Bundle People and Culture (Open Session) 30 August 2024

Agenda attachments
2024-08-30_People and Culture (Open Session)_Agenda

0 09:30 - OPENING ITEMS

1 Chair's welcome, apologies and confirmation of quorum

2 Declarations of Interest
Board Member Register of Interests-Updated 2024.08.08-Published.xlsx (nhs.wales)

3 Minutes of last meeting - 9 May 2024
Item 03 Unconfirmed Open PCC mins 9 May 2024

4 Action log and matters arising
Item 04 Action Log File Replaced

5 CONSENT ITEMS

5 09:35 - Director of People and Culture Update
Item 05 PCC Director Update

6 09:45 - Operations Quarterly Report - Q1
Item 06 Ops Quarterly Report Q1 - July 2024 FINAL

6.1 ITEMS FOR APPROVAL, ASSURANCE AND DISCUSSION

7 10:00 - Staff Story

8 10:30 - People and Culture Plan Metrics Update
Item 08 ES - PC Plan Metrics Update file replaced
Item 08.1 Appendix 2 - Qual Metrics PCC Aug 24 File replaced

9.1 10:50 - Workforce Scorecard
Item Appendix to 9.1 has been circulated separately by e mail
ITEM 09 ES - Workforce Performance Scorecard

9.2 Monthly Integrated Quality and Performance Report
Item 09.2 MIQPR SBAR PCC June July 2024
Item 09.2a Annex 1 MIQPR PCC June July 2024

9.3 11:05 - Comfort Break

10 11:20 - Cultural Themes and Trends Report
Covering Slide
Item 10 Cultural Themes & Trends Presentation

11 11:35 - Annual Health & Safety Report
Item 11 Summary Health and Safety Annual Report 23-24
Item 11a Annual Report 23-24 (1)

12 12:00 - WASPT Highlight Report
Item 12 WASPT AAA Report 02 May 2024

13 12:10 - Strategic Workforce Plan
Item 13 Strategic Workforce Plan - PCC
Item 13a Strategic WFP v2.1 2024 PDF 210824

14 12:30 - Partnerships and Engagement Report
Item 14 Partnerships and Engagement Report

15 12:40 - End of Season Flu Report 2023/24
Item 15 End of Season Flu Report 2023-24 Final v2

15.1 12:45 - LUNCH BREAK

16 13:25 - SEP Annual Report 2023/24
Item 16, 17,18 EDI Reports PCC Aug 24
Item 16 SEP Annual Report 2023 2024

17 Annual Workforce Equality Monitoring Report 2023/24
Item 17 Workforce Equality Monitoring Report 2023-2024

18 Annual Gender Pay Gap Report 2023/24
Item 18 Gender Pay Gap 2023 2024

19 13:50 - Welsh Language Annual Report 2023/24

Item 19 Welsh Language Standards Annual Report 2023-24 (2)
Item 19a Annex 1 - Welsh Language Standards Annual Report 2023-24
Item 19b Atodiad 1 - Adroddiad Blynyddol Safonau'r Gymraeg 2023-24
Item 19c Annex 2 - More Than Just Words Action Plan 2022-27 Y2 Progress Report
Item 19d Atodiad 2 - Cynllun Gweithredu Mwy na geiriau 2022-27 Adroddiad BI2

20 14:00 - Risk Management & Board Assurance Framework Report
Item 20 Risk Management Report PCC 300824

21 14:10 - Audit Tracker & Audit Reports
Disciplinary Case Management
Volunteers Governance
Item 21 SBAR Audit Tracker to Committees - Q1 Reporting - April-June Reporting - PCC
Item 21a Audit Tracker 2.0 Q1 April-June 2024 - Copy for Committee Reporting in Q2 for Q1 - PCC Copy
Item 21b Audit Tracker 2.0 Q1 April-June 2024 - Copy for Committee Reporting in Q2 for Q1 - PCC Copy
Item 21.1 WAST Disciplinary Case Management, Compassionate Practices_Final Internal Audit Report_for Trust issue
Item 21.2 WAST 2324-11_VGovernance_Final Internal Audit Report_for Trust

22 Policies for approval
Professional Regulation Policy
NHS Wales Respect and Resolution Policy
Item 22 Policies for Committee Approval - PCC 150824
Item 22.1 Professional Regulation Policy v0.15 (21.05.2024) PCC Aug24
Item 22.2a Respect and Resolution Policy-PCC
Item 22.2b Appendix 1 Respect and Resolution at Work FINAL ENG
Item 22.2c Appendix 2 - Respect and Resolution at Work FINAL-en-cy-CYM
Item 22.2d Appendix 3 All Wales Respect and Resolution Policy FAQs v3.0-ENG
Item 22.2e Appendix 4 All Wales Respect and Resolution Policy FAQs v3.0-en-cy-CYM

23 14:20 - Committee Cycle of Business, Monitoring Report and Priorities
Item 23 Committee Priorities and Cycle of Business Monitoring Report
Item 23a P&C Cycle of Business 2024-25 - Monitoring Report
Item 23b P&C Cycle of Business 2024-25 - Monitoring Report

23.1 CONSENT ITEMS

24 Staff Story Diagram
Item 24 MJ Story Update

25 Committee Highlight Report - 9 May 2024
Item 25 People and Culture Highlight Report 9 May 2024

26 Committee Terms of Reference and Annual Report
Item 26a People and Culture Committee Terms of Reference 2024-25 - Approved by Trust Board 30052024 - Updated re adding FTSU PA 020824
Item 26b PCC Annual Report 2023-24

26.1 CLOSING ITEMS

27 14:30 - Key Messages for Board/Actions/Decisions

28 Reflections of the meeting

29 Any other business

30 Date of next meeting - 14 November 2024

Agenda People and Culture (Open Session)

Date	30/08/2024
Time	9:30 - 14:35
Location	Cardiff
Chair	Ceri Jackson

0	**OPENING ITEMS**	
9:30		
1	**Chair's welcome, apologies and confirmation of quorum**	
2	**Declarations of Interest** Board Member Register of Interests-Updated 2024.08.08-Published.xlsx (nhs.wales)	
3	**Minutes of last meeting - 9 May 2024**	
4	**Action log and matters arising**	
5	**CONSENT ITEMS**	
5	**Director of People and Culture Update**	
9:35		
6	**Operations Quarterly Report - Q1**	
9:45		
6.1	**ITEMS FOR APPROVAL, ASSURANCE AND DISCUSSION**	
7	**Staff Story**	
10:00		
8	**People and Culture Plan Metrics Update**	
10:30		
9.1	**Workforce Scorecard**	
10:50		
9.2	**Monthly Integrated Quality and Performance Report**	
9.3	**Comfort Break**	
11:05		
10	**Cultural Themes and Trends Report**	
11:20		
11	**Annual Health & Safety Report**	

11:35		
12	WASPT Highlight Report	
12:00		
13	Strategic Workforce Plan	
12:10		
14	Partnerships and Engagement Report	
12:30		
15	End of Season Flu Report 2023/24	
12:40		
15.1	LUNCH BREAK	
12:45		
16	SEP Annual Report 2023/24	
13:25		
17	Annual Workforce Equality Monitoring Report 2023/24	
18	Annual Gender Pay Gap Report 2023/24	
19	Welsh Language Annual Report 2023/24	
13:50		
20	Risk Management & Board Assurance Framework Report	
14:00		
21	Audit Tracker & Audit Reports	
14:10	Disciplinary Case Management	
	Volunteers Governance	
22	Policies for approval	
	Professional Regulation Policy	
	NHS Wales Respect and Resolution Policy	
23	Committee Cycle of Business, Monitoring Report and Priorities	
14:20		
23.1	CONSENT ITEMS	
24	Staff Story Diagram	
25	Committee Highlight Report – 9 May 2024	
26	Committee Terms of Reference and Annual Report	
26.1	CLOSING ITEMS	

27	Key Messages for Board/Actions/Decisions	
14:30		
28	Reflections of the meeting	
29	Any other business	
30	Date of next meeting - 14 November 2024	

UNCONFIRMED MINUTES OF THE PEOPLE AND CULTURE COMMITTEE MEETING (OPEN SESSION) HELD AT CARDIFF MRD AND REMOTELY VIA MICROSOFT TEAMS ON 9 MAY 2024

Chair: Ceri Jackson

Members:

Ceri Jackson	Non-Executive Director and Chair
Hannah Rowan	Non-Executive Director
Joga Singh	Non-Executive Director

Prescribed Attendees:

Alex Crawford	Assistant Director of Planning and Transformation
Estelle Hitchon	Director of Partnerships and Engagement
Angie Lewis	Director of People and Culture
Hugh Parry	Trade Union Partner
Sonia Thompson	Assistant Director of Operations, EMS
Andy Swinburn	Executive Director of Paramedicine
Chris Turley	Executive Director of Finance and Corporate Resources
Jonathan Turnbull-Ross	Assistant Director of Quality Governance
Damon Turner	Trade Union Partner

Attendees:

Julie Boalch	Head of Risk/Deputy Board Secretary
Kathryn Cobley	Head of Inclusion and Engagement
Peter Curran	Non-Executive Director (joined during 39/24)
Sarah Davies	People and Culture Directorate Business Manager
Fflur Jones	Audit Wales (joined during 38/24)
Dr Catherine Goodwin	Assistant Director Inclusion, Culture and Wellbeing
Caroline Jones	Corporate Governance Officer
Matthew Jones	Pembrokeshire Locality Manager
Jo Kelso	Head of Workforce Education & Development
Sara Mills	Head of Culture and OD
Alex Payne	Corporate Governance Manager
Felicity Quance	NWSSP Audit and Assurance
Julie Stokes	Head of People Services
Hayley Jones-Dunne	Organisational Development Manager (observing)

Apologies:

Lee Brooks	Executive Director of Operations
Tim Cahalane	Trade Union Partner
Bethan Evans	Non-Executive Director
Christian Fox	Trade Union Partner
Ian James	Trade Union Partner
Mark Marsden	Trade Union Partner
Trish Mills	Director of Corporate Governance/Board Secretary
Liam Williams	Executive Director of Quality and Nursing

31/24 WELCOME AND APOLOGIES FOR ABSENCE

The Chair welcomed everyone to the hybrid meeting of the People and Culture Committee noting that this was her first People and Culture Committee as Chair. Apologies were recorded from Bethan Evans, Mark Marsden, Trish Mills, Lee Brooks Christian Fox, Tim Cahalane, Ian James, and Liam Williams, with Julie Boalch, Sonia Thompson, Jonathan Turnbull-Ross, and Hugh Parry attending as deputies.

She congratulated Angie Lewis, Director of People and Culture on winning a leadership award with the International People and Culture Awards 2024this week, also recognising the effort of the wider People and Culture Directorate within the Trust.

Ceri Jackson welcomed Hayley Jones-Dunne as an observer to the meeting following her recent appointment to the Trust. She also noted that Peter Curran would be joining for parts of the meeting. .

32/24 DECLARATIONS OF INTEREST

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

RESOLVED: That no new declarations were received.

33/24 MINUTES OF PREVIOUS MEETING, ACTION LOG AND HIGHLIGHT REPORT

The Minutes of the Open meeting held on 20 February 2024 were considered and agreed as a correct record.

The actions 57/23,11/24(a) and 11/24(b) were agreed complete with explanations against each action in the log.
Ceri Jackson queried if the action Qu01/24 that had been transferred to QuEST had been tabled and it was confirmed it would be picked up for the next meeting of the QuEST Committee. The action was closed.

Ceri spoke of her action (07/24) relating to Equality, Diversity and Inclusion and suggested that the action remain open as additional conversations were still needed with the Governance Team and Kat Cobley. Hannah Rowan confirmed that the action related more to practical action than induction guidance.

RESOLVED: That the

1) **minutes of the meeting held on 20 February 2024 were approved; and**
2) **Actions as set out above were agreed.**

34/24 DIRECTOR OF PEOPLE AND CULTURE DIRECTORATE UPDATE

Angie Lewis spoke of the positive interactions with colleagues across the organisation over that last couple of months. She highlighted the areas below from her update report:

- Continued progress of the Culture Champions Network and the positive impact on shaping Trust culture; an increased focus on visibility, programme of support and opportunities to empower CCs in their roles.
- Awards with the voices networks advocates.
- Time with Trade Union colleagues and a road trip to North Wales for the partnership session.
- Executive Team 360 process undertaken to continue to develop as a team.
- Clinical transformation workshops with focus on change management and building the change management capability.
- Commitment and endorsement on investigation team to move forward – ready to go to advert for those posts.
- Assurance given on Occupational Health work plan.
- The Roadshows provided an opportunity to engage with colleagues on workplace safety, as well as the positive engagement balanced with realism in relation to the level of change taking place across the Trust.
- Counselling sessions being offered by the Employee Assistance Provider has increased to 8 sessions following a recent retender exercise resulting in the same provider being selected.
- Appointed a full time dedicated Freedom to Speak Up Guardian role from next month.

Hannah Rowan, whilst agreeing that reporting was helpful, sought assurance around the safeguards in place for total anonymity for the new occupational health reporting to ensure trust was maintained. It was confirmed that currently it was only for use in clinical sessions and supervision purposes, with automated questionnaires sent by the Psychologists.

Within the challenges and risks, Angie Lewis referenced the increased workload and significant change across the organisation within the document, however she

agreed to share the level of change happening across the organisation in the next report.

Angie Lewis thanked Hugh Parry as a Trade Union Partner and an incredible Champion for Change, for his involvement and feedback following his attendance at the Change Management Course.

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

35/24 OPERATIONS QUARTERLY REPORT

Sonia Thompson drew out pertinent aspects for Members, which included:

- Relief planning has been extended following a successful first stage pilot from 5 to 6 weeks' notice. The move was expected to improve the working experience of our people.
- The Emergency Medical Service Coordination restructure had been agreed in principle to increase management and leadership support capacity and career development opportunities.
- Quality and Support days had been held promoting culture and behaviours with key areas such as seatbelt and safety harness use, process, and policy; all providing opportunities to have conversations with operational managers. Themes and trends data would be gathered from these sessions.
- End of Shift Overruns (EoS) – whilst the holding area has been lost at the Grange University Hospital, new premises were being sought. Despite that there is a reduced average EoS overrun length reducing to a lower level than the previous 15 months.
- Operations staff encouraged to drop into culture workshops which utilise the Cultural Early Warning Score tools to facilitate feedback from staff on their experiences and expectations.
- Clinical Assessment Software replacement project for NHS 111 went live successfully on 30 April 2024 and a major achievement for the Trust and all involved.

Members congratulated the team on the CAS work, for achieving so much whilst under pressure; whilst Damon Turner recognised the positive impact the relief planning and reduction in overruns had on staff, the latter of which were at lower levels than in the previous month

Hannah Rowan queried if the resource in NHS 111 would be reviewed to match the demand with Sonia Thompson confirming that some demand and capacity modelling would need to be undertaken which was incorporated in the IMTP and that conversations were ongoing.

RESOLVED: That the Operations Quarterly Report was noted.

36/24 STAFF STORY – A VIEW OF FRONTLINE LEADERSHIP

Matthew T Jones, Locality Manager in Pembrokeshire, attended the meeting to share his learning on the work he had undertaken on attendance and sickness absence. Matt started as a student Paramedic in 2010 and worked in Surrey for a year before returning to join the Trust in Pembrokeshire in 2013. He became a Clinical Team Leader in 2019 and then acted up as a Locality Manager during the pandemic. He was appointed permanently in May 2020 and transitioned into the Duty Operations Manager (DOM) role, and then substantively as a Locality Manager.

Matt had faced some challenges in leading a team that he used to work within as a colleague, in dealing with high sickness rates, outdated Stations, and had concerns regarding the support available to colleagues off long term. 'Chat with Matt' sessions were set up to discuss key issues such as sexual safety, sickness, handover delays, overruns, and an opportunity to explain things to staff. For example, the national Managing Attendance at Work Policy and delivering it locally and making the most of the People and Culture Plan as a guide to support staff and to have open and honest conversations. There was a clear need for change with abstraction rates.

Matt adopted a new system on O365 Microsoft Planner to track and manage staff absences and other operational matters. He said it was very intuitive and visual and helped him and the DOMs to provide timely and appropriate support to staff, linking in with Information Governance colleagues to ensure that data protection requirements were considered . A year on from using the system, it was clear when staff have received welfare calls, occupational health referrals etc and it intuitively tracks staff to enable customisation in the way absence is managed. The capability to attach long term sick records, e-files, staff information, time and date stamp of actions, letters to be sent out or supportive actions due, was invaluable. The results and benefits have been realised as a whole system change building a team back from 25% sickness to 7% and improving PADR completion rates.

Angie Lewis and Jason Killens visited Pembrokeshire Station and saw this in action, acknowledging that a lot had been achieved in a short space of time and most of it done in house by Matt and his team. Station facilities were improved by creating quiet rooms for staff to reflect and relax. He said he did this with very little money and with the help of the Estates Team and the staff themselves.

Matt's reflections of this activity included: having a safe space to learn from mistakes in the beginning of the project, linking into the People & Culture (P&C) Plan, that it is an excellent example of how a whole team in EMS has been involved in supporting staff back into work following a period of absence, and the work that has been done to support staff in complex cases and the innovation and creative thinking demonstrated by our people.

The Committee reflected how impressed they were with this innovation and creative thinking, whole scale support for staff and managing absence and whether this approach could be adopted nationally across EMS.

Hugh Parry suggested that it could be appropriate for operational colleagues in the North to engage with Matt to learn from his system and understand whether it could be applied. Damon Turner added that he was impressed by the system demonstrated and acknowledged Matt's honesty and can-do attitude. Matt responded that he would be happy to discuss his approach with others and noted that he had good working relationships with Trade Union representatives in his area.

Matt confirmed he had two supportive managers who were enthusiastic about his project in response to a question asked if there was more that the Trust could have done to support him. Matt continued by saying there were mistakes early on relating to information governance, which had been a learning curve and had been resolved. Joga Singh asked for discussions outside the meeting to ensure all records linked back centrally on induvial personnel files.

Angie commended Matt for his great leadership from the front line, noting that the system and tools were great; however, it was the passion, commitment, and desire to help staff have a positive working experience which came through. The Trust was keen to keep shining a light where great practice was happening, learning, and evolving. Angie advised that she would take forward actions associated with this practice and consideration of extending it across the Trust.

37/24 NHS STAFF SURVEY RESULTS

The Committee received insights from NHS Staff Survey and Angie Lewis presented a focus on the issues of stress and burnout in the workplace as indicated by the survey results. There are links between addressing these issues with our overarching People & Culture ambitions, and in context of the Health and Wellbeing Plan. The data would be used to improve employee experience and organisational culture. The results would increase awareness of these issues and assist in developing meaningful actions against to address stress and burnout.

It was noted that the more detailed Directorate information that was due to be received from Health Education and Improvement Wales (HEIW) at the end of April had only recently been obtained. Work would now commence with Directorate Leads and TU Partners to share the richness of the data following completion of the necessary analysis.

The poor response rate was commented on and although similar to those of other UK ambulance services, with no single factor determining the lack of response, it was hoped for a higher response rate next time. Angie felt that demonstrating to our people that management is listening and learning, and that action was being

taken was important. There is a hope that future survey responses will increase in line with other NHS bodies in Wales.

Hugh Parry asked if there was any possibility of using Continuing Professional Development (CPD) hours to complete the survey. Angie Lewis confirmed that issues around incentivising and CPD were being discussed Nationally and the outcome would be fed back once known.

Ceri Jackson commented on the depth of the feedback and the insights that were now helping to move the Trust forward and confirmed that the NHS Staff Survey results and associated action plan is a priority for the Trust Board The importance of engaging with Trade Union colleagues and staff networks to promote completion of the Survey was noted.

RESOLVED: That the report was noted and commented on.

38/24 PEOPLE AND CULTURE PLAN METRICS UPDATE

The Committee received a paper on the People and Culture Plan Metrics, including quantitative data that highlighted achievements and challenges related to the plan, such as the international award for culture, the work on change management, and the dedicated Investigation Team. Angie Lewis also mentioned positive trends, such as reduced turnover, sick absence (the best it has been for a while), and MIST compliance capability, as well as areas of concern, such as stress and burnout. More detailed information would be shared in the next Committee meeting.

It was recognised that a potential gap was not sharing the progress of the "you said we did" to ensure people across the organisation were aware of what was being done in different areas.

The downward trend in turnover was not uniform across the Trust with upward trends evident in both Allied Health Professional (AHP) and Nursing and Midwifery groups. This highlighted the challenges specific to nursing retention and it was recognised there was a UK shortfall in nursing, which could be attributed to the wealth of opportunity. Jonathan Turnbull-Ross proposed that the organisation should thoroughly explore the potential of nursing roles within the Trust. This opportunity is particularly exciting given the current demands on urgent and emergency care systems. Additionally, it would be valuable to compare this opportunity with other offers available It was noted that a retention lead, funded by HEIW, had recently been appointed within the Trust.

An organisational change process was ongoing in the Quality and Nursing Directorate, with the final structure due to be released shortly, which would grow opportunities for nursing and enable more capacity for nursing leadership.

Joga Singh sighted the importance of capturing the exit interview data to understand the reasons for people leaving. Angie Lewis confirmed that a full moving on process across the organisation was about to be rolled out and recognised that moving on for opportunity or development was positive.

An increase in people coming forward to raise a concern showed the behind-the-scenes work was having an impact.

Deep Dive

A deep dive on the disciplinary processes and the compassionate practices approach was presented to Committee. The highlights included the increase in workload due to the rise in cases related to sexual safety and inappropriate behaviour having been reported, and the efforts to reduce the duration and harm of disciplinary cases.

The introduction of three independent investigators on a fixed term basis and the importance of decision-making officers having the capacity and pace to deal with cases was recognised, and it was hoped that once the benefit was realised that the post may be considered as a permanent post. Concern was raised regarding the harm caused by suspensions and the need to improve in that area.

Hugh Parry asked that the lessons learned and an action plan following disciplinary cases should be an automatic process to limit the damage, hurt and trust within the employee-employer relationship.

Joga referenced the timings of investigations and Chris Turley assured Committee that the Counter Fraud team do link in with People and Culture colleagues which would assist in the timings of some investigations. Angie Lewis agreed to segregate the cases where there was police involvement to provide a level of assurance in terms of the time taken to deal with cases.

RESOLVED: That the report was received and commented on.

39/24 WORKFORCE SCORECARD AND MONTHLY INTEGRATED QUALITY AND PERFORMANCE REPORT

The Scorecard referenced in more detail some of the key objective metrics which are required to be reported on as part of the Integrated Medium Term Plan and Monthly Integrated Quality and Performance Report.
There was acknowledgement on the sustained improvement made on sickness absence, compliance for statutory and mandatory training and PADR compliance.

Jo Kelso recognised that people were prioritising the elements of training that kept them safe and legal; however it was noted that the Trust needed to ensure staff had the opportunity to become compliant with all competencies. There was work ongoing to improve the quality of the learning and to make it more engaging. Hannah Rowan referred to some specific challenges she had faced and asked that the functionality of the platform be looked at together with possibility of adding transcripts.

Hannah posed questions relating to the drop in apprenticeships in progress and if that was due to a change in policy. Jo Kelso explained the reasons for the change in statistics mainly due to EMT1s finishing studies and becoming EMT2s with some generalised housekeeping too.

Hannah also queried if the increase in instances of violence and aggression (V&A) were due to better reporting or an actual increase in instances.

Jonathan Turnbull-Ross confirmed in regard to V&A it was likely to relate to how the Trust was connecting with the workforce and the culture locally with much effort being focused on what is and what is not acceptable in the workplace. There had been a relaunch of the anti-violence collaborative at an all-Wales level. He also referred to an analysis paper which would be brought the next meeting.

Joga Singh commented on the upward trend of PADRs and also asked about the job evaluation process. It was noted that any staff member could ask for a job evaluation subject to the description being older than six months with clear differences set out between the old and new role. There was a formal structured approach to review jobs roles.

RESOLVED: That the report was received and reported performance and associated actions were commented on.

MIQPR

The Monthly Integrated Quality and Performance Report ("MIQPR") showed that continued system pressures including handover delays remained a significant pressure on our people. The Trust continued to work on actions within its control to mitigate avoidable patient harm. The Trust lost almost 23,500 hours to handover in March which is difficult to compensate for. The 2024/25 budget included further investment in activities designed to shift demand left and mitigate the impact of handover lost hours.

Demand in NHS 111 coupled with the decrease in the number of call handlers commissioned would have an impact on staff wellbeing. There was acknowledgement on the sustained improvement made on sickness absence; however, there was work to be done. Committee were assured that there was a

dynamic plan in place on areas such as Muscular Skeletal issues, Manual Handling and Mental Health that remain a priority given the challenging 6% sickness absence target.

Whilst sickness absence figures were aligned to that of other ambulance services, within NHS Wales the Trust was an outlier.

Ambulance Care, in particular, Non-Emergency Patient Transport Service's (NEPTS) performance remained stable with oncology remaining above target and renal performance achieving its target.

RESOLVED: That the report was considered.

40/24 HEALTH AND SAFETY REPORT

Committee were assured on the Health & Safety (H&S) Report which several positive aspects such as high compliance rates for Reporting of Injuries, Diseases and Dangerous Occurrences Regulations reporting demonstrated a grip of control and flows of work within the Trust.

A low number of RIDDOR incidents were reported in Quarter 4. There remain areas of concern in relation to mandatory training and increasing instances of violence and aggression. There is ongoing work and initiatives to address these issues such as the Right Care Right Person with the Police in the coming 12-24 months on the association of Mental Health with incidents of violence and aggression. Several highlights included:

- An IOSH article on H&S in December 2023 on the Trust's efforts.
- The Head of H&S has been invited to join an editorial board.
- The CEO has been invited to discuss learning with Blue Light partners. across the UK.
- The H&S Annual report will be presented to the next meeting.

The Committee discussed in detail the concerns raised by staff relating to diesel fumes, recognising that this was a complex issue with no immediate resolution. Trade Union Partners raised this as an issue for discussion and confirmed the number of concerns had increased with staff complaining of feeling unwell whilst on shift. An internal audit had been included in the annual audit plan to be completed in the next quarter.

Jonathan Turnbull-Ross advised that the Trust has undertaken diesel monitoring and has a repeat exercise planned for the next quarter. They are also looking to commission some static site monitoring and have introduced a diesel data vault to capture incidents and outcomes, to improve the monitoring and reporting within the Trust. He acknowledged that diesel fumes are a signifcant concern and a hazard

for the people affected and that they are working with the industry and procurement services to find a solution.

Estelle Hitchon agreed to work with the Trade Union Partners and Jonathan Turnbull-Ross to agree some communications to be issued to our people around work ongoing in response to the diesel fumes issue, as it was acknowledged that there could be a communication gap.

The Committee noted that the Health & Safety Committee (H&SC) would continue discussions in relation to diesel fumes and undertake monitoring within the next quarter as a priority area for the Trust. This would continue to be monitored at Committee through the H&SC AAA report and the Health and Safety updates, in addition to receipt of the internal audit report when it is available. Ceri Jackson stated her confidence that the Trust Board were sighted on the issues with diesel fumes and that the Committee would continue to monitor the position through the reporting mechanisms indicated.

RESOLVED: That the

1) **Contents of the report were noted; and**
2) **Health and Safety Committee would continue discussions in relation to diesel fumes with the AAA report informing Committee in addition to receipt of the internal audit report.**

41/24 STAFF DEVELOPMENT OUTLINE PLAN

Jo Kelso presented the report acknowledging it was a deliverable of the People & Culture plan to categorise professions into job families to provide a clear route of how individuals could progress, which aimed to provide equity in development opportunities for our people to undertake their roles and benefit from progression opportunities.

Mapping was underway on professions and roles and would define skills and competencies and create a progression diagram tapping into external best practice in this area.

It was noted that the recent admin review had shaped this work together with the service review which was ongoing.

Members fully supported the work and were keen for a communications plan to be put in place for staff to raise awareness.

RESOLVED: That the report was noted and supported.

42/24 RISK MANAGEMENT AND BOARD ASSURANCE FRAMEWORK REPORT

The report provided an overview of the risks relevant to the Committee's remit together with the two highest scoring risks; Risk 223: The Trust's inability to reach patients in the community causing patient harm and death and Risk 224: Significant handover delays outside A&E departments impacts on access to definitive care being delayed and affects the trust's ability to provide a safe and effective service, which sit within the oversight of the Quality, Safety and Patient Experience Committee which impact every area of the Trust.

The four risks within the remit of this Committee were reviewed as below:

160 – High absence rates impacting on patient safety, staff wellbeing and the Trust's ability to provide a safe and effective service remained at a rating of 20 (5x4). Committee acknowledged that elements of the risk had been discussed throughout the agenda including controls, mitigations and additional actions being taken.

163 – Maintaining effective and strong Trade Union partnerships remained at a score of 16 (4x4). The risk was presented in detail to the Welsh Ambulance Services Partnership Forum for the first time in May 2024 recognising this was a dynamic risk.

201 was discussed as a separate agenda item

Risk 558 (deterioration of staff health and wellbeing in the face of continued system pressures as a consequence of workplace experiences) remained unchanged at a score of 15 (3x5).

Each risk had been reviewed in accordance with their review timetable with updates being presented to the Board meeting at the end of May.

RESOLVED: That Members considered and discussed the report.

43/24 DEEP DIVE ON REPUTATIONAL RISK 201

Committee received a short presentation on risk 201- Damage to the Trust's reputation following a loss of stakeholder confidence which remained at a score of 20 (4x5). Estelle Hitchon advised that what others think of the Trust was often grounded in perception rather than fact. The risk was inextricably linked to several of the metrics measured at PCC and was not solely related to performance and would include key issues such as the impact of diesel fumes, for example, which was discussed at length during the meeting. The latest reputation audit closed in May 2024 and evidence showed there was more work to do to understand our service offer.

The qualitative feedback was being thematically reviewed and triangulated against intelligence from the ELT 360 and stakeholder engagement. This would inform the revised influencing plan. To continue to mitigate the risk is to position and promote the Trust as a credible 'system voice', shape the media narrative and political engagement, formal and informal engagement with key stakeholders, internal communications in light of the strategy, engaging the Board, senior leaders and TUPs on their influencing role. Building confidence, improving performance and patient experience would lead to enhanced morale and improved cultural climate.

The recent reputational audit, commissioned by the Board to understand the Trust's reputation among key stakeholders including staff, partners, politicians, media, patients and focus groups had closed, and Estelle shared some findings with Committee. Whilst fewer responses had been received than for the previous audit, there was rich feedback in the free text opportunities given to stakeholders. With people asked to say what services the Trust provides, 111 was barely mentioned, which may be down to a communications gap, which would need to be reviewed and addressed.

Key findings showed the Trust's strengths in clinical performance, innovation, and staff engagement, as well as the challenges in communicating its vision, strategy, and role in the wider system.

The recommendations included developing a clear narrative and brand identity, enhancing the Trust's digital presence and media relations, and engaging more proactively with stakeholders and the public.

RESOLVED: That the
1) ongoing risk was being reviewed; and
2) the audit findings would examined and action taken as identified.

44/24 AUDIT TRACKER AND INTERNAL AUDIT REPORTS

The report provided the Committee with the current position with respect to management actions for audits within the purview of the Committee, in addition to the wider progress in quarter.

Excellent engagement with Directorates on the revised Tracker 2.0 resulting in 14 internal audit actions related to Committee closed in quarter. Of the actions due in quarter, nine action due dates had been moved and none had a third revised date. The external audit actions remain open where there have been changes in due dates or proposed by the Director.

Work was still ongoing to develop Tracker 3.0, the Sharepoint solution, with Digital Health and Care Wales colleagues for which testing was now in progress.

The Seatbelt Action Plan final Internal Audit Report was included which had been considered by Audit and QUEST recently.

RESOLVED: That

1) **the actions contained in the Tracker were noted; and**
2) **The Seatbelt Action Plan final Internal Audit Report was received.**

45/24 POLICIES FOR APPROVAL: HOMEWORKING POLICY

The Committee were pleased to approve the Homeworking Policy v3.5 which was a slightly amended version to that approved at the last meeting and acknowledged that the Exit Interview Policy had been reclassified as a Standard Operating Procedure.

RESOLVED:

1) **Homeworking Policy v3.5 was approved;**
2) **acknowledged that the Exit Interview Policy had been reclassified as a Standard Operating Procedure; and**

46/24 COMMITTEE CYCLE OF BUSINESS 2024/25 & MONITORING REPORT

Members received the Committee Cycle of Business (CoB) updated following the effectiveness review conducted in Q4 along with the Q1 Monitoring Report. The CoB for 2024/25 was presented to the Committee for approval.

The cycle had been developed with direct correlation to the duties as set out in the Terms of Reference allowing Members to review the appropriateness of the proposed reports and their frequency.

The cycle for the Committee was a maturing document which would grow organically over the coming year.

RESOLVED: That

1) **The 2024/25 cycle of business was reviewed and approved; and**
2) **The cycle of business monitoring document was noted.**

47/24 WASPT HIGHLIGHT REPORT (INCLUDING ANNUAL REPORT)

The WASPT highlight report was received following their meeting on 19 February 2024, with no specific issues escalated. A verbal update noted from the 2 May 2024 meeting was provided acknowledging that whilst there were open and constructive discussions it had been a challenging meeting.

Focus on the nature of the issue being raised and ensuring this was done in the

right forum was a key issue with a resolution to meet and progress this.

The Committee Members praised the work of the WASPT team, expressed their support for the partnership approach, and asked questions about the data quality, the feedback mechanisms, and the future plans for the WASPT.

The annual report was received which highlighted the progress being made which would be presented to Trust Board for endoresement and awareness.

Work around walking in each other's shoes was being progressed with potential for Non Executive Directors to be involved in that space, to understand the Trade Union perspective. Hannah Rowan expressed her interest in being involved in this.

RESOLVED: That the WASPT highlight report was received.

48/24 CONSENT ITEMS

The Staff Story Driver Diagram together with the Committee Highlight Report of 20 February 2024 were received for information.

49/24 KEY MESSAGES FOR BOARD

Any messages for Trust Board would be included in the highlight report from the Committee.

50/24 ANY OTHER BUSINESS

Members welcomed Ceri as the Chair for her first meeting and thanked her for reviewing timings throughout the meeting.

51/24 DATE OF NEXT MEETING

The next meeting is scheduled for the 30 August 2024.

PUBLIC ACTION LOG

WELSH AMBULANCE SERVICES NHS TRUST - People and Culture Committee

Ref	Date	Agenda Item	Action Note	Responsible	Due Date	Progress/Comment	Status
07/24	20 February 2024	Items 8-10	Hannah Rowan, EDI NED champion sought to have more guidance on how she and other NEDs might most appropriately support initiatives throughout the year, over and above monitoring the plan.	Kat Cobley	~~09/05/2024~~ 15 August 2024	**Update for August Meeting -** Kat Cobley met with new P&C Committee Chair, Ceri Jackson, to discuss EDI. Agreed to explore options for EDI awareness to be included in NED induction. NEDs to use own personal areas of expertise and interest to support EDI initiatives. NED EDI objectives also included in the review of WAST Chair Objectives document to strengthen NED involvement and support for EDI initiatives. Upcoming events have been shared with the NEDs to attend e.g. Pride, Mastering Diversity Event, NABMEF event. Board Development EDI session being arranged with external EDI consultant for February 2025. Update at May meeting - Further conversations needed around the practical actions that could be taken, not induction related, guidance. Hannah and Ceri to link in with Kat Cobley and the Governance Team with an update to be brought to the next meeting. - Action to remain open.	Open
34/24	9 May 2024	Director of People and Culture Update	Within the challenges and risks section of the report increased workload and significant change across the organisation was referenced. The next report to include sharing the level of change across the organisation.	Angie Lewis	15 August 2024	**Update for August meeting:** referenced within Director Update	Open
36/24	9 May 2024	Staff Story	Joga asked if Workforce colleagues could roll out Matt's use of the tool on Microsoft Office which is currently being used to monitor sickness as the benefits were clear. IG issues had been worked through and lessons learnt.	Angie Lewis	15 August 2024	**Update for August meeting:** Staff Story update included as an agenda item. It has been presented at an Informal SOT meeting, Kelly Holding will need to sign off on the project as well, due to the GDPR/IG considerations. The project will need to be taken through the official route through Operations now so all this will be picked up by the formal processes of the Trust.	Open
36/24a	9 May 2024	Staff Story	Work had been undertaken in the North relating to recording of sickness and it was agreed that discussions between Matt and someone from the North be held to review processes and what could be transferred.	Angie Lewis	15 August 2024	**Update for August meeting:** Follow up discussion has taken place regarding approach to recording sickness absence in specific parts of the organisation (North). These will be reviewed to assess what could be adopted further. This will also be added to the managing attendance action plan	Open
36/24b	9 May 2024	Staff Story	Records and management discussions should be linked back centrally on individuals personal files and not just held locally. This would be captured in the Driver diagram at the next meeting.	Angela Lewis	15 August 2024	**Update for August meeting:** the use of shared files instead of individual OneDrives will be the preferred option. The project will need to be taken through the official route through Operations now so all this will be picked up by the formal processes of the Trust.	Open
39/24	9 May 2024	Workforce Scorecard	JTR confirmed a paper would be presented to a future meeting on Violence and Aggression. Nicola White to be the lead on this item.	Liam Williams	15 August 2024	**Update for August meeting:**	Open
40/24	9 May 2024	Health and Safety	In relation to diesel fumes and it being a complex issue, the matter would be discussed at the H&S Committee (10 May) meeting and the upcoming Audit findings will be fed back to Committee. A comms piece in the interim would need to be commissioned. Estelle agreed to work with Hugh and Damon.	Estelle Hitchon	15 August 2024	**Update for August Meeting** - A discrete diesel fumes section has been created on the Intranet, hosting a range of information. It is visible and accessible from the homepage of Siren for ease of navigation. Head of Comms is engaged with colleagues in the development of further communications collateral, including a video campaign. Updated messaging is in the process of being agreed.	Open
Qu02	1 August 2023		TRANSFER FROM QUEST TO PCC In respect of the relief gap in Powys, update to PCC on the recruitment and management of abstractions	Angie Lewis	30 August 2024	Verbal update to be given at August meeting	Open

Director Update: *People & Culture*

PEOPLE AND CULTURE COMMITTEE
30TH AUGUST 2024

ANGIE LEWIS
DIRECTOR OF PEOPLE & CULTURE

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

Culture

Two members of our team, Karen and Hilary, shared their experiences regarding managing complex, sensitive cases as part of the Ambulance People Profession Development Programme 2024 Sexual Safety series. We're proud to be supporting this vital agenda and continuing to enhance our knowledge and understanding in this area, to ensure we can provide the best support possible for our colleagues.

I'm so pleased to share that I was recently named as one of the top 30 most influential HR Practitioners in the UK; this recognition really highlights the outstanding work we're doing at WAST and shines a light on our commitment to excellence and focus on our people.

I'm thrilled to share that we recently won a HPMA Cymru Award 2024 for our Bystander to Upstander initiative, which was designed not only to raise awareness among colleagues of equality, diversity, and inclusion but give them practical tools to challenge discrimination and inappropriate behaviours. It is one of a number of initiatives and programmatic changes introduced by WAST in the last couple of years to promote a culture of inclusion. More than 200 individuals across Wales have completed our Active Bystander training since May 2023 and we continue to roll this out across the Trust.

Capacity

In June we ran several EMT Engagement Events focusing on the EMT 2 to 3 Transition Proposal, to provide colleagues with the opportunity to ask questions, clarify any concerns and fully understand the proposal. These were well attended and feedback indicates that colleagues found these to be beneficial and informative. It was also a great opportunity for us to meet more colleagues; Angie also met a potential future colleague (pictured) at one event!

We've identified several change hotspots within the Trust where colleagues have expressed concerns about the level and pace of change impacting their work experience. We recognise this is not an isolated issue and are currently undertaking a piece of work in conjunction with Strategy, Planning and Performance colleagues, to understand the level of change happening across the organisation now and over coming months. This will help us pinpoint areas that require immediate attention, enabling us to prioritise initiatives and reconsider timelines where necessary. Our goal is to ensure that we manage change in a way that supports our people and aligns with our overall strategic objectives, contributing to a healthier work environment for everyone.

Following this year's Big Bang recruitment event, we've now commenced onboarding of this year's Newly Qualified Paramedics; this includes delivery of blue light driver education and a clinical induction programme, to prepare them for their roles at WAST.

We're working closely with Clinical colleagues to prepare for the autumn flu campaign; this officially starts at the beginning of October. Digital colleagues have designed an innovative new app for our local vaccinators to use, to record consent and vaccination. This will also ensure we have timely and accurate dashboard of our compliance throughout the campaign.

Capability

We've great received feedback from current and past and current TEMTs regarding their Essential Digital Literacy Skills (EDLS) qualification. Current learners have said they appreciate the inclusion of EDLS on their induction programme, as it is improving their confidence with the digital tools they've been using throughout their career in WAST. In addition, EMTs who have applied for the part-time BSc to become Paramedics have told us that EDLS equipped them with the skills to put together engaging poster presentations as part of the applications process.

We're in the process of expanding our CPD offering to corporate colleagues, most recently through the introduction of a short course on Critical Thinking. We're also continuing to make education and development more accessible by providing more alternative routes to achieve the same outcome. For example, we are offering Duty of Quality and Decision Making and Consent via ESR and LMS365, so colleagues have the flexibility to choose the approach that best suits them.

I'm proud to share that one of our EMT colleagues, Lindsey Keyes, has been nominated for the Higher Apprentice of the Year award by Skills for Health for the third consecutive year. This recognition is especially significant as we've won this prestigious award several times previously, standing out from a competitive cohort of many hundreds. This consistent achievement reflects the exceptional talent, dedication and hard work of our apprentices, as well as the robust support and guidance provided by our teams.

Skills for Health

Healthcare Apprenticeships

Helping you prepare, plan and deliver world class apprenticeships

This month, we welcomed Education teams from London and South West Ambulance Services to attend a showcase of best practice in Driver Education. During the session, we provided colleagues with an in depth look at the work we've done to enhance the driver education experience, including introduction of digital tools and innovative assessment practices.

We recently finalised our in-house ILM Coaching & Mentoring qualifications, designed as CPD for our Paramedic Science Practice Educators to enhance the support they provide to our student Paramedics during their degree programme. This is a positive step forward for us, aligning with our People and Culture vision around enhancing professions and enabling continuous development.

'OUR WAST Way' marks a significant step towards creating the leaders we need for the future and enabling a culture of compassionate, inclusive and collaborative leadership to be at the core of how we lead and manage at WAST. We have made significant progress in drafting the leadership behaviours that will form the foundation of OUR WAST Way. These behaviours have been systematically developed based on extensive research across the NHS, the ambulance sector, cultural review recommendations and current best practices in leadership development. Our aim is to articulate what good leadership looks like at every level. We are currently in a critical phase of stakeholder engagement.

We are actively involving leaders and managers at all levels and our TU partners in the review and refinement of these behaviours, to ensure that the OUR WAST Way is not only robust but also reflective of our collective vision and needs. Next steps will involve finalising the leadership behaviours and aligning development opportunities tailored to each leadership level.

Challenges & Risks

- Volume of recruitment and change across the organisation

Coming Up

- Introduction of Director of People and Director of Culture Change roles
- Flu campaign commencing October
- Staff Survey 2024 opening October

OPERATIONS DIRECTORATE
QUARTERLY REPORT FOR COMMITTEES
2024-25 Q1 (April – June 2024)

National Operations & Support

IMTP

Manchester Arena Inquiry
Work on the recommendations has continued with the Capability to Prepare, Capability to Respond and Capability of Specialist Assets papers completed, the and the Recommendation 106 papers being transitioned through the governance route ready for Trust Board approval in July's Closed Session. To date, 30 of 68 recommendations have been completed with 20 of those outstanding requiring investment to progress.

General Update

Community Welfare Responders (CWR)
Since the start of the financial year, CWR support officers have recruited and trained 20 CWR volunteers working across 14 active teams. CWRs have attended 68 patients in April & May with a hear and treat rate of 43.5%. CWRs have undertaken two tests of change to determine which types of patients benefit from the service and which allocation process is most effective.

Test of Change Cycle 1 – CWR deployment to long waits

- Allocator and clinician co-located and working collaboratively to identify and determine suitable calls for CWR. Deployment of CWRs to longest waits in the community.
- Testing occurred 14/05/24 10:00-16:00, 19 calls attended during test period.
- Early data indicates a positive impact on consult and close rate and recognition of deterioration.

Test of Change Cycle 2 – CWR deployment to long waits

- Allocator identified and deployed CWRs independently, clinician available for support remotely if required. Deployment of CWRs to longest waits in the community.
- Testing occurred 04/06/24 12:45-18:00, 17 calls attended during test period.
- Early data indicates a positive impact on wait times for response.

Discussions are still ongoing regarding a new back-up matrix for CWRs to allow the clinician to release the volunteer from scene, following observations, as they do not carry kit for treating patients, unless the patient will require BLS.

Risk 594 - *"The Trust's inability to provide a civil contingency response in the event of a major incident and maintain business continuity causing patient harm and death".*

WAST is currently reviewing the immediate release protocol and it is our aim to include the release schedule as agreed by COOs. The release protocol schedule for Health Boards to initiate in the event of a major incident, is set out as follows:

- 50% of vehicles released within 10 minutes.
- 75% of vehicles released within 20 minutes.
- 100% of vehicles released within 30 minutes.

Operational Effectiveness

WAST aims to enhance operational efficiency by addressing key areas such as mobilisation times, time spent on scene, clinician travelling unavailability, and multiple auto-allocations. The focus of the work is to emphasise the need for a system-focused approach and the implementation of a live dashboard for dynamic efficiency management. The plan includes identifying stakeholders, discussing strategies, and documenting an action plan, along with the development of new measures specific to the key areas of the job cycle time that require improvement. Additionally, new management processes will be established to ensure continuous monitoring and adjustment. The plan will be delivered with benefit realisation through PowerBI dashboard development. The goal is to optimise resource utilisation and improve service capacity.

Resourcing, EMS Coordination and Quality

Challenges

Accredited Centre of Excellence (ACE) status with the International Academies of Emergency Dispatch (IAED)

The Trust went into remediation with the IAED for MPDS following Q4. An action plan was approved at SOT and SLT and was submitted to the IAED as per its Remediation Policy. The Trust is required to fall within the specified thresholds of compliance to come out of remediation status. So far for Q1, the Trust has reported compliance within the accreditation threshold boding the Trust well to come out of remediation following Q1. Monthly assurance is being provided to SOT and SLT via memos, and the actions are in progress. Levelling for the OQ Quality Audit team was undertaken with the IAED and the IAED. Feedback from the IAED was positive around the actions being undertaken to address identified issues.

HM Coroners

EMS Coordination/Operations Quality continues to receive coroner requests which has meant the backlog of statements has remained. Capacity within Operations Quality (OQ) has been realigned where possible to support with the construction of statements and a robust QA process is in place to ensure that accurate statements can be reviewed and signed by the Service Managers/Head of Service for serving to HMC. Whilst 15 of the outstanding 34 coroner statements have breached the

requested return date, these are all at some point in the QA process. All other outstanding statements are not yet due, and the OQ team is completing these alongside other investigations (concerns, nationally reportable incidents (NRIs) and MTPS training etc.).

Resourcing GRS Interface

The link between the GRS system (Rostering) and the Computer Aided dispatch (CAD) system is being developed to ensure that information within GRS can be shared directly onto the CAD system. The benefit of this interface is that GRS will send details of crews and their skills through to the CAD and it would also keep EMSC updated with staff shortfalls for expected shifts automatically and allow almost real time absence reporting so that EMSC can adjust the crew numbers and mixes where necessary. This will replace paper crewing sheet reports, which are currently completed by the Resourcing Teams manually and sent to the EMSC for next 24hr crewing information, thereby providing significant efficiencies as staff would not be required to manually enter crew details onto the CAD from written sheets. While this is currently in the test phase of development, it is expected that this will be delivered in the live environment by quarter 3 of this year.

IMTP

EMS C reconfiguration Update

The OCP consultation for EMSC commenced on Friday 10th May 2024 and was due to conclude on the 7th of June 2024. In consultation with Trade Union Partners, this was extended for 2 weeks and therefore closed on the 21st of June 2024. There were a range of questions raised during the formal consultation period and the formal response to those questions is being finalised.

The OCP covers a range of key developments across the EMSC centres and includes a new structure that will offer colleagues the opportunity to develop into different roles and grades. The development of the Single Allocator Model is a key development, providing a single allocator for each area, providing clarity of accountability and responsibility for the work in that area. Alongside this we have re-run the data from the 2019 demand and capacity review to ensure that the number of desks and indeed the equity of workload across desks is fair; finally, we are developing in conjunction with staff from each of the three EMSC Centre's a set of roster keys to support the new requirements based on the data modelling. Working groups continue to engage and work with colleagues from each of the centres, together with Trade Union Partners to ensure that the implementation of the proposed changes take into account the views of those colleagues who work in the centres day in day out. The ambition is to implement the proposed changes by the end of September / early October this year.

