	48
Jan-22	44
Feb-22	47
Mar-22	42
Apr-22	51
May-22	47
Jun-22	46
Jul-22	51
Aug-22	52
Sep-22	38
Oct-22	
Nov-22	
Dec-22	
Jan-23	
Feb-23	
Mar-23	

	Ave. Number of Days from Receipt of OH Referral
Mar-21	4
Apr-21	6
May-21	7
Jun-21	8
Jul-21	12
Aug-21	12
Sep-21	7
Oct-21	5
Nov-21	11
Dec-21	12
Jan-22	8
Feb-22	5
Mar-22	5
Apr-22	9
May-22	14
Jun-22	9
Jul-22	5.5
Aug-22	9
Sep-22	8
Oct-22	
Nov-22	
Dec-22	
Jan-23	
Feb-23	
Mar-23	

	Sickness A	Other Reason
Mar-21		
Apr-21	26%	74%
May-21	26.30%	73.40%
Jun-21	26.90%	73.10%
Jul-21	30.30%	69.70%
Aug-21	24.90%	75.10%
Sep-21	24.80%	75.20%
Oct-21	20.60%	79.40%
Nov-21	21.80%	78.20%
Dec-21	20.80%	79.20%
Jan-22	22.70%	77.30%
Feb-22	24.00%	76.00%
Mar-22	23.60%	76.40%
Apr-22	22.20%	77.80%
May-22	25.50%	74.50%
Jun-22	24.40%	75.60%
Jul-22	22.90%	77.10%
Aug-22	26.70%	73.30%
Sep-22	28.80%	71.20%
Oct-22		
Nov-22		
Dec-22		
Jan-23		
Feb-23		
Mar-23		

	Compliant	Non-Compliant
Mar-21	85.61%	14.39%
Apr-21	84.99%	15.01%
May-21	83.22%	16.78%
Jun-21	83.22%	16.78%
Jul-21	82.87%	17.13%
Aug-21	82.03%	17.97%
Sep-21	79.71%	21.29%
Oct-21	87.20%	12.80%
Nov-21	96.00%	4%
Dec-21	99.40%	0.60%
Jan-22	100.00%	0.00%
Feb-22	100.00%	0.00%
Mar-22	100.00%	0.00%

	Compliant	Non-Compliant
Mar-21		
Apr-21		
May-21		
Jun-21	8%	92%
Jul-21	13.68%	86.32%
Aug-21	20.43%	79.57%
Sep-21	23.09%	76.91%
Oct-21	32.70%	97.30%
Nov-21	51.00%	49%
Dec-21	61.20%	38.80%
Jan-22	69.00%	31.00%
Feb-22	78.00%	22.00%
Mar-22	97.18%	2.82%

	Apprenticeships in Progress
Mar-21	
Apr-21	207
May-21	207
Jun-21	214
Jul-21	214
Aug-21	214
Sep-21	214
Oct-21	214
Nov-21	214
Dec-21	214
Jan-22	208
Feb-22	207
Mar-22	207
Apr-22	206
May-22	206
Jun-22	204
Jul-22	204
Aug-22	204
Sep-22	243
Oct-22	
Nov-22	
Dec-22	
Jan-23	
Feb-23	
Mar-23	

	Apprenticeships Completed In Month
Mar-21	
Apr-21	8
May-21	5
Jun-21	3
Jul-21	0
Aug-21	0
Sep-21	0
Oct-21	0
Nov-21	0
Dec-21	0
Jan-22	1
Feb-22	0
Mar-22	0
Apr-22	1
May-22	0
Jun-22	2
Jul-22	0
Aug-22	0
Sep-22	0
Oct-22	
Nov-22	
Dec-22	
Jan-23	
Feb-23	
Mar-23	

AGENDA ITEM No	**16.1**
OPEN or CLOSED	**Open**
No of ANNEXES ATTACHED	1

AUDIT REPORT

MEETING	People & Culture Committee
DATE	29th November 2022
EXECUTIVE	Trish Mills, Board Secretary
AUTHOR	Julie Boalch, Head of Risk and Corporate Governance
CONTACT	Julie.Boalch@wales.nhs.uk

EXECUTIVE SUMMARY

1. The purpose of the report is to provide an update in relation to recommendations resulting from Internal Audit reviews pertinent to the Committee.