General Update

Operations Quality OCP

The Operations Quality (OQ) OCP recruitment is still in progress and two roles are still awaiting job evaluation following feedback and delay at panel. These two posts have been approved at RCP as acting up positions. One is filled and the other is being offered internally and should be filled by mid-June. The new Locality Manager post has been filled and other posts are in recruitment phase. Once people are in these posts, the department will be able to place some focus on reviewing the EMS Coordination SOPs.

Medical Transfer Protocol Suite (MTPS)

Operations Quality has begun training EMS Coordination staff on MTPS which are the new interfacility transfer protocols within MPDS. Training commenced during June and the go live date for MTPS is during late July. The Service Manager, Operations Quality (Chair of the T&F) continues to provide updates and assurance to the overarching Transfer and Discharge Group to ensure external stakeholders and partners are up to date with MTPS developments and implementation plans.

Emergency Medical Service

Challenges

Lost Hours to Handover

Delayed transfer of care at Emergency Departments across Wales remains a significant challenge in being able to provide a safe level of emergency service with timely response to calls. The total amount of lost hours during Q1 is 5% lower than the hours lost during previous quarter. In April 2024 the total lost hours were 23,616, May 2024 at 24,762 and June 2024 at 22,230. The impacts of these delays and associated system pressures are regularly discussed at Committee and Trust Board.

Red and Amber Performance

As we notice a continued very poor position in transfer of care delays, this is ultimately being translated into a deteriorating red performance and delayed response to our most critical patients. Overall, the red performance continues to fall well short of 65% in all Health Board areas. This is under constant scrutiny within the EMS Response and EMS Coordination teams to improve the level of response in this area.

The Amber median trend showed signs of improvement in April 2024 but has since deteriorated in May 2024. This follows a period of relatively constant response times. A reduction in handover delays would support our response to these patients and prevent escalating through the Clinical safety Plan (CSP) with further response implications to this category of patients, especially Amber 2 patients.

Culture

EMS have accepted that there are pockets of poor culture that need addressing. The team are currently dealing with 4 investigations which have gone to a disciplinary panel after the initial investigation concluded poor behaviours were exhibited. These will be managed in line with national policy and procedure ensuring all allegations are addressed and dealt with in a timely manner.

Team based working

Plans are currently being finalised to look into trialling team-based working. The management team are looking at what this could look like and will be benchmarking the concept of this approach with London Ambulance Service (LAS). A team will visit LAS in early Q2 to research the approach to resourcing and team management.

IMTP

EMT3 Role

Conversations with TUP's have progressed where a business case will be created. An offer is being negotiated and will be ongoing with TUPs to discuss the EMT3 role. Anticipating a ballot to take place in June to give more direction. WAST has completed face to face staff sessions with CEO across Wales as well as virtual sessions.

General Update

Quality & Support Days

These days continue to provide invaluable support to operational staff in the promotion of key indicators and expectations relating to many elements of quality behaviour within Trust premises, on ambulance vehicles, and relating to the member of staff personally.

These Quality & Support Days have previously covered an array of subject areas including; seat belt and safety harness use, Dress Code Policy, IP&C, and cultural awareness. However, moving forward the intention is to focus on individual a specific key subject area, and importantly providing continued visibility to staff by all grades of operational manager/leader. The purpose of 'theming' the days is to address different areas of operational effectiveness and look for any key achievements or improvements. This 'deep dive' approach to common themes will form key improvement actions that will ensure the trust are providing the most efficient, safe and effective service to our people and patients.

The MS Form that is normally completed for each interaction with an operational crew or station visit during the support day will become BAU for both DOMs and SPs to complete, which will further enhance the level assurance of compliance against the requirements.

Four Q&S days have been held so far, with all aspects of the Operations leadership teams involved, and these are to continue monthly. Themes and trends will again be collated and fed back through the senior leadership team. At the Operations Management Event on 24 June 2024, the opportunity was seized to share themes with a broader group of operations managers.

End of Shift Overruns

While it is noted that the level of investigation of over 2 hour end of shift overruns has continued to be improved, along with the uptake of utilising the options available to reduce the end of shift overrun, work progresses on a number of initiatives to further reduce end of shift overruns to support the wellbeing of staff. Despite the continued level of handover delays, the average length of overrun has remained at levels lower than 12-15 months ago.

Financial Savings Plan (FSP) 2024/25 Overtime Allocation

The 2023/24 FSP concluded successfully with original savings assumptions mainly achieved and overtime allocation following suit. In 2024/25, Quarter 1, has overachieved to date and a performance report reviewing the progress will be submitted to the Senior Operations Team (SOT) on 26th July 2024. This paper will incorporate the overtime allocation and savings targets for the full financial year. This will allow for fluctuation and 'ad hoc' events when needed, but also provide assurance of the forward planning that is currently underway. To support the routine day-to-day overtime allocation the 'Overtime Allocation SOP' has continued to be utilised as 'business as usual' and there is a separate savings stream working group purely focused on overtime spend.

Ambulance Care

Challenges

UCS Transition

The UCS transition will be challenging due to the requirement of new rosters and working times which are always emotive. The transition also includes the requirement of a new response allocation code set along with a modified EMS/UCS Crewing Matrix.

Work has already taken place on communication with 3 online sessions providing a background to the review, detail of the type of work UCS will be allocated to in the future and next steps. However, there are still some anxieties within the workforce and a FAQs will be published.

CMP (Capacity Management Plan)

The latest version of the CMP went live in May 2024. Whilst there has been a reduction/cessation in the number of provisional bookings taken, we have not seen a noticeable decrease in the numbers of T1 activity so far, which were previously the highest proportion of provisional bookings.

Managing demand against our available capacity has required us to regularly activate the CMP when demand exceeds capacity, this has resulted in increased volumes of journey cancellations. Monitoring of volumes of cancelled journeys and concerns is in place, in addition to process review to improve planning efficiency and minimise cancelled numbers.

IMTP

Reducing Cancellations

Nationally agreed process being worked through aimed at reducing on the day cancellations, however, an adverse effect of this may see a short term increase while the implementation is embedded as business as usual. The plan is to standardise how hospitals focus on advanced bookings in relation to the patients being ready for agreed planned journey time.

Roster Review Programme

A full review of the NEPTS rosters has commenced with ORH and Totalmobile commissioned to review the roster keys produced within the 2020 D&C and to develop new rosters. It is anticipated that the new rosters will go-live at the end of the financial year. As the relief gap of 30FTE identified in the 2020 review has still not been funded, the rerostering will be focused primarily on providing relief to rosters, the majority of which have zero or very minimal levels of relief.

General Update

Fleet

In 2023 the service commissioned 5 of a new type of vehicle, primarily focused at UCS service provision. The vehicles, which weigh less than 3.5T and can be driven on a standard B-class licence, as opposed to Mercedes EA's which require a specialist C-Class licence category. This removes the challenges of recruiting people who hold this licence category or the requirement to fund the attainment of the c-class qualification.

A review of the new vehicle and of all current ACA2 vehicle types has been completed and has identified their suitability for use by ACA2 colleagues as an alternative to the current emergency ambulance fleet which is much more expensive to purchase and operate. The fleet service delivery group will now work through the detail to develop the final specification to inform the adjustment of the Trust's future fleet SOP accordingly.

Integrated Care

Challenges

111 Vacancies

The budget establishment for call handlers is currently under established as usual recruitment and training capacity was necessarily diverted to the CAS Replacement Programme. There is a plan to address and recruit the 30 vacancies in Q2 and Q3 with a view being at budgeted establishment early September. The recruitment will also incorporate more Welsh speaking staff to offer callers the option of continuing calls in Welsh.

Integrated Care Estates - Thanet House

The current lease for staff in Thanet House is due to expire in Q2. Negotiations are ongoing to extend. This is part of the longer-term plan to relocate staff and undertake the decommission of Thanet House.

Multi-Disciplinary Clinical Workforce

A business case for pharmacy was presented to 6 Goals with further plans to present the business case to JCC. The business case was based on the current funding model which may need to be

changed to accommodate the WAST business case process (which has been agreed through provisional internal governance).

Remote Access to CSD

Currently conversations with non-clinical staff on scene requiring assessment of the patient including observations continues to be done through ECNS triage. Whilst the aspiration of the organisation is that the conversations are expedited, work continues to enhance engagement through video rather than phone to give a holistic clinical picture, exploration of Consult and Connect including a risk assessment is being explored.

General Update

111 CAS Replacement

The 111 CAS replacement system was fully implemented on the expected date of 30th April and the old system has been taken out of service. Early indications are more calls are being handled without clinical intervention and we have seen a reduction in the time a patient waits for a clinical assessment. The average time speaking to a call handler has returned to similar levels as before as has the average time waiting for the 111 calls to be answered. There are expected to be further clinical and operational improvements to the system throughout the financial year which will be scoped and implemented.

CSD SOP Review

Interim SOP extracts continue to be maintained rather than rewriting SOPs in their entirety. This approach is in line with the integration of CSD as part of the Rapid Clinical Response Model within the overall Clinical Model Transformation programme. There is an opportunity to streamline CSD and 111 in the same system as part of a larger SOP within the future modelled Remote Integrated Care Service (RICS).

Clinical Model Transformation

General Update

Clinical Model Transformation

The Clinical Model Transformation programme has been initiated on a cross-directorate basis following five days of organisational workshops. Following work on the model and the development of a phased implementation plan, work has commenced on the six objectives for phase one (winter 2024). Whilst work is underway to refresh the Trust's formal program structures formal CMT programme delivery and assurance arrangements are in place, with evolving work groups, established controls, and central records management. In support of delivery the Operations Directorate has appointed Pete Brown as the Assistant Director of Operations (Transformation) and Martin O'Connor as the Service Manager (Transformation). Operations colleagues are working closely with colleagues in other directorates to make progress on changes which will reduce community

harm this winter whilst also embracing a robust culture and change management approach which will engage and connect our people.

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

PEOPLE AND CULTURE PLAN METRICS UPDATE

MEETING	People and Culture Committee
DATE	30th August 2024
EXECUTIVE	Angela Lewis - Director of People and Culture
AUTHOR	Sarah Davies – People and Culture Directorate Business Manager
CONTACT	Sarah.davies31@wales.nhs.uk

EXECUTIVE SUMMARY

The purpose of this report is to provide Committee members with an update against several of the previously agreed qualitative People and Culture Plan metrics, in order to provide a high level indication of the impact of our People and Culture Plan.

KEY ISSUES/IMPLICATIONS

PCC is asked to:

- **RECEIVE** and **COMMENT ON** progress to date.

REPORT APPROVAL ROUTE

- **ELT 28.08.24**
- **PCC 30.08.24**

REPORT APPENDICES

Appendix 1: SBAR – People and Culture Plan Metrics Update
Appendix 2: People and Culture Plan Metrics Update

REPORT CHECKLIST

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

Health Improvement	YES	Socio Economic Duty	YES
Health and Safety	YES	TU Partner Consultation	YES

Appendix 1: SBAR: People and Culture Plan Metrics Update

SITUATION

1. The purpose of this report is to provide Committee members with an update against several of the previously agreed qualitative People and Culture Plan metrics, in order to provide a high level indication of the impact of our People and Culture Plan.

BACKGROUND

2. Following discussion at the August 2023 meeting of the People and Culture Committee, it was agreed that updates will be shared with Executive Leadership Team every 2 months and People and Culture Committee every quarter, to demonstrate progress in terms of implementation and impact of our People and Culture Plan. As agreed, these updates will alternate between a focus on quantitative and qualitative metrics; this item focusses on qualitative metrics.

ASSESSMENT

3. The summary document contained within **Appendix 2** provides an overview of qualitative data currently available.

4. Of particular interest is the positive feedback received in relation to Digital Literacy, including the benefits to colleagues applying for the Paramedic Science conversion programme. This work is part of our ambition to enhance colleagues' digital experience and this feedback suggests that a range of benefits are being realised.

5. Improving digital experience and digital literacy also links with our ambition to increase participation in and engagement with the NHS Staff Survey. As we prepare for the next survey, scheduled to commence in October, enhancing colleagues' comfort and proficiency with digital tools is crucial. By improving digital literacy, we empower more colleagues to easily access, navigate and complete the survey, leading to higher participation rates and more representative feedback.

6. Retention has been recognised as a critical issue affecting the broader workforce strategy in Wales by the Welsh Government and Health Education and Improvement Wales (HEIW). In response, HEIW launched the Nurse

Retention Plan for NHS Wales titled "Retaining and Valuing Nurses in the NHS in Wales: A Nurse Retention Plan" on 4th October 2023.

7. To address this priority, a Retention Workstream was established to develop a comprehensive Retention Plan and under this remit, a Nurse Retention Report and Plan have been developed for WAST. Some key findings from this report are included within this People and Culture Plan Metrics update; work is now underway to finalise key recommendations and subsequent actions to be taken in response to the report findings.

RECOMMENDED: That the Committee RECEIVE and COMMENT on progress to date.

OUR PEOPLE AND CULTURE METRICS

A Focus on Qualitative Data

July 2024

2023 NHS WALES STAFF SURVEY HIGH LEVEL RESULTS

289

additional comments left

‘Do not feel supported by the senior management.’

‘Things are improving, but there is still a long way to go.’

‘My line manager and my director showed true empathy and compassion along with my colleagues.’

‘Some supervisors and line managers make you feel guilty for asking questions in the workplace.’

‘The job is fantastic, however, hospital delays are exhausting.’

‘There appears to be a huge divide between road staff and senior management’.

‘Hospital delays are killing this job and staff morale.’

‘Proud to be a part of Team WAST.’

‘There is still sadly a bullying sexist culture apparent.’

CULTURE

NHS Staff Survey: ***High Level Overview of Free Text Data***

8.7%

discussed the delays currently being experienced

11.4%

of the additional comments left mention the words bully or bullying

81

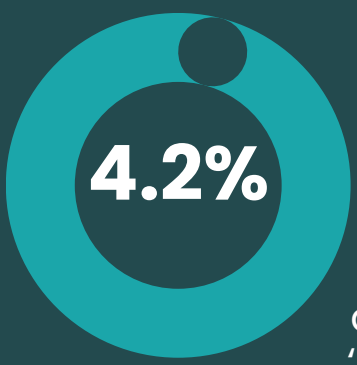
of additional comments mentioned management within WAST

92.6%

of these comments were made in a negative light, with a focus on 'senior management'

16 comments spoke about progression in WAST in some way

colleagues speak about training in relation to their role



spoke specifically about feeling 'undervalued' in their work.

68% of comments expressed a **negative** manner

NHS Staff Survey: *Specific Insights Regarding Our Working Carers*

GIG CYMRU NHS WALES
Ymddiriedolaeth Brifysgol GIG
Gwasanaethau Ambiwlans Cymru
Welsh Ambulance Services
University NHS Trust

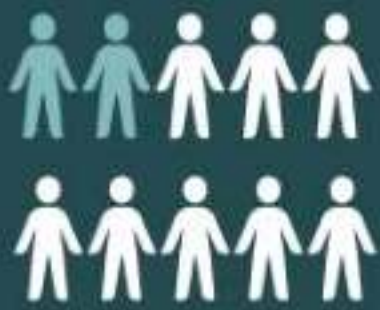
Working Carers

WORKING CARERS

2023 NHS WALES STAFF SURVEY

1006
completed surveys

23.2%
response rate



19.2%
of those who completed the survey shared that they provided unpaid care to a family member, friend or neighbour who is elderly, disabled or seriously ill

2.3%
chose not to disclose their caring status

FROM RESERCH, WE ALSO KNOW...

...it can take an average of two years for someone to self identify as a carer.[1]

Almost a third of working carers in the UK have not discussed their caring role with anyone at their workplace, often believing nothing will change as a result.[2]

CULTURE

NHS Staff Survey: *Spotlight on Nursing Colleagues*

27.4%

Response rate

29.9%

29.9% often think about leaving the organisation, and 16.5% would leave as soon as they find another job

Feel valued by their team

Have not experienced discrimination from managers

Feel they can approach their manager about flexible working

Feel trusted to do their job.

68.7%

Of respondents came to work in the last 3 months, despite not feeling well enough to do their duties

62.7%

Reported unrealistic time pressures

47.8%

Felt unwell due to work-related stress in the last 12 months

How often, if at all, do you find your work emotionally exhausting?

80.6%

Feel supported by their immediate manager

CULTURE

3 Month Check Ins (for Newly Recruited Colleagues)

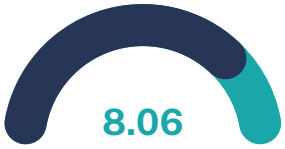
21

Anonymous responses across all Directorates

90%

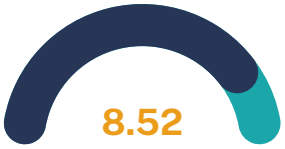
Would recommend WAST as a place to work

AVERAGE RATING OF EXPERIENCE : 8.06

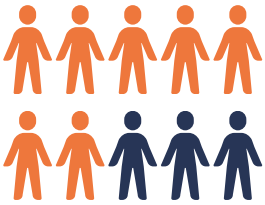


10 considered 'fantastic'
Nov 2021 - Feb 2024

CURRENT RATING OF EXPRIENCE: 8.52



10 considered 'fantastic'

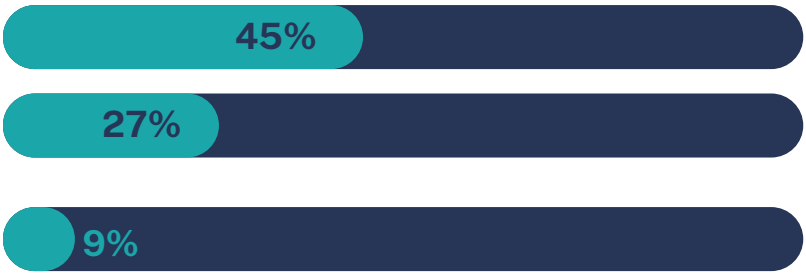


71% feel their expectations of WAST have been met

5% reporting none of their expectations have been met

CURRENT EXPERIENCES

- Poor relationship with colleagues
- Did not like the environment they work in
- Did not find their work satisfying
- Not enjoying the new challenge
- Do not find wellbeing information easy to find



SOME OF THE RESPONSES SHARED WHEN ASKED:

What would make your role more satisfying?

- More of an office culture
- More work activities / ice breakers
- Longer breaks (45min and a 20min)
- Permanent role
- Intubation training
- Alternative pathways in Powys to avoid ED admission
- Less time spent outside A&E

EXPERIENCES OR WITNESS TO INAPPROPRIATE BEHAVIOUR:

- I have noticed a change but there are still comments that I hear mainly from the older staff
- I am not the most outspoken person, I have found it hard to fit in and felt lonely
- Appalling language and topic of discussion - love lives, sexual exploits, boozy nights out, gossip
- Unprofessional attitudes and comments from road crew members over the control radio.

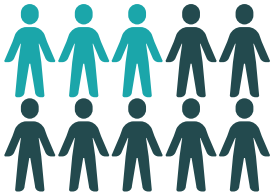
CULTURE

12 Month Celebration (Implemented December 2023)

175
Celebration emails sent

9
Anonymised feedback received

NET PROMOTION SCORE IN RELATION TO CURRENT ROLE:



25%

- Shared they didn't find their work satisfying
- They were not enjoying the new challenge

80%
Would recommend WAST a place to work

10%
Had considered leaving WAST in the last 12 months

OTHER EXPERIENCES SHARED:

I've had a challenging time with one particular colleague and consequently been exposed to some less that ideal behaviours and circumstances. This has been reported, whilst immediate colleagues/line manager have been very supportive this individuals behaviours remain as yet unchallenged once it was escalated higher with no support or even communication with me about the matter

CAPACITY

Retention: *Spotlight on Our Nursing and Midwifery Workforce*

32% of the workforce due to retire within the next 5 years (assuming retirement at 65 years)

Focus Group Insights

Nursing Identity and Professional Status

- Nurses reported feel detached from their nursing identity due to the nature of their
- roles. The landscape of nursing terminology and language that is progressively being used, like case management and caseload responsibilities, is a positive shift, providing nurses with opportunities to engage more deeply with patient care and their nursing identity.
- Nurses expressed a desire for face-to-face patient interactions, which would reinforce their nursing identity and support revalidation processes.
- Participants reported feeling stuck, particularly in unique specialist roles, which can further hinder future career development.
- Sense that, within WAST, the perceived value of nursing is low.

Career Pathways and Professional Development

- Desire for parity of Enhanced, Advanced and Consultant practitioner roles for nurses.
- Desire for parity in Continuing Professional Development (CPD) between nurses and paramedics.
- Lack of development opportunities is causing many nurses to consider leaving the service.

Representation and Engagement

- Lack of RCN representation within organisational discussions, leading to poor advocacy for nursing staff.
- Staggered start times and breaks contribute to a lack of team cohesion and belonging among nurses. Collaborative events like 'Go Live' have successfully started to build a sense of unity and engagement.
- Perceived lack of recognition and representation for nurses within WAST has led to colleagues feeling undervalued and misunderstood.

Future Opportunities and Strategic Initiatives

- Remote clinical care is identified as a forward-thinking initiative, with virtual wards presenting significant opportunities for nurses.
- Promoting remote clinical roles to nursing students at universities could attract new talent and highlight the innovative aspects of the profession.
- Implementing rotational contracts across various roles would provide nurses with diverse experiences, support career progression, address the desire for more face-to-face patient interactions and help meet revalidation requirements.

CAPABILITY

Digital Literacy: *Learner Feedback*

Since we started our award-winning Higher Apprenticeship in 2020, every EMT that has been inducted has received some form of Digital Literacy education (>400 colleagues). 178 of these have undertaken the accredited EDLS Level 2 Award, with a further 31 currently awaiting certification.

"Digital Literacy was useful at the time because we were using a lot of new digital equipment, like the iPads and ePCR, but it was really helpful when I applied for the part time Paramedicine degree. I had to make a poster presentation, so I was able to use what I learned to put together a pretty slick presentation in Power Point".

"I appreciated having the opportunity to undertake the Digital Literacy training. I'm on alternative duties and I felt a bit out of my depth in the office environment. It's really helped me get up to speed with the new way of working on the Cloud"

"I think the Digital Information Literacy strand is particularly important because of all the misinformation that's around. CRAAP has been a really useful tool for evaluating information I've used in my studies, but it also has been useful when I've waded through articles sent to me on Facebook"

"I've done some essential skills when I was in college, and I always found it a bit irrelevant, so I was happy to see that the course had been tailored and made relevant to what we're really doing on the job."

"I came from an office background before I joined as an EMT, but I had no idea exactly how much you could do with Microsoft Office and sharing in OneDrive. I'll never send an email attachment again!"

"The course was interesting, but for me the best part was all the practical tips and tricks, like how to get stuff from OneDrive on the laptop to the iPad and vice versa."

"As well as introducing us to Office, we were lucky enough to spend some time looking at how to do timesheets in Excel."

"An unexpected side effect is that I'm able to keep up with what my kids are doing for IT in school!"

"Digital creativity was the bit I enjoyed the most because we started making our own multimedia presentations on A&P and managing conditions. A few of us got together and would take it in turns to make revision quizzes to practice before the exams."

CAPABILITY

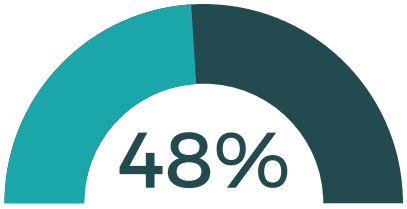
Equality, Diversity and Inclusion

200

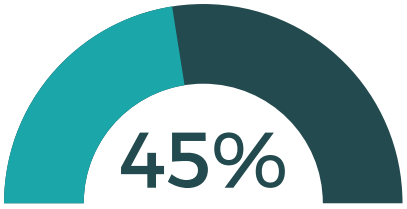
colleagues have completed our **Allyship and Active Bystander** training

said they learned a great deal

said they learned a lot



said they would use what they had learned every day



said they would use what they had learned often

Average rating (out of 5)

WELSH AMBULANCE

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

PEOPLE AND CULTURE PERFORMANCE SCORECARD REPORT

MEETING	People and Culture Committee
DATE	30th August 2024
EXECUTIVE	Angela Lewis - Director of People and Culture
AUTHOR	Sarah Davies – People and Culture Directorate Business Manager
CONTACT	Sarah.davies31@wales.nhs.uk

EXECUTIVE SUMMARY

The purpose of this report is to provide an overview of the key People and Culture performance data and trends (July 2024) and associated improvement actions.

KEY ISSUES/IMPLICATIONS

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

- Increase in Job Evaluation workload, impacting on average time to complete and number in system;
- Impact of vacancy holds on recent time to hire KPI; this has now been resolved and time to hire has reduced (average of 65 days against a target of 71 days);
- Positive progress in relation to Statutory and Mandatory training compliance.

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

REPORT APPROVAL ROUTE

- **People and Culture Committee 30.08.24**

REPORT APPENDICES

Appendix 1a: SBAR – People and Culture Performance Report for July 2024
Appendix 1b: People and Culture KPI Summary – **Circulated by e mail**

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: People and Culture Performance Report for July 2024

SITUATION

1. This report provides an overview of the July 2024 key trends and improvement actions as identified in the People and Culture KPI Summary enclosed at **Appendix 1b**.

BACKGROUND

2. This paper is intended to be read in conjunction with the **Monthly Integrated Quality and Performance Report** (item **11.2**). The MIQPR provides a high level overview of performance in relation to several People and Culture indicators. This report provides a greater level of detail (both data and narrative) in relation to a wider range of workforce performance indicators.

ASSESSMENT

3. The Committee is asked to note the following headlines:

4. **Time to Hire:** The team have been working closely with Shared Services to ensure KPIs are being met and pre-employment checks are being completed efficiently. In May 2024 there were a number of candidates who completed checks on vacancies that had been put on hold following advert and shortlisting. The timeframe for candidates to move to unconditional offer therefore looks very high, however, there was a gap between January 2024 and April 2024 where the shortlisted candidates were placed on hold. Once interviews were undertaken in April checks moved through quickly and were completed in May. Once these candidates had moved through the process, our time to hire reduced below the expected KPI of 71 days.

5. **Job Evaluation:** Over recent weeks there has been a significant increase in the number of job descriptions submitted for review / evaluation. This has predominantly been due to the significant increase in organisational change processes. This increase in workload has also coincided with difficulties in arranging Job Matching Panels which are needed to review job descriptions.

6. **Sickness Absence:** The latest ESR data for July 2024 showed an increase in sickness absence from 7.44% in June to 8.06% in July (IMTP target is 7%). Long term absence increased from 4.67% in June to 5.23% in July and short-term absence increased from 2.77% in June to 2.83% in July. The indicative Trust absence for August 2024 (as of 22.08.24) shows a decrease in overall sickness absence in August to 7.47% with long term absence decreasing to 5.57% and short-term absence to 1.90%. Anxiety/ stress/ depression remains the most common reason for long term absence in July, with MSK and Injury/ fracture as the next highest reasons. The top reason for short term absence in July was Gastrointestinal problems with Cough/Cold/Flu as the next highest reason.

7. **Statutory and Mandatory Training Compliance:** The 2024/2025 MIST Programme commenced on 15th April and compliance as at July is 39.41%; continued engagement with this programme will further increase Statutory and Mandatory training compliance as these topics form part of the MIST programme. We continue to engage with EMS and AC management colleagues along with TU partners via attendance at SOT meetings to increase uptake. Learning and Development Managers are also linking in with their respective link localities to identify those outstanding. As per agreement with SOT, those colleagues not booked on by the start of July will be spoken to by their line managers to ensure that a place is booked as a matter of urgency. Furthermore, we have changed the allocation on each day from a predetermined number of each staff grade to a "first come first serve basis", thereby aiming to increase the numbers booking on each day. Discussion at various fora such as ADLT along with our continued promotion of and inclusion of the new requirements on LMS365 (which staff have taken to very positively) have also helped increase Stat Mand compliance.

8. **PADRs**: There has been a slight decline in compliance with the PADR process since the last reporting period (from 78.46% in April 24 to 77.08% in July 24). We have recently completed an analysis of PADR data, which has allowed us to identify areas of the organisation with varying levels of engagement in the PADR process. In addition to quantitative data, we are also planning to capture qualitative experiences of the PADR process from colleagues across the organisation. This will help us understand the impact of PADR on individual and team development more holistically. By identifying potential drivers and barriers to engagement, we aim to create a more inclusive and effective PADR process.

9. **Employee Relations:** Noting the increase in formal ER cases, this includes informal cases reported in the previous month which are now progressing. Of the 44 cases, 22 were in the formal investigation stage with 10 at formal hearing stage, 3 at appeal stage and 9 on hold. Of the 9 cases on hold, 8 cases had Police involvement and 1 case delayed due to sickness absence. Inappropriate behaviour remains as the majority theme which is consistent with the previous month at around 60%.

Of the 17 Respect and Resolution cases, 14 were at the formal hearing stage, 1 at appeal and 3 paused for an investigation. 50% of the cases relate to Dignity at work and Bullying and Harassment and the team continue to encourage informal resolution where possible.

In light of our commitment to the Sexual Safety campaign and Freedom to Speak Up mechanisms, we are seeing an increase in concerns coming forward and continue to support these cases in line with Compassionate Practices.

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

AGENDA ITEM No	9.2
OPEN	Open
No of ANNEXES ATTACHED	1

MONTHLY INTEGRATED QUALITY & PERFORMANCE DASHBOARD – June/July 2024

MEETING	People and Culture Committee
DATE	30th August 2024
EXECUTIVE	Rachel Marsh – Executive Director of Strategy, Planning & Performance
AUTHOR	Melanie O'Connor - Senior Performance Analyst Mark Thomas – Commissioning & Performance Manager Hugh Bennett - Assistant Director, Commissioning & Performance
CONTACT	Melanie.O'Connor@wales.nhs.uk Mark.Thomas12@wales.nhs.uk Hugh.Bennett2@wales.nhs.uk

EXECUTIVE SUMMARY

1. The purpose of this report is to provide senior decision makers in the Trust with an integrated dashboard (Our Patients, Our People, Value and Partnerships/System Contribution) focused on the "vital few" key metrics. This report is for **June/July 2024.**

2. The response times to 999 callers remains a key concern with red 8-minute performance at 48.2% in July 2024 and Amber 1 median at 1 hour and 26 minutes, which the Trust knows leads to avoidable patient harm. The Trust continues to work on tactical actions within its control to mitigate this risk including: maintaining high levels of EA production (declined in July) and fully rolling out the Cymru High Acuity Response Unit (CHARU) service (improving); whilst also undertaking more transformative actions through the Clinical Model Transformation (CMT) Programme. The Trust lost 19,596 hours to handover in July 2024 (marginally higher than July 2023). This level of lost capacity is difficult to compensate for, despite all the actions being taken by the Trust. The 2024/25 budget includes further investment in activities designed to shift demand left and mitigate the impact of handover lost hours, in particular, investing in clinical screening and APPs, which form part of the CMT Programme.

3. Data quality issues have been identified in 111. These are currently being addressed. 111 call handling performance has stabilised post-delivery of the

new 111CAS, but the call abandonment rate is higher than the 5% target. This is due to a number of factors, in particular, a lower level of staff in post caused by training capacity having to be diverted to the implementation of the new system, sickness absence. The Trust anticipates that staff in post will be restored to commissioned levels by October 2024.

4. Ambulance Care, in particular, Non-Emergency Patient Transport Service's (NEPTS) performance has been stable, with oncology remaining above target and renal performance achieving its target. Both the NET Centre and NEPTS transport are due to be re-rostered in 2024/25 (on target), a key efficiency.

5. The Trust continues to focus on its people, with a range of actions in place to improve workplace experience including, for example, reducing shift overruns, whilst also continuing with the more strategic focus on the People & Culture Plan. Sickness absence was 8.06% in July 2024 breaking the consistency of being below 8% since March 2024. The IMTP ambition is to reach 6%. The Trust will continue its focus on sickness absence. It is of note that the EMS abstractions did hit the 30% benchmark in January, February, April, and June respectively, for the first time since the pandemic, but increased to 34% in Jul-24 (annual leave & sickness absence).

6. The Trust is continuing to deliver its Clinical Model transformation (CMT) programme at pace, aiming to get key aspects of the change programme in place in advance of winter. More detailed progress on the CMT can be found in the last Finance & Performance Committee's IMTP 24-27 Q1 delivery assurance report.

RECOMMENDATION: PCC is asked to: -

- **Consider the June / July 2024 Integrated Quality & Performance Report and actions being taken and determine whether:**
  - **a) The report provides sufficient assurance.**
  - **b) Whether further information, scrutiny or assurance is required, or**
  - **c) Further remedial actions are to be undertaken through Executives.**

REPORT APPROVAL ROUTE
07.08.24 Executive Director Strategy, Planning & Performance 13.08.24 Executive Leadership Team 27.08.24 Executive Director Strategy, Planning & Performance 30.08.24 People & 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

SITUATION

1. The purpose of this report is to provide senior decision makers in the Trust with an integrated dashboard (Our Patients, Our People, Value and Partnerships/System Contribution) focused on the "vital few" key metrics. This report is for **June/ July 2024.**

BACKGROUND

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

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

3. As previously agreed, the metrics which form part of this committee/Board report are updated on an annual basis, to ensure that they continue to represent the best way of tracking progress against the Trust's plans (IMTP) and strategies. The 2024/25 revised metrics have been agreed.

ASSESSMENT

Our Patients – Quality, Safety and Patient Experience

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

5. **999** call answering times improved in July with the 95th percentile at 9 seconds, compared to 18 seconds in June 2024. The 65th percentile and median performance remain consistently good.

6. **111 call answering performance has improved over recent weeks,** although the call abandonment performance was at 10.6% in July and off target (5%). One of the key issues has been the temporary reduction in call handling staff in post caused by a redirection of available training capacity towards the delivery of the new 111CAS system. Recruitment is now underway again and it is anticipated that the staff in post to establisment position will be recovered by by October. It should be noted that there is also a reduction in the commissioned level of call handler FTEs in 2024/25 compared to last year (-4%).

7. 111 demand in July 2024 was 1% lower than during July 2023, but the longer term trend is up. The Trust is expecting to shortly procure a third party to undertake a collaborative (with commissioners) and independent review of the

Trust's 111 call handler rostering practices, including a review of demand levels and required staffing capacity.

8. **111 Clinical response:** clinical ring back times for patients with the highest priority remained above target at 98.7%. Response times for lower priority calls, although remaining below target, have improved significantly over the past three months, with P2CT and P3CT calls achieving 83.7% and 85.5% respectively in June 2024. This is despite continued high levels of clinician sickness absence, which was at 16.86% in June 2024.

9. **Ambulance Response** (safety / patient experience): the red 8-minute response performance for July 2024 was 48.2%, remaining below the 65% target; however, the Trust is reaching more red patients in 8 minutes, but the denominator (demand) has also grown. The Amber 1 median in July was 1 hour 26 minutes and the Amber 1 95th percentile was 6 hours 54 minutes. These long response times have a direct impact on outcomes for many patients.

10. Traditionally the factors which affect response times are demand and capacity (recruitment and lost hours). A recruitment gap has been identified and is currently being addressed through series of corrective actions, but the lost capacity through handover at hospital remains extremely challenging and largely out of the Trust's control to address. The Trust's main focus in the first half of 2024/25 is to implement a material change in how it responds to patient demand by evolving its clinical model through the Clinical Model Transformation (CMT) programme, before winter. A series of workshops were undertaken in May 2024, with additional leadership capacity also being put into this area: both designed to move this forward at pace. Areas of focus include: -

    - Further investment into remote clinical capacity (+28.5 FTEs);
    - Further investment in APPs (+32 APPs);
    - Development of the remote integrated care service (111 clinicians and CSD clinicians);
    - Continued focus on a range of responses that support non-conveyance, where it is clinically safe and appropriate to do so: Connecting Support Cymru, mental health response pilot, Falls response etc.
    - Formal reporting of the 2023 collaborative and independent EMS Demand & Capacity review.

11. The one area of particular focus for recruitment is CHARU: with the Trust looking to recruit up to the modelled 153 FTEs; and connected to this a focus on CHARU productivity, with on-going analysis work on their contribution (initial findings positive with a report to Sep-24's Finance & Performance Committee) etc.

12. As above, the extreme level of lost hours to **handover outside Emergency Departments** remains the critical component of long waiting times and patient

safety incidents. 19,596 hours were lost during July 2024. Cardiff & Vale's handover lost hours continue to remain low, due to an organisational focus within the health board. While some small improvements have been seen in other health boards in recent months, Betsi Cadwaladr health board remains significantly high and above its two-year average figure (7,733). Performance into July has remained very challenging with days where over 1,000 hours were lost. WG have re-iterated to health boards the critical importance of improvements in this area.

13. **Ambulance Care (Patient Experience)**: Oncology performance in July 2024 was 77.4%, hitting the 70% target. Renal performance also remains above target at 73%. Advanced discharge & transfer journey performance decreased compared to the previous month to 77% and remains below the 95% target. Overall demand for NEPTS continues to increase but remains below pre-pandemic levels. The Trust has a comprehensive Health Transport Transformation workstream in place, which includes delivering a range of efficiencies and improvements, for example: re-rostering NEPTS transport in 2024/25 which will better align available capacity with changing demand patterns (on target).

14. **National Reportable Incidents (NRIs) / Concerns Response**: data quality issues have been identified. These are currently being addressed. The Trust reported four NRI's to the NHS Executive in June 2024, an increase from the one reported in May 2024; and three serious patient safety incidents were referred to health boards under the Joint Investigation Framework. In June 2024 complaint response times improved to 88%, a strong improvement on the 50% recorded in May 2024, and achieving the 75% target, however, cases remain complex. Reviews of lower graded concerns are being undertaken to ensure proportionate investigations are undertaken. The Trust has recruited to a new structure for the Putting Things Right (PTR) team, which is a key enabler in the improved performance.

15. **Clinical outcomes**: The percentage of suspected stroke patients who are documented as receiving an appropriate stroke care bundle was 85.9% in July 2024, remaining below the 95% performance target. Work is ongoing to improve reporting and compliance through the ePCR system. The return to spontaneous circulation (ROSC) compliance rate increased to 22.8% in July 2024 compared to 14.4% in June 2024.

16. The Trust is now able to report on call to door times for Stroke and STEMI patients. For July 2024, these highlight call to hospital door times of two hours and 10 minutes for stroke patients and two hours and eight minutes for STEMI. Clearly these times are too long and are representative of the longer response times for all calls as a result of the pressures and issues outlined in this report.

17. In July 2024, 9,881 patients **cancelled** their ambulance, and the Trust was unable to send an ambulance due to application of the Clinical Safety Plan levels to approximately 400 callers. The Trust believes that 50% of this combined number is unmet demand and is likely to be popping up elsewhere in the system. Anecdotal evidence from health boards supports this view, but data linking planned for 2024/25 is a key enabler to properly evidence this.

Our People (workforce resourcing, experience, and safety)

18. **Hours Produced**: the Trust produced 119,710 Ambulance Response unit hours in July 2024 and delivered an emergency ambulance unit hours production (UHP) of 90%, below the 95% target. The primary causes were vacancies, annual leave and sickness absence. Whilst EA UHP declined in July 2024 the Trust produced more ambulance units' hours (all resource) than July 2023. As per paragraph 10 above the Trust is taking a series of corrective actions to address these vacancies.

19. **Response Abstractions:** EMS abstraction levels increased to 33.72% in July 2024, remaining just above the 30% benchmark figure. Response sickness abstractions stood at 8.19% (benchmark 5.99%).

20. **Trust sickness absence:** the Trust's overall sickness percentage was 8.06% in July 2024, an increase on the 7.44% recorded in June 2024. Actions within the IMTP concentrate on staff well-being with an aim to continue to reduce this level supported by the ten-point plan. The 8.06% is above the 2023/24 IMTP ambition of 6%.

21. **Staff training and PADRs:** PADR rates did not achieve the 85% target in July 2024, but have been steadily improving (76.76%). Compliance for Statutory and Mandatory training increased to 84.47%, just shy of the 85% target.

22. **People & Culture Plan**: the Trust launched its People & Culture Plan in April 2023 and workstreams are being delivered around behaviours, in particular, sexual safety, Freedom to Speak Up, 111 culture review, flexible working, and the introduction of a staff pulse survey tool. The Executive Leadership Team will undertake another round of a pan-Wales of CEO Roadshows in November 2024.

Finance & Value

23. **Financial Balance**: The reported outturn performance at Month 3 is a surplus of £29k and the Trust is forecasting to achieve both its External Financing Limit and its Capital Expenditure Limit.

Partnerships & System Contribution

24. The consult & close rate was 11% in July 2024, a reduction from the previous month due to the system changes within the 111 CAS system, which has affected reporting capabilities i.e. the 111 contributions to consult & close is not currently included in the 11% above. The IMTP ambition (and Welsh Government target) remains 17% at this point in time. The Trust has a recovery plan in place, with further work continuing during 2024/25.

25. Same Day Emergency Care (SDEC) centres continue only see a low level of ambulance activity and handover levels remain extreme, which make the work on the updated clinical model, before next winter, a tactical imperative.

Summary

26. The indicators used at this high-level highlight that 111 has stabilised post the 111CAS implementation with the coming months seeing a focus on recruiting back up to the establishment, which was affected by the implementation of the new system. EMS is stable, but likewise off target with the primary cause being handover lost hours. The Trust has largely exhausted traditional approaches to improving EMS performance and therefore is now focused on evolving the clinical model at pace this side of winter. Ambulance Care performance is stable and above target for its two-headline metrics.

RECOMMENDATION:

PCC is asked to: - Consider the June/July 2024 Integrated Quality & Performance Report and actions being taken and determine whether:

a) The report provides sufficient assurance.
b) Whether further information, scrutiny or assurance is required, or
c) Further remedial actions are to be undertaken through Executives.

Welsh Ambulance Services University NHS Trust

Monthly Integrated Quality & Performance Report

June / July 2024

Annex 1 – Top Indicator Dashboard

GIG CYMRU NHS WALES
Ymddiriedolaeth Brifysgol GIG Gwasanaethau Ambiwlans Cymru
Welsh Ambulance Services University NHS Trust

Annex 1 – Top Indicator Dashboard
Version 1.0
Released: August 2024

by Commissioning & Performance Team

Section 1: Monthly Indicators / Top Indicator Dashboard

Top Monthly Indicators	Target 2024/25	Jun-24	Jul-24	2 Year Average	RAG
Our Patients					
Timeliness Indicators					
NHS111 Call Handling Abandonment Rates	< 5%	11.9%	10.6%	11.7%	R
111 Clinical Triage Call Back Time (P1)	90%	98.7%	N/A	98.3%	
999 Call Answer Times 95th Percentile	00:06	00:18	00:09	00:23	R
999 Red Response within 8 minutes	65%	46.5%	48.2%	49.1%	R
999 Amber 1 Median	00:18	01:29	01:26	01:23	R
Oncology Journeys arriving within 45 mins and up to 15 minutes after appointment time	70%	76.0%	77.0%	71.9%	G
Advanced Discharge & Transfer journeys collected less than 60 minutes after booked time (NEPTS)	90%	72.2%	77.0%	82.4%	R
Clinical Outcomes / Quality Indicators					
Return of Spontaneous Circulation (ROSC)	Increasing Trend	14.41%	22.75%	18.3%	A
Stroke Patients with Appropriate Care	95%	88.41%	85.90%	78.0%	A
Stroke Call to Hospital Door Times	Reduction Trend	02:17	02:10	02:15	R
ST-Elevation Myocardial Infarction (STEMI) with Appropriate Care	95%	65.43%	58.89%	45.6%	R
National Reportable Incidents reports (NRI)		4	N/A	5	
Can't Send & Cancelled by Patient Volumes	Reduction Trend	9,737	9,881	9,172	A
Concerns Response within 30 Days	75%	88%	N/A	40.3%	
Enactment of the Duty of Candour	100%	60%	N/A	73.3%	
Our People					
Capacity					
Hours Produced for Emergency Ambulances	95-100%	93%	90%	90%	A

Top Monthly Indicators	Target 2024/25	Jun-24	Jul-24	2 Year Average	RAG
Health & Well-being					
Sickness Absence *(all staff)*	6.0%	7.44%	8.06%	8.18%	R
Mental Health Absence Rates	Reduction Trend	2.07%	N/A	2.21%	G
Staff Turnover Rate	Reduction Trend	8.64%	8.12%	9.39%	G
Statutory & Mandatory Training	>85%	84.05%	84.47%	75.67%	A
PADR/Medical Appraisal	>85%	77.53%	76.76%	73.37%	A
Number of Shift Overruns	Reduction Trend	3879	3869	3,668	A
Inclusion & Engagement / Culture					
NEPTS % of Total Calls Answered in Welsh	Increasing Trend	1.8%	2.8%	1.4%	G
Value					
Financial balance - annual expenditure YTD as % of budget expenditure YTD	100%	100.00%	N/A	100%	G
EMS Utilisation Metric (CHARU)	Increasing Trend	28.6%	27.4%	28%	A
Average Jobs per Shift (All Vehicles)	Increasing Trend	2.31	2.35	2.35	R
NEPTS on the Day Cancellations	Reduction Trend	22.0%	21.4%	20%	A
Partnerships / System Contribution					
Inverting the Triangle					
Successful Consult & Close Outcome	17.0%	10.8%	11.0%	13.4%	
% Of Total Conveyances taken to a Service Other Than a Type One Emergency Department	Increasing Trend	11.78%	11.25%	11.3%	A
Number of Handover Lost Hours	7,500	22,229	19,596	23,185	R
NHS111					
NHS111 Dental Calls	Increasing Trend	N/A	N/A	6,635	
Consult & Close Volumes by NHS111	Increasing Trend	N/A	N/A	1,025	

In-Month RAG Indicates =

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

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

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

TBD: Status cannot be calculated (To Be Determined)

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

(Responsible Officer: Lee Brooks)

Abandonment Rate R

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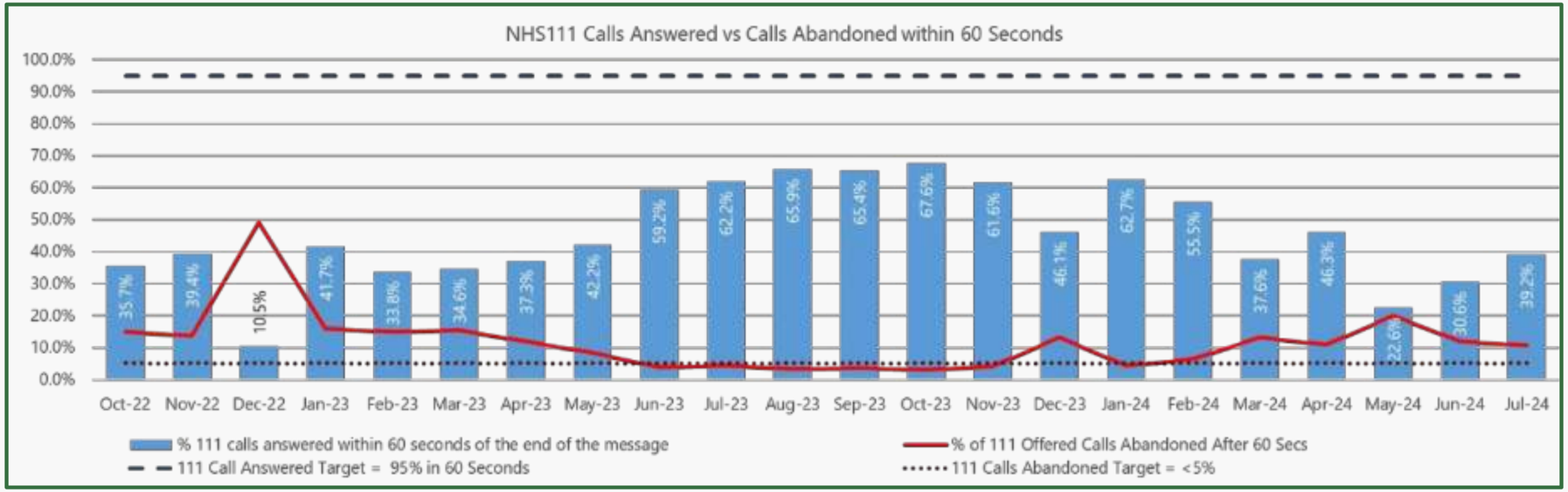
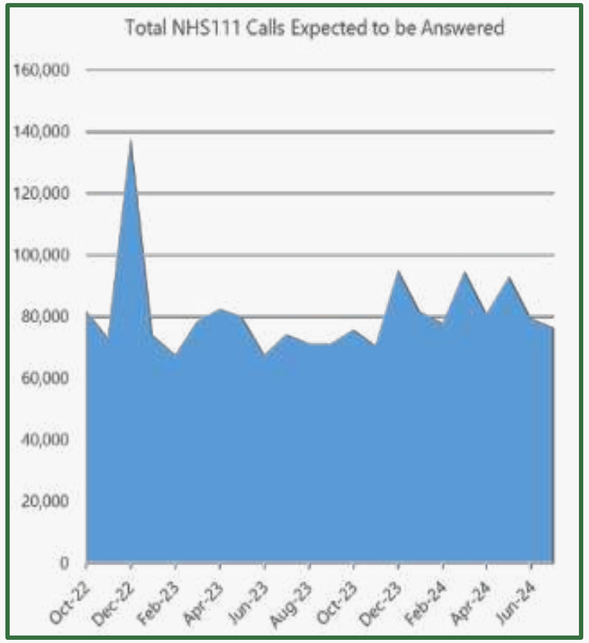
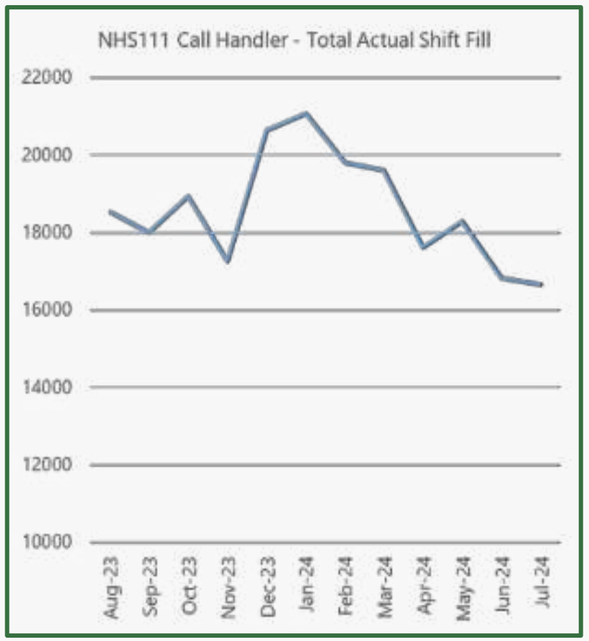
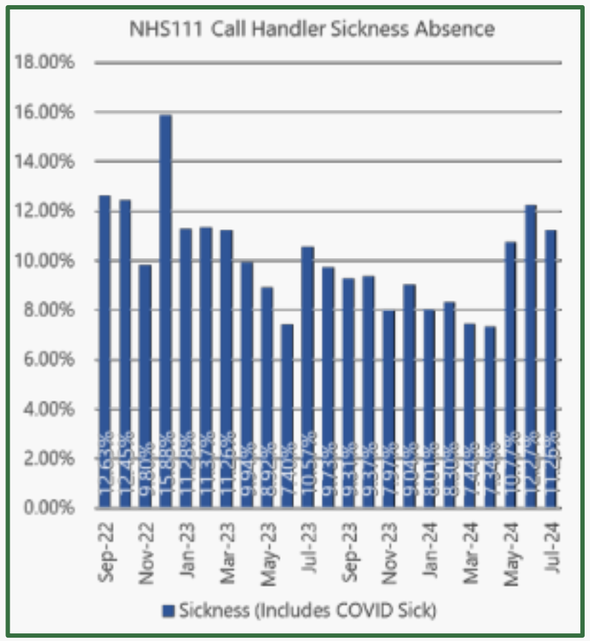
Influencing Factors – Demand and Call Handling Hours Produced

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









Analysis

The 111-call abandonment rate improved from 11.9% in June 2024 to 10.6% in July 2024, but did not achieve the 5% target for the 6th month in a row. The percentage of 111 calls answered within 60 seconds increased, from 30.6% in June 2024 to 39.2 % in July 2024, but continues to be below the 95% target.

The drop in performance over the past few months has been due in part to a spike in demand during Q4, increased call handler sickness levels, staffing numbers below establishment and to the new 111CAS system going live on 30th April 2024. In the run up to implementation, staff were abstracted for training, and in addition recruitment was paused. After go-live, staff are familiarising themselves with the system, which is having some impact on efficiency at this early stage.

Remedial Plans and Actions

Key actions include:

- Recruitment up to commissioned levels, with cohorts starting over the summer and a plan to be at commissioned levels by October, a slip from the previous August deadline;
- Further action is being undertaken to try and improve on the call handling position across the Winter months e.g. possible over-establishment.
- A focus on realising the benefits of the new 111CAS;
- A 111-re-roster pre-work review that takes account of the increased demand the Trust is seeing, what levels of performance commissioners want and the mix of capacity and efficiencies to achieve this.
- Expectation is that the project initiation will start imminently (Aug-24) with timescales to be confirmed, but in year.

Expected Performance Trajectory

The expectation is that once the new system has bedded in and additional staff have been recruited performance will improve once again; however, there are risks including demand, levels of commissioned call handers being lower than last year and an unknown impact of the new system.

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

(Responsible Officer: Lee Brooks)

P1CT

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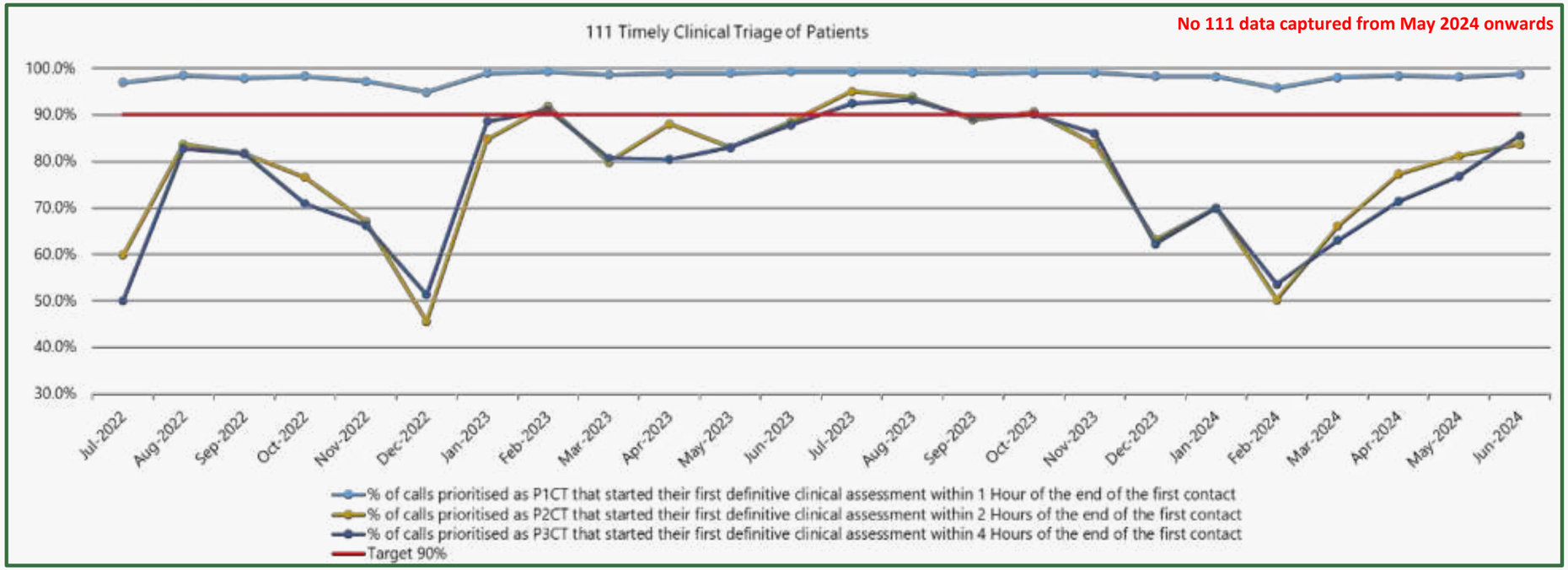
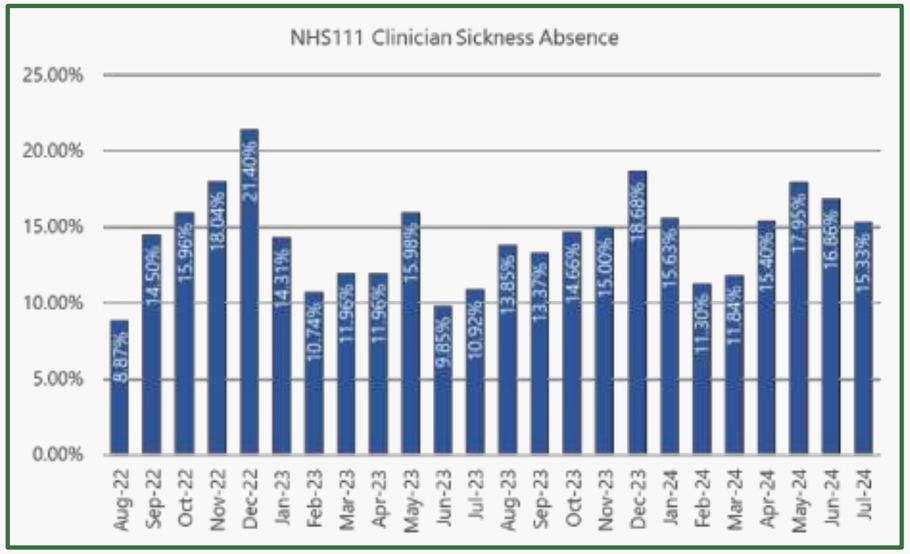
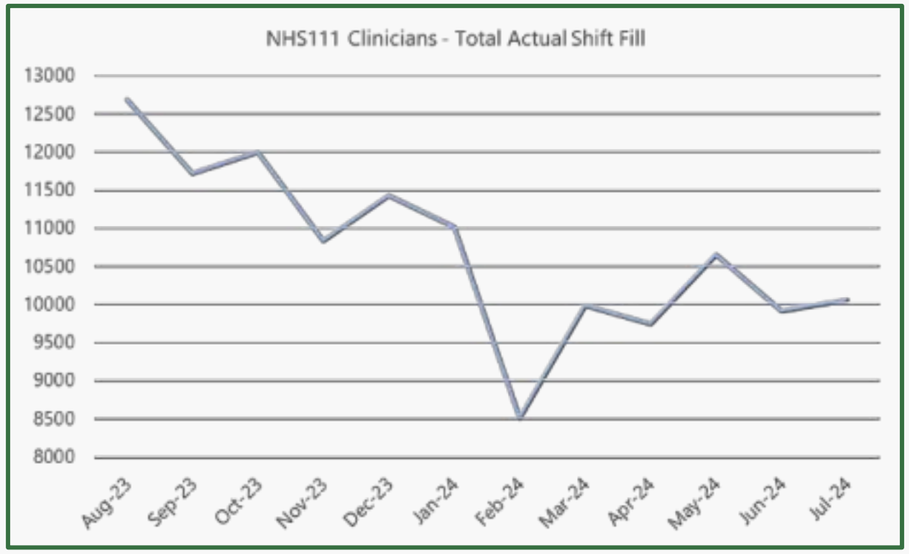
Influencing Factors – Demand and Clinical Hours Produced







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

Analysis

The highest priority calls, P1CT, achieved the 90% target, recording 98.7% in June 2024.

Ring back times for lower category calls improved during June 2024, reversing a previous deterioration in performance, this was despite a drop in shift fill levels during June, compared to May 2024.

Numbers of hours produced, after decreasing during June 2024 improved in July 2024, partly due to a drop in sickness levels. Clinician sickness absence was 15.33% in July 2024.

Remedial Plans and Actions

The key actions include:

- A focus on delivering the benefits of the new 111CAS.
- Recruitment up to commissioned levels of clinicians
- A demand and capacity review to determine appropriate levels of capacity to meet increasing demand (this may now be delayed to enable the impact of the work on the digital front end to take effect).

Expected Performance Trajectory

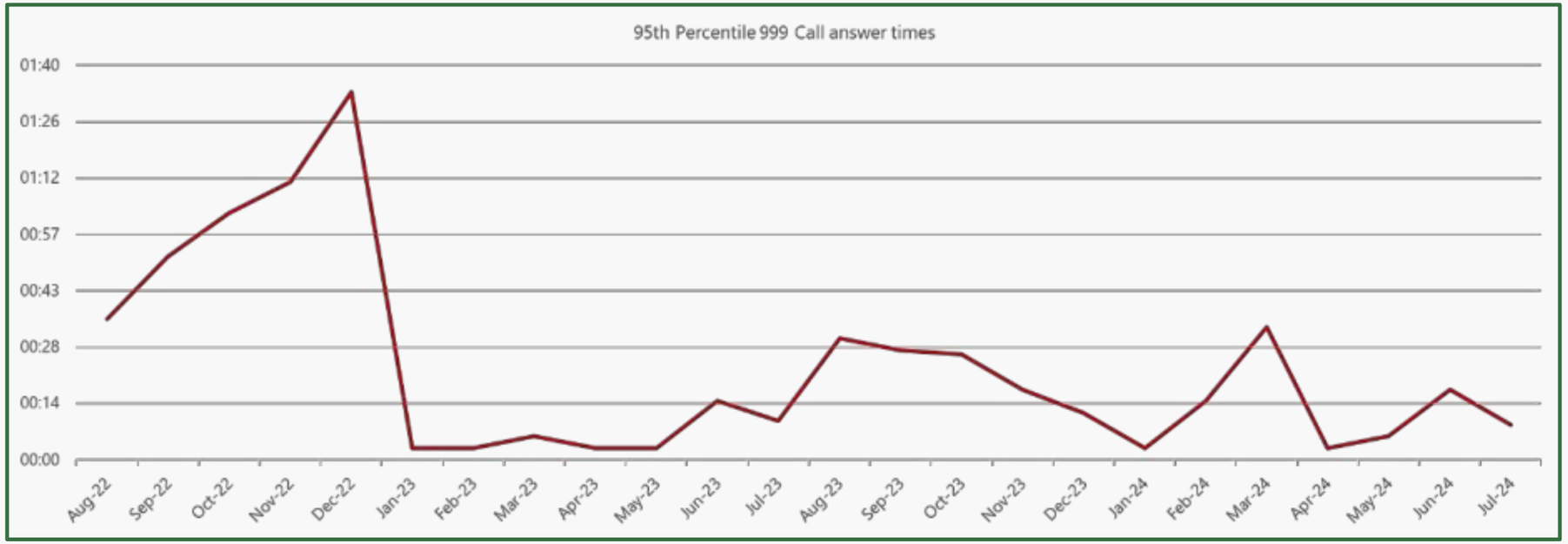
The new 111CAS will bring performance benefits, however, demand is increasing materially, and the number of commissioned clinicians will be lower in 2024/25. Therefore, it is unclear what performance levels will be able to be achieved.

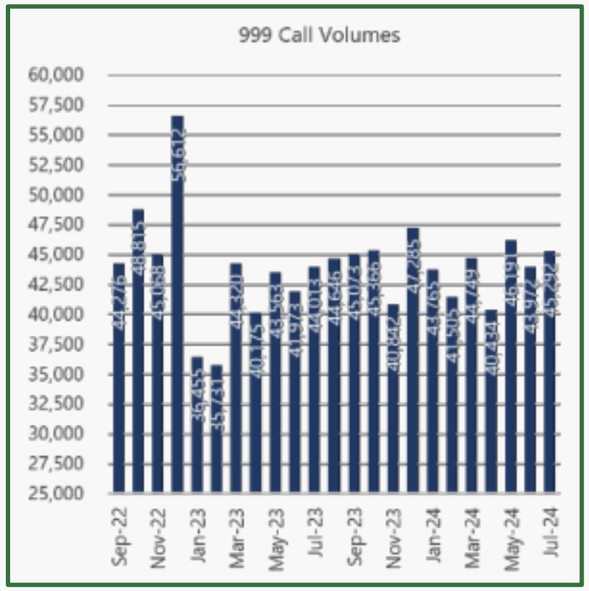
Our Patients: Quality, Safety & Patient Experience
999 Call Performance Indicators

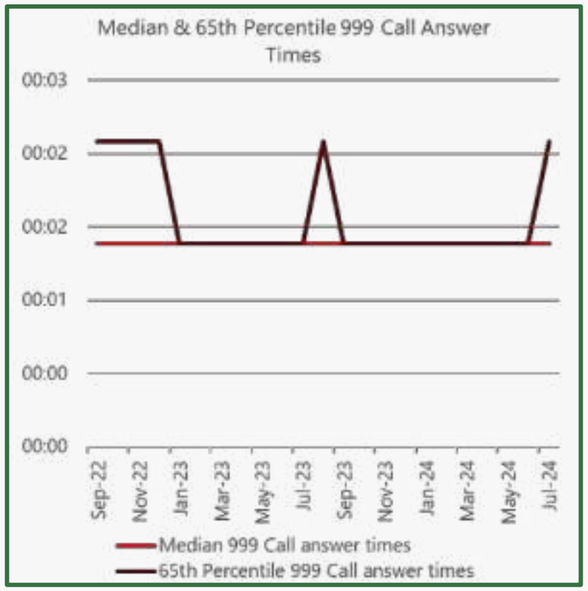
(Responsible Officer: Lee Brooks)

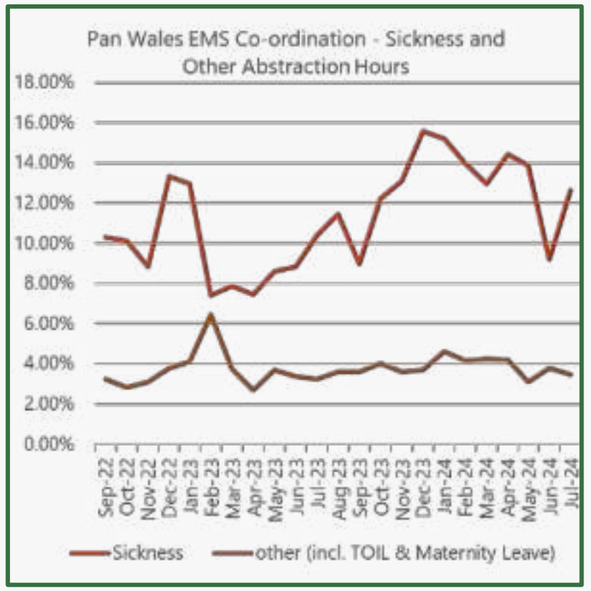
R FPC CI

Influencing Factors – Demand and Hours Produced









Analysis

The 95th percentile 999 call answering performance did not achieve the 6 second target (00:09) in July2024. The median call answer time for the 999-service remained consistent at 2 seconds.

There was an increase in demand in July 2024 to 45,292 from 43,972 in June 2024.

Sickness levels saw an increase to 12.63% in July 2024 from 9.20% in June 2024.

Remedial Plans and Actions

- Over establishment has been approved for EMSC by the Executive Director of Operations with call takers currently 14% above establishment (125.5 FTEs v 111.76 FTEs)
- Will continue to overrecruit for the next few months (as approved by the ADO and the EDoOps) into the winter months.
- Further recruitment drives in all three centres are planned up to September to support the above.
- A transformation programme is underway:
  - **Roster Review.** A dispatch roster review for Allocators and Dispatchers..
  - **Boundary changes.** Realignment of dispatch boundaries to balance workload and pressures for individual dispatch teams.
  - **Broader Ways of Working**. This project is looking to create efficiency, effectiveness and improved productivity through a review of processes and procedures as well as providing consistency and reduction in variation across centres.

Expected Performance Trajectory

The median and 65th percentile are performing very well and are stable. The above changes should provide further resilience. There is some resilience to demand increases, but this needs to be kept under review.

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

Influencing Factors – Demand, Hours Produced and Hours Lost

(Responsible Officer: Lee Brooks)

8 Min
R

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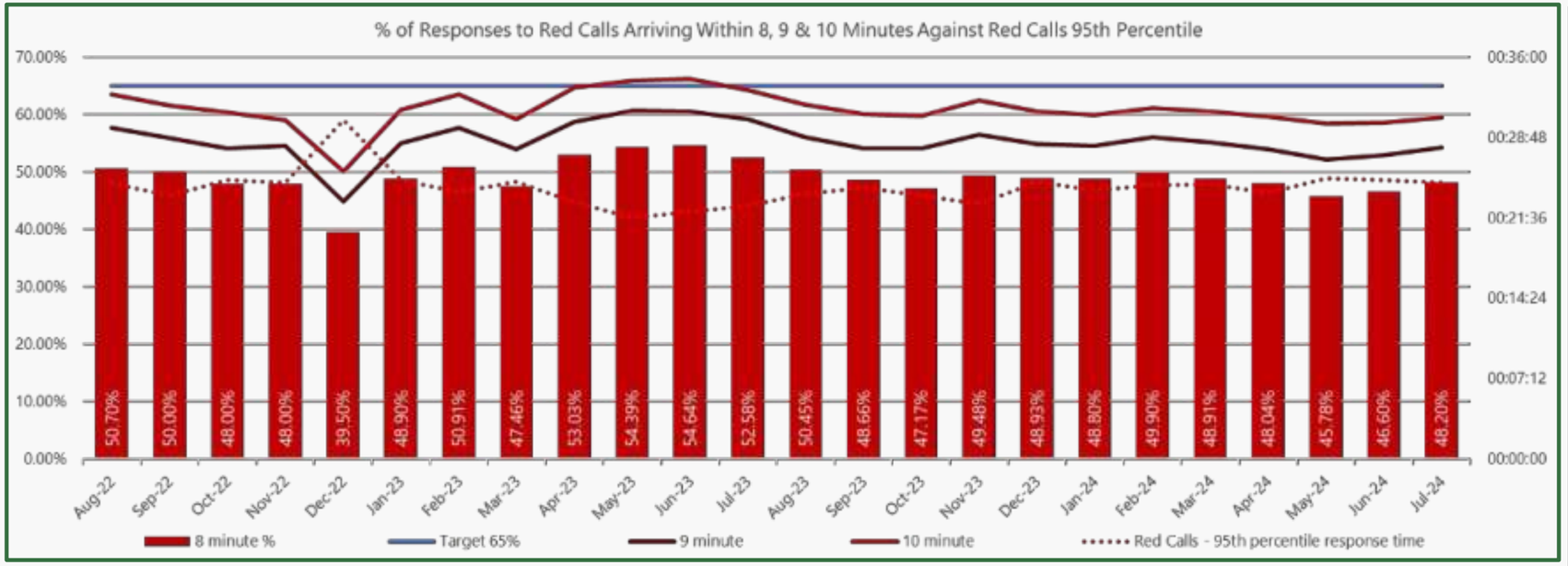

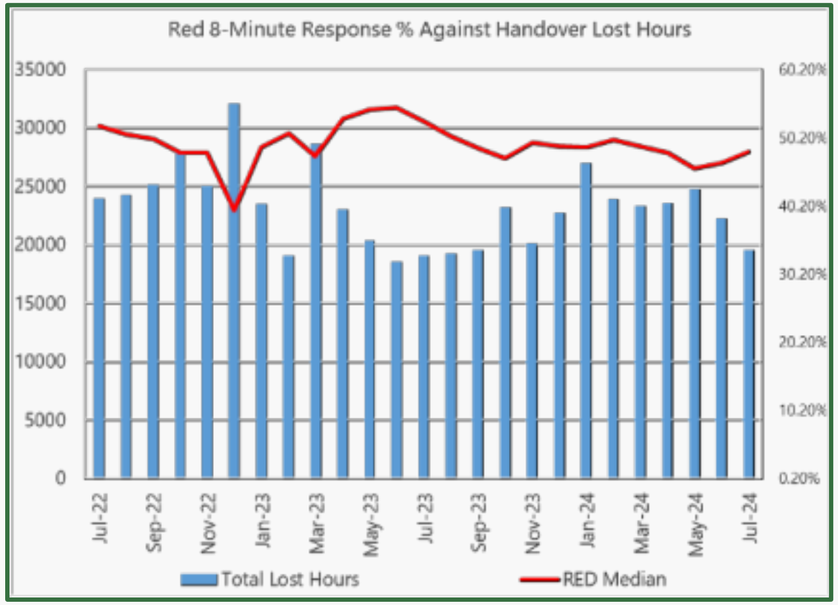

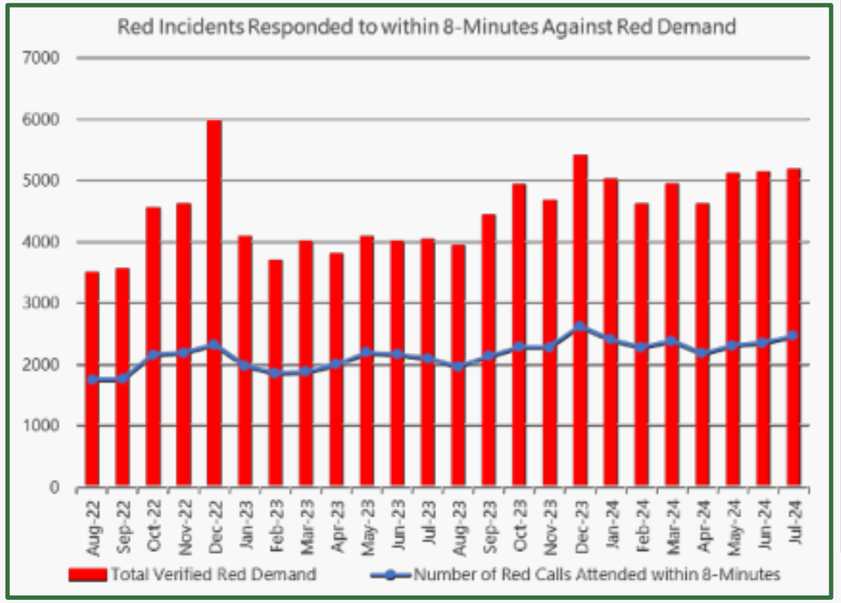

Analysis

Red 8-minute performance continues to remain below the 65% target increasing marginally during July 2024 to 48.2%.

Red 10-minute performance for June 2024 was 59.5%, which is marginally below the 2-year average (60.9%).

One of the main determinants is **red demand**, which has **increased** over the last few years, with red demand in July 2024 being 28.2% higher than that seen in July 2023. As red demand has increased, so too has the number of red incidents responded to within 8-minutes, with the figure for July 2024 being 2,462 (17.9% above the figure for July 2023). i.e. the Trust is reaching more red calls in 8 minutes, but the denominator is also increasing.

The lower left graph demonstrates the correlation between overall Red performance and **hospital handover lost hours**. There were 19,596 lost hours in July 2024.

Remedial Plans and Actions

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

- To maintain commissioned establishment/staff in post levels overall.
- To recruit an additional cohort of 21 EMTs in November.
- Full roll out of the Cymru High Acuity Response Unit (CHARU), now largely complete (128 FTEs v target of 153 FTEs) with the exception of some hard-to-reach areas.
- Continued focus on production and abstractions (EA production was 90% UHP in July 2024 and CHARU production 74% against full roll out);
- The rapid deployment, before winter 2024/25 of the first phase of actions towards an updated clinical model e.g. rapid clinical screening, as outlined in our IMTP.

Expected Performance Trajectory

Modelling for Summer 2024 indicates a level of Red performance below target (most likely scenario 50%) and Amber 1 (one hour and 32 minutes, based on handover at 19,000 hours).

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

(Responsible Officer: Lee Brooks)

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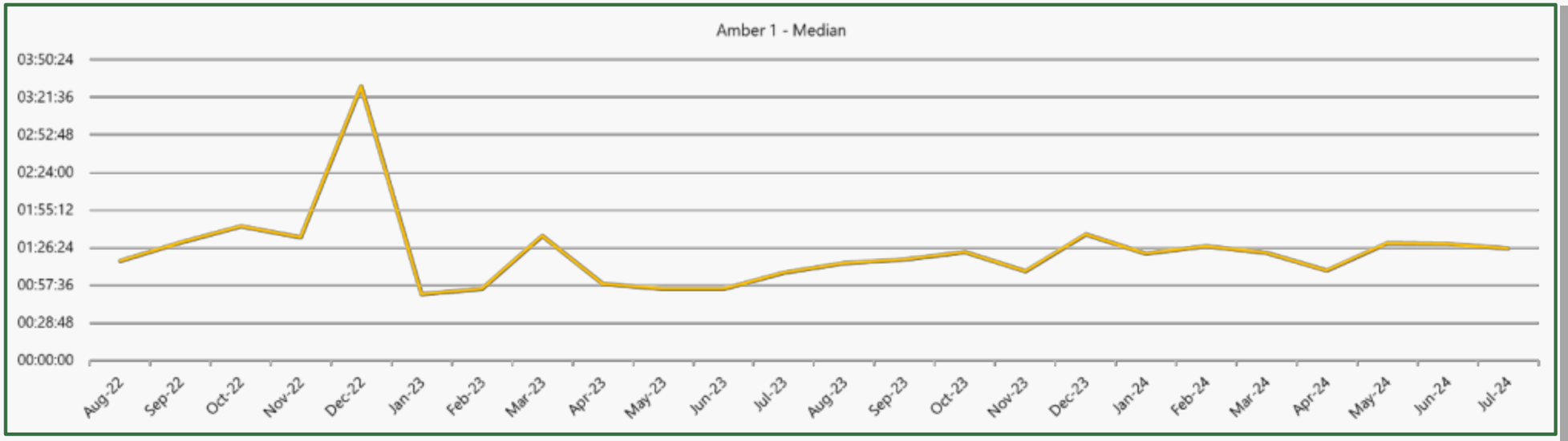
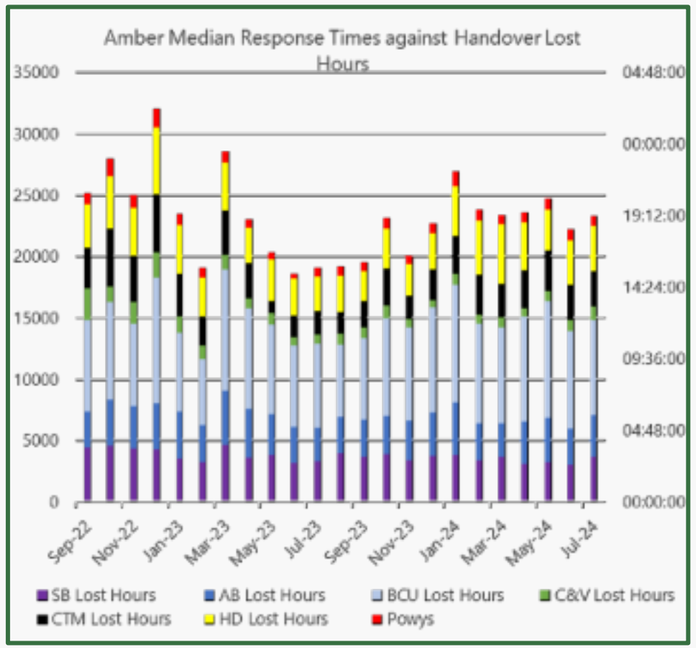
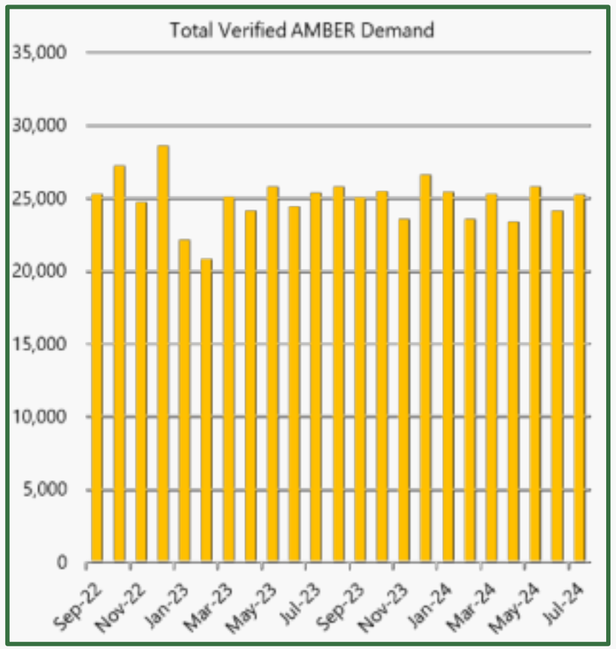
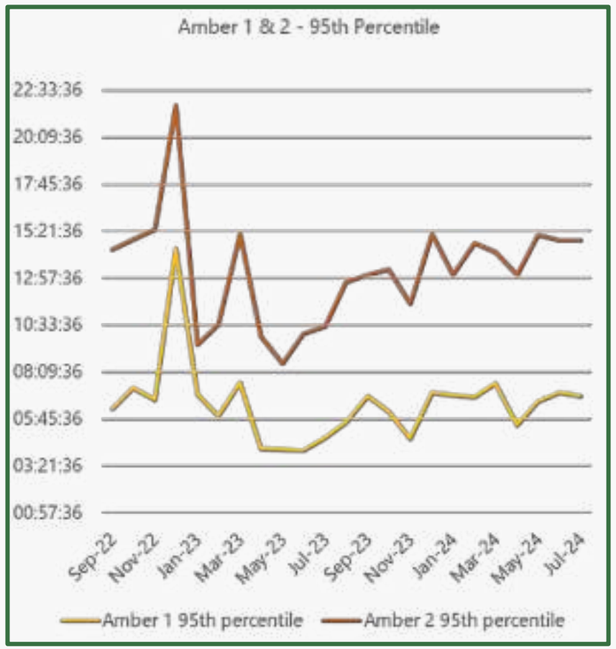
Influencing Factors – Demand, Hours Produced and Hours Lost









Analysis

The Amber 1 median performance time improved during July 2024 to 1 hour 26 minutes, during a month when demand increased (+1,110). However, although also improving, there remains an extreme level of hospital handover lost hours. The ideal Amber 1 median response time remains at 18 minutes.

The Amber 1 95th percentile decreased slightly during July 2024 to 6 hours 54 minutes but remains too long and above the 2-year average figure of 6 hours 30 minutes.

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

The Trust has also recently seen abstractions return to the 2019 review benchmark of 30%; however, they have spiked up a bit in July (sickness/annual leave) and the numbers of hours produced remains relatively good, but lower at EA UHP at 90%.

Remedial Plans and Actions

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

Expected Performance Trajectory

The Trust is currently evolving its clinical model and has completed a new 2023 EMS Demand & Capacity Review.

Our Patients: Quality, Safety & Patient Experience

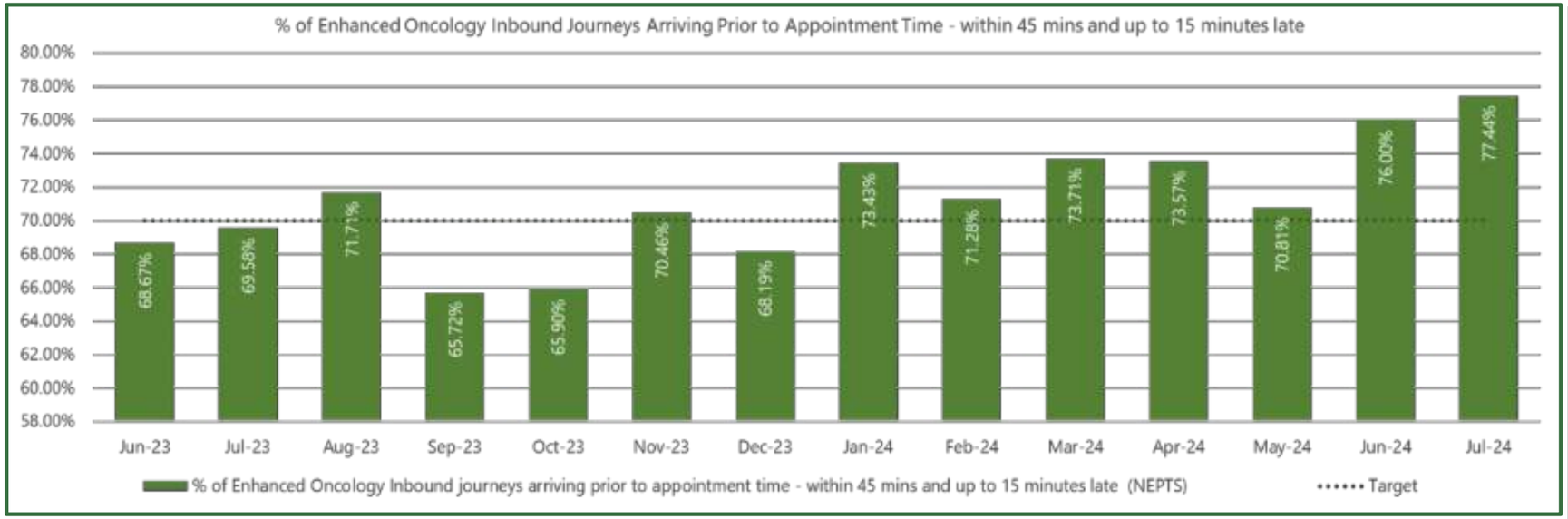
Patient Experience – Influencing Ambulance Care Indicators

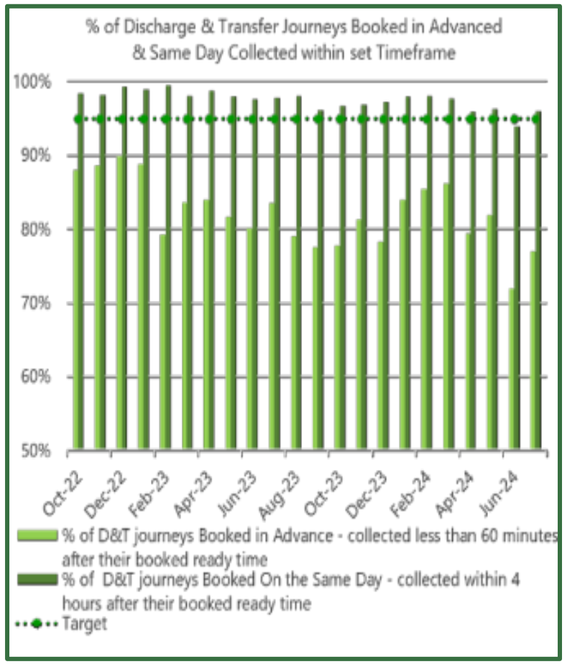
(Responsible Officer: Lee Brooks)

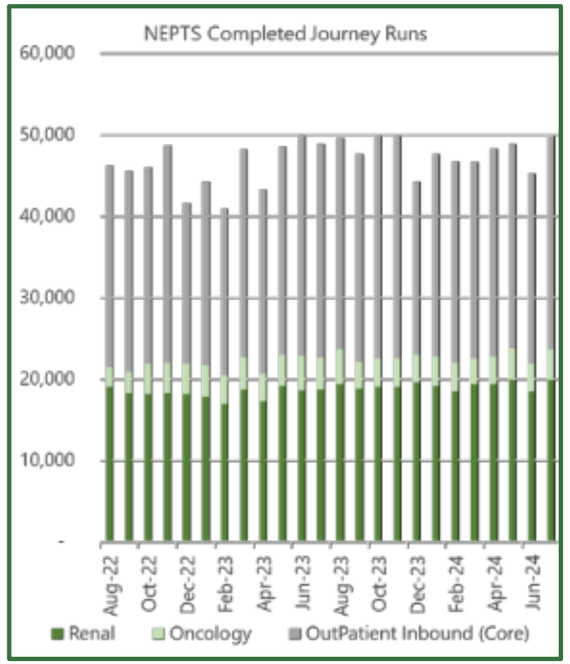
D&T	Oncology	Welsh Calls
R	G	G

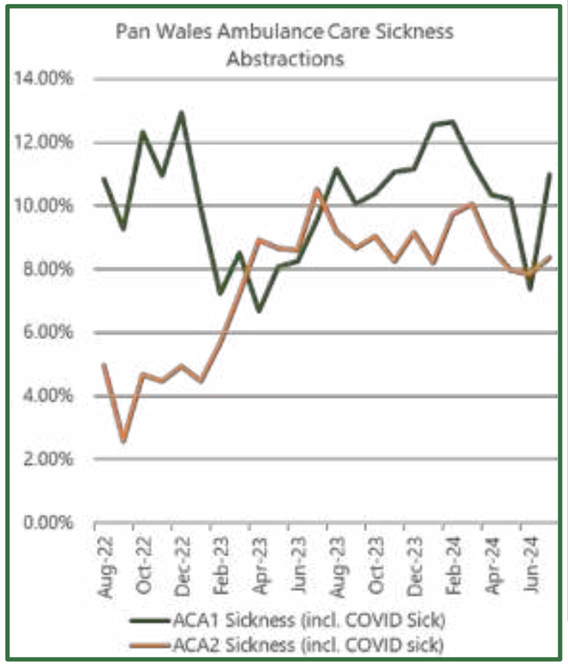
FPC

CI









Analysis

Ambulance Care (NEPTS element) performance improved during July 2024. 77.4% of enhanced Oncology journeys arrived within 45 minutes prior and up to 15 minutes late of their appointment time, an increase from the 76% in June 2024, and achieving the 70% target for the seventh month in a row. Oncology performance continues to be an area of focus for the service, and we continue to invest both time and resources on these journeys.

Discharge and Transfer journeys booked in advance and collected less than 60 minutes after their appointment remains below target at 77% in July 2024. although this was an improvement from 72% in June.

Enhanced Renal journeys, saw a slight increase to 73%, but continues to exceed the agreed performance standard (70%).

Call volumes answered declined further in July 2024 to 17,576 compared to 18,134 in June 2024 (18,134);. However, the average speed of call answering also declined from 5 minutes 4 seconds in June to 9 minutes 10 seconds in July.

Remedial Plans and Actions

Increased performance on data management and journey recording times is underway, with enhanced focus on weekend performance. Projecting an improvement in performance over next few months, although caution on achieving the 95% figure as this was always an aspirational target that needs engagement and system change from Health Boards which is complex and challenging to achieve.

New rosters keys are just being finalised based on updated demand, which will then be taken into a NEPTS transport roster review..

Enhanced sickness monitoring has been implemented at the ADO/HoS level and all long term and complex cases are being reviewed regularly.

Expected Performance Trajectory

Performance is anticipated to follow recent trends.

Our Patients: Quality, Safety & Patient Experience
Clinical Indicators

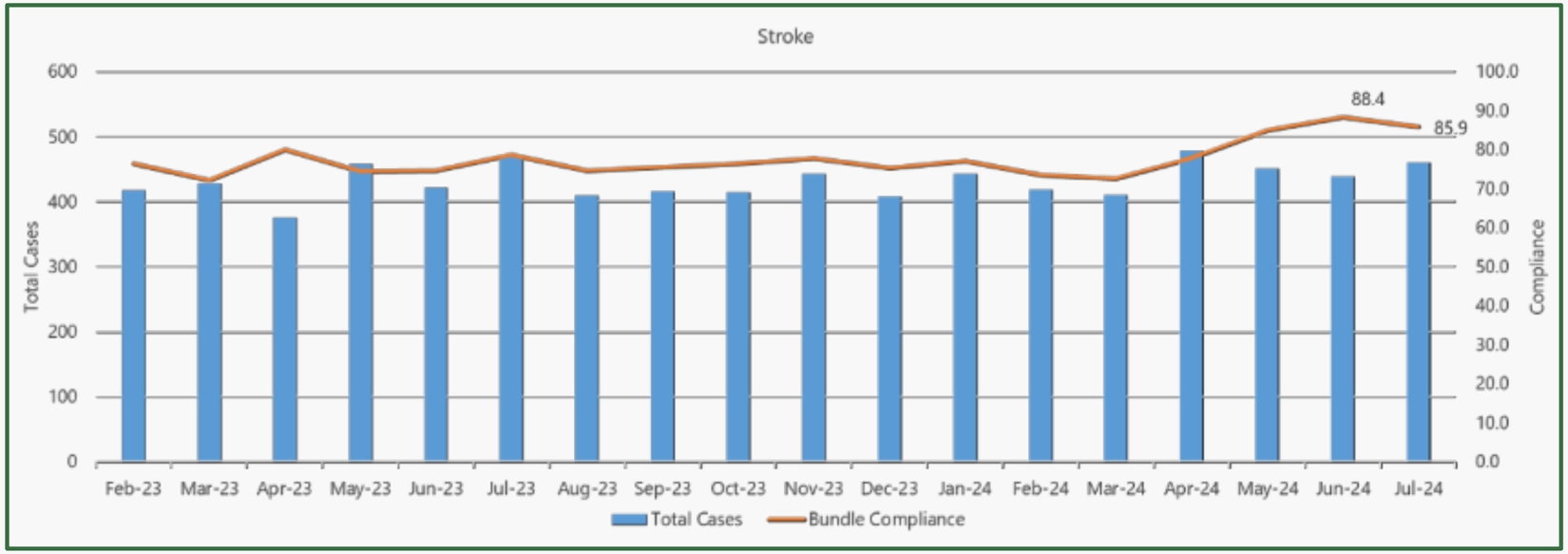
Return of Spontaneous Circulation, Suspected Stroke Patients with Appropriate Care, ST-elevation myocardial infarction (STEMI) with Appropriate Care

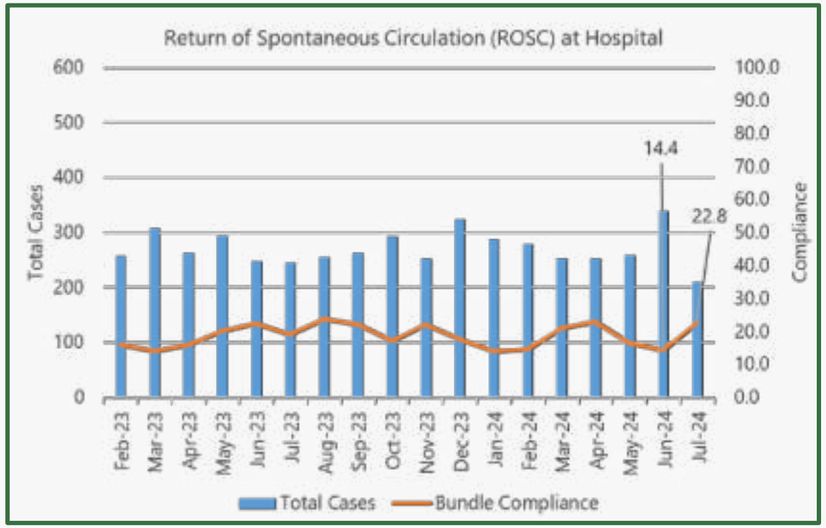
Stroke	ROSC	STEMI
A	A	R

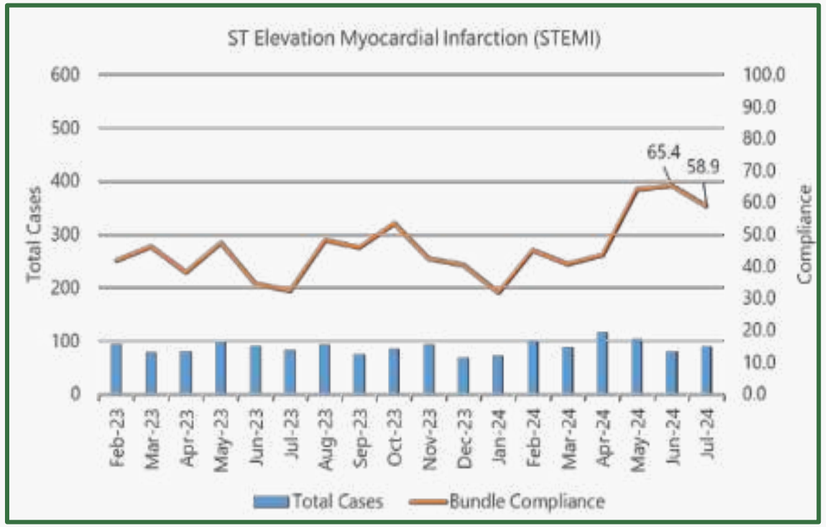
Self-Assessment: Strength of Internal Control: Moderate

QUEST

(Responsible Officer: Andy Swinburn)







Analysis

The percentage of patients documented as receiving appropriate care bundles in **July 2024** was:

- **Stroke – 85.9%, a decrease from 88.4% in June.** There is a correlation between documenting FAST (a test to detect symptoms of stroke) and care bundle compliance, this has informed the recovery plan and is a focus during Senior Paramedic ride outs with clinicians.
- **STEMI (heart attack) – 58.9%, a decrease from 65.4% in June.** There has been a compliance increase to the administration of Aspirin. ePCR User Interface changes are planned for justified exceptions with GTN to improve electronic Patient Clinical Record completion and compliance.
- **Return of Spontaneous Circulation at hospital (from cardiac arrest) – 22.8%, an increase from 14.4% in June**. Issues with the ROSC coding specification were identified, and subsequently updated for the July 2024 figures, which now shows a step change.