2. In addition, the paper sets out the Internal Audit plan activity.

RECOMMENDATION:

3. The Committee is asked to:
   - **a. Note and consider the contents of the report.**
   - **b. Consider the Internal Audit Plan activity.**
   - **c. Consider the Trust's proposals to address each recommendation with the inclusion of revised completion dates, specifically those relevant to Committee, and**
   - **d. Agree any specific items that the Committee wishes to see raised to Senior Management and Audit Committee.**

KEY ISSUES/IMPLICATIONS

4. The internal audit recommendations continue to be reviewed by the Assistant Directors Leadership Team (ADLT) and the Executive Management Team (EMT) to ensure that any new completion dates are assigned with realistic timescales and a strong narrative and rationale to support any extension.

REPORT APPROVAL ROUTE

5. The report has been submitted to:
   - ADLT – 16th October 2022
   - ADLT – 31st October 2022
   - EMT – 9th November 2022

REPORT APPENDICIES
6. The Audit Tracker has been circulated as a separate document – Appendix 1.

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

WELSH AMBULANCE SERVICES NHS TRUST
PEOPLE & CULTURE COMMITTEE
INTERNAL AUDIT REPORT

SITUATION

1. The purpose of this paper is to provide the Committee with an update in respect of recommendations resulting from internal audit reviews that are presented to the Committee for oversight.

2. In addition, the paper sets out the Internal Audit plan activity.

BACKGROUND

3. The audit recommendation tracker is in place for the purpose of tracking progress across the Trust to ensure that recommendations contained in internal and external audit review reports are actioned and in a timely manner.

4. This tracker provides Senior Managers with a workable tool that allows for closer scrutiny of audit recommendations and is designed to provide a more detailed focus as to the reasons why recommendations are overdue or have not progressed within the agreed timeframes. This will highlight areas that may require additional support and ensures there are clear mechanisms in place to escalate any issues.

5. The Internal Audit plans have been developed in partnership with the Executive Management Team to identify current and emerging areas of risk, as well as specific assurance needs within the Trust.

ASSESSMENT

Internal Audit Plan 2022/23

6. There are two internal audit reviews relevant to the PCC which are included in the 2022/23 Internal Audit Plan as follows:

Internal Audit Report	Estimated Date of Audit	Date due at Audit Committee
Attendance Management	Q1	December 2022
Trade Union Release Time	Q2	March 2023

Internal Audit Highlights

7. At the time of issuing the paper, there were a total of 98 current internal audit recommendations on the tracker. 33 recommendations were marked as complete at the September 2022 Audit Committee and removed from the tracker.

8. 21 recommendations were added to the tracker resulting from 2 Internal Audit Reports which were presented to the Audit Committee in September 2022. None

of these recommendations were assigned to People & Culture Committee for oversight.

9. The status of each of the current internal audit recommendations is described in the table below.

Status	Total Number of Recommendations on the tracker	Those directly relevant to PCC	High Priority PCC	Medium Priority PCC	Low Priority PCC
Overdue	39	5	0	5	0
Not yet due*	29	1	0	1	0
Complete	30	1	0	1	0
Total	98	7	0	7	0

* accepting extensions have been applied in line with the agreed pandemic arrangements.

10. There are no high priority recommendations showing as overdue for Committee to review.

11. The total number of recommendations, separated by financial year, and status this period is described below.

Financial Year	Total Number of Recommendations on the tracker	Those directly relevant to PCC	Complete PCC	Overdue PCC	Not Yet Due PCC
2019/20	3	0	0	0	0
2020/21	14	0	0	0	0
2021/22	60	7	1	5	1
2022/23	21	0	0	0	0
Total	98	7	1	5	1

12. Of the 5 recommendations that are showing as overdue, these relate to the following reports:

- 21/22 Collaboration Reasonable Assurance review proposed completion date for one recommendation is extended from July 2022 to January 2023. The remaining recommendation is proposed for completion by March 2023..
- 21/22 Recruitment Practices – Equality, Diversity and Inclusion proposed completion dates October and December 2022
- 21/22 Organisational Culture – A Learning Organisation due to be completed in December 2022.