N.B. Due to the nature of this metric, common cause variation occurs which can result in a marked reduction in performance from small numbers of unsuccessful resuscitations attempts. The factors that influence this may include response times, bystander resuscitation and response type/numbers.

Following the switch to the electronic Patient Clinical Record , the way data is collected has changed. Automated Clinical Indicator reports are generated from data directly inputted by clinicians. There are advantages to the new process; however, this has not yet been fully realised within the monthly results. As a result of the anticipated low compliance, risk 535 was generated with three key mitigations to work on:

- Design of the electronic Patient Clinical Record User Interface
- Clinician interaction with the electronic Patient Clinical Record
- Accuracy of the scripting to extract the data from the data warehouse to create the reports.

Several electronic Patient Clinical Record User Interface changes were implemented in June 2024 and the impact is being monitored.

Our Patients: Quality, Safety & Patient Experience
Clinical Indicators

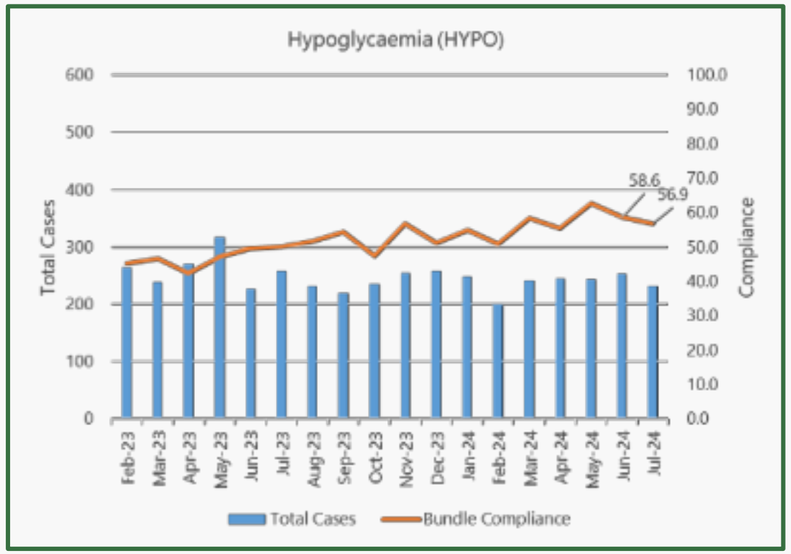
Hypoglycaemia, Fractured Neck of Femur (#NOF) and Time-Based metrics (Stroke & STEMI)

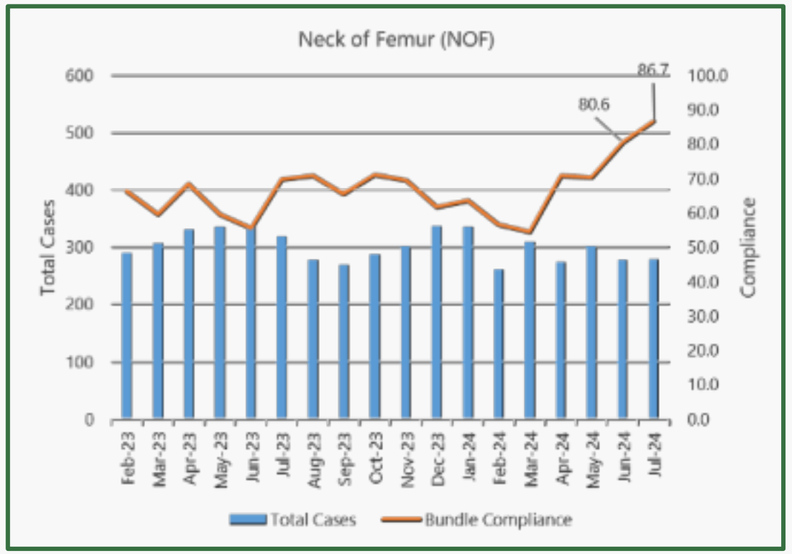
(Responsible Officer: Andy Swinburn)

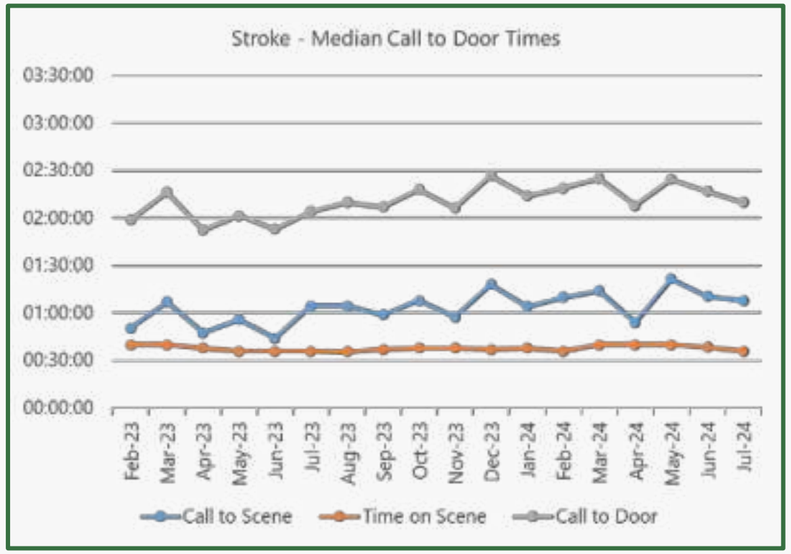
Call to Door
R

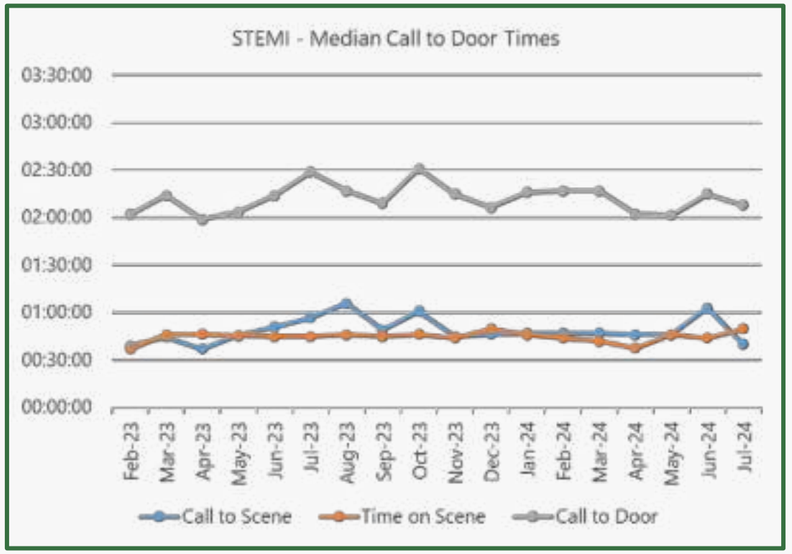
Self-Assessment: Strength of Internal Control: Moderate

QUEST









Analysis

The percentage of patients documented as receiving appropriate care bundles in **July 2024** was:

- **Hypoglycaemia (diabetic patients with low blood glucose) – 56.9%, a decrease from 58.6% in June.** There has been a reduction in documenting post blood glucose checks. This is being picked up within the recovery plan and the review of the scripting used to generate reports.
- **Fractured Neck of Femur (hip fracture) – 86.7%, an increase from 80.6% in June.** The use of a 'nudge tool' for analgesia implemented in June provided a prompt when important information is not documented. Compliance has improved since then, with July compliance to analgesia and the care bundle being the highest since the electronic Patient Clinical Record was implemented.
- **Call to door times for Stroke and STEMI** - the data did not identify any concerns, time on scene is monitored to identify potential improvements.

Remedial Plans and Actions

A recovery plan has been implemented to improve compliance; actions include:

- Focussed communication with clinicians to use the bespoke electronic Patient Clinical Record fields (in addition to the narrative).
- Providing weekly non-compliant data to support Senior Paramedics conversations with clinicians to improve compliance.
- Health Board focussed workshops to promote understanding of Clinical Indicators, care bundles and electronic Patient Clinical Record completion.
- Reviewing the scripting used for reports for each Clinical Indicator bundle. The revised scripting for Inter Hospital Transfers has positively impacted on data from May 2024.
- Following the success of the 'nudge' tool with analgesia for Fractured Neck of Femur (hip fracture), further 'nudges' will be implemented in a stepwise approach.

Expected Performance Trajectory

The continued support of Health Board Clinical Leads and Senior Paramedics, working closely with the Clinical Improvement, and Clinical Intelligence and Assurance Teams, will contribute to a continued increase in compliance rates.

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

(Responsible Officer: Liam Williams)

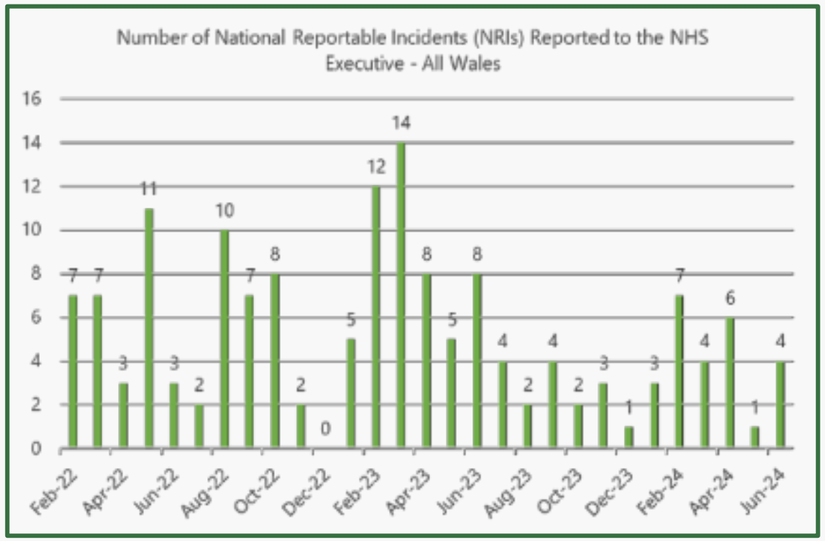
Concerns.

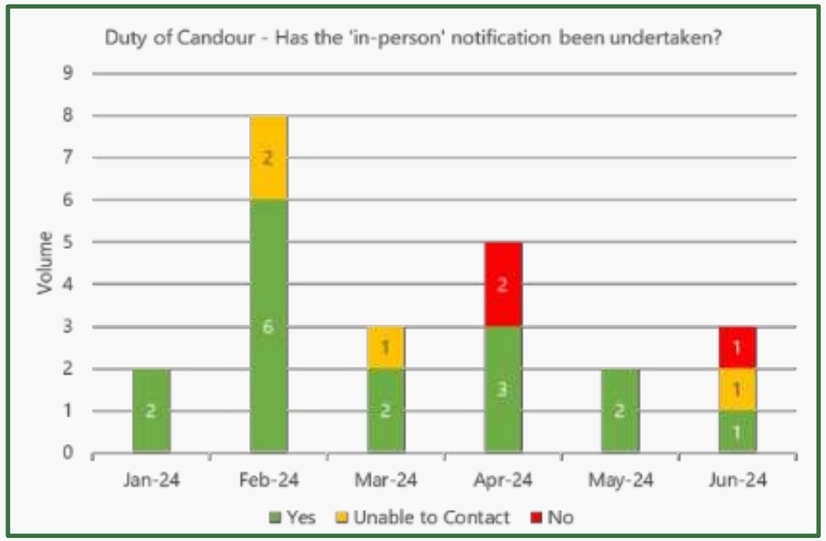
Self-Assessment: Strength of Internal Control: Moderate

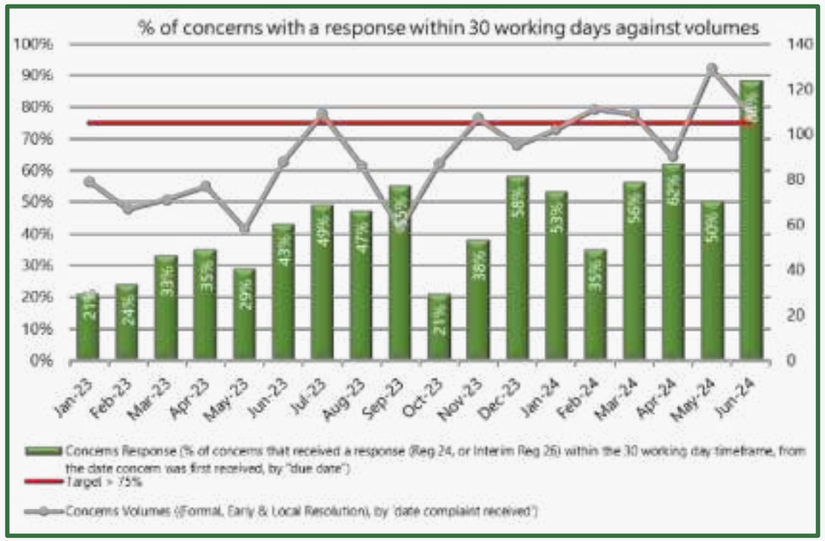
QUEST

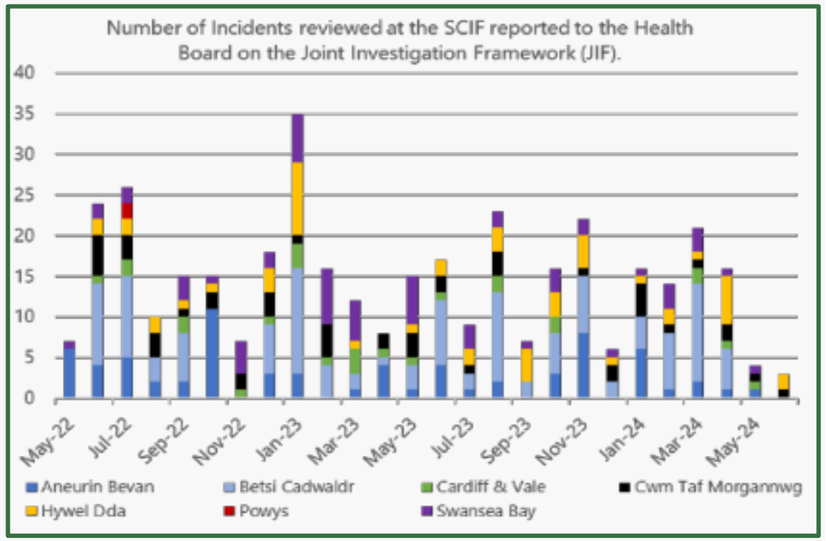
Health & Care Standard
Health - Safe Care / Timely Care

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









Analysis
The improvement in complaints timescales continues with the Trust exceeding the minimum target of 75% 30 working day compliance for the first time in several years. This is as a direct result of improved resourcing in the PTR team, particularly in leadership positions, following investment in the department. Acknowledgement of formal complaints is also fully compliant with the national timescales. It is anticipated that 30 working day compliance will begin a temporary decrease next month as the team begins to focus on resolving long-standing complaints and the total number of open cases. 4 NRIs were reported to the NHS Wales Executive in the previous month. There has been a notable decrease in cases requiring escalation to the SCIF. A decrease in incidents shared with Health Boards under the Joint Investigation Framework is also apparent. Further monitoring and triangulation will be undertaken to provide assurance on whether this is reflective of reducing system harm or a change in incident-reporting profiles.

Duty of Candour
Duty of Candour Regulations (2023): An "in-person" notification is made when the Trust becomes aware of a notifiable adverse outcome. There are occasions when we have not been able to contact patients or families despite trying several avenues. Where enactment of the Duty has been attempted, but unsuccessful the rationale is documented on the Datix Cymru System.

Remedial Plans and Actions
Recruitment to the full PTR establishment is nearly completed. New staff are expected to be in post by Q3 at the latest. A detailed Putting Things Right Recovery Plan has been presented and accepted by QUEST Committee. This includes SMART actions, expected performance trajectories and key dependencies over the coming financial year.

Expected Performance Trajectory
The PTR Department will, over the coming months, begin to focus on ensuring that recent improvements in the timeliness of complaints responses are sustainable and that we are reducing the longest waiting complaints. There are high staff vacancy and absence levels in the Patient Safety team and the remaining team members are focused on maintaining statutory and national priorities, including identification, reporting, investigating and closure of NRIs and the enactment of the Duty of Candour.

**NB: Data correct on the date and time it was extracted; therefore, these figures are subject to change **NB: 30 Day Compliance reported from Power BI and therefore data is not yet validated*

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

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

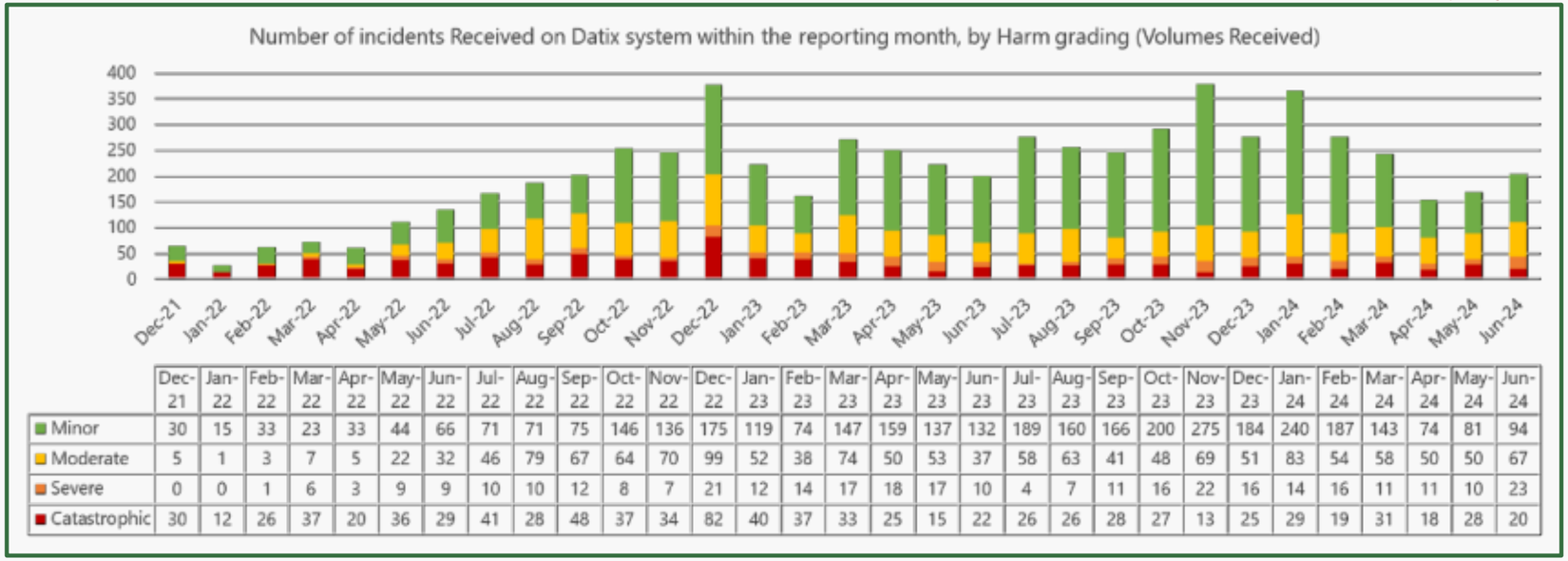
(Responsible Officer: Liam Williams)

Self-Assessment: Strength of Internal Control: Moderate

QUEST

Health & Care Standard
Health – Safe Care

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



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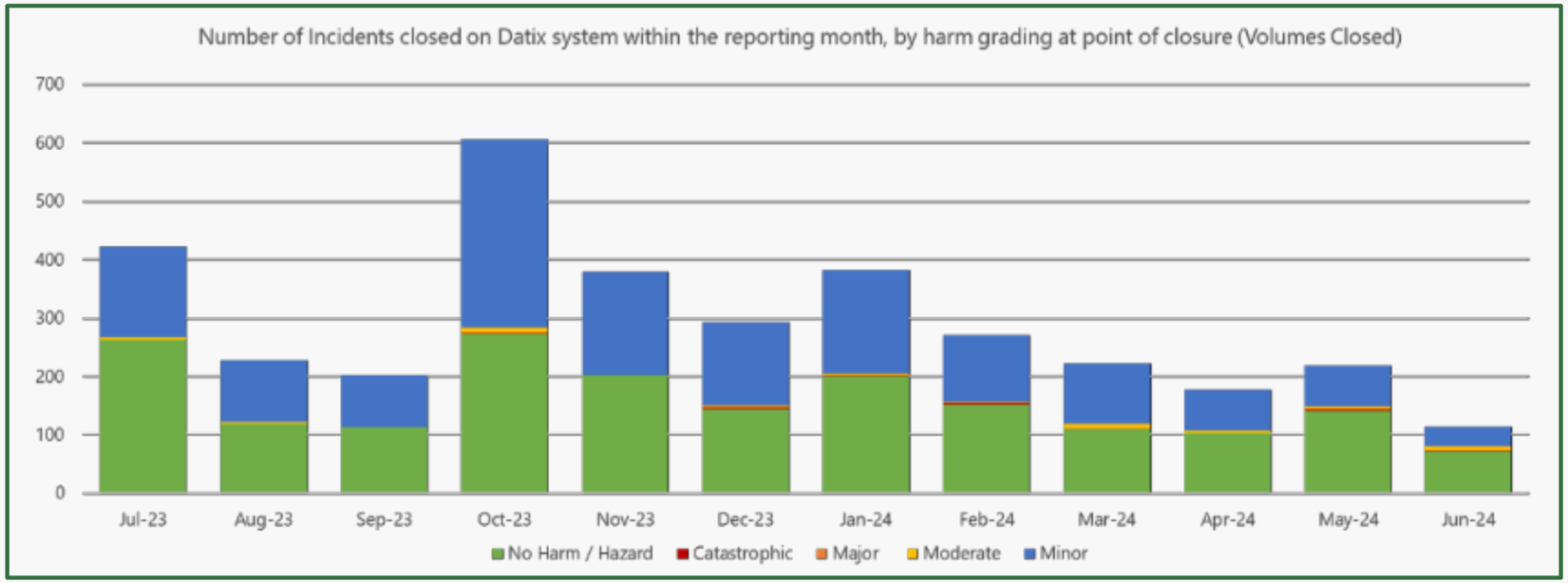
Minor	30	15	33	23	33	44	66	71	71	75	146	136	175	119	74	147	159	137	132	189	160	166	200	275	184	240	187	143	74	81	94
Moderate	5	1	3	7	5	22	32	46	79	67	64	70	99	52	38	74	50	53	37	58	63	41	48	69	51	83	54	58	50	50	67
Severe	0	0	1	6	3	9	9	10	10	12	8	7	21	12	14	17	18	17	10	4	7	11	16	22	16	14	16	11	11	10	23
Catastrophic	30	12	26	37	20	36	29	41	28	48	37	34	82	40	37	33	25	15	22	26	26	28	27	13	25	29	19	31	18	28	20



Analysis

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

An increase in incident reporting during June 2024 is observed across all harm gradings.

All patient safety incidents graded moderate or above will continue to be reviewed by the Patient Safety Team. Monthly volumes should be interpreted with caution as incidents can be duplicated on the system (for example two crews submitting the same incident). Incident volumes include those reported internally by WAST staff but also those reported by Health Board colleagues about WAST services or care and transferred onto our Datix database.

The bottom graph highlights the 114 Incidents that were closed on the Datix system in June 2024.

Remedial Plans and Actions

The Putting Things Right teams continue to focus on the priorities outlined in the departmental Recovery Plan to improve the Trust position and performance across a number of quality metrics and Tier 1 targets. The Trust is represented at national networks including Duty of Candour, Complaints, Ombudsman, Learning, Mortality, Claims, Redress and Datix Cymru development groups as resources allow. Work is progressing in respect of the development of dashboards and the aggregation of data and information to inform patterns, trends and learning opportunities as part of the quality management system.

Expected Performance Trajectory

As captured in the PTR Recovery Plan, Incident management priorities will initially be focused on reducing the number of overdue NRIs.

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

Data source: Datix

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

(Responsible Officer: Liam Williams)

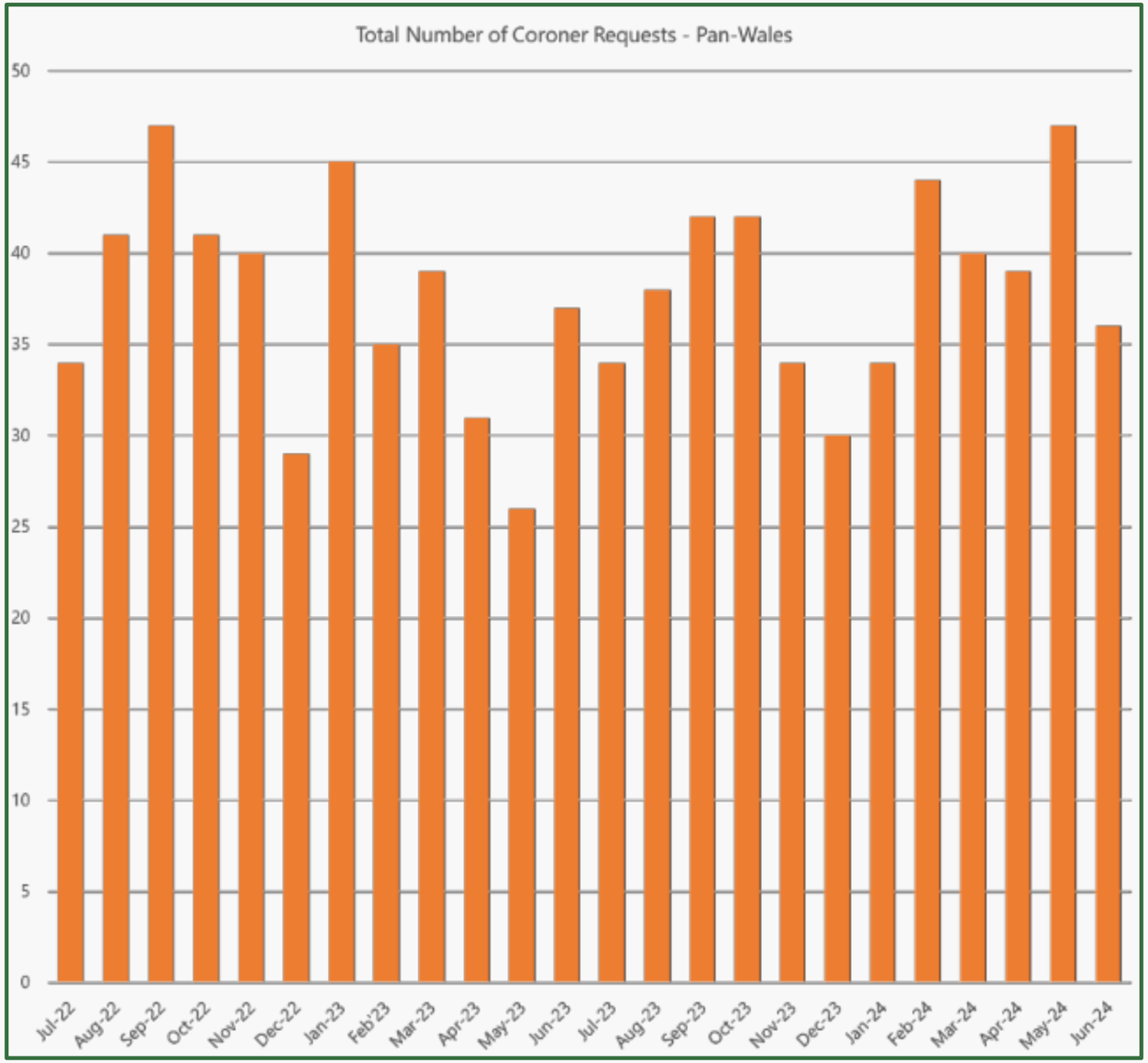
Coroners Self-Assessment: Strength of Internal Control: Moderate

Mortality Self-Assessment: Strength of Internal Control: Moderate

QUEST

Health & Care Standard
Health – Safe Care

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



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

Analysis

Coroners: The complexity of the cases remains high, with multiple statements and actions per approach. Coroners are attempting to clear backlogs, still outstanding since Covid. This has resulted in the need for more prevention of future deaths statements. Some coroners have reduced administrative support (documented in the Chief Coroners Annual Report) , which has resulted in some delayed requests reaching the Trust.

Ombudsman: There has been a reduction in initial approaches to the Trust by the PSOW. All PSOW cases are now being managed via Datix Cymru. Management responsibility for PSOW cases has been transferred to the Patient and Family Relations team to allow an end-to-end understanding of cases that progress through to PSOW consideration.

Mortality Review: The Trust continues to participate in Health Board led mortality reviews as appropriate, with attendance from the Patient Safety Team and clinical colleagues. Data and information is also provided by the Trust as required to the Medical Examiner Service to inform their reviews of deaths in acute care. Currently the focus of the Medical Examiner Service is undertaking reviews in the acute care setting and the plan is for all non-coronial deaths, including community deaths to be reviewed by the Medical Examiner Service from September 2024.

Remedial Plans and Actions

Coroners: The Team are requesting extensions were possible and escalating issues earlier to ensure we are reaching deadlines. One specific coroner has advised that if statements are not received within the requested timeframe, a schedule 5 will be issued.

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

Mortality Review: The Trust is in the process of developing the internal mechanisms in order to facilitate mortality reviews aligning to the national approach. This includes: -

- Consideration of the resources required in the new Putting Things Right (PTR) Team structure
- The Patient Safety Team engaging in meetings led by the Once for Wales Datix Cymru Team who are developing the Datix Cymru Mortality Module.
- The establishment of the Learning from Deaths Forum, chaired by the Assistant Director of Quality & Nursing

Expected Performance Trajectory

Coroners: This level of activity seems to be the new normal and will continue to be monitored.

Ombudsmen: The team are pleased with the low conversion rate of complaints to PSOW cases, demonstrating the quality of responses to formal complaints.

Mortality Review: Whilst the multiple benefits of the Medical Examiner Service are recognised there will undoubtedly be significant resource implications for the Trust, particularly as the process expands to every non-coronial death in NHS Wales by the end of September 2024.

Mortality Reviews Data source: Internal Web Application

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

(Responsible Officers: Jonny Sammut & Liam Williams)

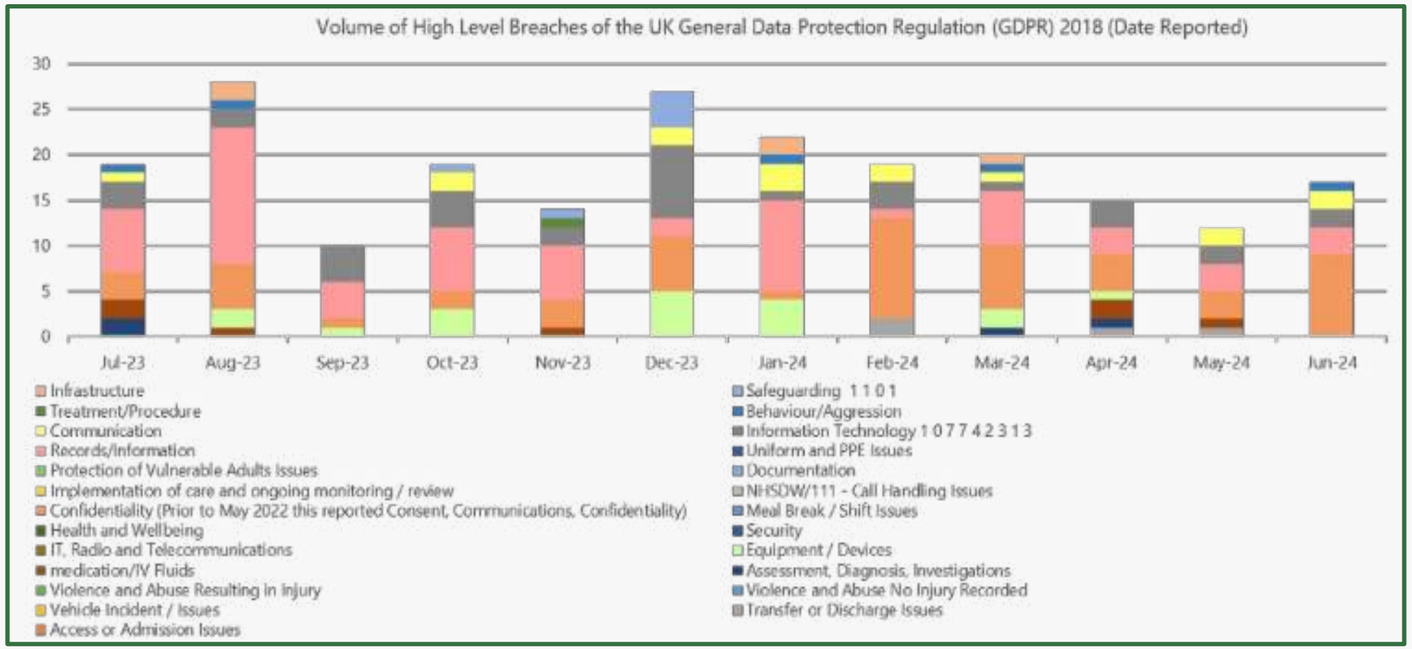
Self-Assessment: Strength of Internal Control: Strong

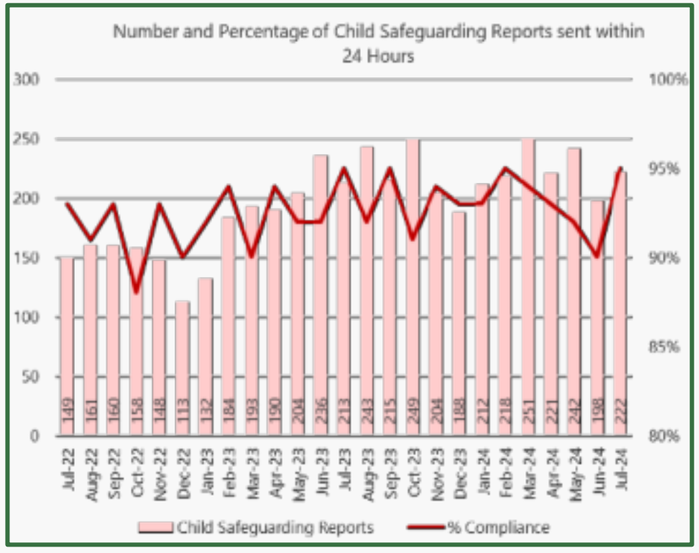
PCC

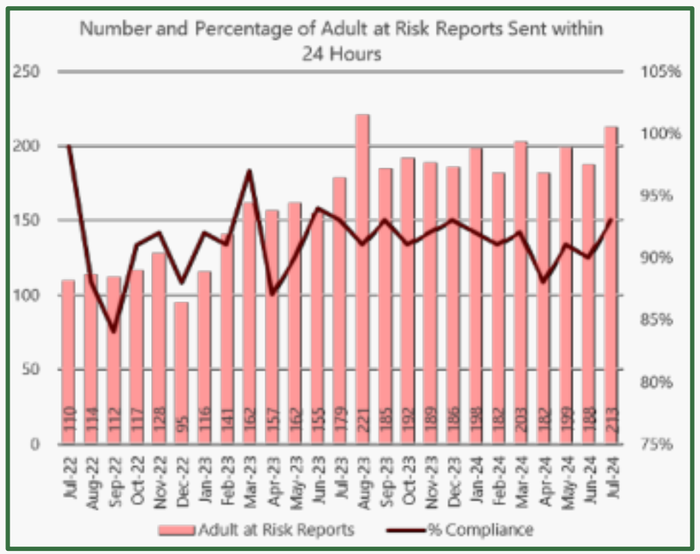
Health & Care Standard
Health – Safe Care

Safeguarding Data source: Doc Works

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







Analysis

Safeguarding: In July 2024 staff completed a total of 213 Adult at Risk Reports, 93% of these were processed within 24 hours. Whilst the Trust does not report on Adult Social Need reports, 556 reports were received and processed to the Local Authority during this reporting period. There have been 222 Child Safeguarding Reports in July 2024, 95% of these were processed within 24 hours.

Data Governance: In June 2024, there were 17 information governance (IG) related incidents reported on Datix Cymru categorised as an Information Governance (IG) breach. Of these 17 breaches, 9 related to IG/Confidentiality, 3 Records/Information, 2 Information Technology, 2 communication, and 1 behaviour/aggression.

Public Engagement: During July, the Patient Experience and Community Involvement Team attended 19 community engagement opportunities. This month engagement included: -

- Attending the Caldicot Castle 999 Emergency Services Open Day,
- The Flying Start Family Fun Day in Barry
- Wrexham Pride.

At all of these events we have been able to talk to members of the public about the experiences and expectations of using the Welsh Ambulance Service.

Remedial Plans and Actions

Safeguarding: The Trust primarily manages all safeguarding reports digitally via Docworks Scribe and regular monitoring of the system by the Safeguarding Team provides a means to identify any problems with delayed reports. 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.

Data Governance: During the reporting period, of the 17-information governance related incidents reported on Datix, 1 incident was reported to the Information Commissioner's Office (ICO) relating to lost paper records.

Public Engagement: Response rates to some of our PREM's surveys is disappointingly low and we acknowledge that this means we cannot report a truly reflective picture. We are actively working with colleagues across the Trust to try and agree on solutions that would allow us to directly contact more patients.

Expected Performance Trajectory

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

Data Governance: The IG Toolkit Improvement Action Plan continues to be worked on with aims to achieve all actions by November 2024. The Action Plan has been shared with IGSG and will also be taken to ADLT.

Public Engagement: All feedback received is shared with relevant Teams and Managers and continues to be used to influence ongoing service improvement. Patient experience and community engagement information is now shared weekly at the Senior Quality Team meeting.

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

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

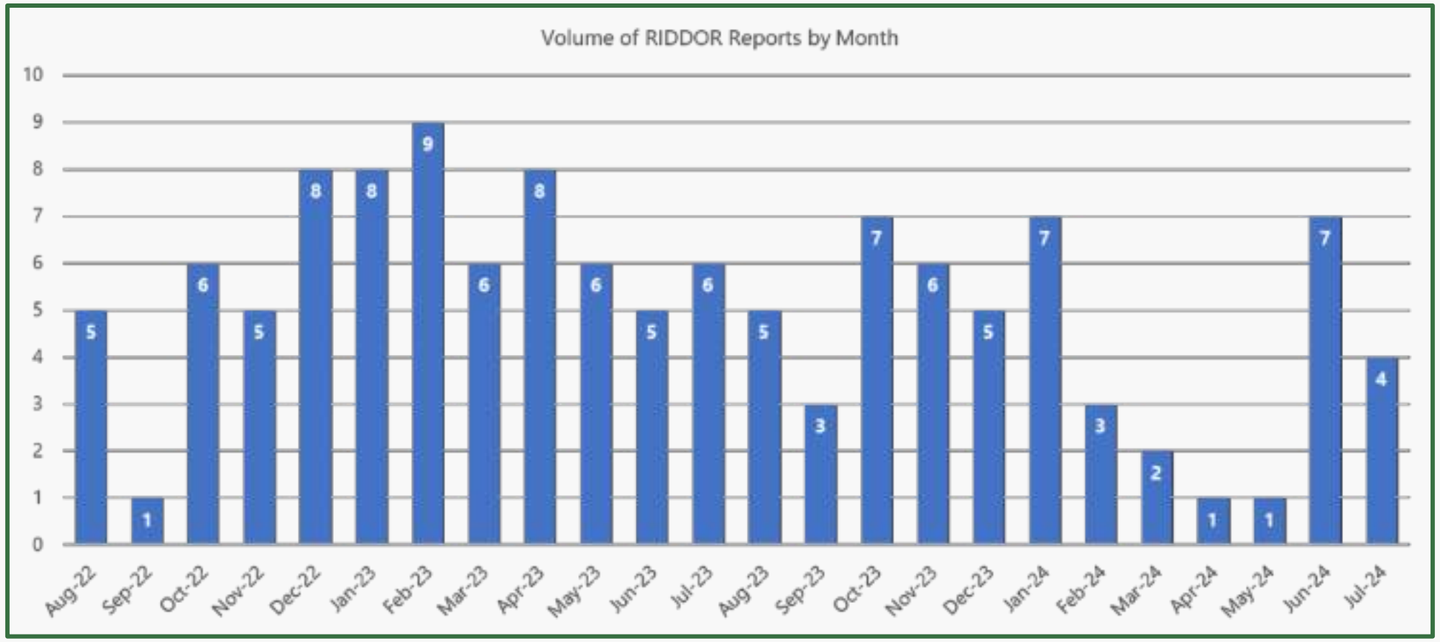
(Responsible Officer: Liam Williams)

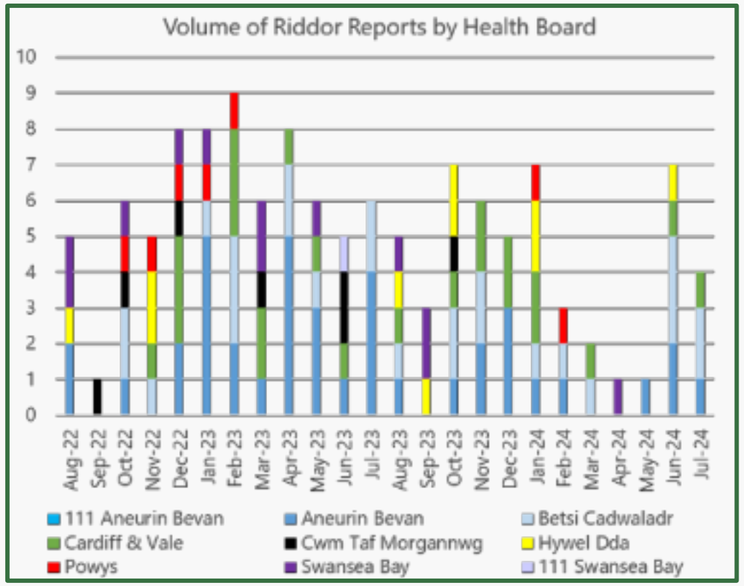
Self-Assessment: Strength of Internal Control: Moderate

PCC

Health & Care Standard
Health – Safe Care

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





Analysis

RIDDOR: There were 4 incidents requiring reporting under RIDDOR during July all were as a result of being unable to perform their normal duties for more than 7 days.
One was reported as a result of a manual handling incident that occurred whilst pulling a stretcher with a patient on board.

There were 2 reports resulting from slip and trip incidents 1 on the stairs of a patient's property and the second was as a result of oil left on the floor of an ambulance station garage.
One member of staff received and injury when they struck some stationary machinery in one of our vehicle workshops.

The HSE requirement for more detailed information when reporting RIDDOR's is continuing to have an impact on reporting times due to the time taken to communicate with staff ahead of submission.

Violence and Aggression: A total of 43 incidents have been reported of V&A in July.
2 Physical Assaults on staff were reported during the month with incidents of verbal abuse amounting to 41 for the month.

11 incidents were reported as Moderate in harm and 20 noted as low harm with 2 cases being noted as causing severe harm.

The number of moderate harm incidents have returned to the lower levels previously seen within the Trust. Such variations can have a number of causes which are being investigated by the V&A Team.

Remedial Plans and Actions

RIDDOR: The vacant administrative role within the department has been filled and the new member of staff will be assisting in the collection of the information required for RIDDOR reporting to improve reporting times and data quality..

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

Expected Performance Trajectory

RIDDOR: The number of manual handling injuries sustained whilst moving patients is currently static with an average of 13 being reported each month. The DSE/Manual Handling Advisor is completing their findings into the manual handling injuries within the Trust, and these will be compiled for trending and causation analysis.

Violence and Aggression: Whilst there has been a downward trend in V&A incident numbers the current performance remains steady in terms of numbers. The majority of incidents recorded are verbal in nature arising from our call centres. Work is being undertaken by V&A team and call centre staff is aiming to improve the reporting of incidents.

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

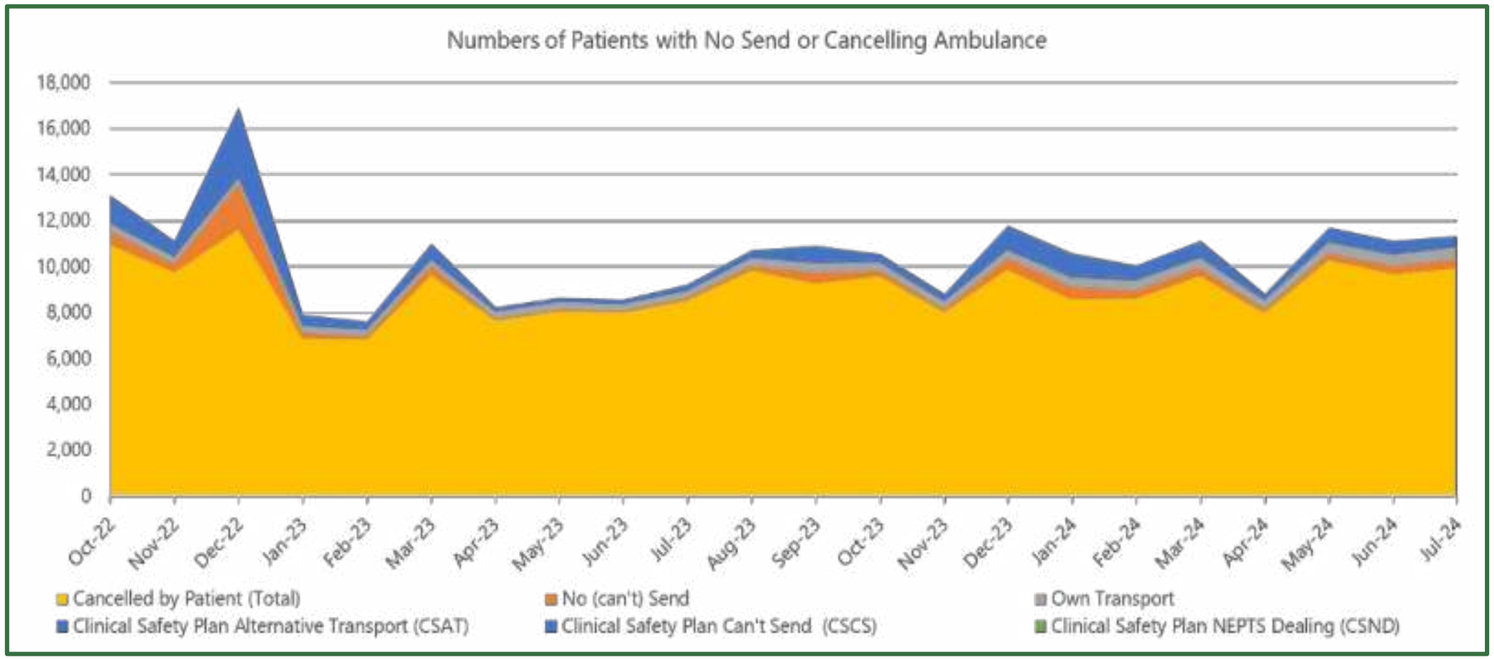
Data source: Datix

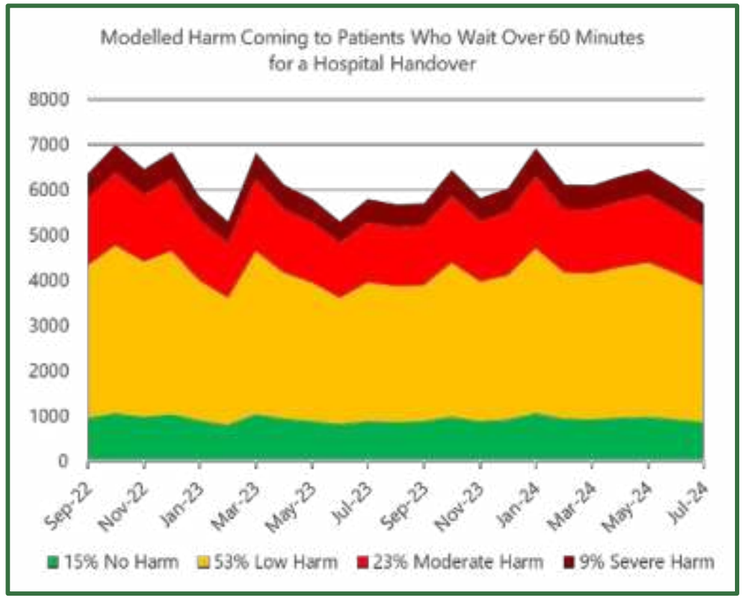
Our Patients: Quality, Safety & Patient Experience
Potential Patient Harm Indicators

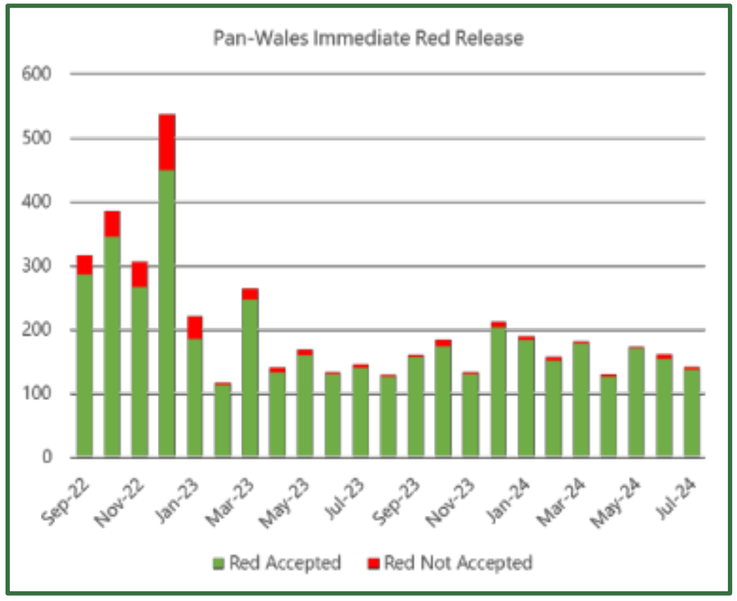
(Responsible Officer: Andy Swinburn)

A

FPC







Analysis

In July 2024, 119 ambulances were stopped due to Clinical Safety Plan (CSP) alternative transport and 400 were stopped due to CSP 'Can't Send' options. In addition, 9,912 ambulances were cancelled by patients (including patients refusing treatment at scene) an increase from the 9,696 in June 2024.

There were 474 requests made to Health Board EDs for immediate release of Red or Amber 1 calls in July 2024. Of these 137 were accepted and released in the Red category, with 5 not being accepted. Further to this, 111 ambulances were released to respond to Amber 1 calls, but 221 were not.

The graph in the bottom left shows that in July 2024 of the 5,695 patients who waited outside an ED for over an hour to be handed over to the care of the hospital, the Trust could assume that 15% (854 patients) would experience no harm, 53% (3,018 patients) would experience low harm, 23% (1,310 patients) would experience moderate harm and 9% (513 patients) would experience severe harm.

In July 2024 CSP levels for the Trust were:

Remedial Plans and Actions

Red immediate release is monitored weekly by the Chief Executive and reported through to Health Board CEOs with the expectation that there are no declines for Red Release from any of the 7 Health Boards. All health boards have agreed to this measure. Integrated Commissioning Action Plan (ICAP) meetings had been paused as the Trust moves into the new commissioning arrangements but have now restarted. The NHS Wales Performance Delivery framework 2024/25 has a target of no handovers of more than one hour, this equates to 7,500 hours of handover lost hours.

Expected Performance Trajectory

The Trust continues to monitor CSP levels both daily through the ODU and weekly through the Weekly Operations Performance Meeting and mitigations are actioned to reduce the impact on the Trust's ability to respond to demand. See also slides on Red performance and Amber performance, in particular, remedial actions.

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

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

(Responsible Officer: Liam Williams)

Self-Assessment: Strength of Internal Control: Moderate

PCC

Health & Care Standard
Health – Safe Care

Duty of Quality – Patient Experience
These are mandatory requirements; Under the Health and Social Care (Quality and Engagement) (Wales) Act 2020, WAST has a duty to secure quality in its services and must exercise its functions with a view to securing improvement in the quality of its services. The Duty of Quality includes the experiences of individuals to whom health services are provided.

July 2024

NEPTS (18 responses)	Benchmark	Score
How long did you wait for your transport to take you home after your appointment.	85	66
Were you happy with the transport you received?	85	93
999 (37 responses)	Benchmark	Score
The 999-call taker who answered your call was reassuring.	85	73
The 999-call taker who answered your call explained what was going to happen next.	85	77
You felt confident in the call taker ability to manage your call and provide appropriate advice.	85	70
The length of time I waited for an ambulance to arrive was acceptable.	85	50
111 (13 responses)	Benchmark	Score
Do you feel your call to 111 Wales was helpful?	85	88
Did you follow the advice given to you by NHS 111 Wales?	85	90
Would you consider using NHS 111 Wales again?	85	78
WAST Overall - Friends & Family Test How was your overall experience with the service today?	Ranked from very poor to very good.	
o Ambulance care	71.43% Good	0.00% Poor
o Integrated Care (NHS 111 Wales Telephone line only)	77.78% Good	0.00% Poor
o EMS (including CSD)	48.15% Good	44.44% Poor
o NHS 111 Wales Online	58.33% Good	25.00% Poor
	* Where totals above do not add up to 100%, this is because a 'Do Not Know' answer was given, these are excluded from overall total.	

Analysis
Within the NEPTs survey the response provided did not hit the benchmark in relation to the question 'How long did you wait for your transport to take you home after your appointment, while the question 'Were you happy with the transport your received', came out above the 85-benchmark figure (n=93).

All the responses within the 999-section failed to achieve the benchmark, while within 111 two questions saw responses achieve the benchmark 85, these being 'Did you follow the advice given to you by NHS 111 Wales?' (n=90) and 'Do you feel your call to 111 Wales was helpful?' (n=88).

Response rates to the 999 and 111 surveys remain low and it's acknowledged that these do not reflect an entirely representative picture based on overall call volumes.

Remedial Plans and Actions
We continue to make available 4 core Patient Experience surveys, covering the Trust's main service delivery areas:

- 999 EMS Response (incorporating CSD)
- Ambulance Care (NEPTS)
- NHS 111 Wales Telephony
- NHS 111 Wales Online

- We are continuing to work on a DPIA to be submitted to the ICO for their consideration about use of SMS text messages to directly distribute survey requests to service users.
- We have met with colleagues at South-East Coast Ambulance Service who have successfully placed QR codes in the back of all their EMS vehicles to increase patient feedback and we plan to explore use of the same model here at WAST.
- We also continue to work closely with the Trust's Falls Improvement Lead to deliver a targeted survey looking at the experiences of people who are responded to by either a Level 1 or Level 2 falls responder.
- Throughout this month we have also continued to engage with the Once for Wales Programme Board who have been reviewing the 'All Wales Patient Experience Question Set' and the updated 'People's Experience Framework'. The Framework and new questions will be presented to Executive Directors of Nursing at their next meeting for final approval.

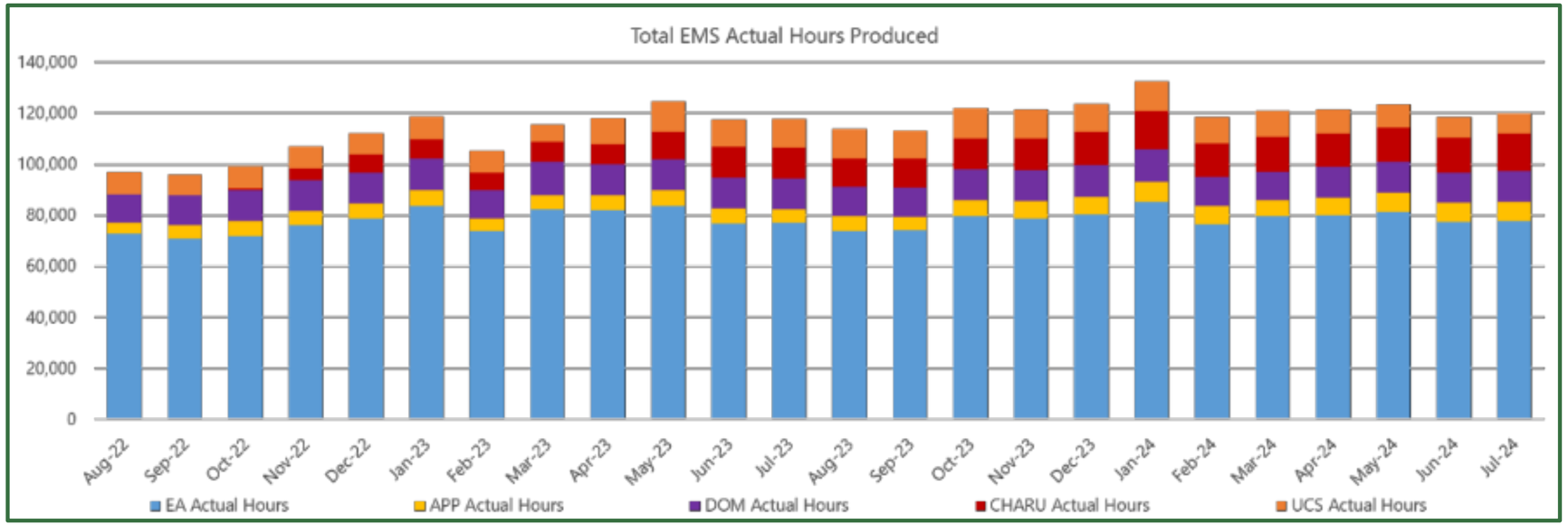
Expected Performance Trajectory
An overall aim of increasing visibility of experience surveys and maximising opportunities to capture patient experience data.

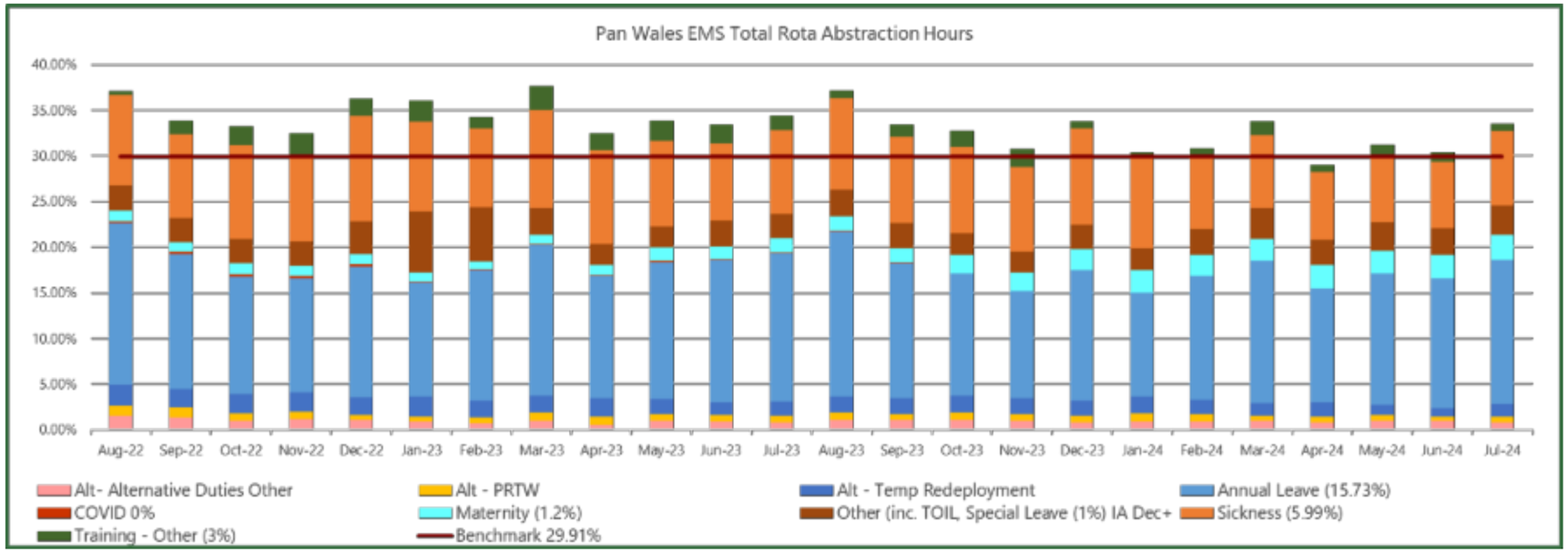
Our People
Capacity - Ambulance Abstractions and Production Indicators

(Responsible Officer: Lee Brooks)

EA Production	Abstractions
A	R

CI PCC FPC





Analysis

The total EMS hours produced is a key metric for patient safety. The Trust produced 119,710 hours during July 2024, an increase compared to 117,737 hours produced during July 2023. The Trust is delivering good levels of production.

As shown in the bottom graph, monthly abstractions from the rosters are key to managing the number of hours the Trust has produced, as are the total number of staff in post. As well a high number of vacancies, July 2024, saw a total EMS abstractions (excluding Induction Training) of 33.72%. This was an increase on the 30.94% recorded in June 2024. The highest proportion of abstractions was due to annual leave at 15.80% followed by sickness at 8.19%.

Emergency Ambulance Unit Hours Production (UHP) achieved 90% in June 2024 which equated to 77,593 Actual Hours.

In July 2024 CHARU UHP was 74% against the full roll out requirement.

Remedial Plans and Actions

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

Expected Performance Trajectory

UHP estimates, based on recruitment levels, estimated abstractions and overtime have been provided to ELT. Production is good.

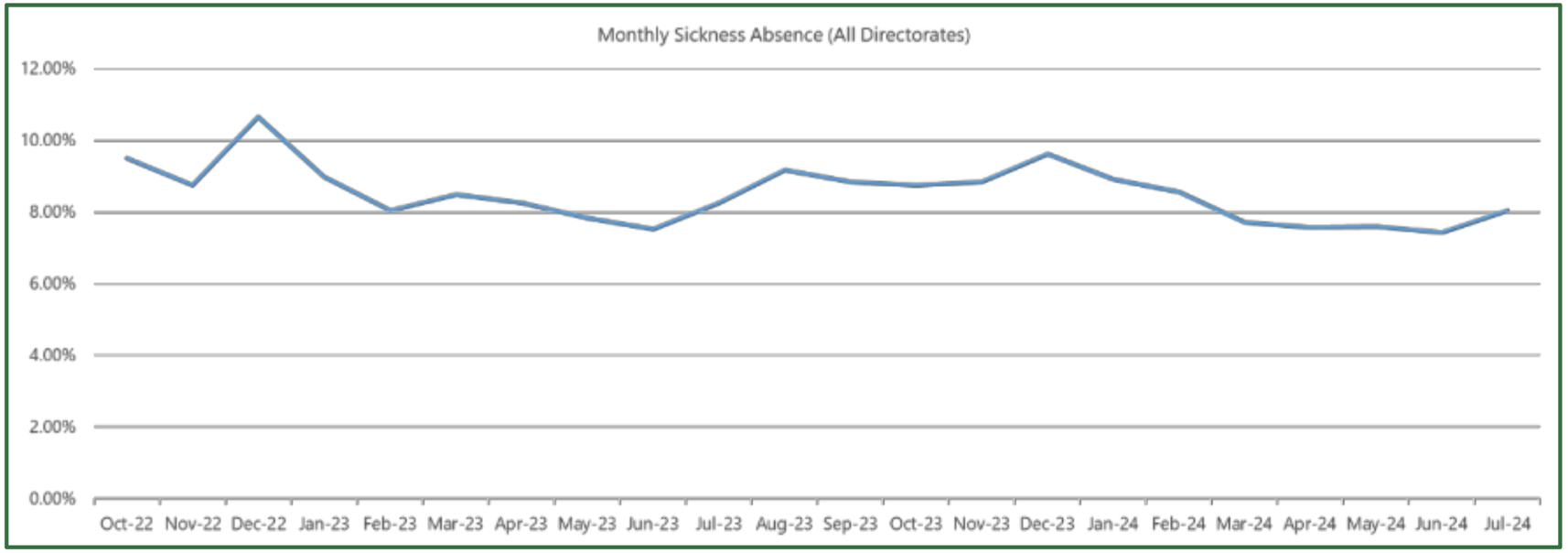
The Trust maintains an ambition to reduce sickness to 6% and abstractions to 30%. This has not yet been achieved for sickness, but the direction of travel is good, while the abstractions benchmark was achieved in April 2024 (28.82%).

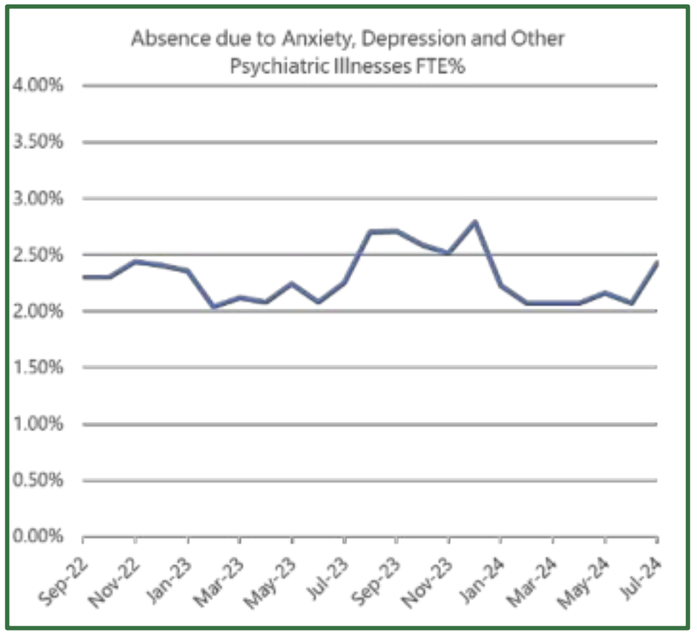
Our People
Capacity - Sickness Absence Indicators

(Responsible Officer: Angela Lewis)

Mental Health
G

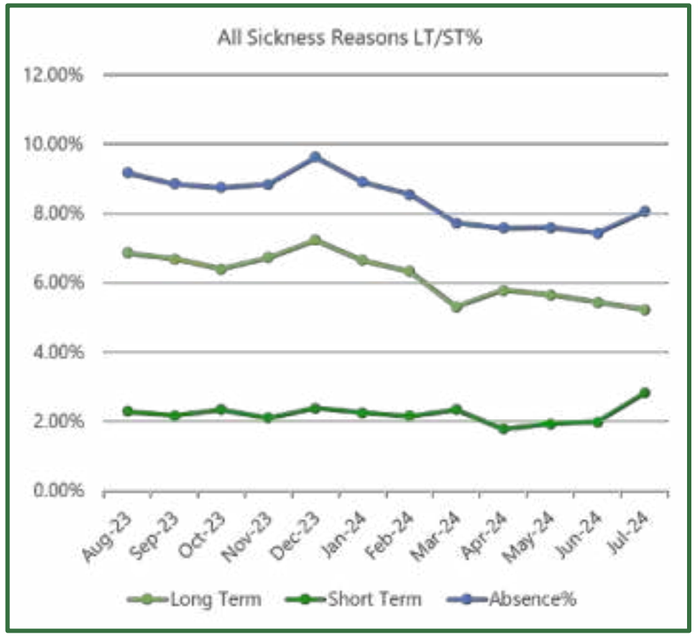
CI





Average working days lost per FTE (Annual)	
19.24 days	
Single month Absence %	
7.75%	
Long Term	**Short Term**
5.23%	2.83%
Mental Health	**Other MSK**
(S10 Stress/Anxiety)	(excluding Back)
2.43%	0.88%

July 2024



Analysis

There was a slight increase in overall sickness absence rates between June 2024 and July 2024, rising from 7.4% to 8.1%. Long term absence decreased from 5.45% in June 2024 to 5.23% in July 2024, while short-term absence increased slightly from 1.99% in June to 2.83% in July.

The highest reason for absence in July 2024 was Anxiety/ Stress/ Depression, other musculoskeletal problems and injury, fracture.

Absence due to Mental Health increased from 2.07% in June2024 to 2.43% in July 2024.

Occupational health waiting times have greatly improved, our KPI of 10 working days from receipt of management referral to first offer of appointment is being met, with colleagues currently waiting for 3 to 5 working days. From receipt of Wellbeing referrals to first call (from one of our Wellbeing Practitioners), the waiting time is still 2 days. The team continue to triage all referrals and enquiries to ensure prioritisation of anything that requires urgent attention.

Remedial Plans and Actions

- Monitoring continues with ongoing reviews in both long term and short-term absences with monthly meetings to track sickness and provide support.
- MAAW training and bitesize training sessions continue to be scheduled on a bi-monthly (MAAW) and monthly basis (Bitesize sessions).
- Audits for all Directorates, will be undertaken on a monthly basis over the next 6 months and the People Services Team will provide targeted support to line managers on reasonable adjustments and the appropriate use of discretion in areas identified as hot spots.
- We have recently recruited 2 Occupational Health Advisors to cover maternity leave, we also recruited a Clinical Team Lead.

Expected Performance Trajectory

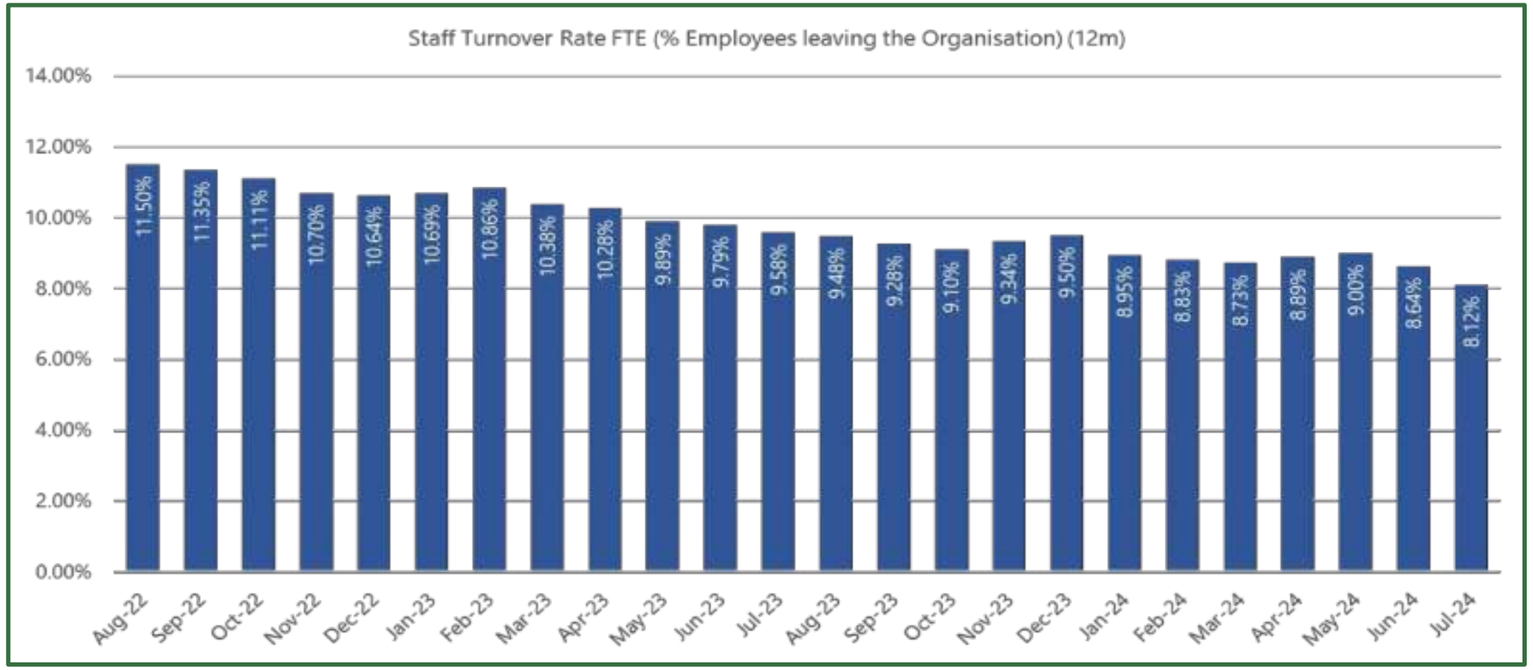
The Trust has indicated through its IMTP that sickness levels will fall in this financial year, but that there remain risks to delivery.

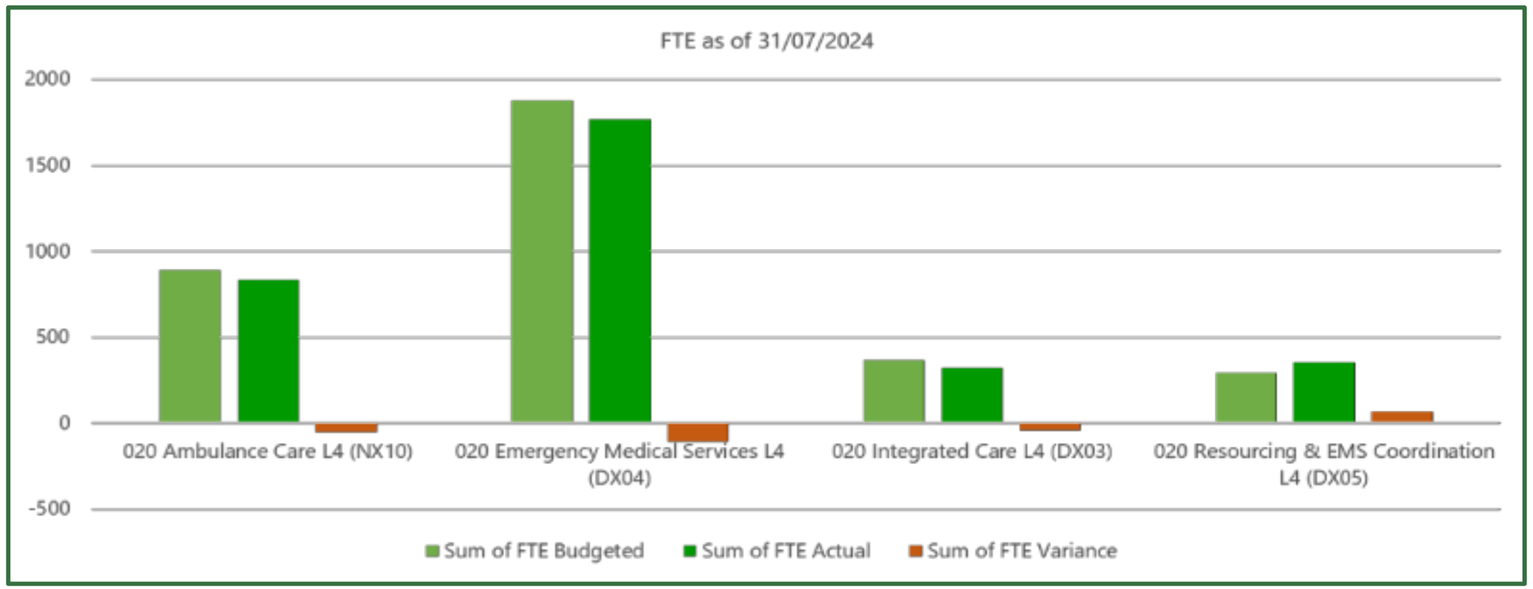
NB: Sickness data will always be reported one month in arrears. It should be noted that the figures reported in this presentation are official to 31st March 2024. All figures for April 2024 are indicative only (as of 23.04.24).

Our People
Capacity - Turnover

(Responsible Officer: Angela Lewis)

G





Analysis

Staff turnover rates in July 2024 were 8.12%, a decrease from the 8.64% recorded in June 2024. July saw 29 leavers (25.96 FTE). Turnover in months at the end of the quarter are generally higher). This was unbalanced with only 24 joiners (22.97 FTE) in July, of those leaving, the majority were Paramedics (10 people).

WAST are meeting national KPIs. Due to staff sickness and staff changes (new team members to be inducted/trained etc.) our occupational health waiting times have slightly increased. Currently colleagues are waiting around 23 working days. From receipt of Wellbeing referrals to first call (from one of our Wellbeing Practitioners), the waiting time is still 1-2 days.

Remedial Plans and Actions

- We are working to improve our data collection through Our MI system (Opas G2), some ongoing technical issues are being investigated by Civica.
- The team continue to support staff by providing advice and guidance on how to use the MI system. We have facilitated events; Occupational Health - Guidance on Management Referrals, attendance was good, and the team are looking at providing more sessions in the future.
- The self-referral portal on Opas G2 for Occupational Health and Wellbeing continues to prove popular and has streamlined the service.
- We are still working closely with the Welsh health boards to standardise our reporting, however in addition to this we have built our own customised reports, which help us identify themes and trends. The Wellbeing team continue to deliver Drop-in sessions across all our Clinical Contact Centres, (CCCs) dates are advertised on Siren and through our seasonal newsletter. We are still in the process of writing the Health and Wellbeing strategy for 2025/29. The team has implemented outcome measures and integrated them into OPAS G2, our MI system.
- Finalised plans for the pilot Health Check Programme, Health Diagnostics, which looks at reducing risk of cardiac ill health in our older workforce.
- Working on reevaluating plans/timelines to attain SEQOHS accreditation, a meeting with SEQOHS has been scheduled with a view to start working on this in September.

Expected Performance Trajectory

The People and Culture Strategy continues with its wellbeing focus. We are currently in the process of writing the WAST Health and Wellbeing strategy for 2025/29.

Our People
Capability - PADR and Training Rates Indicators

(Responsible Officer: Angela Lewis)

PADR: A

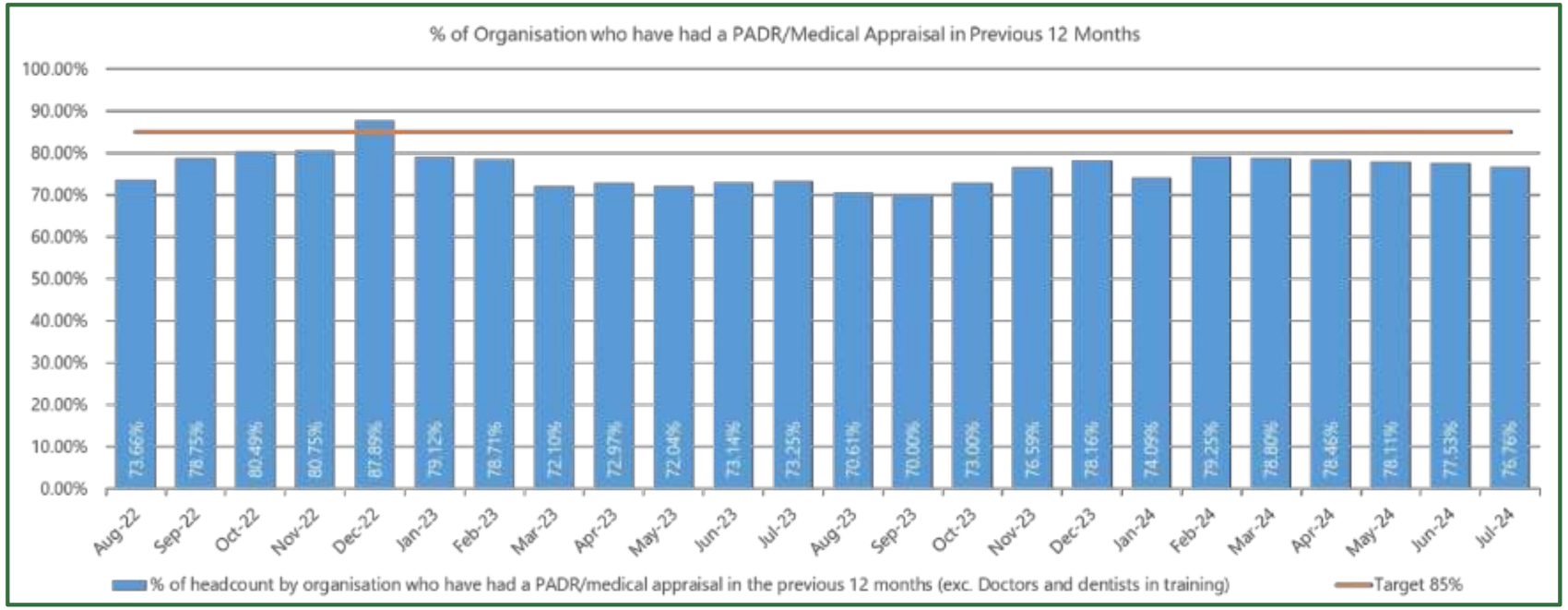
Stat & Mand: A

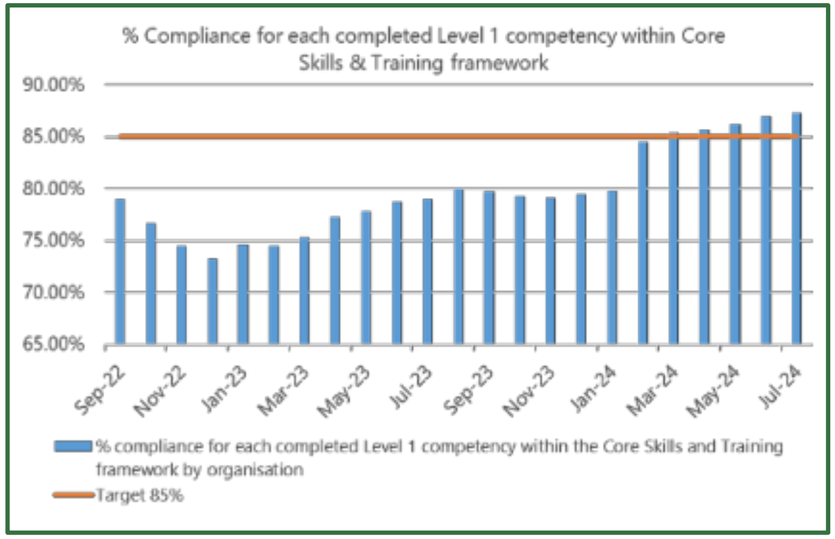
CI

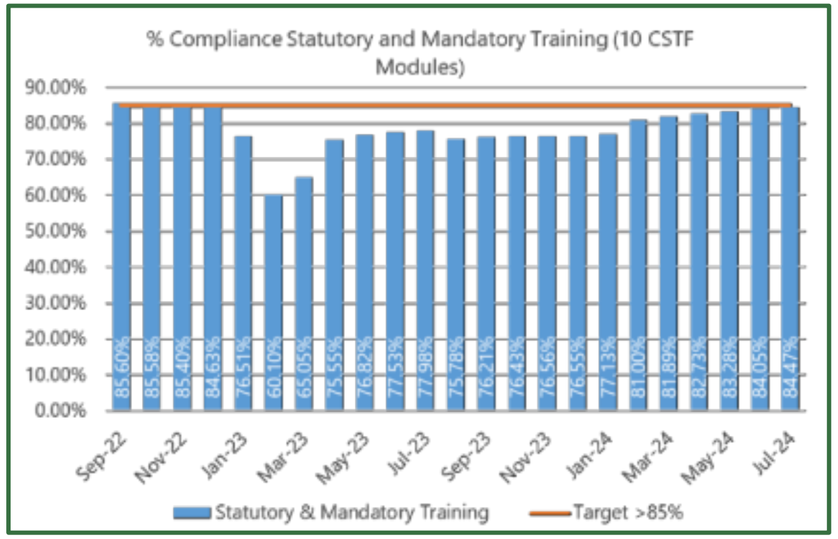
PCC

Health & Care Standard Health – Staff & Resources

Self-Assessment: Strength of Internal Control: Strong







Analysis

PADR rates decreased from 77.53% in June 2024 to 76.76% in July 2024 and remain below the 85% target. Over the reporting period this target has only been achieved once, in December 2022.

In July 2024 Statutory & Mandatory Training rates reported a combined compliance of 84.47%; which is the 7th consecutive month to see an improvement. However, only Dementia Awareness (95.04%) and Moving & Handling (93.51%), achieved the 85% target. Equality & Diversity (83.03%), Safeguarding Adults (82.65%). Fire Safety (78.91%), Violence Against Women, Domestic Abuse & Sexual Violence (73.04%), Information Governance (75.36%), Paul Ridd (71.46%), Welsh Language Awareness (65.32%) and Fraud Awareness (65.51%), all remain below this target.

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

Remedial Plans and Actions

Engagement in the PADR process serves as a Key metric for evaluating team cultural health. By increasing engagement with the PADR process, our goal is to enhance employee Development opportunities, support better Communication between managers and employees and develop a culture of accountability and continual improvement. We intend to assess PADR engagement levels (Q1) across teams to pinpoint areas with higher participation rates and gather insights into effective practices and strategies .

There has been a continuation of the climb toward achievement of the 85% target across the remainder of the Core Skills Training Framework competencies which is projected to continue to increase as more learning content is moved to the user friendly LMS365 environment enabling easier access to these reportable competencies.

Expected Performance Trajectory

Performance is improving as compliance has risen.

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

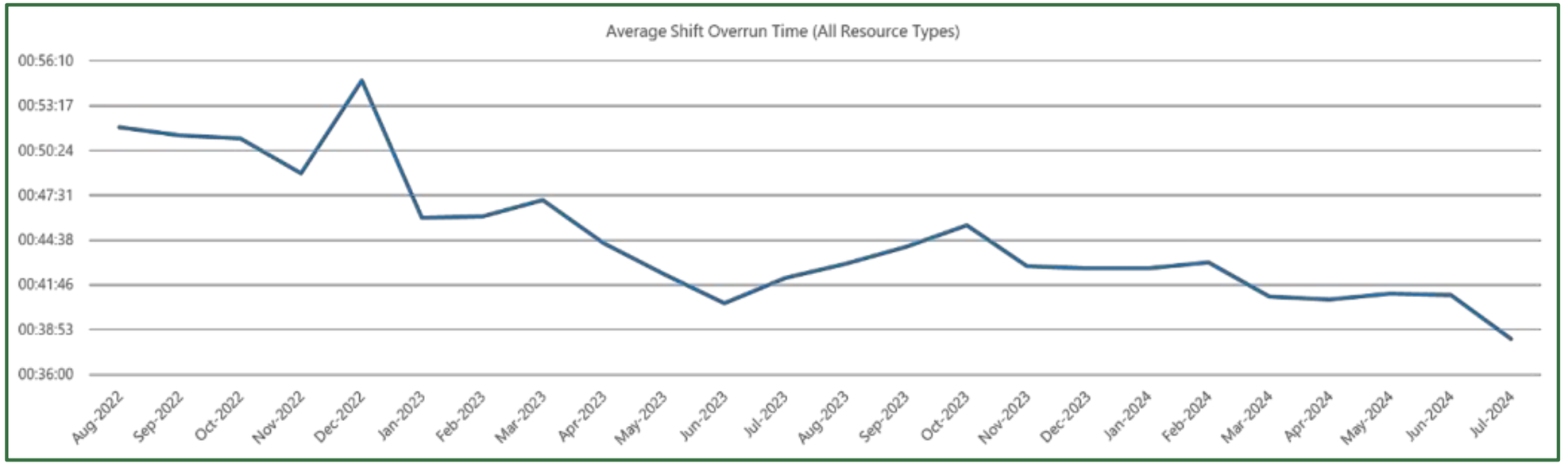
Data source: ESR

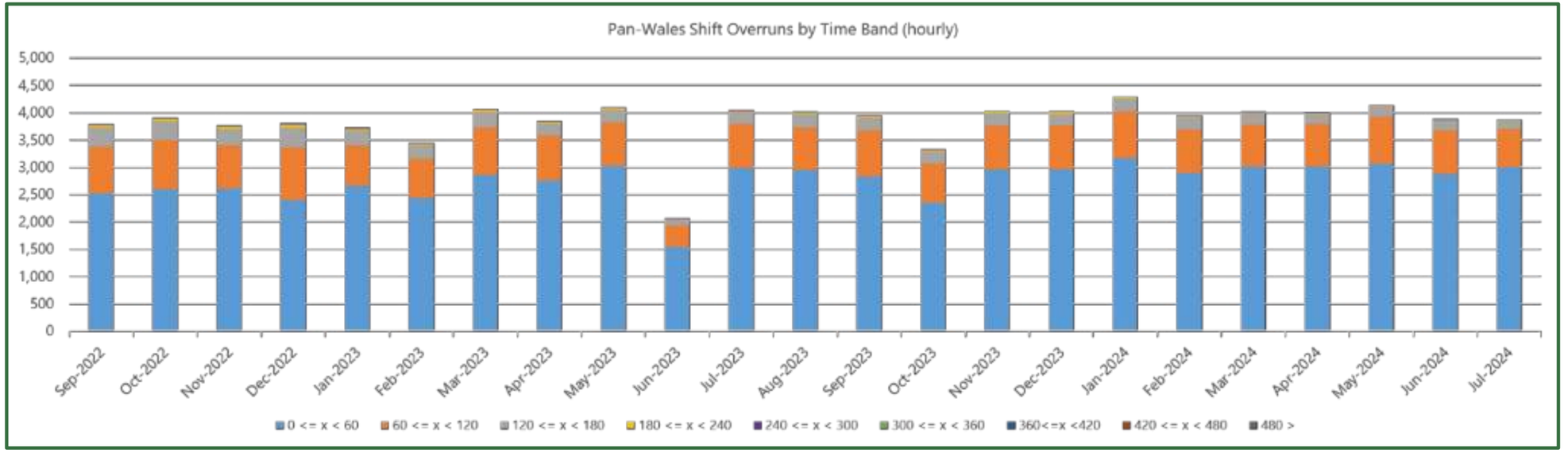
Our People
Health and Well-being – Shift Overruns

(Responsible Officer: Angela Lewis)

Overruns
A

CI





Analysis

The average overrun figure for July 2024 was 38 minutes and 17 seconds compared to 41 minutes and 7 seconds in June 2024. The trend continues to be downward over the past two years.

The highest volume of shift overruns occur within the 0 to 60-minute category, accounting for 73.6% of the total. 19.9% fall within the 61 to 120-minute category, 5.4% in the 121 to 180-minute category, 0.5% in the 181 to 240-minute category and 0.3% in the 241 minutes and over category.

Remedial Plans and Actions

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

As part of the Trust's winter resilience planning, it introduced "pods" at some hospital locations to aid staff finishing on time. These are continuing, at this time, into 2024/25.

Expected Performance Trajectory

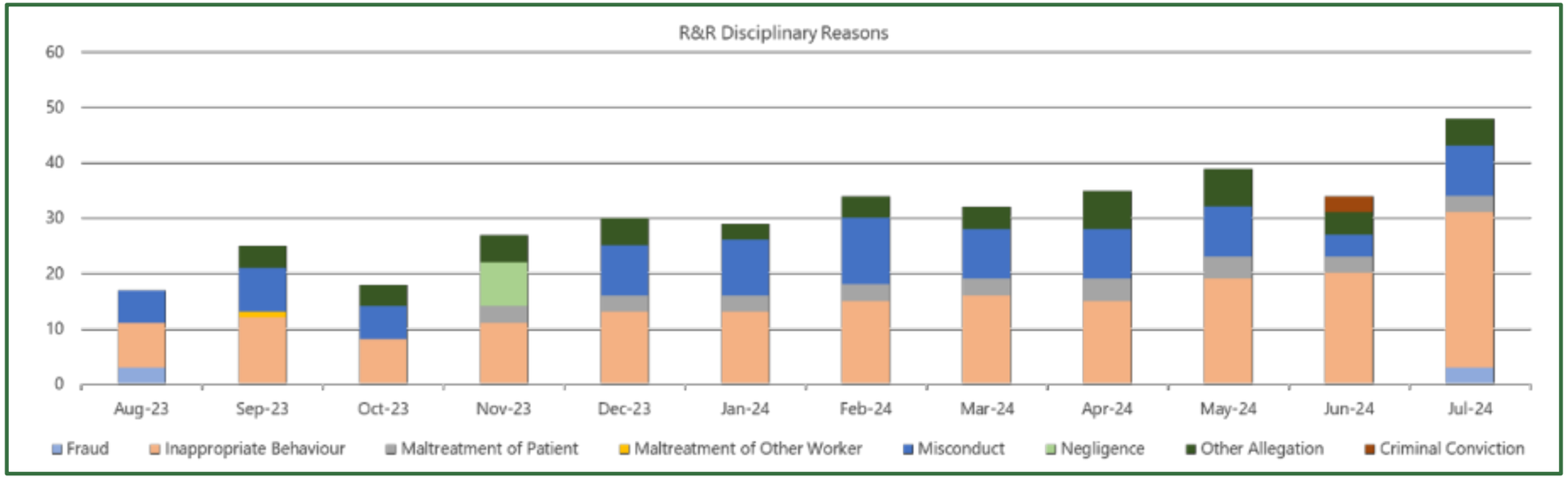
Overruns correlate with handover lost hours. As we have moved out of winter both levels had started to drop. We may expect this to stabilise before moving into higher levels again next winter.

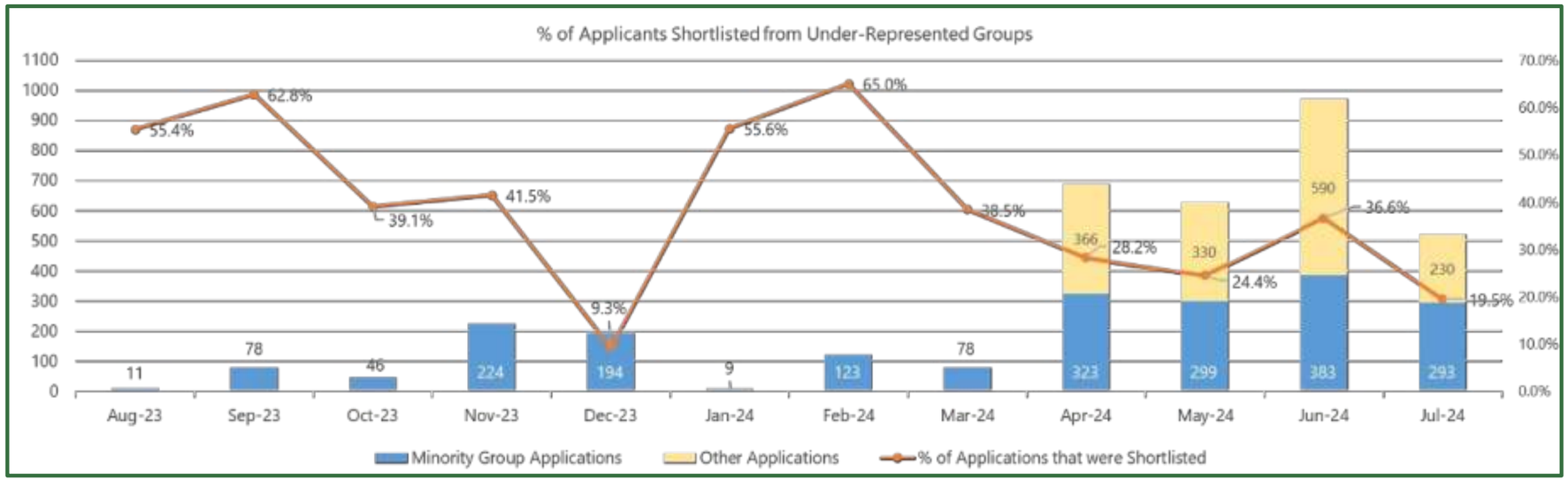
Our People
Culture – Number of R&R Disciplinary Hearings and Number of Applicants Shortlisted from Under-Represented Groups

(Responsible Officer: Angela Lewis)

Self-Assessment: Strength of Internal Control: Moderate

PCC





Analysis

There were 48 open formal disciplinary cases recorded at the end of July 2024, an increase compared to 34 in May 2024 and the highest number seen over the past 12 months. Of these Disciplinary cases, the majority are again due to allegations of inappropriate behaviour, followed by misconduct.

There were 19 open formal Respect and Resolution cases submitted by employees in July 2024, two more than in June 2024. These are a mixture of both Respect and Resolution Grievances and Dignity at work.

The bottom graph shows that in July 2024, 523 job applications were processed and 141 interviews were planned.

Of the 523 applications, a total of 293 were from under-represented groups with 208 in the category of Ethnicity, 46 within Disability and 39 within Sexual Orientation.

In June 2024, 19.5% (n=57) of all applications from under-represented groups made it through shortlisting and were invited for interview. This was a decrease from the 36.6% in June 2024.

Remedial Plans and Actions

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

Applications: The inclusive recruitment work is ongoing to develop targeted recruitment campaigns and events.

Expected Performance Trajectory

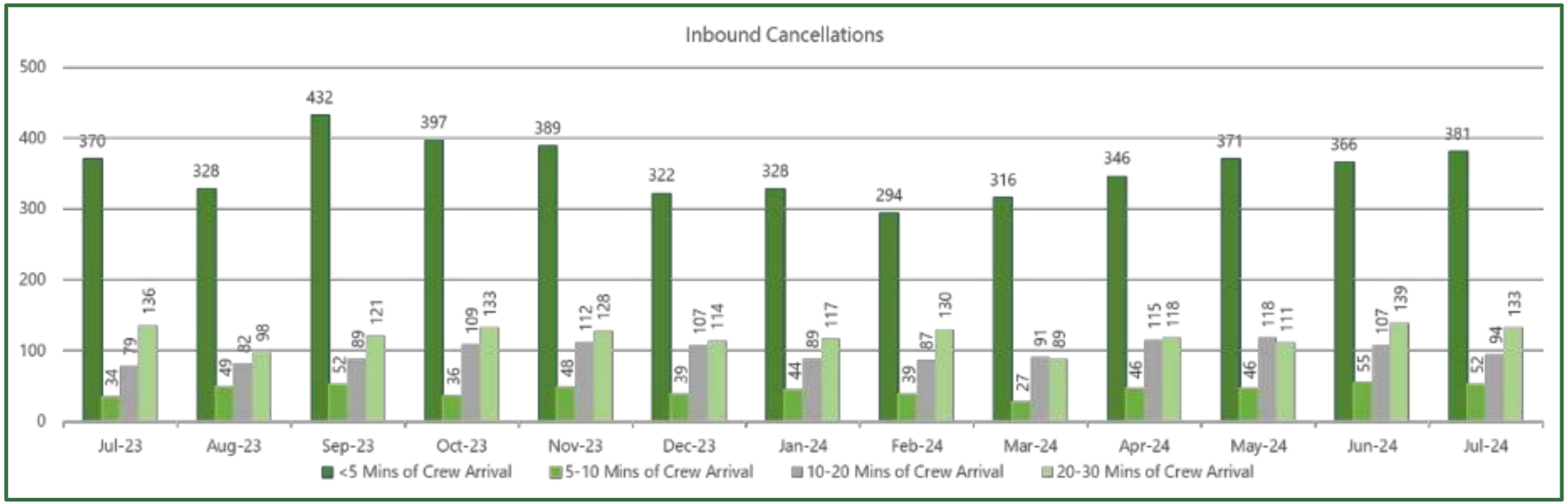
Continue to monitor levels, no trajectory for this measure.