13. The number of recommendations by assurance rating and level of priority are detailed below.

Assurance Ratings	Total No. of Recommendations on the tracker	Those directly relevant to PCC	High Priority PCC	Medium Priority PCC	Low Priority PCC
Limited	8	0	0	0	0
Reasonable	88	6	0	6	0
Substantial	0	0	0	0	0
Not Rated	2	1	0	1	0
Total	98	7	0	7	0

14. The Governance team continue to seek assurance from Senior Management relating specifically to each report that:

- Recommendations have been considered and completed within agreed timeframes and;
- All is being done to ensure that the follow up of recommendations will not result in further *Limited* or *No Assurance* rated reports.

RECOMMENDED:

17. The People & Culture Committee is asked to:

a. Note and consider the contents of the report.
b. Consider the Internal Audit Plan activity.
c. Consider the Trust's proposals to address each recommendation with the inclusion of revised completion dates, specifically focussing on those relevant to Committee, and
d. Agree any specific items that the Committee wishes to see raised to Senior Management and Audit Committee.

AGENDA ITEM No	**17**
OPEN or CLOSED	**Open**
No of ANNEXES ATTACHED	N/A

RAISING CONCERNS AND SPEAKING UP SAFELY

MEETING	People and Culture Committee
DATE	29 November 2022
EXECUTIVE	Trish Mills, Board Secretary
AUTHOR	Trish Mills, Board Secretary
CONTACT	Trish.mills@wales.nhs.uk

EXECUTIVE SUMMARY

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

2. The Speaking Up Safely Task and Finish Group has been formed to develop the framework and it reports into the Assistant Directors Leadership Team.

3. Staff can continue to raise concerns through the traditional routes of line management and escalation set out in the All Wales Procedure for Raising Concerns, and through the sensitive issues function in Datix whilst the framework is in development.

RECOMMENDATION:

4. The Committee is asked to note the update.

KEY ISSUES/IMPLICATIONS

5. No issues to raise at this point.

REPORT ROUTE

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

REPORT APPENDICIES

None

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

RAISING CONCERNS AND SPEAKING UP

SITUATION

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

BACKGROUND

2. This Committee approved the All Wales Procedure for Raising Concerns in November 2021.

3. Staff have the ability to raise concerns through a number of avenues currently, including through their line management mechanism, through a dedicated email address, and through a newly introduced 'sensitive issues' function in the Datix Incidents module. The procedure also provides for escalation where raising concerns where line management is inappropriate or not a route the staff member wishes to follow.

4. The Trust will continue to grow a healthy, inclusive and compassionate culture that enables ongoing development and fulfilling careers, healthy working relationships, where everyone feels they have a voice, control and influence. In 2021/22 the Trust procured a confidential third party platform 'Work In Confidence' to support that ambition. The Work in Confidence platform is a web/mobile anonymous dialogue platform to enhance speaking up and engagement.

ASSESSMENT

5. There is recognition that a robust framework must be in place to provide the confidence that staff have a means by which to 'speak up', but they also have confidence that the Trust will appropriately 'listen up' and 'follow up'.

6. In July 2022, the Speaking Up Safely Task and Finish Group was formed to develop the framework.

7. The Group has used the first few meetings to establish the current baseline and understand the various modes by which staff 'speak up' and consequently how we 'listen up' and 'follow up'.

8. A revised work plan was agreed at the November group meeting which injects pace into the programme in order to draw together all elements of the framework by 31 March 2023. There will still be a good deal of work to do following that however immediate issues relating to policy and governance, systems to speak up and report, and communications are being addressed.

9. A focused demonstration of the Working in Confidence Platform will be given on [insert date] January 2023 and members of the People and Culture Committee are welcome to attend to see the functionality of the platform.

RECOMMENDATION

10. The Committee is asked to note the update.

AGENDA ITEM No	**18**
OPEN or CLOSED	**Open**
No of APPENDIX ATTACHED	**0**

Committee Priorities 2022/23

MEETING	People and Culture Committee
DATE	29 November 2022
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 2022/23.

2. Progress is steady across all priorities.

RECOMMENDATION

3. The Committee is asked to note the update.

KEY ISSUES/IMPLICATIONS

Set out above

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 2022/23

SITUATION

4. This report updates the Committee on progress against the priorities it set for 2022/23.

BACKGROUND

5. During the course of the 2021/22 effectiveness reviews, it was agreed that it is good practice for Committees to set priorities for the forthcoming year.

6. The Committee's priorities, which are set out below, were agreed by the Trust Board in May 2022 and will be tracked quarterly.