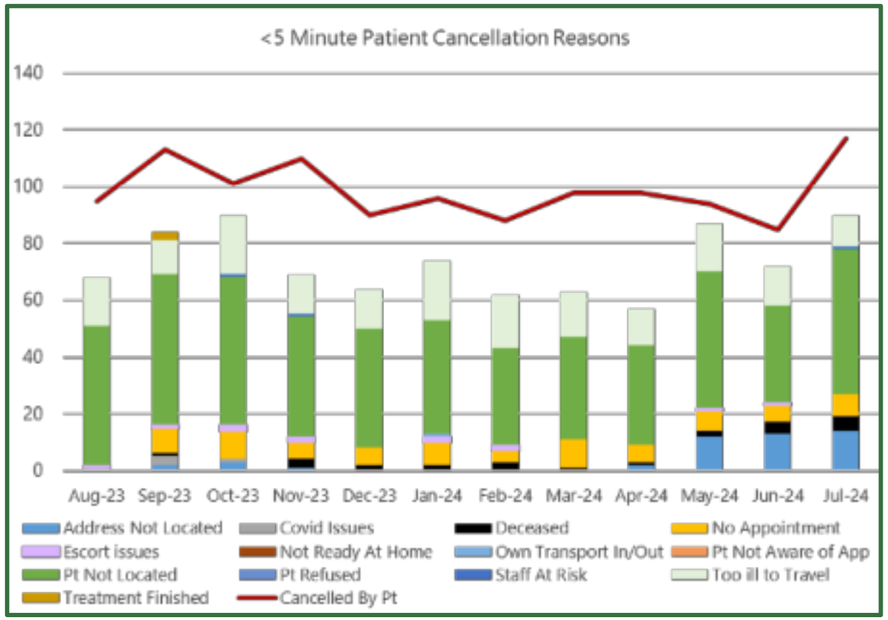
Finance, Resources and Value
Value: Ambulance Care Indicators

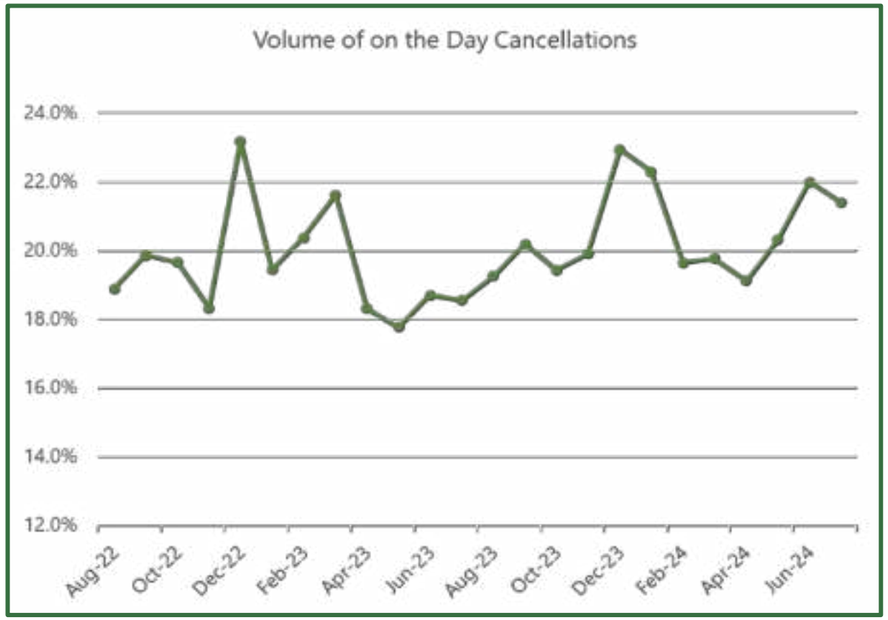
(Responsible Officer: Lee Brooks)

Cancellations

A







Analysis

Inbound cancellations of 5 minutes or less of the crew arrival time saw a slight increase in July 2024 to 381, compared to 366 in June 2024. The total number of cancellations within 30 minutes decreased from 667 in June 2024 to 660 in July 2024.

In July 2024 there were 117 appointments cancelled by patients, increasing from 85 in June 2024.

The other top reasons for less than 5-minute cancellations included: 51 patients not located, 14 addresses not located and 11 unwell/too ill to travel.

Same day cancellations decreased slightly from 22% in June 2024 to 21.4% in July 2024.

Remedial Plans and Actions

Work with Hywel Dda to develop a direct link between their PAS system and our CAD but has been delayed by a clash of organisational priorities but will be picked back up in late Q1. Once in place this will allow for WAST to be notified once the health board cancels or alters an appointment.

Work is also underway to enhance the service's text messaging options to improve notification to patients. This should be complete in Q2.

Expected Performance Trajectory

Until this work is completed, we do not anticipate a significant shift in the trajectory as many of the factors affecting this are outside of our direct control.

Please note that that figures may be lower than overall totals due to some records having no cancellation date.

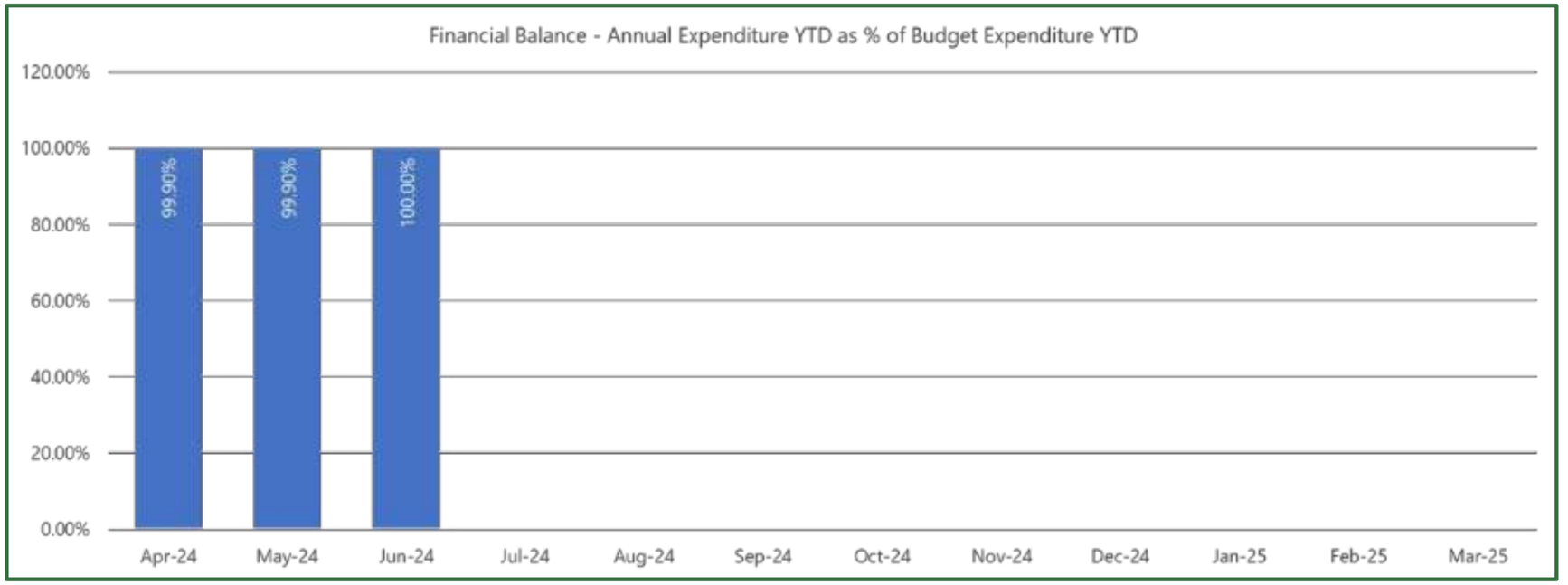
**Please note that MDTs do not appear to provide specific cancellation reasons for either inbound or outbound journeys. There are at present multiple and duplicated reasons both crews, control and the liaison desk can select.*

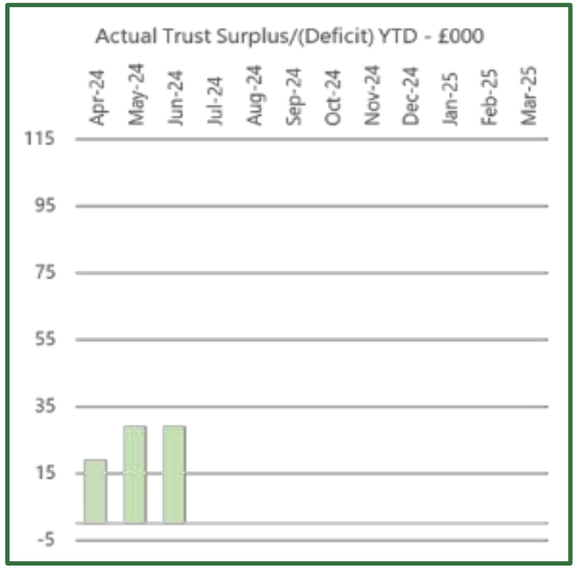
Finance, Resources and Value
Value - Finance Indicators

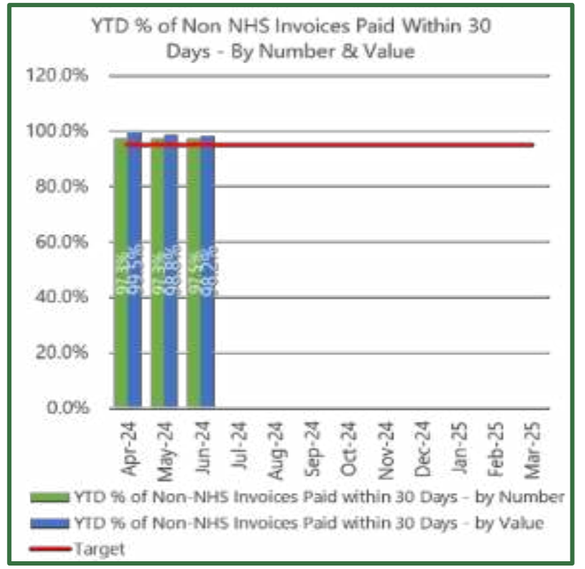
(Responsible Officer: Chris Turley)

G

FPC







Analysis

The reported outturn performance at Month 3 is a surplus of £29k.

For Month 3 the Trust is reporting planned savings of £1.704m and actual savings of £1.967m (an achievement rate of 115.4%).

The Trust's cumulative performance against PSPP as at Month 3 is 97.5% against a target of 95%.

At Month 3 the Trust is forecasting to achieve both its External Financing Limit and its Capital Expenditure Limit.

Remedial Plans and Actions

There is no remedial plan required given the Trust is forecasting to breakeven; however, as the Trust moves into 2024/25 key areas of focus include:-

- Undertaking a review of commercial opportunities for income generation (Report being considered by FSP group).
- A continued focus on the Trust's financial sustainability programme.
- Improved governance for Value Based Health Care, with a particular focus on benchmarking; and
- An improved approach to benefits realisation

Expected Performance Trajectory

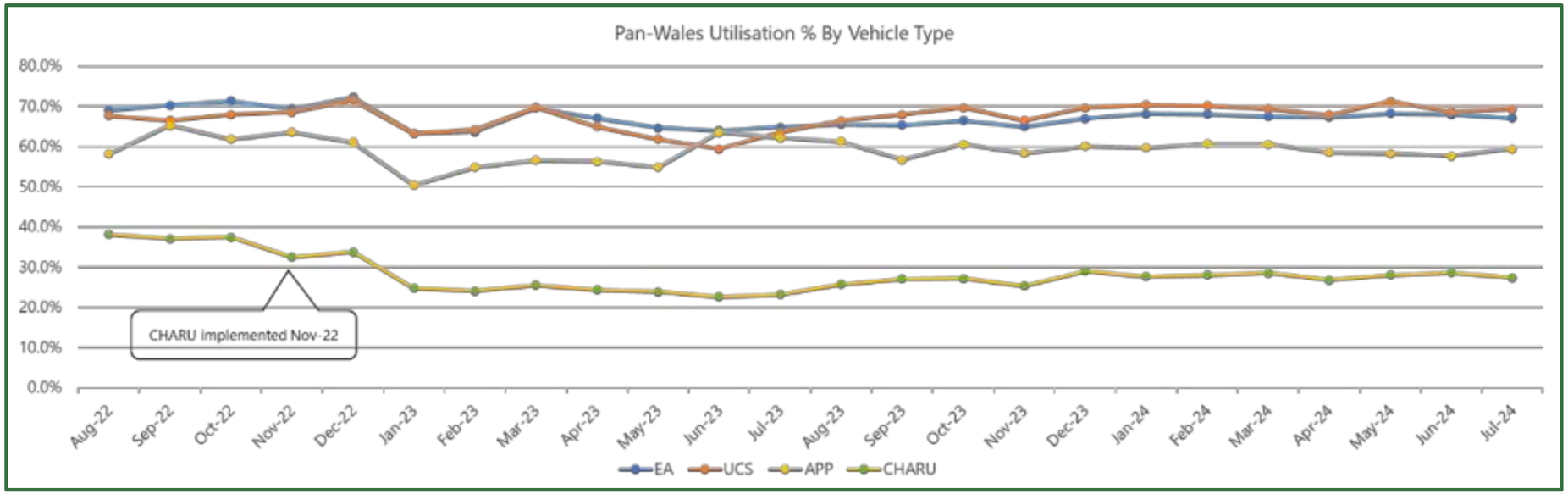
The expectation is that the Trust will continue to meet its statutory financial duties, as outlined in its IMTP for the 2024/25 financial year; however, it is expected that the Trust will continue to operate in a challenging financial environment and will need to deliver a planned level of savings in the 2024/25 financial year of c£6.4m.

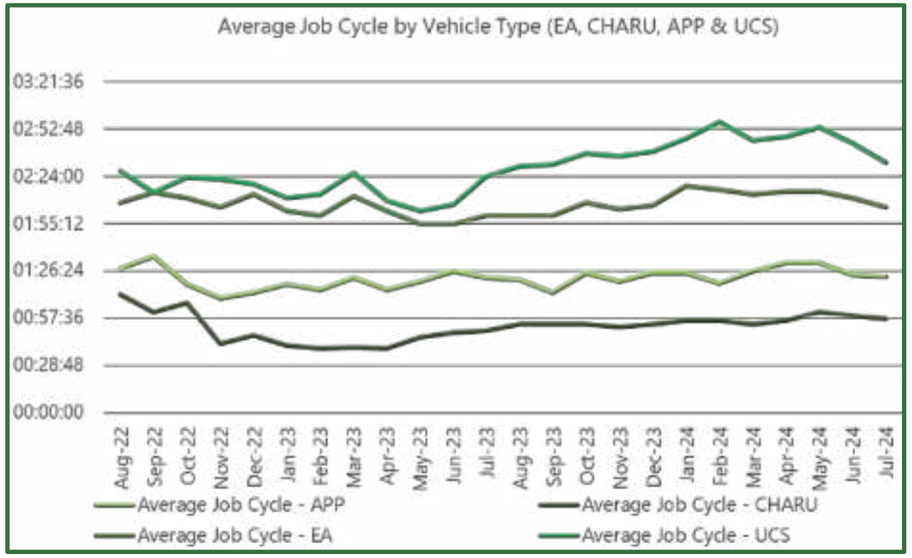
Finance, Resources and Value
EMS Utilisation & Average Job/Shift Times

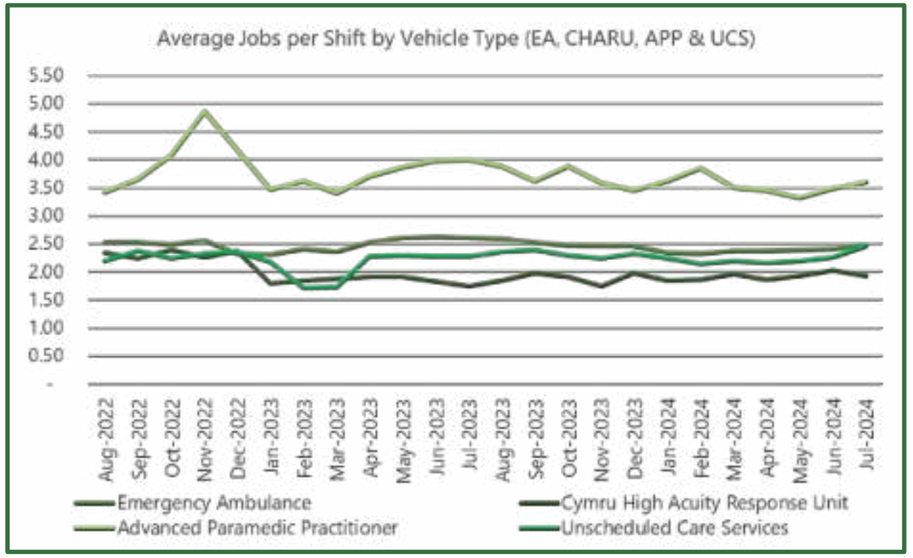
(Responsible Officer: Lee Brooks)

Jobs Per Shift	CHARU Utilisation	FPC
R	A	

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







Analysis

Pan Wales Utilisation metrics in July 2024 were 57.4% for all vehicles types, decreasing slightly from 58.5% in May 2024. UCS was the highest rate during the month at 69.4% while EA was at 67.1%. Both have seen a generally stable trend over the past two years. The optimal utilisation rate for EAs needs to lower so that they are free to respond to incoming calls.

As demonstrated in the bottom left graph, the average job cycle in all categories decreased in July 2024, to 2 hours 5 minutes for EAs, 2 hours and 32 minutes for UCS, 57 minutes for CHARU and to 1 hour and 23 minutes for APPs.

Overall average jobs per shift was 2.45 in July 2024, indicating a slight increase from June 2024 (2.26). EAs averaged 2.48 jobs per shift and UCS crews 2.45 jobs per shift This is more than what would be ideal and a product of handover delays.

APPs attended on average 3.60 jobs per shift and CHARU's 1.92 jobs per shift. The CHARU data is under review.

Remedial Plans and Actions

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

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

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

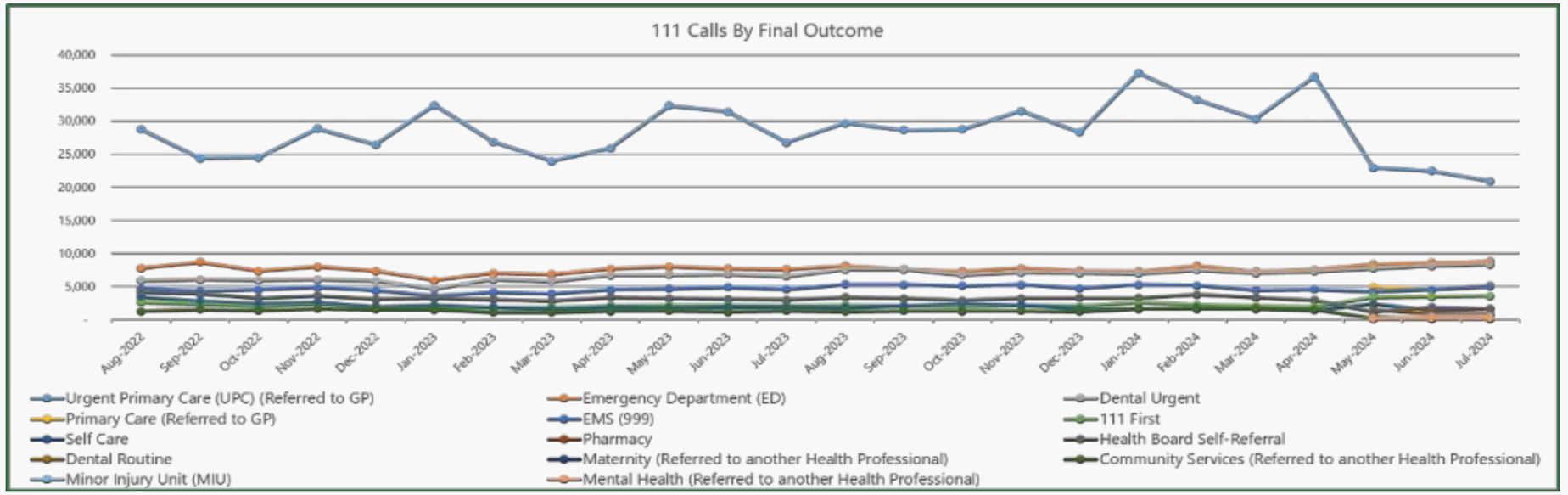
Expected Performance Trajectory

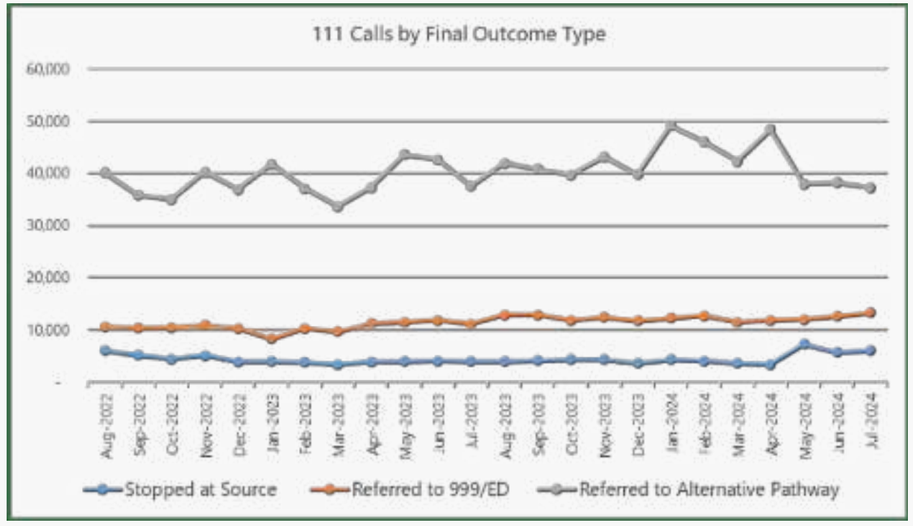
The Trust's ability to reduce the high utilisation rates for EAs and UCS is a product of handover, which it does not control. The Trust would expect an increase in APP and CHARU utilisation during 2024/25 linked to the remedial actions identified above.

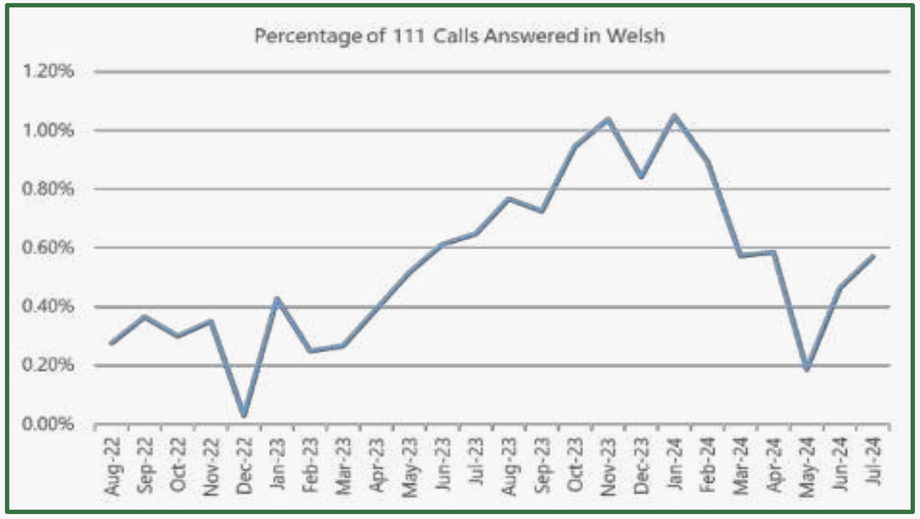
Partnerships / System Contribution
NHS111 Hand Off Metrics and NHS111 Consult & Close Indicators
Influencing Factors – Demand and Clinical Hours Produced

(Responsible Officer: Lee Brooks)

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







Analysis

During July 2024, 57.050 calls were allocated into the 14 categories displayed in the graph opposite, a slight increase compared to the 56,993 seen during June 2024. However, data quality issues have been identified in 111 which are currently being addressed.

Calls Referred to a General Practitioner (handover of care) continued to be the top outcome for NHS111 accounting for 46.3% of all calls during July 2024, but there has been a material drop since the implementation of new 111CAS.

As the bottom left graph highlights, in July 2024, 5,698 calls were 'Stopped at Source', with no onward referral, a decrease from the 7,241 in June 2024. 13,317 calls were referred to 999/ED in July, an increase from the 12,632 in June.

The percentage of 111 calls answered in Welsh increased from 0.46% in June 2024 to 0.57% in July 2024. This equated to 36.6% of all 111 calls being offered in Welsh being answered.

Remedial Plans and Actions

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

Expected Performance Trajectory

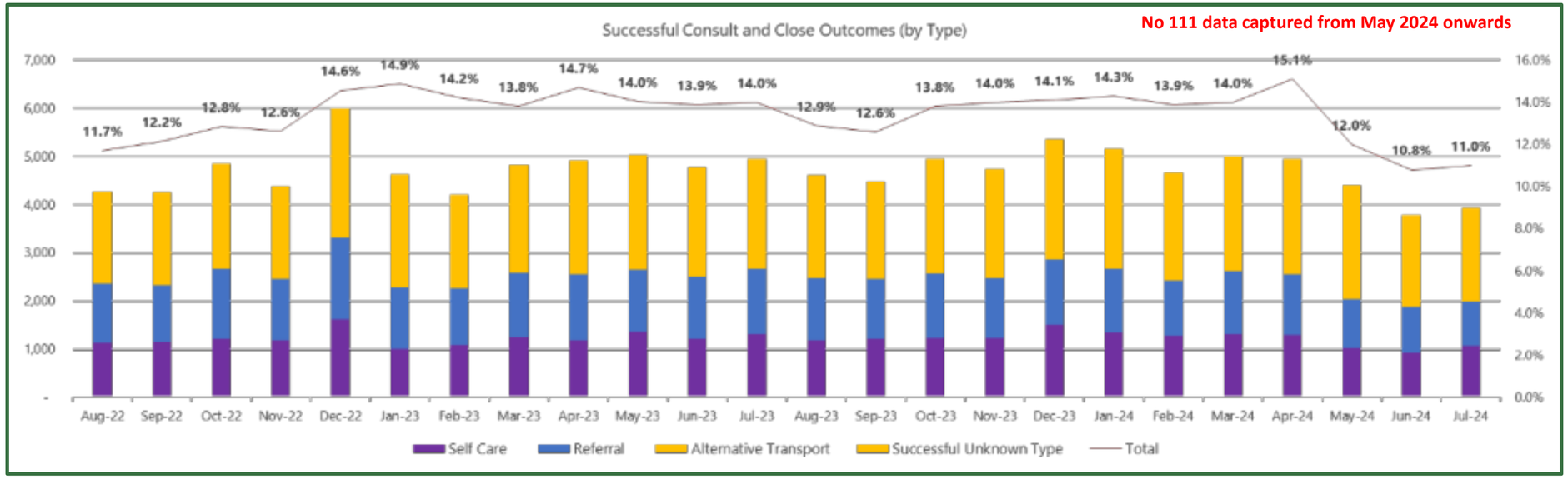
No performance trajectory is set at this time, as the Trust develops its measures and systems around these metrics. Once developed there will be an opportunity to develop benchmarks. The focus remains to shift left, where it is clinically safe and appropriate to do so.

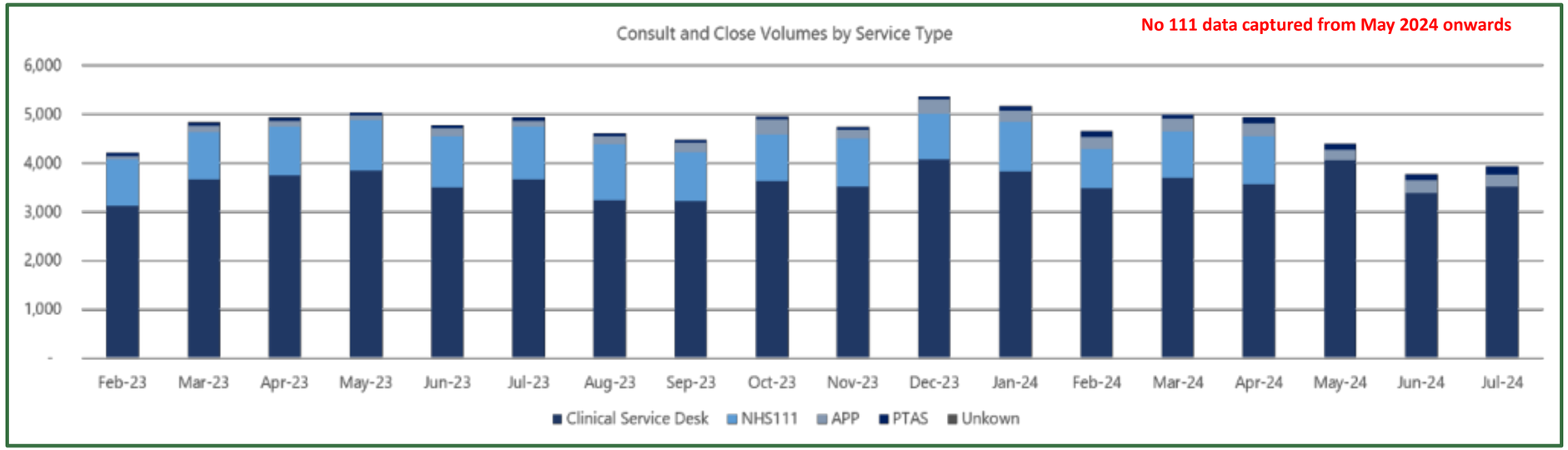
Partnerships / System Contribution
Consult & Close Indicators

(Responsible Officer: Lee Brooks)

C&C Outcomes

FPC





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

Analysis

Consult and Close, with contributions from Clinical Service Desk (CSD) (9.8%), NHS111 (0%), WAST APP (0.7%) and the Health Boards using Physician Triage and Streaming Service (PTAS) (0.5%) achieved 11% in July 2024, remaining short of the 17% IMTP ambition. The number of 999 calls resulting in a Consult and Close outcome was 3,933, an increase from 3,774 in June 2024.

**There is currently a reporting issue with the 111 contribution, which is incorrectly showing as 0%.*

Of the calls successfully closed in July 2024, 1,060 patients received an outcome of self-care; 925 patients were referred to other services (including to Minor Injury Units and SDEC) and 1,950 were advised to seek alternative transport services to acquire treatment.

Remedial Plans and Actions

- Work underway with HI to establish a quality assured data warehouse for all new 111CAS data and resolve 111 reporting issue.
- Recruitment of additional 28.5 FTEs into rapid clinical screeding for 24/25.
- Implementation of key aspects of the Clinical Model Transformation Programme before winter are expected to increase remote management

Expected Performance Trajectory

Further improvement is expected linked to CSD staff attendance (reduced abstractions and less vacancies). The ambition remains 17%.

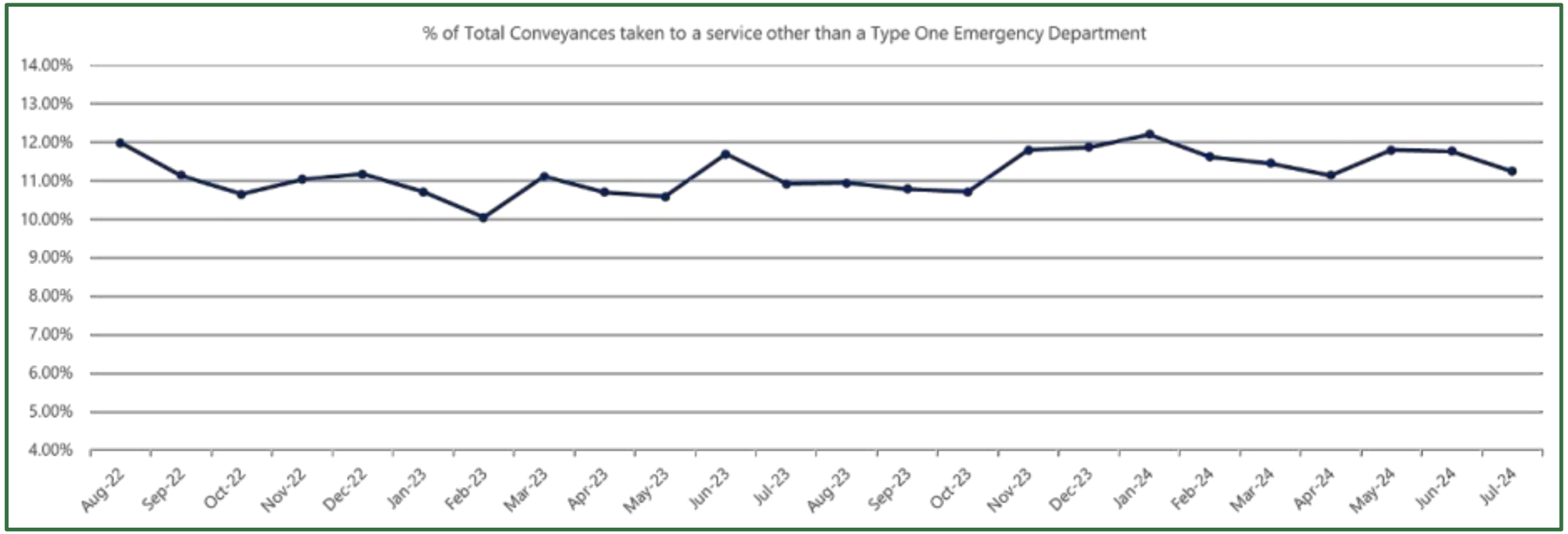
Partnerships / System Contribution
Conveyance to ED Indicators

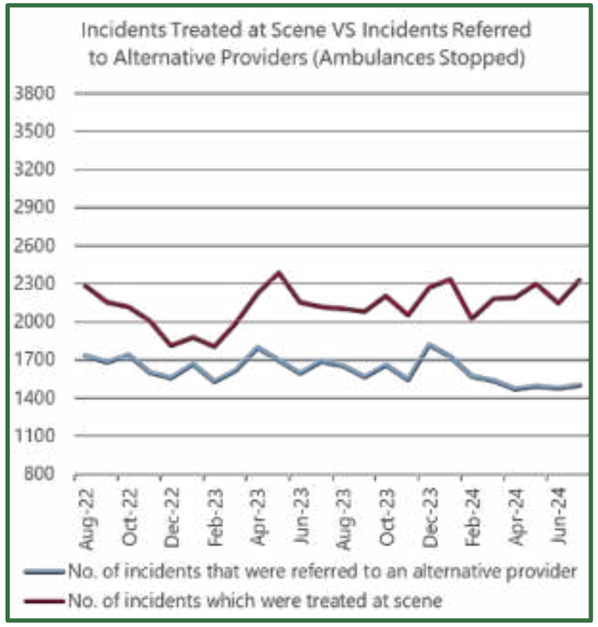
(Responsible Officer: Andy Swinburn)

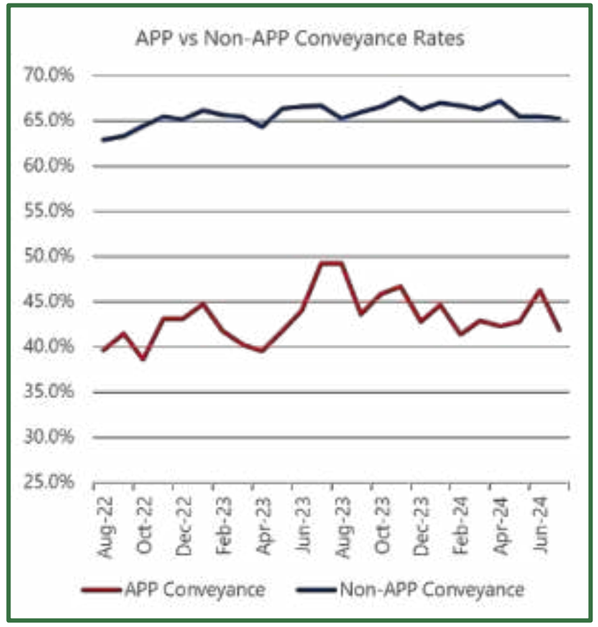
Conveyances
A

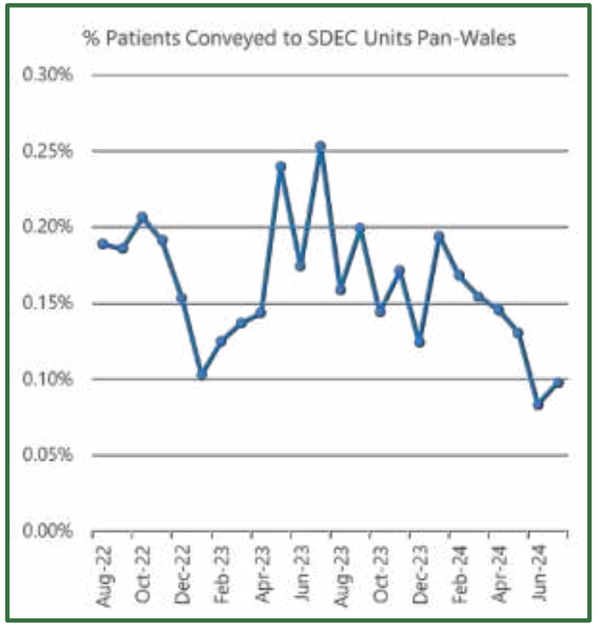
FPC

Ministerial Measure









Analysis

In July 2024 11.25% of patients (1,608) were conveyed to a service other than a Type One ED, while 35.5% of patients were conveyed to a major ED, as a percentage of verified incidents.

The combined number of incidents treated at scene or referred to alternate providers increased slightly, from 3,619 in June 2024 to 3,826 in July 2024.

APP conveyance rates decreased to 41.9% in July 2024 and continues to experience a generally increasing trend since March 2023; however, data quality issues around accurately capturing APPs on shift is likely to be contributing to discrepancies in this figure.

Patients conveyed to SDEC's remained low at 0.10%.

Remedial Plans and Actions

- Continued provision of information to external stakeholder about the effectiveness of SDECs.
- Further investment in the APP workforce in 2024/25 (+32 APPs).
- Establishment of an APP Recruitment Task & Finish Group, with focus on re-rostering to demand keys, improved placement (training) experience and more certainty for TAPPs about where they will be located.
- Review of performance systems for APPs to improve data quality.

Expected Performance Trajectory

The 2023 EMS Demand & Capacity Review (strategic) models various future states. The modelled scenarios indicate that the Trust will need to evolve its clinical model with health boards also significantly reducing handover e.g. 12,000 hours or 7,500 hours, alongside varying levels of investment. Further in year tactical modelling for spring and summer has been completed.

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

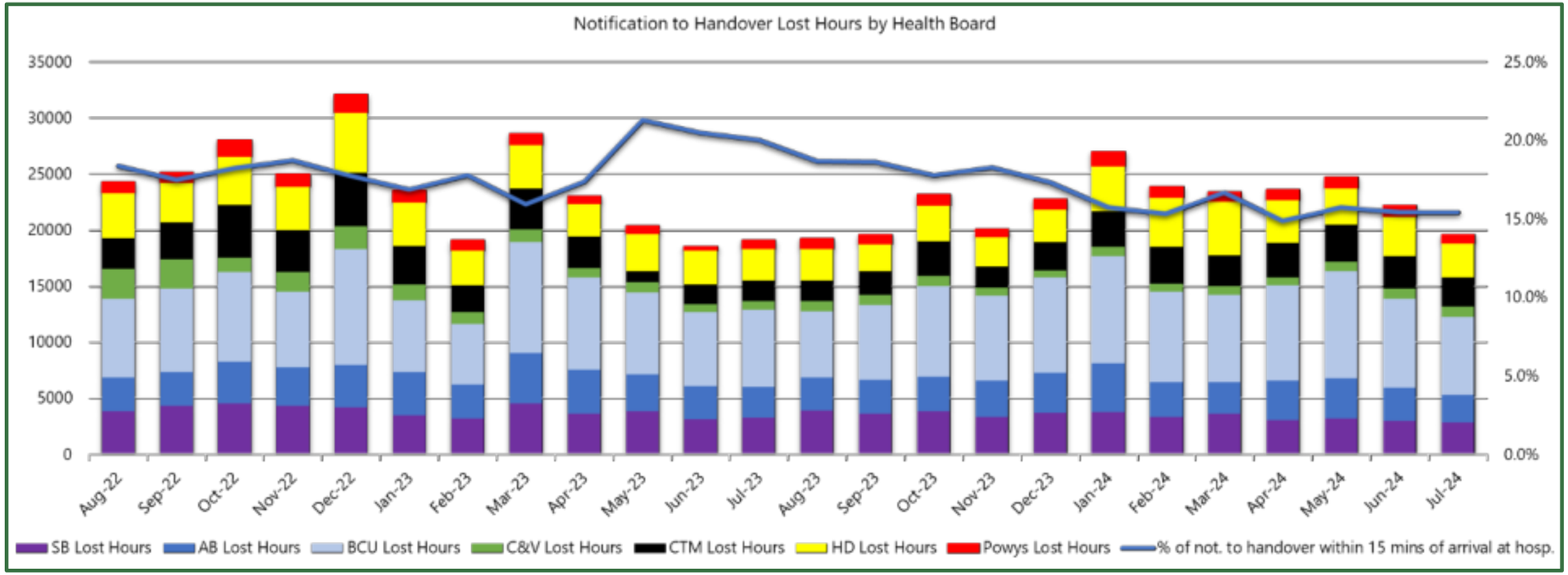
Partnerships / System Contribution
Handover Indicators

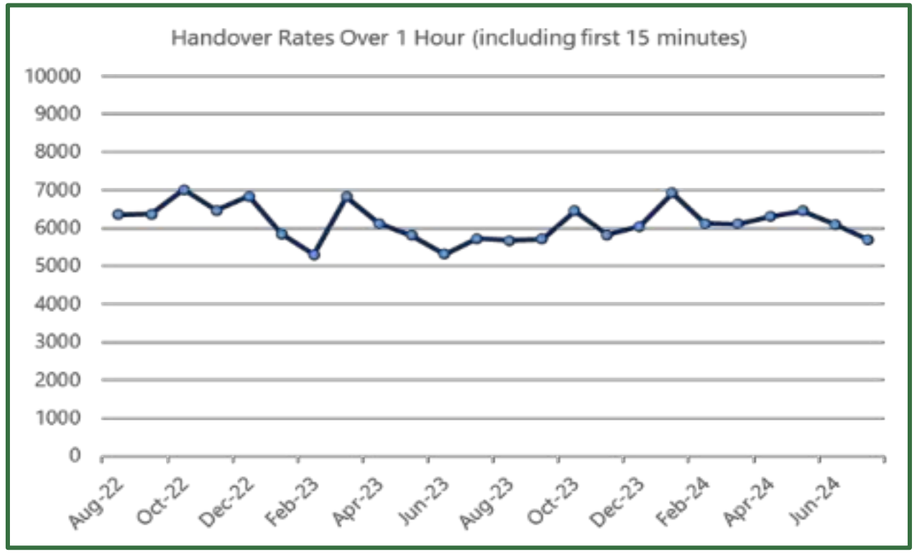
(Responsible Officer: Health Boards)

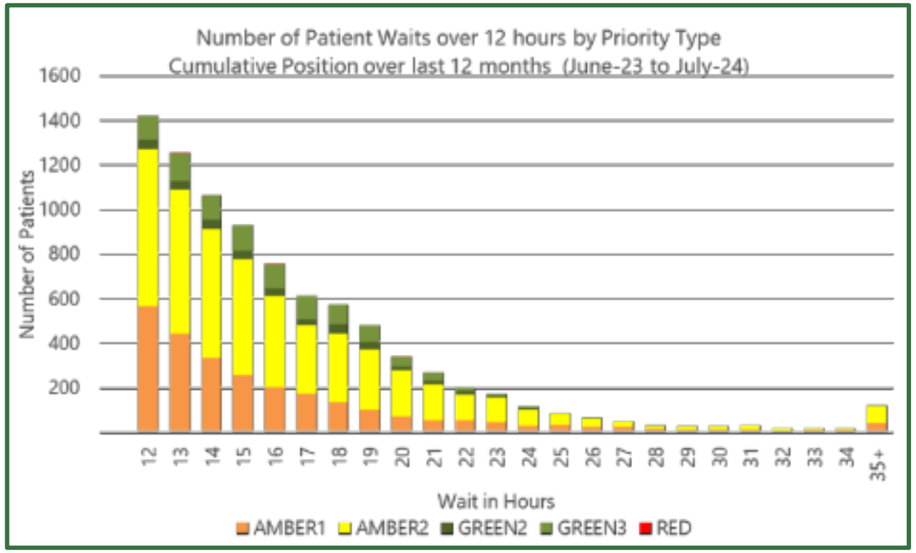
Lost Hours R

CI

QUEST







Analysis

269,434 hours were lost to Notification to Handover, i.e. hospital handover delays, over the last 12 months (Aug-23 to Jul-24), compared to 287,059 over the same timeframe the previous year. There were 19,595 hours lost in July 2024. The July 2024 figure is 2.3% higher than the figure recorded in July 2023.

The hospitals with the highest levels of handover delays during July 2024 were:

- Morriston Hospital (SBUHB) at 2,629 lost hours
- Maelor General Hospital (BCUHB) at 2,525 lost hours
- Ysbyty Gwynedd Hospital (BCUHB) at 2,374 lost hours
- Grange University Hospital (ABUHB) at 2,290 lost hours

Notification to handover lost hours averaged 632 hours per day during July 2024 compared to 741 hours a day in June 2024.

In July 2024, the Trust could have responded to approximately 6,090 more patients if handovers were reduced, which highlights the impact the numbers are still having on service.

In July 2024, 632 patients waited over 12 hours for an ambulance response and 46 compliments were received from patients and/or their families.

Remedial Plans and Actions

Significant time has been spent by all Executives and non-Executives highlighting this patient safety issue to Commissioners, HBs and Welsh Government/Ministers, and this will continue through the year as we seek to influence and put pressure on the system to improve.

Expected Performance Trajectory

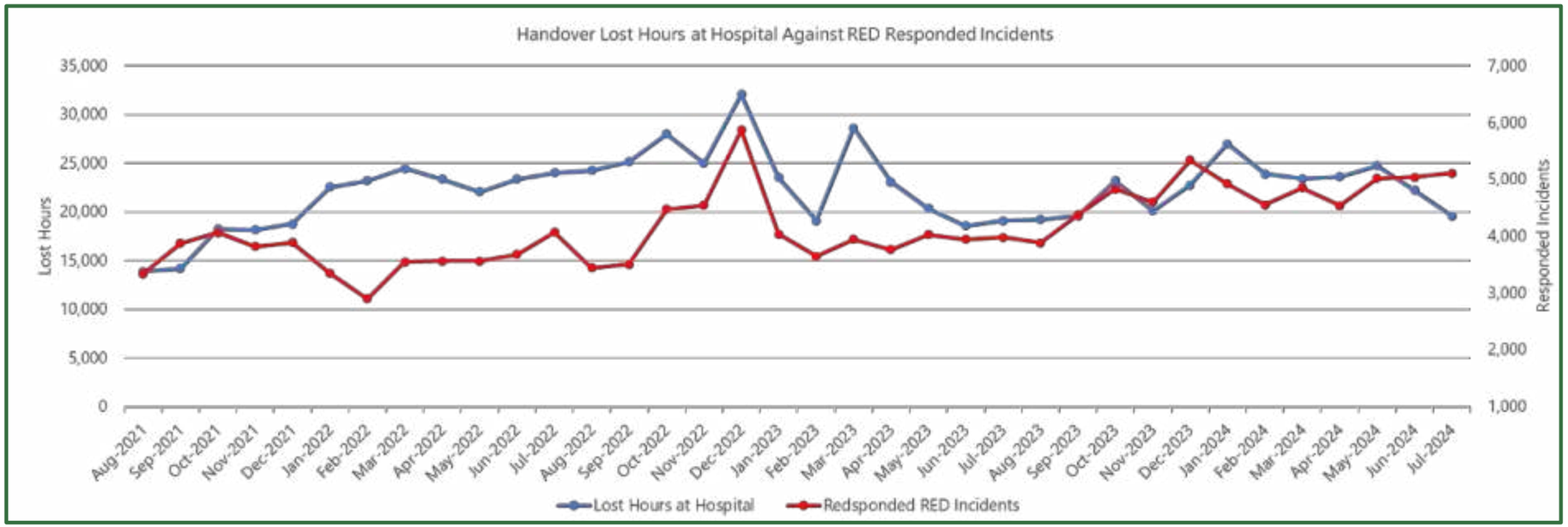
The Welsh Government handover target for 2024/25 is no waits over one hour; this equates to 7,500 hours lost to handover delays per month. There would need to be a 60% reduction in current handover levels for this to be achieved.

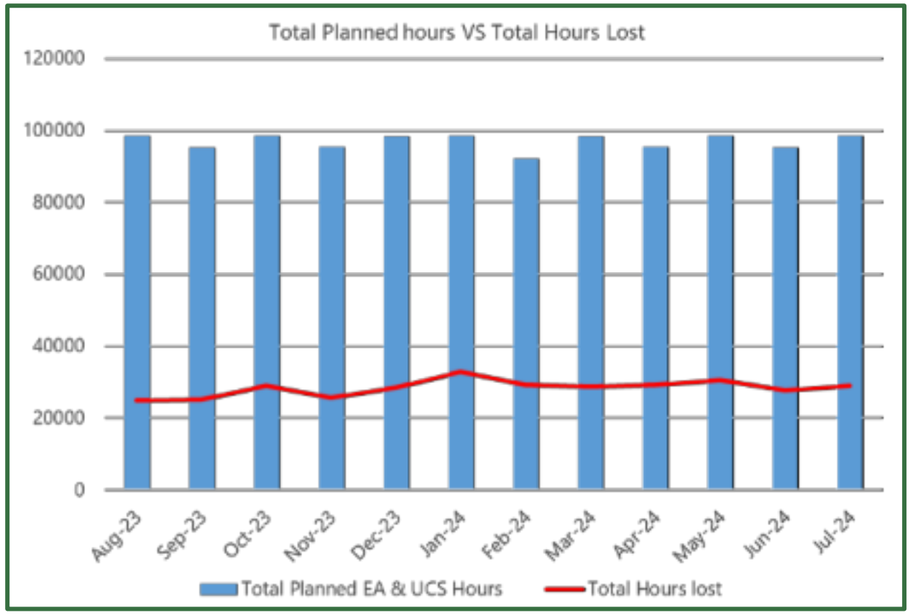
Partnerships / System Contribution

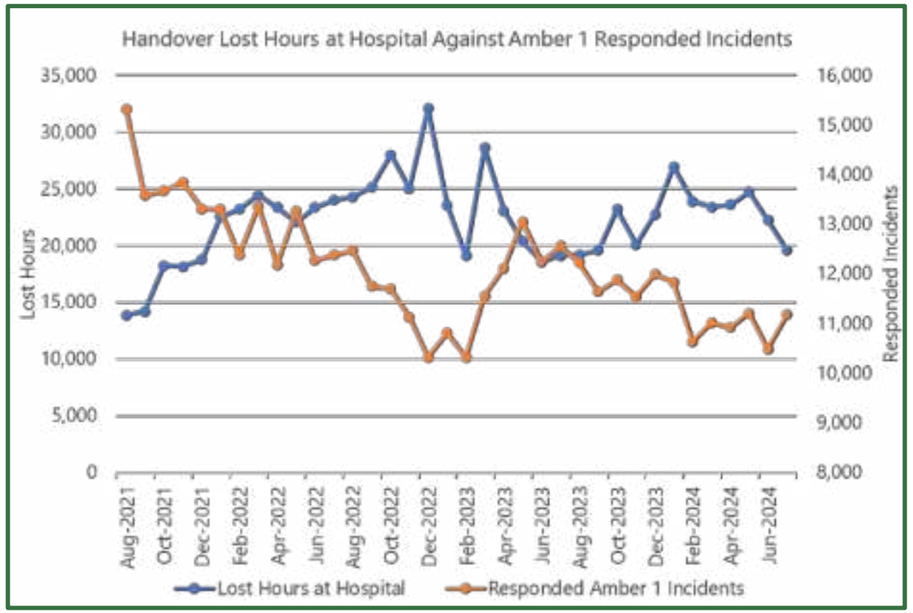
Handover Lost Hours Against Red & Amber 1 Responded Incidents

(Responsible Officer: Health Boards)

CI QUEST







Analysis

The top graph highlights that as handover lost hours have increased since July 2021, so too have the number of Red incidents being responded to. This shows that when CSP is in periods of high demand and hospital handover increases, Red responses are protected, even during high pressure within the system.

However, as the bottom graph illustrates, as the response to Red increases, there is an impact on Amber 1 responses, particularly at times of high demand, such as during December 2022. During these periods, the number of Amber 1 incidents attended decreases, notwithstanding that some of these patients within the Amber 1 category will still be seriously ill.

The bottom graph also highlights the correlation between lost hours and Amber 1 performance. As lost hours increase, so Amber 1 performance declines.

Remedial Plans and Actions

Significant time has been spent by all Executives and non-Executives highlighting this patient safety issue to Commissioners, Health Boards and Welsh Government/Ministers, and this will continue through the year as we seek to influence and put pressure on the system to improve.

Expected Performance Trajectory

The Welsh Government target is that no patient handovers of more than one hour, which equates to 7,500 lost hours a month. Welsh Government want to see a 30% reduction by December 2024 as a move towards this target. The Trust is currently experiencing lost hours in excess of 19,500 hours, with handover in July 2024 2.3% higher than July 2023. Unless there is a material change in direction, the Trust is likely to see higher handover lost hours this winter than last.

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

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

Definition of Indicators

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

CULTURAL TRENDS AND THEMES

Purpose of this Report:

- Showcase our **progress** in creating a culture rooted in **compassionate practices**
- Demonstrate the **impact** of compassionate practices
- Provide insight into recent **increase in employee relations cases** (reflecting our focus on creating an environment where colleagues feel safe to speak up)
- Aid with understanding the **relationship** between **ER cases** and **sickness absence** (despite the rise in ER cases, we have not seen a corresponding increase in sickness absence; this is a promising sign, suggesting that our efforts are addressing issues without adversely affecting overall employee health)

Welsh Ambulance Services University NHS Trust

Cultural Themes and Trends

GIG CYMRU NHS WALES
Ymddiriedolaeth Brifysgol GIG
Gwasanaethau Ambiwlans Cymru
Welsh Ambulance Services
University NHS Trust

Cultural Themes and Trends
Version 3.0
Released: July 2024

by People Services

Culture

‘We will be recognised and renowned as being an exceptional place to work, volunteer, develop and grow’

2030 Strategy

We recognise that our journey to establish this culture is ongoing, and our employee relations data reveals an honest reflection of our present standing. Together, we'll leverage these insights to shape a brighter future, fostering an environment where our shared aspirations align with daily realities

To understand the present employee experience, we will candidly delve into the insights derived from the Moving on Conversations Pilot and Managing Attendance at Work data. These indicators shed light on our current workforce's engagement, satisfaction, and overall well-being. Together, we will proactively build upon the employee experience, attracting and retaining the finest talents, and nurturing a workforce ready to embrace the challenges of the future.

Capacity

’Our future workforce will be agile, highly skilled and capable’

2030 Strategy

Capability

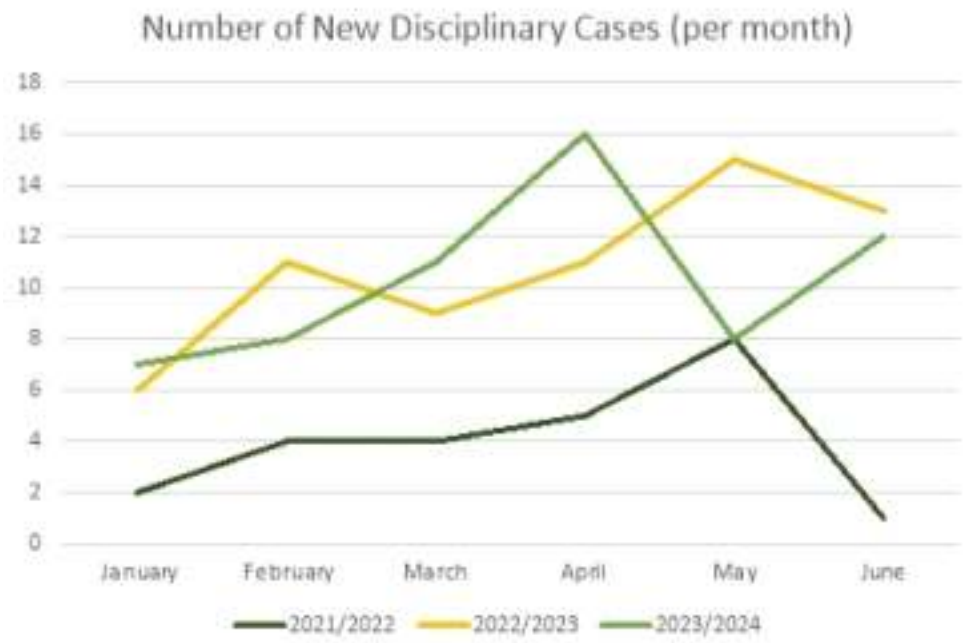
'Our leaders will be compassionate, collaborative and courageous’

2030 Strategy

Our leaders and managers are a focal point in enhancing capability. We are committed to providing them with the necessary knowledge, skills, and adaptability to navigate complexities and respond effectively to the evolving needs and aspirations of our diverse workforce. We have delivered several Compassionate Practice sessions and MAAW training sessions to enhance organisational capabilities. Together, we shape a successful future.

EMPLOYEE RELATIONS

EMPLOYEE RELATIONS



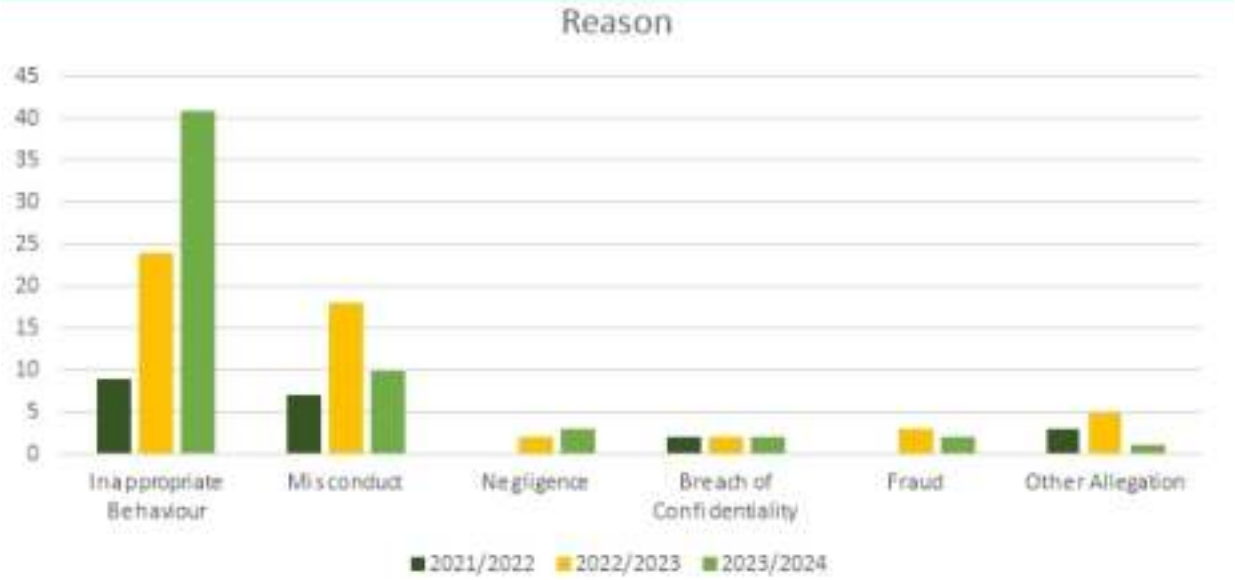
In the period January 2024 to June 2024, the total number of new disciplinary cases was 62.

There has been a significant increase in new cases in this reporting period compared to the period from July 2023 to December 2023. This trend is consistent with a recurring increase observed during the same months in the 2022/2023 period.

In the period January 2024 to June 2024, the total number of new R&Rs was 18. This is **consistent** when compared with the same period in 2022/2023, with a total of 17 new R&Rs.

Based on this period, the average number of new R&Rs per month is currently 3.

EMPLOYEE RELATIONS: DISCIPLINARY CASES



Inappropriate behaviour persists as the predominant reason for disciplinary measures, accounting for **66%** of cases between January 2024 and June 2024.

Misconduct as a reason has decreased by **44%** compared to the same period in 2022/2023.

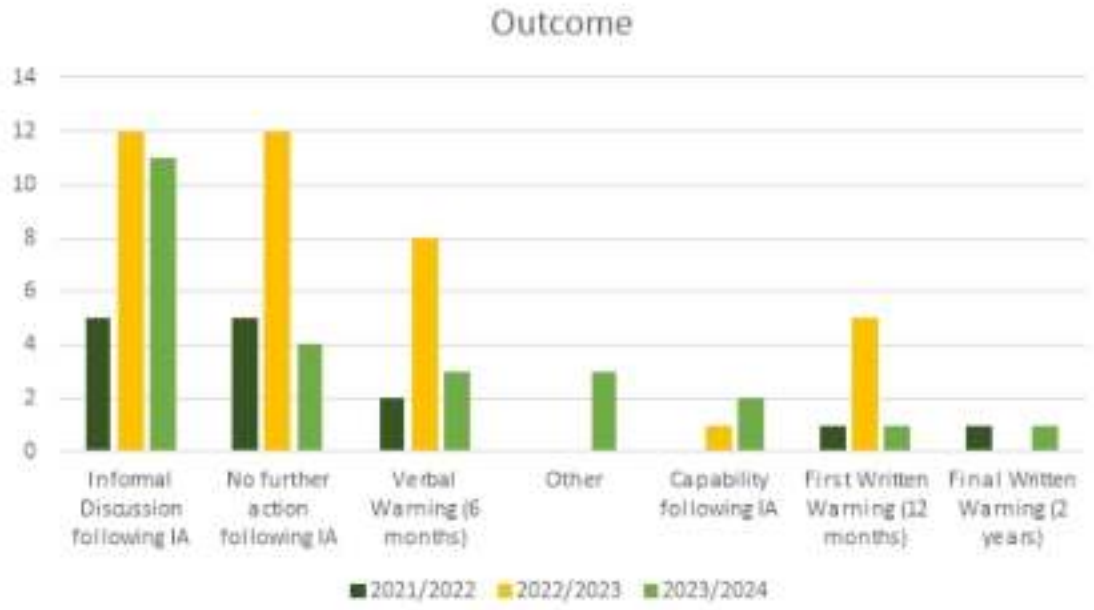
96 Days

The average duration of cases closed during the period January to June 2024 was 96 days, from start to completion (inclusive of formal investigation). Of these cases, 7 had **police involvement** with an **average duration of 71 days.**

40% of the new disciplinary cases opened to date in 2023/2024 have been closed.

Of the closed cases, **44%** concluded with **informal discussion following an initial assessment.**

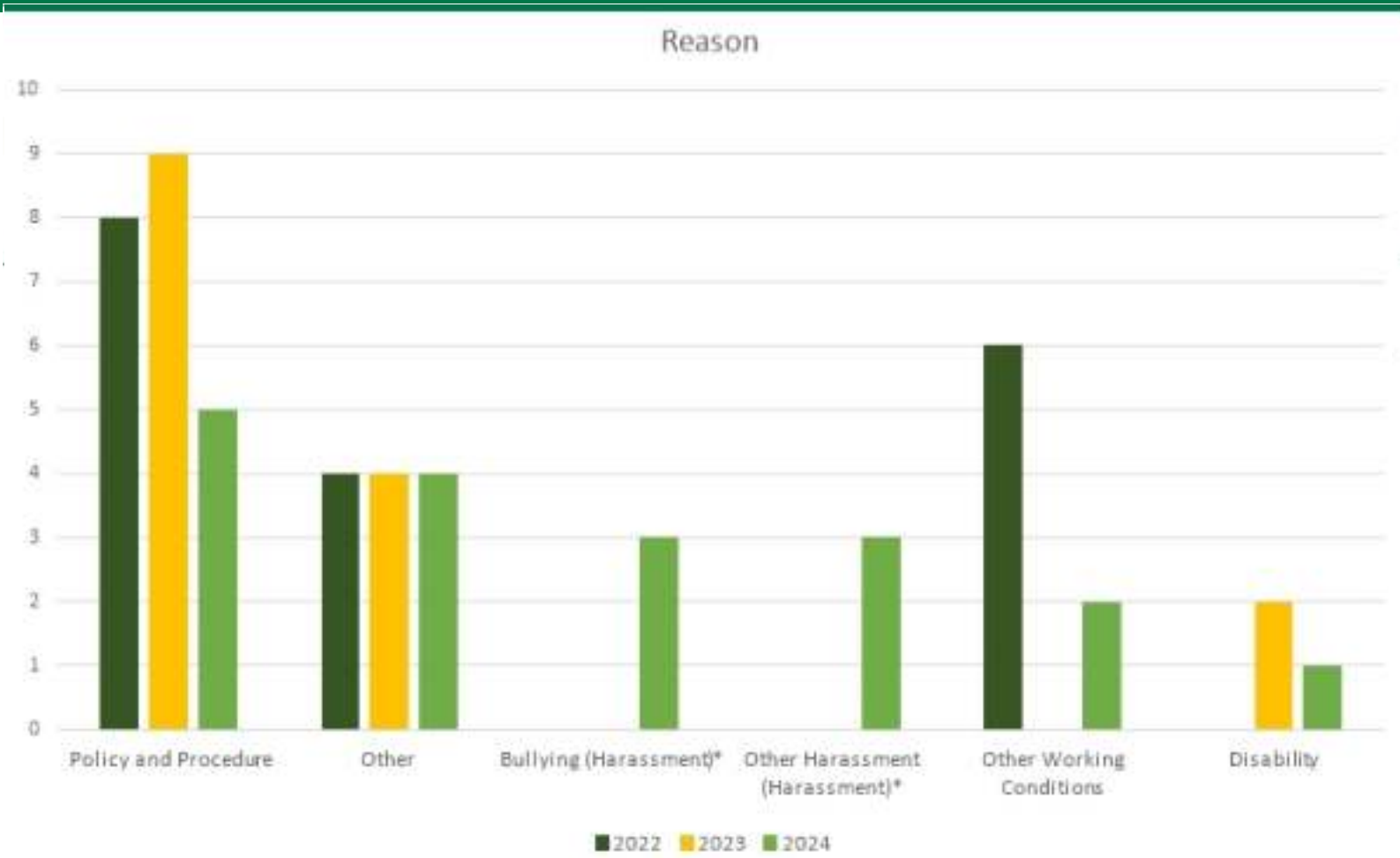
'Other' includes cases resolved with welfare support and situations addressed through generic reminders due to anonymity.



9 Cases were fast tracked between January and June 2024. This is 31% decrease compared with the corresponding period in 2023.

9 Fast Track

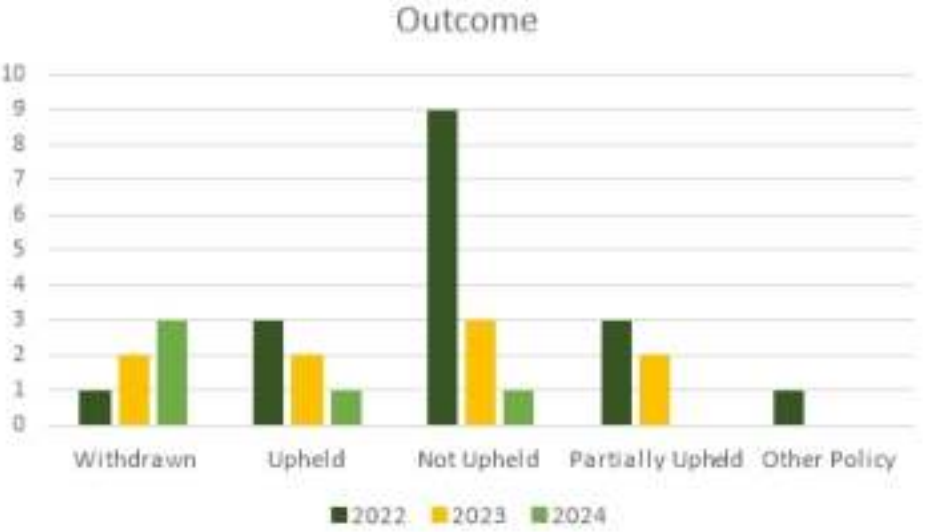
EMPLOYEE RELATIONS: REQUEST FOR RESOLUTION



*Was not an available category in 2022 and 2023.

The category 'other' is most commonly allocated to cases where the reason for submission is a conflict at work.

Of the new cases submitted to date in 2024 **76%** **remain open.** The majority of which have been opened in the last 3 months.



For cases submitted and closed from January to June 2024, the average duration from submission to closure was 92 days, compared to 170 days for the corresponding period in 2023.

COMPASSIONATE PRACTICES FOR ALL

We have successfully delivered 6 Compassionate Practices for All training sessions, employing a dynamic blend of both face-to-face and online formats to optimise engagement and facilitate broader participation. A total of 228 individuals have attended a training session.

The Legal and Risk Team have delivered two Investigator Officer training sessions. A total of 70 individuals have attended a training session. 3 x Full time Investigating Officers have been appointed into the People Services team to focus on complex cases, starting in post August 2024.

Compassionate Practices Action Plan: Actions Complete

Support the development of the People Services Team…

To enhance the continuous professional development of the People Services Team, a pivotal action involved the delivery of targeted training sessions. The following sessions have been delivered with the aim to empower and enrich the team, fostering a culturally attuned environment:

- AACE Ambulance People Profession Development Programme, focusing on sexual safety
- Understanding sexual safety in the workplace training session (delivered on 9 January 2024)
- Reducing misogyny and improving sexual safety training sessions (25 August 2023, 8 September 2023, 11 September 2023)

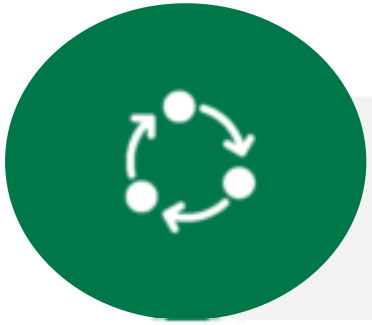
Additionally, team reflection time has been diarised each month to review cases and discuss what has gone well and what can we improve upon.

Initial assessment to be fair, thorough and unbiased, leading to appropriate outcomes for all and reduced employee harm…

In pursuit of refining our investigative processes, we successfully completed the revision of the initial assessment form. The enhancement process involved a thorough review of best practices employed by other NHS organisations, coupled with insightful consultations with our TUP colleagues.

The revised form has been trialled in EMS (South East & Central localities) and will now be part of an updated disciplinary toolkit to support business as usual.

Compassionate Practices Action Plan: Next Steps



Guidance has been developed for individuals supporting the different roles within the disciplinary process e.g. welfare officer, investigating officer

Review of documentation for both the Disciplinary process and R&R process to include guidance documents.

Trial of revised initial assessment concluded and will form part of revised documentation as business as usual.

Compassionate practices training sessions are now delivered by HEIW and we will ensure these are communicated to staff at all levels.

WORKING TOWARDS IMPACT:

Disciplinary and Compassionate Practices

FINDINGS:

- Two further Compassionate Practices for All training sessions have been successfully delivered, with a current engagement rate of 56% among Operational Managers.
- There is a notable increase in the number of cases leading to an investigation, making up 31% of new cases in the current reporting period.
- From January to June 2024, 7 closed cases with police involvement averaged 71 days, while 36 cases without police involvement averaged 101 days. In the same period in 2023, 12 cases with police involvement averaged 108 days, compared to 50 cases without police involvement which averaged 66 days.
- The average duration for R&R cases submitted and closed from January to June 2024 has decreased by 46% compared to the corresponding period in 2023, despite the number of cases received remaining relatively consistent.

ACTIONS:

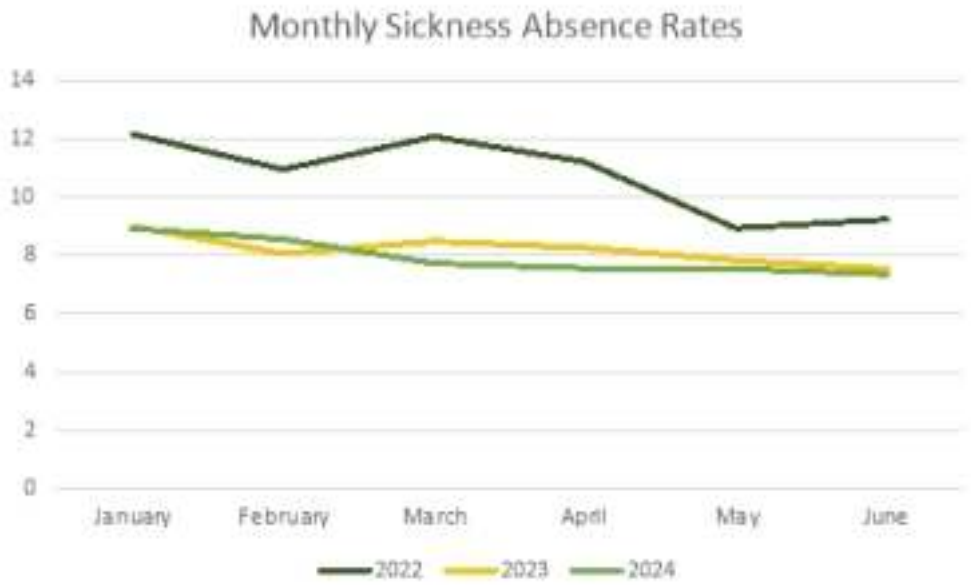
- The Compassionate Practices for All Action Plan has been reviewed in June 2024 to focus on implementation of agreed actions to further enhance our commitment to employee Wellbeing and cultivate a compassionate workplace culture.
- We continue to work closely with Trade Union Partners to improve our people processes.
- We have ensured that our People Services team, have received up to date relevant training, with reflection time now scheduled into diaries to discuss best practice and to work to the best of their ability.
- We continue to engage with individuals who are comfortable to share their story and experience, to learn through listening and to respond to what they are saying.
- The Plan has been reviewed to incorporate recommendations and finding from a recent Employee Relations Audit, setting out clear milestones to enhance our professional standards as People Professionals.

IMPACT:

- We continue to articulate and embed a culture across the organisation which focuses on creating an environment where wellbeing and compassion are at the heart of the employee experience.
- We have made space for the voice of people with different experiences to be heard.
- A formal evaluation of the Compassionate Practices programme will be undertaken in partnership with HEIW, Autumn 2024.
- 3 x full time Investigating officer roles have been appointed to focus and support on complex cases. Two commenced employment in August 2024, one internal candidate will commence in September 2024. These roles will also provide additional support in relation to outcomes from our Sexual Safety campaign, Raising Concerns, and Speaking Up Safely platforms.

MANAGING ATTENDANCE AT WORK

MANAGING ATTENDANCE AT WORK

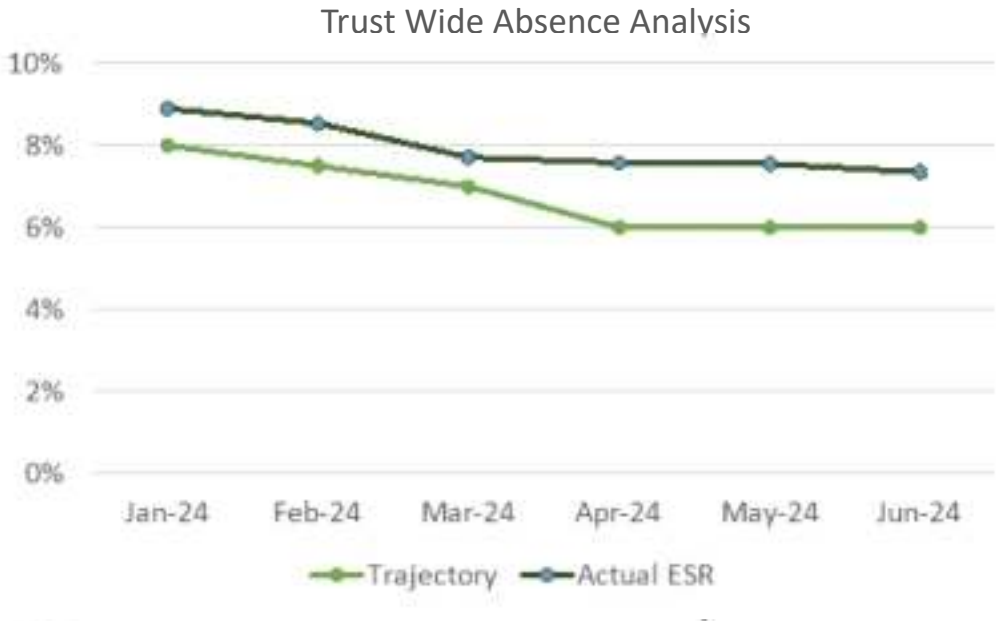


There is a noticeable decreasing trend in sickness rates from 2022 to 2024 across all months. This suggests that **sickness rates have been steadily improving** over these three years.

Absence rates in the Trust **decreased from 8.9% in January 2024 to 7.55% in May 2024**, with indicative ESR data for June 2024 showing a further increase to 7.35%.

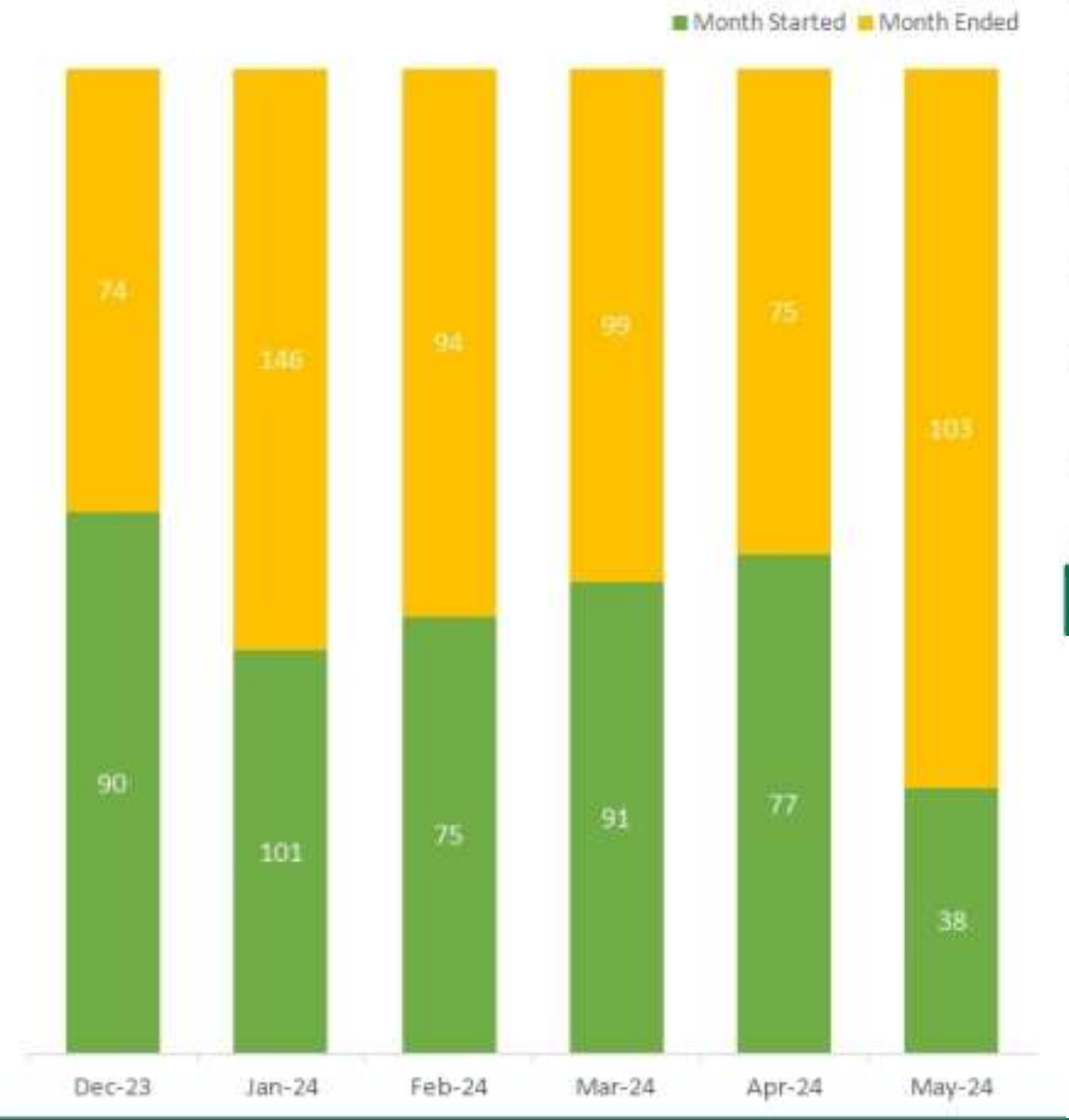
EMS absence has steadily decreased from 10.04% in January 2024 to an indicative 6.8% for June 2024.

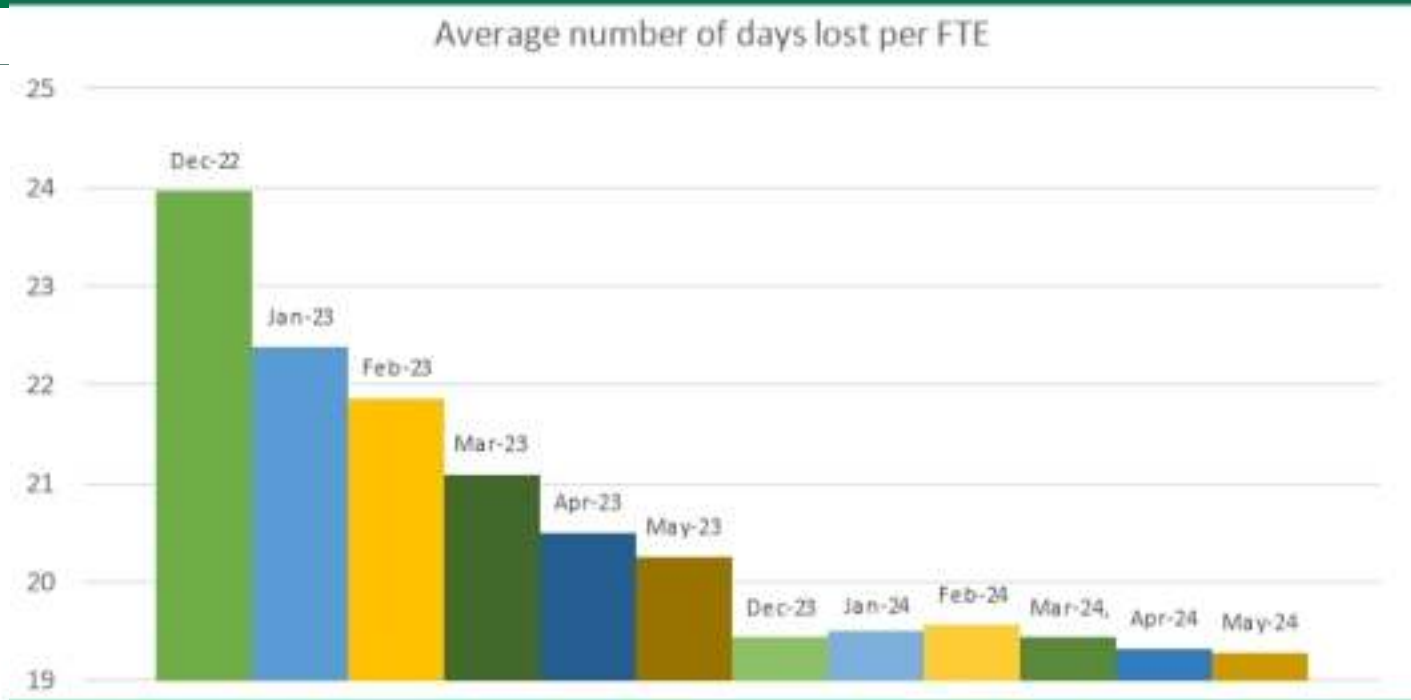
The Trust have consistently surpassed the trajectory from January 2024.



LTS Case Numbers & Average Days Lost per FTE

Monthly LTS Cases Opening/Closing





Key Themes…

MANAGING ATTENDANCE AT WORK

Absence Reason	Apr-24	May-24	Jun-24
S10 Anxiety/stress/depression/other psychiatric illnesses	2.07%	2.13%	2.07%
S12 Other musculoskeletal problems	0.80%	0.83%	0.80%
S28 Injury, fracture	0.74%	0.59%	0.65%
S25 Gastrointestinal problems	0.47%	0.60%	0.64%
S11 Back Problems	0.41%	0.44%	0.45%
S13 Cold, Cough, Flu - Influenza	0.43%	0.36%	0.40%
S99 Unknown causes / Not specified	0.29%	0.27%	0.31%
S15 Chest & respiratory problems	0.28%	0.35%	0.30%
S98 Other known causes - not elsewhere classified	0.30%	0.27%	0.28%

Key Themes…

Absence reasons related to anxiety, stress, depression, and other psychiatric illnesses (S10) consistently rank as the highest percentage across all three months.
Other musculoskeletal problems remains as the second highest percentage.
There was an increase in absences for Gastrointestinal problems in May 2024, surpassing Injury.

84 Calls

Were made to Health Assured (EAP) in May 2024. This equates to 49% of employees absent with reason S10 in May 2024

10 Referrals

For physiotherapy were received in May 2024, indicating a significant decrease from April (18 referrals).

20% of the referrals were for back injuries, shoulder and ankle pain, with 40% of employees off work at the time of referral.

IMPROVING ATTENDANCE PROGRAMME

The People Services Team continue to deliver bitesize training sessions and MAAW training sessions. Over the last 6 months, the People Services Team have successfully delivered a total of **10 MAAW training sessions** and **40 bitesize training sessions**

We continue to remind managers who have not attended the MAAW on the importance of completing the training. We will be discussing the development of an e-learning package with the All-Wales MAAW Group.

Bitesize training sessions and MAAW sessions have been facilitated from January to May 2024, with further sessions planned for the coming months. We are continuing to develop the bitesize training sessions to an online format, enabling greater accessibility, flexibility, and participation from a wider audience.

WORKING TOWARDS IMPACT: MAAW

FINDINGS:

- Current data is showing an overall decrease in long-term absence and a decrease in short-term absence. In line with the Trust's historic sickness trends, we may see an increase in both long-term and short-term absence over the summer months.
- Indicative figures for long-term absence in June 2024 shows a decrease to 4.51% from 5.19% in May.
- Whilst indicative figures for short-term absence in June 2024 show a slight increase to 2.84% from 2.37% in May.
- Health Assured, the Employee Assistance Program (EAP), recorded 84 calls in May, an increase compared to April when 67 calls were recorded.

ACTIONS:

- All actions within the plan are business as usual and are seen as good practice in the effective management of sickness absence.
- Hot Spot areas continue to be identified to ensure resources are more plentiful in these areas.
- Ongoing monitoring and monthly reviews are in place for both long-term and short-term absences, with regular meetings to track sickness and provide support.
- People Services Advisors are actively monitoring and supporting line managers in applying appropriate actions, discretion, and reasonable adjustments under the MAAW policy.

IMPACT:

- Improved focus by line managers on managing staff in line with the policy, is evident in monthly monitoring meetings. This focus ensures that attendance management practices evolve over time, contributing to sustainable, positive impacts on workplace culture and employee well-being.
- The focus on sickness absence across the Operations Directorate, has shown a reduction in absence to an indicative 6.8% in June 2024, which is the lowest point since June 2019. Seasonal themes and trends must however be considered.
- We are currently working towards the delivery of the bitesize training sessions being delivered electronically though LMS365
- Monitoring of EAP usage continues to provide insights into the well-being and mental health support needs of the workforce.

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

WELSH AMBULANCE SERVICES UNIVERSITY NHS TRUST
HEALTH & SAFETY ANNUAL REPORT 2023-2024

MEETING	People & Culture Committee
DATE	30 August 2024
EXECUTIVE	Liam Williams, Executive Director of Quality and Nursing
AUTHOR	Nicola White, Head of Health & Safety
CONTACT	nicola.white3@wales.nhs.uk 07973 829556

EXECUTIVE SUMMARY

1. The Welsh Ambulance Services University NHS Trust's (WAST) success within Health & Safety (H&S) is driven by the Organisation's desire for continuous improvement on its journey to a cultural state of interdependency.

2. This report will provide an overview to the People & Culture Committee on how the Trust is continually improving its compliance to meet its statutory duties during 2023-2024, under the Health & Safety at Work etc. Act 1974, the Management of H&S at Work Regulations 1999 and other supporting pieces of secondary Health & Safety Regulations and additionally via the Health and Care Standards Theme 2- Safe Care.

3. The report also contains some data commencing from 2021 to provide insight into the Trust's H&S cultural journey and benefits of the Workforce Review implementation in October 2022.

4. **RECOMMENDED, that the People & Culture Committee receives and approves the Health & Safety Annual Report.**

KEY ISSUES/IMPLICATIONS

5. The Health & Safety Annual Report (Annex 2) provides evidence on how the Trust has performed during the 2023-2024 period in relation and giving assurance that the Trust is providing a safe a working environment as reasonably practicable.

6. It aims to give the Trust Board information on Welsh Ambulance Services University NHS Trust H&S activities, engagement and collaborative working with our partner and H&S professional agencies.
7. Priority is given within the report to celebrate the success and achievements of the dedicated H&S team as well as sharing the good practices from our WAST colleagues, our improved systems and processes and our challenges.

(1) The report highlights the Trust Corporate H&S Risk 199 achieving target score;
(2) The review and subsequent publication the Trusts H&S Policy.
(3) NWSSP Internal audit providing a Moderate level of assurance.
(4) The introduction of the workforce review has positively impacted on H&S performance and engagement with the workforce.
(5) Sustained focus on Diesel Exhaust Emissions Exposure (DEEE) and political issues are impacting on the ability to progress at pace with the H&S IMTP 'culture change' deliverable.

REPORT APPROVAL ROUTE	
Senior Quality Team	14 August 2024
Executive Leadership Team	21 August 2024
People & Culture Committee	30 August 2024

REPORT APPENDICES
ANNEX 1 - SBAR providing supporting background information
ANNEX 2 – Health & Safety Annual Report 2023-2024

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

ANNEX 1

SITUATION

1. The purpose of this report is to provide information on the Health & Safety (H&S) Annual report to members of People & Culture Committee (PCC).

2. It aims to give the Trust Board information on the continued effect in relation to improving H&S compliance activities as well as the necessary assurances that the statutory duties under the relevant H&S legislation and guidance are being fulfilled as far as reasonably practicable.

BACKGROUND

3. The Health and Safety Annual Report provides the Trust Board with the necessary assurances that the Organisation continues to make significant strides to ensure compliancy with the Health & Safety at Work Act 1974 and other supporting pieces of secondary legislation.

4. It provides an overview of how the Trust has performed over this reporting period in relation to ensuring a safe working environment. Priority is given within the report to celebrate the success and achievements of the dedicated H&S team, as well as sharing the good practices from our WAST colleagues, our improved systems and processes and our challenges.

ASSESSMENT

5. During the reporting period several fundamental pieces of work were completed.

6. The Trust's H&S Policy was subject to review and extended to contain a statement of intent and arrangements section.

7. The Trust Corporate H&S Risk 199 – 'Failure to embed a culture of Interdependency resulting in breach of legislation or harm' was subject to review. This risk was subsequently de-escalated to the Directorate Level Register for achieving its target score following significant work undertaken via the Working Safely Programme.

8. Additionally, three Directorate level H&S risks were subject to review and closed:

- 372 - H&S Team Resource Capabilty;
- 315 - Inability to confirm COVID + status through workplace exposure in order to complete RIDDOR in a timely manner;

- Risk of lack of compliance to COVID PPE requirements resulting in increased staff exposure and implications from the HSE.

9. An initial assessment was undertaken of Trust's compliance to its Legislative Compliance Register with a moderate level of assurance given. Following work undertaken a further assessment was undertaken later in the reporting period which demonstrated improved Trust compliance ratings further to 2.22/3.

10. RIDDOR compliance has significantly improved by with reductions in both main reportable categories and also compliance to reporting within the required timeframes has also significantly improved.

11. The data evidenced within this year's report demonstrates reductions in non-patient safety reported incidents since the implementation of the workforce review in October 2022.

12. Workplace inspections and Workplace Risk Assessment compliance both achieved 100% for the Trust's Estates portfolio.

13. Further support was provided to our partner agencies via delivery of the Institute of Safety and Health (IOSH) 'Leading Safely' and WAST 'Positive Conversations Training' to Powys Teaching Health Board, Board members and Deputy Directors. Additionally, advice on H&S culture change and supporting documentation was provided to St Johns Ambulance in the capacity of a critical friend.

RECOMMENDED, that the People & Culture Committee receives and approves the Health & Safety Annual Report.

Welsh Ambulance Services University NHS Trust

Health & Safety Annual Report 2023-2024

GIG CYMRU NHS WALES
Ymddiriedolaeth Brifysgol GIG
Gwasanaethau Ambiwlans Cymru
Welsh Ambulance Services
University NHS Trust

Health & Safety Annual Report 23-24
Version 1.0
Released: 21 August 2024

Nicola White - Head of H&S
Nicola.white3@wales.nhs.uk

1. Introduction
2. Keeping Our People Safe
3. Workplace Safety
4. Violence and Aggression
5. Display Screen Equipment / Manual Handling
6. Quality Improvement
7. Working in Partnership
8. Good Practice Support Conclusion
9. Challenges
10. Growing the Team
11. Moving forward

Introduction

The Welsh Ambulance Service University Trust (WAST) success within Health & Safety (H&S) is driven by the Organisation's desire for continuous improvement on its journey to a cultural state of Interdependency.

The Health and Safety Annual Report provides the Trust Board with the necessary assurances that the Organisation continues to make significant strides to compliancy with the Health & Safety at Work Act 1974 and other supporting pieces of secondary legislation.

It provides an overview of how the Trust has performed over this reporting period in relation to ensuring a safe working environment. Priority is given within the report to celebrate the success and achievements of the dedicated H&S team as well as sharing the good practices from our WAST colleagues, our improved systems and processes and our challenges.

The Executive Director of Quality and Nursing is the executive lead for Health & Safety within WAST. The head of H&S has responsibility as he named professional for the management of H&S. This role provides assurance with the Trusts Statutory Legislation above. The Head of H&S takes the Organisational lead on all H&S matters.

The H&S team works collaboratively with senior managers and colleagues to promote a mature H&S culture, both articulated and lived at each level in the Organisation. External partnership is also integral to the team's role, WAST contribution to the work of our partner agencies is also highlighted within this report.

Implementation of Workforce Review

Following the implementation of the Workforce Review commencing October 2022, the team embedded themselves throughout the Trust across all Directorates.

The new function introduced several new roles to the Trust, namely;

- Deputy Head of Health & Safety,
- Violence and Aggression Manager,
- Display Screen Equipment / Manual Handling Advisor (DSE/MH)
- 4 Health & Safety Advisors.

- These new roles were integrated into the existing structure consisting of;
- Head of H&S
- 2 X Health & Safety Managers
- 0.5 Administration Officer.

Keeping Our People Safe- Health & Safety Risks

Corporate Risk 199 - 'Failure to embed an Interdependent and mature health and safety culture causing harm or a breach in compliance'.

Risk 199 was raised in August 2019 and assessed as 20 (4x5).

Following significant work completed as part of the Working Safely Programme and investment into the Workforce Review, Risk 199 was reviewed and approved as reaching its target score of 10 (2x5) on the 7th December 2023.

This risk was de-escalated to the QPSE risk register and is reviewed on a quarterly basis.