ASSESSMENT

7. The Committee priorities, and progress against them is as follows:

Priority	Progress
1. Monitor and support the actions to reduce abstractions due to sickness, gaining an understanding of the reasons for long standing high sickness rates to inform future learning.	• The May, September and November 2022 meetings received and scrutinised the absence management action plan. • Risk 160 'high absence rates impacting on patient safety, staff wellbeing and the Trust's ability to provide a safe and effective service' is reviewed at each meeting. The September and November meetings included further detail on the new form BAF. • The September and November 2022 meetings reviewed the wellbeing offer
2. Focus on the health and safety remit which is newly acquired by the Committee.	• The May 2022 meeting included a detailed paper on the health and safety assurance reporting that will be received by the Committee. • Health and safety assurance reporting included in the cycles of business. • The Board received IOSH training in July 2022. • The Health and Safety Annual Report was received at the September 2022 meeting. • Health and Safety updates were received at the September and November meetings. • Risk 199 'failure to embed an interdependent and mature health and safety culture which could cause harm and a breach in compliance with Health & Safety statutory legislation' has been reviewed by the Committee and reduced in risk score from 20 to 15.

Priority	Progress
3. Supporting the implementation and championing the strategic equality objectives, including Welsh language, to promote an inclusive organisation.	• The Welsh Language Advisory Group report was received in May 2022 indicating standards compliance. • The Welsh Language Annual Report was reviewed in September 2022. • The Equality, Diversity and Inclusion Steering Group are developing a proposal for assurance reporting to the Committee for inclusion in the cycles of business. • EDI and Welsh Language metrics being developed for the MIQPR. • The November 2022 meeting reviewed the draft People Plan and actions for the Anti-Racist Wales Action Plan.

RECOMMENDATION

8. The Committee is asked to note the update and discuss whether further focus is required for priority 3.

Story Experience/Themes

Details/Sub-Themes

Which Requires

Initial Actions

Joanna Paskell, EMT Barry

Jo and her crew partner attended, treated, and conveyed an intoxicated female patient to the Emergency Department (ED) at UHW Cardiff. The patient became aggressive and abusive. At the ED, the patient kicked a nurse. The patient was transferred from the stretcher to the bed and at this point, the patient assaulted Jo by punching her in the chest causing bruising and pain. Jo was treated at the hospital before going home. As a result of this incident, Jo was off work for several months. The police investigated and charged the female patient with Assault of an Emergency Worker Act 2018 and later pleaded guilty. Jo did not have to attend Court and the defendant was sentenced to a Community Order for 12 months consisting of **25 days rehabilitation activity requirement and a 120-day alcohol abstinence order. The defendant was ordered to pay £100 compensation to Jo along with CPS costs of £85 and a victim surcharge of £95.**

THEMES

1. WAST to recognise the issue of Violence & Aggression towards staff.
2. WAST to acknowledge the wider service issues created by staff affected by incidents of V&A.
3. WAST to be in compliance with ORV and WHC 12/2021

Staff not able to attend other calls, lost hours through sickness and investigation and potential court appearance.

Risk Assessment process to be improved around subject of V&A towards staff.

Improve focused Conflict Management Training in context with role within WAST.

Staff Welfare and support - WAST to recognise the impact on staff member and family.

Raise Awareness of "Work with Us Not Against Us campaign."

Improve local line managers response and role understanding to support staff (simple phone call of support).
WAST to provide managers a toolkit to improve assessment of risk to staff from V&A.
All staff to be aware of control measures available to assist e.g., Vehicle CCTV systems.

Dedicated Case Management support provided initially to support staff member and through the investigation and court process which lasted over 12 months.

Appointment of Strategic V&A Manager to prevent and reduce instances/call demand of V&A.

Service Impact Statement (SIS) was provided by the CEO of WAST detailing the impact the incident had on service delivery.

How is Jo now?

Jo is much better in herself and is grateful for the support given to her. She has confidence that WAST will deal with incidents of this nature when they are reported by staff but is still not sure that locality managers are well informed.
Jo agreed to be interviewed by the BBC in May 2022 about her experience for their news item about the increased attacks on Emergency Workers. It formed part of the Work With Us Not Against Us campaign.

Emergency services: Attacks in Wales on workers up to almost 3,000 - BBC News
The paramedics who have been kicked, verbally abused, punched and shoved - Wales Online
Bank holiday plea as emergency worker assaults in Wales continue to rise | ITV News Wales