Directorate Risks - Closed

Several Directorate levels risks were subject to review and subsequently approved by the Senior Quality Leadership Team for closure in Q4 2023/24;

372 - Health & Safety Team - Resource Capability (raised Oct 2020)**;**

315 - Inability to confirm COVID + status through workplace exposure in order to complete RIDDOR in a timely manner (raised July 2020);

385 - Risk of lack of compliance to COVID PPE requirements resulting in increased staff exposure and implications from HSE (raised Jan 2021).

Keeping our People Safe -Legislative Compliance

Internal audit - The Health and Safety (H&S) function was subject to an internal audit by Shared Services Partnership during Q4 2022/23 - Q1 2023/24. A previous audit was undertaken in 2019, and the Trust assessed as Limited Assurance. The Auditors recognised the Trust's commitment to improving health and safety and the work undertaken to date. Subsequently the Trust received a 'Reasonable' level of assurance across all 6 assessment criteria

Assurance summary[1]

Objectives		Assurance
1	Health and safety policy	Reasonable
2	Health and safety structure	Reasonable
3	Working Safely Programme	Reasonable
4	Compliance mechanisms	Reasonable
5	Training requirements and needs	Reasonable
6	Monitoring of risks and issues	Reasonable

The Trusts Legislative Compliance Register was subject to review by the Assistant Directors Leadership Team (ADLT) and the assessment score of 1.98 / 3 providing a moderate leave of assurance was approved by the group on 17th April 2023. Following further work , the register was reviewed and reassessed as 2.22 during Q4 2023 . Further work continues to increase compliance levels further.

Health & Safety Policy

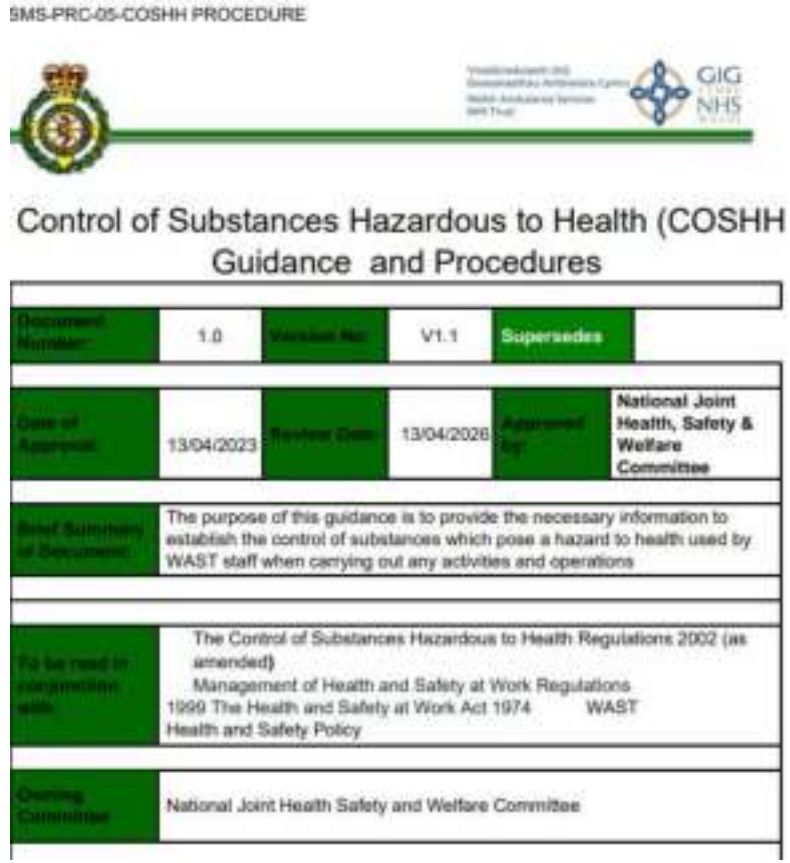
The Trusts Health & Safety Policy subject to review and approved and published in December 2023. Most of the policy content reflects an updated earlier version but has been updated to include the legal requirement of a 'Statement of Intent'. Also included are an arrangements section and training needs analysis matrix to strengthen the current Policy

Keeping Our People Safe -Procedures Developed

New and Expectant Mothers Procedure

Document Number:	1.0	Version No:	1.0		
Date of Approval:	13/04/2023	Review Date:	13/04/2026	Approved By:	National Joint Health, Safety & Welfare Committee
Brief Summary of Document:	To provide advice to all Welsh Ambulance staff and volunteers on conditions and techniques to ensure that the standards of safety and health and welfare are maintained in accordance with the New and expectant mothers				
To be read in conjunction with:	The Employment rights act 1996 Equality Act 2010 Display Screen Equipment Regulations 1992 as amended by the Health and Safety (Miscellaneous Amendments) Regulations 2002. Management of Health and Safety at Work Regulations 1999 The Health and Safety at Work Act 1974 The Workplace (Health, Safety and Welfare) Regulations 1992 (as amended). The Provision and Use of Workplace Equipment Regulations 1992 (as amended) WAST Health and Safety Policy				
Owning Committee					

Risk Assessment Procedure

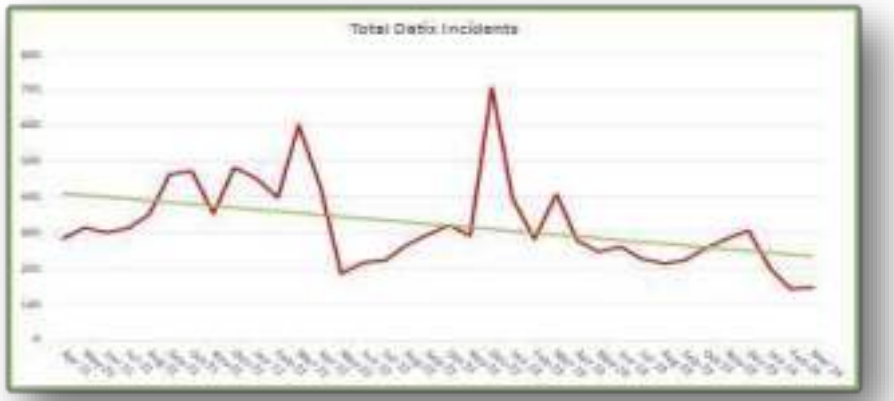


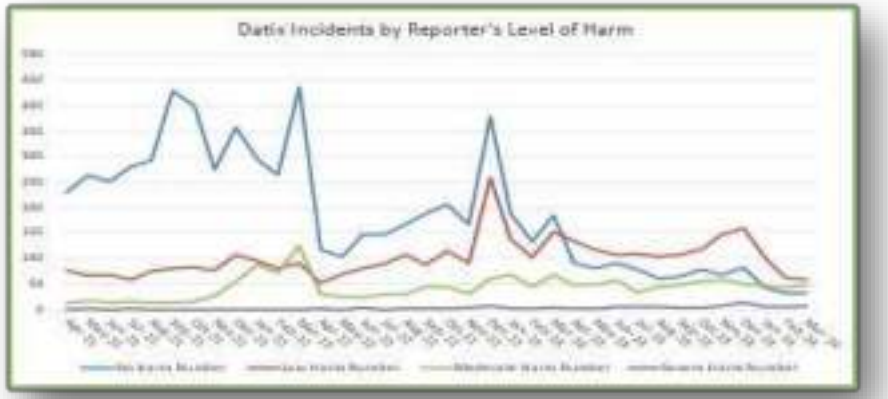
5MS-PRC-05-COSHH PROCEDURE

Control of Substances Hazardous to Health (COSHH Guidance and Procedures

Document Number:	1.0	Version No:	V1.1	Supersedes	
Date of Approval:	13/04/2023	Review Date:	13/04/2026	Approved By:	National Joint Health, Safety & Welfare Committee
Brief Summary of Document:	The purpose of this guidance is to provide the necessary information to establish the control of substances which pose a hazard to health used by WAST staff when carrying out any activities and operations				
To be read in conjunction with:	The Control of Substances Hazardous to Health Regulations 2002 (as amended) Management of Health and Safety at Work Regulations 1999 The Health and Safety at Work Act 1974 WAST Health and Safety Policy				
Owning Committee	National Joint Health Safety and Welfare Committee				

Keeping Our People Safe- Non-Patient Incidents





Health and Safety Performance within this report for 2021/2024 relates to the Welsh Ambulance service University Trusts performance of top 5 H&S reported incidents.

The H&S team priority is to ensure that WAST colleagues work as safe as reasonably practicable within dynamic environmental conditions. This involves supporting investigations and applying lessons learned to prevent re-occurrence.

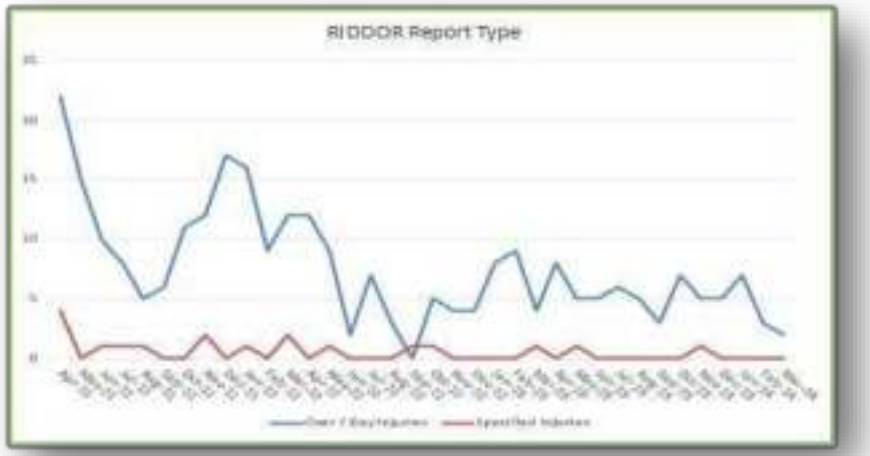
DATIX reported incidents have significantly decreased by 52% from April 2021 (284) - March 2024 (149).

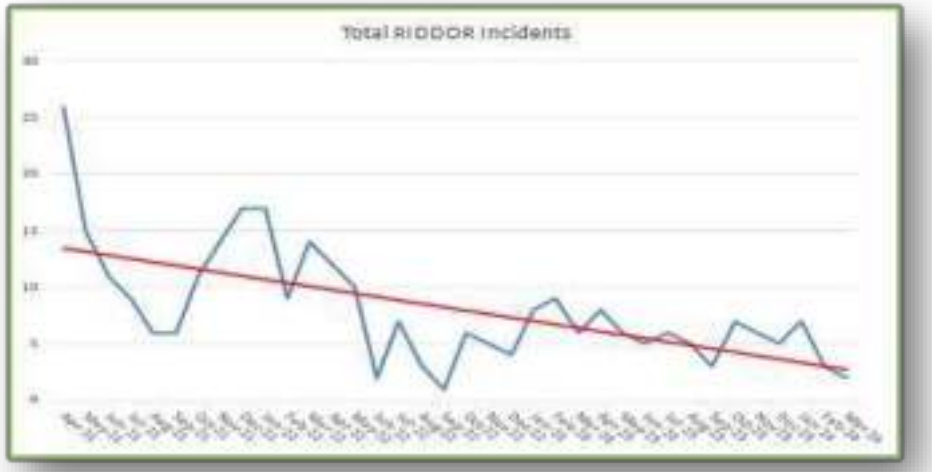
A significant number of incidents were recorded for missed meal breaks during the previous winter was not replicated during winter 23/24 and improvements in the way such incidents are recorded has further improved the ability of the Trust to analyse and trend harm incidents.

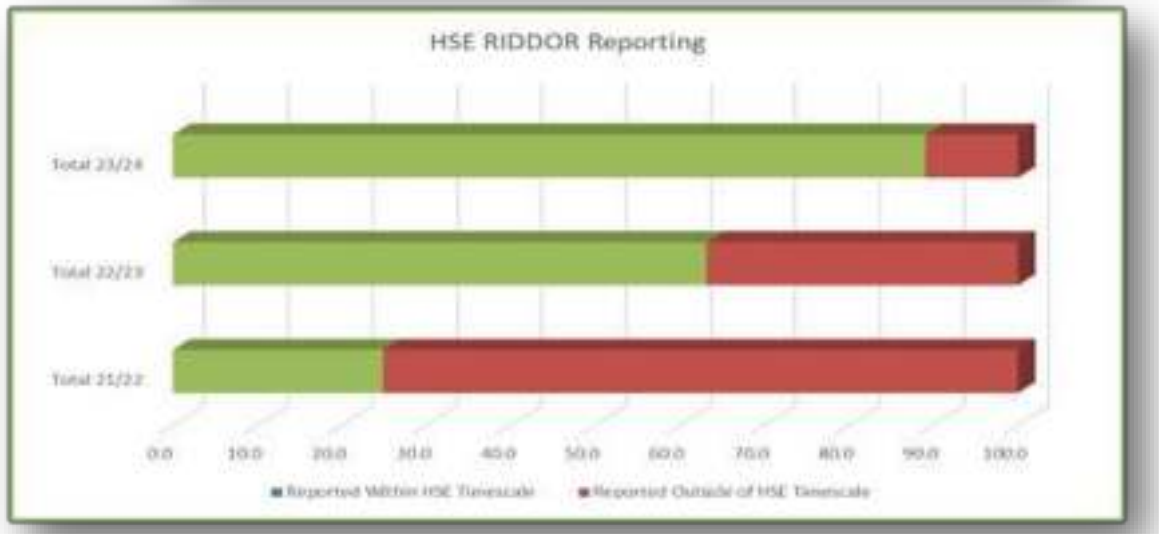
The incident frequency rate per 1000 Emergency Ambulance (EA) journeys has reduced b 61% from 16.79 in April 2022 to 10.37 by the end of March 2024

Keeping Our People Safe- RIDDOR

The total number of **RIDDOR** reported incidents have decreased by 23% from April 2021 (26) to March 2023 (6).





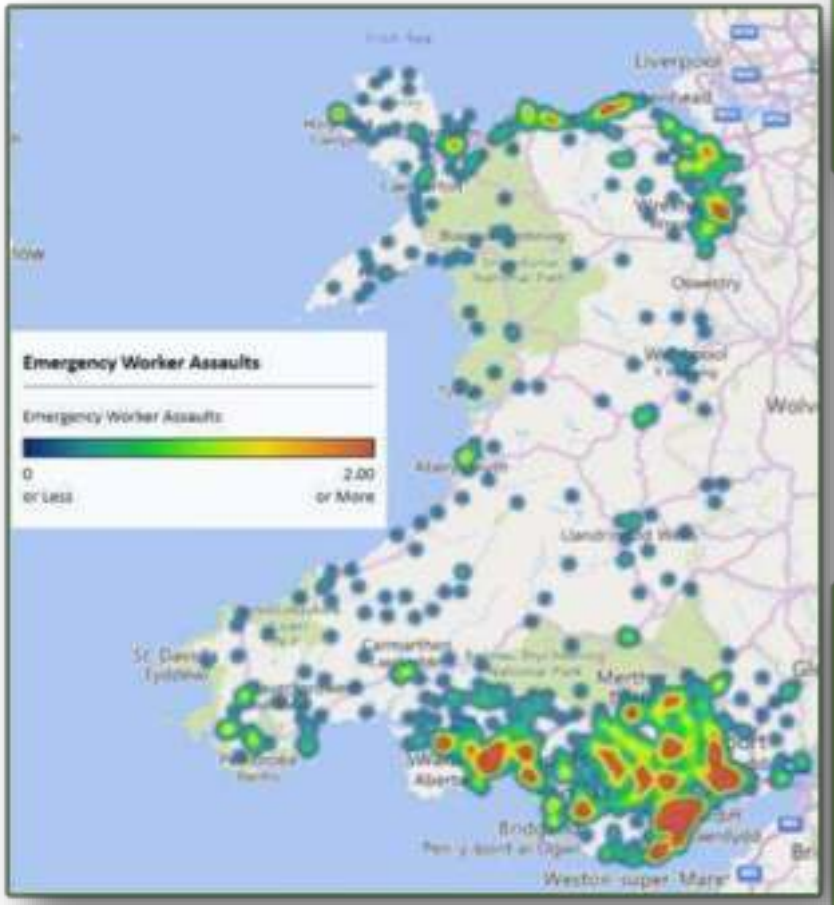


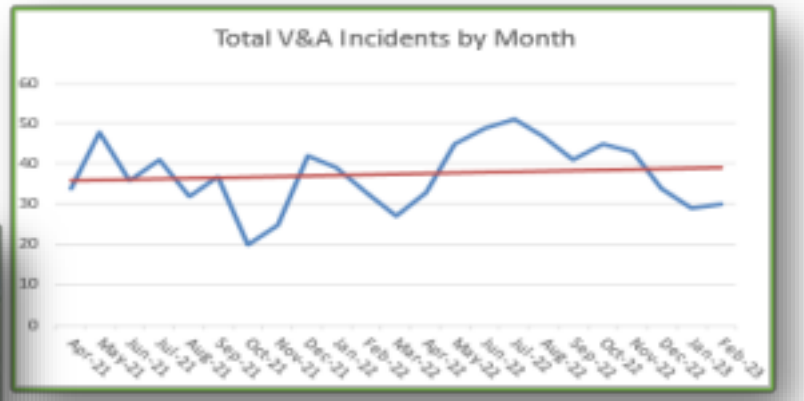
Categories for **RIDDOR** reportable incidents-

- Over 7-day injuries –reduction of by 18% from 2021-2023
- Specified Injuries - reduction of 25% from 2021 to 2023
- Most common trend manual handling injuries.

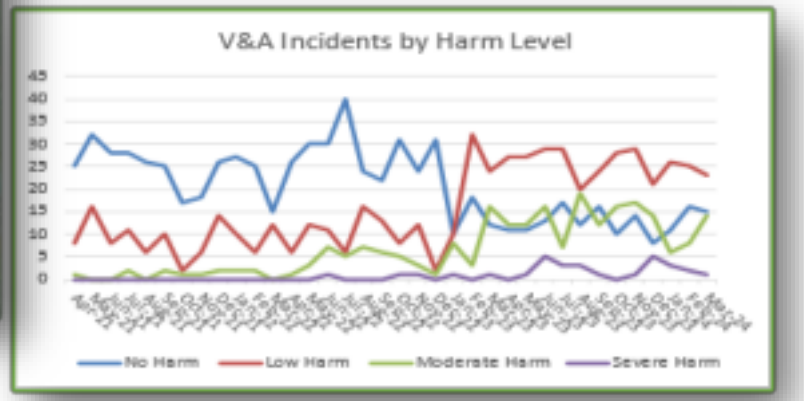
RIDDOR Compliance has improved by 41% since 2021-2023. During Q3 2023, the average RIDDOR compliance rate for the UK Ambulance sector was 43%. WAST achieved the highest level of performance at 81%.

Keeping Our People Safe - Violence and Aggression

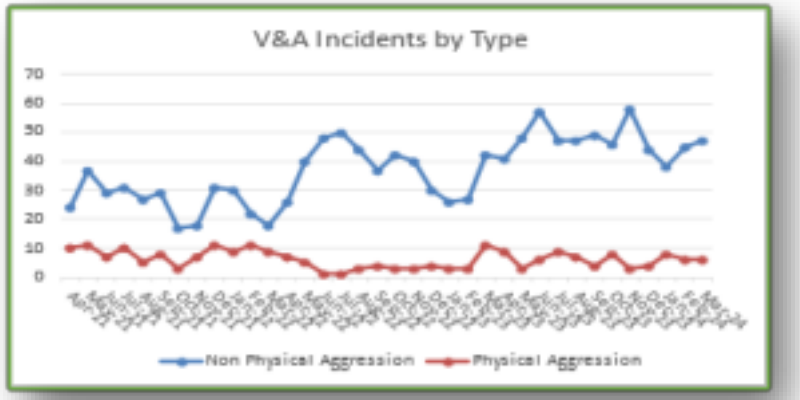




Statistics within WAST demonstrate majority of incidents are verbal abuse and aggressive behaviours mainly affecting the contact centres for 999 & 111



The trend over the last 3 years has shown a slight increase in V&A incidents. This trend has started to show a decrease as a result of the work undertaken by the V&A case management team.



The number of moderate and severe harm V&A incidents remains low. The increase in low harm incident reports can be attributed to improvements in H&S reporting culture and the introduction of the Datix Cymru platform that enables better recording of V&A incidents.

Keeping our People Safe - Violence and Aggression

Stephen's Story

Julie’s Story

Lisa’s Story

Action plan following the review of V&A completed in Q2 2023 continues to progress. An update to be given to ADLT in Q2 2024/25with a paper to be presented at ADLT in Q2 2024.

V&A Manager providing strategic input to NASeG, AVC and the AACE Training V&A improvement meeting.

The Trusts V&A Manager advises the Chair of the AVC and Case managers Group with the sharing of best practice promoting violence reduction strategies

WAST providing a quarterly report to the AVC for review and reflection in collaboration with the Crown Prosecution Service, Police and Welsh Government.

Frontline staff and Line Managers at call centres were engaged through site visits to identify how V&A incidents can be captured more effectively to provide sustainable actions to lower impact on staff.

Guidance and advice given by V&A Manager into #With us not Against us campaign, to raise awareness of violence against emergency workers across Wales

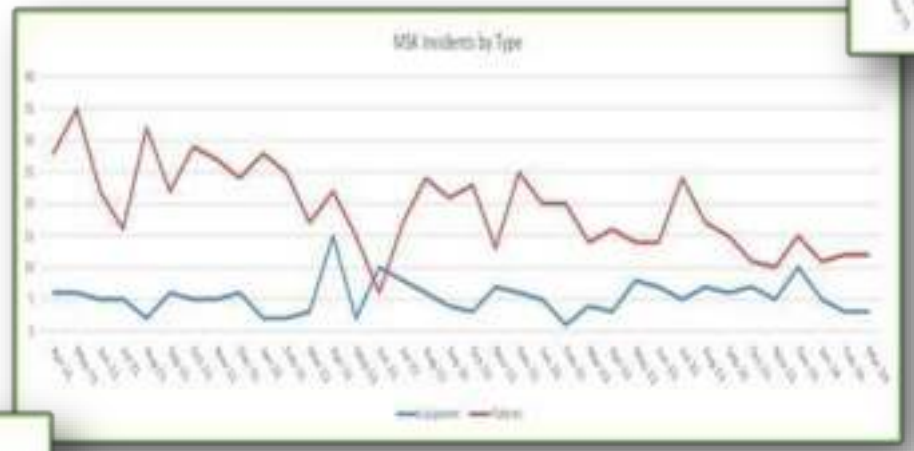
Increased visibility within Trust Senior Management Team via participation in SOT and Pan Wales Business Management Meeting to provide support and guidance to managers.

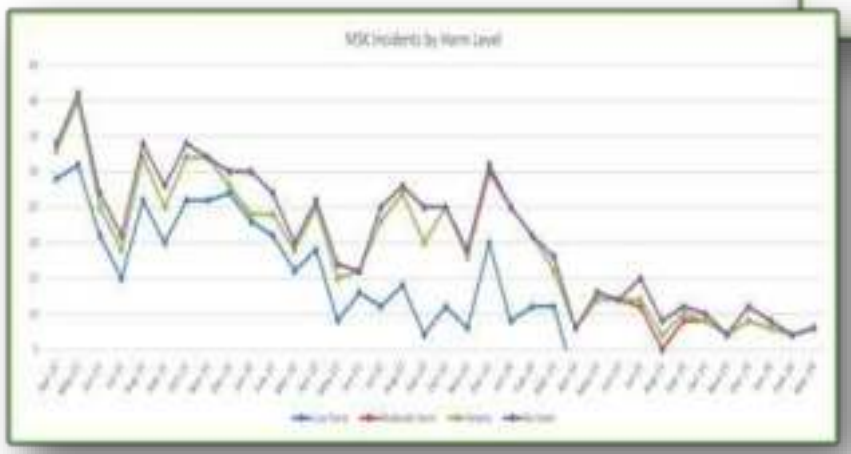
The All-Wales Case Managers Group has been re-invigorated with new Chairperson appointed. The group reports to the AVC and Heads of Health & Safety.

Keeping Our People Safe - DSE and Manual Handling

The downward trend in manual incidents has continued through the year with the incident frequency down from 2.86 to 1.04 per 1000 EA Journeys since April 2022.

Handling of patients remains the most frequently reported cause of injury.





The introduction of complex patient risk assessments has identified a number of additional controls for Ambulance Care service user that has begun to filter through in reduction of incidents recorded.

The DSE/Manual Handling Advisor has been undertaking a deep dive of incidents to identify solutions to lower incident numbers and harm levels even further.

Keeping Our People Safe

Workplace Risk Assessments - undertaken in all 112 premises in conjunction with Operational Teams and Trade Union Partners.

Workplace Inspections – all 112 inspections undertaken Pan Wales collaboratively with Operational Teams and Trade Union Partners. The inspection template also covers Estates related statutory legislation and integrates the requirements of the Equality Act 2010.

Noise Assessments have been undertaken in all 111 and Clinical Contact Centers Pan Wales and found to be below statutory legislative limits for long term exposure and short term 'peak' exposure levels.

Capital Works Supported in Partnership;

Merthyr Workshop Commissioning Center
Llangunnor
Vantage Point house
Dollgellau
Bangor Workshop
Ty- Elwy

Workplace Safety

Workplace Risk Assessments

During recent visits to stations to review workplace risk assessments with Managers it was clear to see some of the hard work that has been carried out to make stations safer for staff.

One station that particularly impressed was Cwmbwrla, with the risk assessment being moved from an Amber rating to a Green with all the actions raised previously having been completed.

The Health and Safety Adviser was impressed with the clear signage and 5S principles throughout the station, everything stored and labelled easily for people to identify. Housekeeping standards had significantly improved with everything having a place and clear escape routes. It was evident that a lot of work had gone in to improve the station

Lots of the improvements made were completed without spending lots of money, such as reusing desks which had previously been in storage but were in great condition along with simple clear signage and reorganisation.

Keep up the great work.

Keeping Our People Safe

IOSH Training Highlights	
11	Trade Union Partners
52	DOMS
4	Locality Managers
8	Paramedics
5	Emergency Technicians
35	Ambulance Car Staff
6	CTL's

Complex Patients Risk Assessment Training

25 Staff

132

DSE Assessments

IOSH Managing Safely

158 staff

30 staff

Human Behaviours Risk Assessment Training

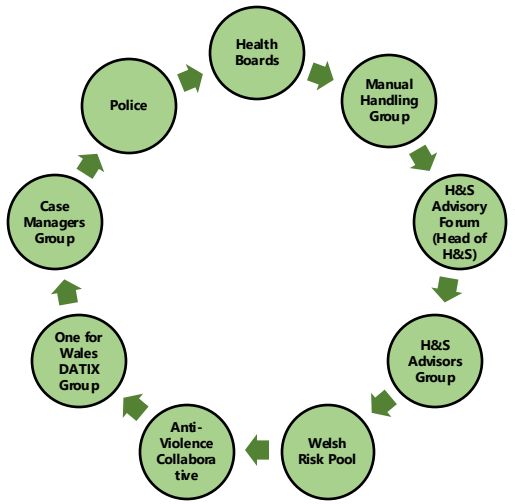
Quality Improvement

Several pieces of work have been undertaken which support the Duty Of Quality;

- 'Leading Safely Positive Conversations' training delivered to Board and ELT. This commences the Trust Behavioural Safety Programme.
- The approval of a H&S Management System Assessment Tool framed around the International Organisation for Standardisation (ISO) 45001. A baseline assessment is expected to be undertaken during Q2-Q3 2024.
- Increased Governance route's for H&S documentation;
- Terms of Reference refreshed on Partnership for National H&S Committee meetings;
- Provision support to Quality Management Group;
- Management of Change RA's undertaken to support OSKA Pressure mattress initiative and Dyson Thermal Comfort initiative;
- Welsh Risk Pool (WRP) DATIX coding groups;
- WRP Personal Injury Claims review panels;
- Road Traffic Collisions Deep-Dive - thematic review;
- Risk assessment incorporating Human Factors training for line managers commenced in Q1 2023 and has since been integrated within the IOSH Managing Safely Course.
- Creation of bite size training modules to enable handlers to undertake a suitable and sufficient investigation to assist with closure compliance rates. This is expected to be rolled out during Q4 2023;

Working in Partnership Wales & U.K.

Wales NHS Stakeholders



UK Wide Partners

Welsh Ambulance Services University NHS Trust

Sharing Good Practice -Internationally

The Institute of Safety & Health the Trusts Working Safely Programme was recognised by the professional Health & Safety accrediting body IOSH in January 2024 by the publishing of a 4-page article in its January edition.

The article was termed ‘Saving the Life-Savers’ and was promoted on IOSH website and several other media platforms.

IOSH membership consist of 50,000 members spread over 130 countries.

Since the publication, the Trust has received several enquiries from other organisations enquiring around the methodology used in the change programme framework.

Subsequently the Trust’s CEO was asked to provide a personnel video on what safety culture means to him to be published on IOSH platforms during Q2 2024.

Saving the life savers | IOSH magazine

Raising Ambulance Sector Profile Internationally

Following the publication of the IOSH Working Safely article, the Trusts Head of H&S was headhunted to join Safety & Health Practitioner (SHP) magazine as an Editorial Board Member to raise the profile of the Ambulance Sector and NHS.

SHP (Safety & Health Practitioner) is an online magazine and is an international source for health and safety news, opinions and stories with 175K professionals within its database. It provides breaking industry news, in-depth features, in-court stories, legislation updates, and the latest industry products.

Following this the Trusts CEO was asked to provide a podcast in relation to his experience and perception of what effective Health & Safety mean to him and also the Trust. This will be released on SHP media platforms during Q2 2024.

[The SHP Editorial Board - SHP - Health and Safety News, Legislation, PPE, CPD and Resources (shponline.co.uk)]

Good Practice Support

Further support was provided by the function;

- This included advice on safety culture to Powys Health Board and also St Johns Ambulance.

- Delivery of IOSH Leading Safely and Leading Safely Behavioral Conversations to Powys Health Board members and Assistant Directors.

- Following engagement with the function, Aneurin Bevan University Health Board reconfigured the Ambulance Care drop off point providing a safer location for patients and staff (illustrated left). This point has now been secured with an automatic barrier providing safer pedestrian access.

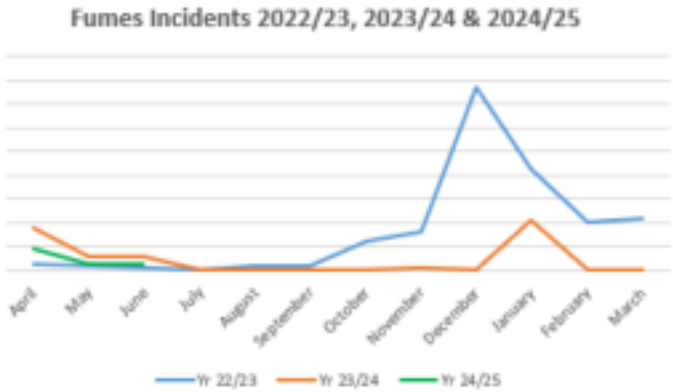
- The Trust successfully defended a civil case for acoustic shock with the claimant seeking damages of £0.5m and £120K in damages. The case was dismissed as the Court believed that the Trust had sufficient controls measures in place.

- In order to reduce manual handling injuries for patients requiring complex care, the function developed and rolled out Complex Care Risk Assessment training for Ambulance Care staff. This is already demonstrating positive signs with a reduction in manual handling injuries.

Challenges

Despite, significant resource sustained in the mitigation/management of Diesel Fume exhaust emissions (DEEE) continues to provide significant challenge.

As such, sustained focus on DEEE is impacting the teams progress against cultural change.



Interventions undertaken include;

- collecting themes and trends;
- undertaken Fume monitoring at 7 ED's;
- continued commitment to monitoring;
- established working groups with HB's;
- 16 specific risk assessments undertaken - 95% actions closed;
- additional shorelines fitted;
- consulted respiratory expert;
- development of a records retention archive;
- innovating with industry;
- 3 Filtrations systems fitted within vehicle;
- Quality & Safety Audits undertaken by Operational teams;
- H&S audits undertaken by H&S function.

- Further work is ongoing in the further mitigation of DEEE exposure with expectation of commencement in Q2 2024.

Growing the Team

Thomas Jones (H&S Advisor-Central)

"I joined WAST in October 2022, following 5 years in Local Authority as a Health And Safety Advisor and then as a Cleaning Area Manager responsible for the management of approximately 300 cleaning operatives delivering cleaning contracts across the Carmarthenshire Local Authority Area. I also have 5 years' experience within facilities management and 12 years of construction experience.
I am currently working towards the Level 6 Diploma in Occupational Health and Safety Practice as well as achieving qualifications in Change Management, Noise Assessment and Controls and HAVS since working for WAST, all of which has helped me in developing my technical and softer skills required to help support our teams across WAST in delivering a safe and healthy environment."

Hannah Davies (H&S Advisor -North)

"Having spent my entire working career within WAST, I have been able to apply my operational and training background to my current role as a H&S Advisor for the past 2 years.
Having studied and recently submitted my Level 6 NVQ in Occupational Health and Safety, I can now actively engage staff on H&S matters and help them resolve any issues they may be experiencing. "

Paul Aston Jones (H&S Advisor- South Central)

"I have been a member of WAST for just under 29 years, with 26.5 years spent operationally. I started on Outpatients -part time then onto full time- then upskilled onto what is now ACA 2 for a few years then fortunate enough to qualify to an EMT. During that time, I gained experience and qualifications with the Health & Safety Team within the Trust which has put me in excellent standing for my current role as the substantive H&S Advisor for South-Central which I have done for the past 2.5 years working within a very pro-active H&STeam. My role involves working with staff in all departments such operational and administrative and my work week consists of site visits, meeting with staff to discuss and resolve any H&S issues they may be experiencing."

Donna Jones (H&S Manager- South-East / South Central)

"I joined WAST in October 2022, following 22 years in the food manufacturing industry working in both Health and Safety and Food Safety Managerial roles.
I am currently in the second year of my MSc in Occupational Health, Safety and Wellbeing, and have also undertaken training in noise assessment and human factors in accident investigation. The training I have undertaken along with my previous industry knowledge and experience enables me to work with colleagues across WAST to help develop safer ways of working"

Conclusion

Significant progress against working safely programme.
Team fully embedded into Trust – all functions
Lot of specialised training undertaken by the function with less reliance on external providers.

Paper compliance is reassuring however , continuous improvement is required to address behaviours.

This is partially being addressed via Human factors awareness delivered to Senior Management Team and integrated within RA and thematic reviews and additionally via the roll out of Leading Safety Positive Conversations to Board members in Jan 2024.

Additionally, DEEE continued focus is impacting on H&S Function capacity to progress the Trusts IMTP 'H&S Culture Change' objective.

Operational teams are taking increased ownership and accountability for health and safety within their respective portfolios.

Raised Trust H&S profile nationally and internationally.

Moving Forward

- H&S Management System Baseline Assessment- Application of I.S.O. 45001 auditing skills
- Further improved H&S Performance Dashboard
- Health & Safety Culture Change
- Succession planning and resilience

Thank you for listening

For any questions and/or support, please contact Nicola White.

Nicola.white3@wales.nhs.uk

WELSH AMBULANCE SERVICE PARTNERSHIP TEAM (WASPT)
HIGHLIGHT REPORT

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

WASPT Meeting Date All WASPT meetings are held in person	02 May 2024
People and Culture Committee Meeting Date	15 August 2024
Chair	Jason Killens

KEY ESCALATION AND DISCUSSION POINTS

ALERT

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

1. No alerts from this meeting.

ADVISE

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

1. The new **CAS system** went live on 30 April 2024 – The CEO noted how proud he was of the team delivering a 3 year programme in less than 6 months and successfully going live with no issues. A huge achievement; recognising the commitment and discretionary effort from all involved and extending his thanks to members and those working in 111.

2. The **Welsh Health Circular: Implementation of the Non-pay Elements of the 2022-4 Collective Agreement** was shared highlighting that an onus was on WAST to provide regular updates, the first of which will be the end of May 2024.

3. Members **reflected** that whilst it had been a difficult and uncomfortable start to the meeting it had ended on a more positive position. The meeting had challenging discussions, a desire to ensure the governance is functioning properly in terms of the discipline in raising issues once, enabling colleagues to deal with them at a local level and action in a reasonable timeframe. Acknowledging the escalation routes and an appropriate enablement to bring issues to the national group where necessary.

4. **Paid Parental Leave** – It was recognised that there is not a wealth of information available in the Trust or an obvious route for managers to approve these types of requests. The Corporate Partnership Meeting will consider and develop clear guidance on this; however, it will need to be agreed on an All Wales basis in line with T&Cs and the handbook.

5. It was acknowledged that there is work to be done in the approach to **Flexible Working** across the Trust despite the adoption of the All Wales Flexible Working Policy. Next steps include comms to be issued and moving applications onto ESR. All the recommendations are being fully adopted in terms of the change in legislation and assurance will be given to Board in due course.

6. A meeting has been arranged at the end of May 2024 to discuss the consistency of **AAA reports for the Local Partnership Forums**. This will be led by Jon Sweet and overseen by the SLT/TUP meeting as part of a quality assurance exercise.

7. The People & Culture team will begin to look at a **Male Menopause Policy** for the Trust.

ASSURE

(Detail here any areas of assurance)

8. The **ACAS Action Plan** update was received with no escalations. Partnership sessions for managers and trade union partners continue to be delivered to focus on improving partnership working. There has been full engagement, and the feedback has been excellent particularly the 'walking in each other's shoes' sessions. A full evaluation will be undertaken after the last session in June whilst work continues to support the delivery of training and development needs. Targeted sessions on information sharing and EDI will be considered.

9. The **Corporate Partnership Forum** met on 02 March 2024 and members were updated on the following discussions:
   - Attendance at the meeting and emphasising the scope of the agenda to encourage participation and support the development needs of TU colleagues.
   - Further industrial injuries update: a change in process regarding requests for information was agreed and will be added to the directorate plan along with training for managers.
   - Strategic workforce planning: a progress update was presented on the plan with positive engagement reported.
   - Health and Wellbeing plan: will be published and implemented in 2024/25, with views on the plan being captured in the steering group.
   - Occupational Health: the roll out of the OPAS clinical records system is underway with good reviews.
   - Long Term Sickness: a new approach being developed to meet specific needs of colleagues off work long term. Mental Health training for Managers will support this approach.
   - EAP: Service review feedback has been generally positive and work ongoing on the suite of resources available and support options for leavers.
   - Project Framework Template: a simplified approach was presented to accompany the change management toolkits. Training is being developed to ensure consistency across the Trust.
   - Staff Survey: the results were presented including themes, trends, and comparators across health services in Wales and NHS England. Next steps to engage locally to discuss the results and deliver online workshops.

- QSPE PTR OCP: The process is nearing completion which will address the volume of cases, challenges, and pressure on the team.
- Nurse Retention: The appointment of a Trust retention lead was confirmed for the next two years which will be funded by HEIW.
- IMTP: Encouraging engagement and feedback from the CEO roadshows and WAST live. Finances, investment in teams and increasing recruitment and training a key focus noting the University Trust status and responsibilities under the Social Partnership Act.
- Service Review: Members were provided with detail on the service lines that are under review.
- Moving On: a new process was presented which will support managers to have conversations with leavers.
- Induction Checklist and Welcome Pack: new documents are being developed by the P&C team and TU involvement in inductions to was supported.
- Speaking Up Safely: Clarification was provided that the WIC platform is not an alternative or additional route to normal workforce processes.
- Parental Leave: agreement to re-publicise the Policy and ensure guidance was clear for colleagues.

10. Members discussed **Diesel Fumes** at length and agreed that a specific activity update would be provided at each meeting via the Health & Safety Committee AAA. Similarly, the **CSD HONNE** activity will be described in the SLT/TUP AAAs. The Occupational Health surveillance will be reported in due course.

RISKS

11. A deep dive on the Trust's principal **Risk 163** Maintaining Effective and Strong Trade Union Partnerships was undertaken. The score has been reduced demonstrating the ongoing partnership sessions and continued discussions on challenging issues. The risk includes the mitigations, controls and actions that provide assurance. New actions will be worked on in relation to responding to the ACAS programme; however, it was recognised that whilst this is a dynamic risk it is being managed effectively.

12. It was accepted that there is still work to do in relation to early engagement with TUP colleagues, the timing of when it is appropriate for them to be involved in discussions, and what constitutes core business. Acknowledging the dynamic nature of relationships and the ability of TUPs to challenge.

13. No new risks were identified.

COMMITTEE AGENDA FOR MEETING		
Risk 163 Maintaining Effective and Strong Trade Union Partnerships	ACAS Actions Update	Corporate Forum AAA Report

COMMITTEE ATTENDANCE					
Name	**02 May 2024**	**09 July 2024**	**25th September 2024**	**TBC**	**TBC**
Joint Chairs					
Jason Killens	Chair				
Mark Marsden (Unison)					
Management Representatives					
Angela Lewis					
Lee Brooks					
Rachel Marsh					
Chris Turley					
Andy Swinburn					
Estelle Hitchon					
Trish Mills	Julie Boalch				
Trade Union Representatives					
Unite representative	TBC				
Unite representative	Hugh Parry				
Unite representative	Christian Fox				
GMB representative	TBC				
GMB representative	Maldwyn Jones				
GMB representative	Marcus Viggers				
Unison representative	Henry Garrard				
Unison representative	Bethan Williams				
Unison representative	Damon Turner				
RCN representative					
RCN representative					
RCN representative					

	Attended
	Deputy attended
	Apologies received
	No longer member/Not member

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

STRATEGIC WORKFORCE PLAN

MEETING	People and Culture Committee
DATE	30 August 2024
EXECUTIVE	Angela Lewis, Director of People & Culture
AUTHOR	Jo Kelso, Head of Workforce Education & Development
CONTACT	Jo.kelso@wales.nhs.uk

EXECUTIVE SUMMARY

1. Our People & Culture Plan and Integrated Medium Term Plan (IMTP) – 2024-2027 reference production of a Strategic Workforce Plan (SWFP) for WAST. This Plan will align to several existing plans and provide an overarching summary of our workforce as it is today, how it could look in coming years and the external environmental forces impacting upon it.

2. **RECOMMENDATIONS:** PCC is asked to:
   DISCUSS the Strategic Workforce Plan

   ENDORSE the Strategic Workforce Plan

   NOTE the workforce risks highlighted in the Plan

KEY ISSUES/IMPLICATIONS

Failure to produce a SFWP in line with 2024/25 IMTP deliverables

REPORT APPROVAL ROUTE

People & Culture Business Meeting 23.07.2024
Executive Leadership Team Meeting 24.07.2024
People & Culture Committee 30.08.2024
Trust Board 29.11.2024

REPORT APPENDICES

Appendix 1: SBAR
Appendix 2: Strategic Workforce 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)	Y	Financial Implications	Y
Environmental/Sustainability	Y	Legal Implications	Y
Estate	Y	Patient Safety/Safeguarding	Y
Ethical Matters	Y	Risks (Inc. Reputational)	Y
Health Improvement	Y	Socio Economic Duty	Y
Health and Safety	Y	TU Partner Consultation	Y

Appendix 1: SBAR
SITUATION

1. The Strategic Workforce Plan (SWFP) has been developed over the past 6 months in conjunction with Trust wide managers and TU representatives. The aim is to map the workforce changes over the next 5-6 years that will be required to meet Delivering Excellence: Our Vision for 2030 and the IMTP 2024-2027. This Plan aligns with the objectives outlined in these strategies, and also considers how it interlinks specifically with the People and Culture Plan 2023-2026.

BACKGROUND

2. The Workforce Transformation and Planning team has responsibility for developing a Strategic Workforce Plan that meets the needs of the organisation for the next planning period. The Plan has been developed with support from managers across WAST through formal and informal meetings, workshops and 1-2-1 consultations.

3. The Plan has had 3 iterations in the design stage, and this final version has been carefully designed with the publication to the public audience in mind. Therefore, specific data has been minimised as much of it is already available in other sources, specifically the current IMTP.

4. The Plan has aimed to focus on the key workforce related objectives that will assist us ensure we have 'the right people in the right place at the right time', enabling IMTP and Delivering Excellence objectives to be met by our current and future workforce.

5. A Strategic Workforce Plan is a 'live' document that requires monitoring and review. This Plan will be kept under scrutiny and amended as required through our unique Integrated Technical Planning Group (ITPG). The Group regularly reports to the Strategic Planning Programme Board, and this Plan will be included in that review process.

ASSESSMENT

6. With the host of strategies and inter-related strategic objectives central to realising the Trust's ambitions, it is important to consider how the workforce fits into delivery plans. The SWFP aims to provide enough information to demonstrate how the workforce is currently configured, how future composition will change to meet future delivery requirements and how we need to enable local workforce planning using intelligence and live data to make better decisions.

7. The future workforce will need to be resilient, sustainable, and provide value for money. Welsh Government financial planning with WAST provides constraints to how we plan for our future. Our changing workforce requirements must be considered over the longer term due to the shift to a more significant requirement for new skills across all roles, and the specialisation of roles as we navigate an evolving operational model.

8. We are also experiencing change in how and where we work. For some, remote working has redefined the experience of work, but for others technological changes to how we work are how we deliver services will have significant impact on existing and new roles.

9. The SWFP has identified the following objectives:

    a. Developing the employees, managers and leaders of the future (Workforce Plan Objective)
    b. Re-shaping the workforce for the future (developing new roles, new ways of working etc.)
    c. Recruitment and retention processes for the future (Workforce Plan Objective)
    d. Improving our people's workplace experience (People and Culture Plan Objective)

10. The SWFP has identified the following workforce related risks:
    a. Reduction in school leavers
    b. Increasing age of current workforce
    c. Reduced stay (length of service) in role in WAST
    d. Unclear career pathways (non-Paramedic roles)

11. The Wales Audit Office (WAO) review of our workforce planning activities undertaken during Summer 2023 provided us with 6 recommendations for improvement. We have taken the appropriate steps to ensure that these improvements have been implemented.

12. The team has undertaken an Integrated Equality Impact Assessment (IEIA) as part of the process for developing this Plan.

RECOMMENDATIONS: PCC is asked to:

i. **DISCUSS** the Strategic Workforce Plan
ii. **ENDORSE** the Strategic Workforce Plan
iii. **NOTE** the workforce risks highlighted in the Plan

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

OUR STRATEGIC WORKFORCE PLAN

2024-2030

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A word from the Chair and Chief Executive

JASON KILLENS
CHIEF EXECUTIVE

COLIN DENNIS
CHAIR

Welsh Government (WG), through legislation and policy, have demonstrated a strong commitment to creating a high-quality health and social care system for its citizens.

The Wellbeing of Future Generations Act promotes sustainable development and sets seven wellbeing objectives for Wales. It urges public bodies to adopt an integrated and long-term approach to prevent problems and enhance the overall wellbeing of our communities. A Healthier Wales published in 2018, is a long-term strategy and plan to enhance the health and welfare of the people of Wales, whilst the Six Goals for Urgent and Emergency Care provides the framework to ensure that patients get the right care, in the right place, first time. These strategies have been pivotal to the development of our WAST Strategic Workforce Plan.

WAST, like other healthcare organisations, faces a myriad of workforce challenges that demand strategic attention and innovative solutions. From recruitment and retention difficulties to the strain of high-pressure work environments, the Trust contends with workforce complexities such as competitive job markets, shortages in key clinical roles, particularly nurses, and retention issues, such as in our requirement for specialist call handlers. These factors, and others, contribute to our workforce challenges.

We know that if we continue to deliver services based on our traditional model and current demand persists, the workforce required to service it is unsustainable. To ensure we maximise our effectiveness, both in value and safety for the patients of Wales, we must change the way we work, and how we deliver services.

A word from the Vice-Chair and Director of People & Culture

The People and Culture Plan for 2023-26 supports our organisational strategic ambitions which will have a focus on our workforce 3Cs: Culture, Capacity and Capability, which provide the basis for the objectives and plans for our people. It is a dynamic, iterative document, closely monitored alongside 'live' workforce data so that we can anticipate potential future workforce imbalances between supply and demand, ensuring the Trust is able to respond effectively to a changing landscape. This plan provides the cultural framework for the Strategic Workforce Plan with capability and capacity cited as critical factors to consider as key to developing the desired culture in WAST.

The Strategic Workforce Plan is designed to integrate seamlessly with the People and Culture Plan. The transformation from the traditional conveyancing model to the 'Remote Integrated Care Service' will be complex and therefore a clear plan of how we are going to get there is essential. The link between our strategies and plans is the composition of the current and future workforce, as well as the capacity and capability that is needed to deliver the services now and in future.

Our workforce changes do not happen in isolation. In addition to our own plans and strategies there are several external plans and strategies that have an impact on what we plan to do. We must consider what other organisations are doing to plan for the future and we must be aware of the Wales' demographic makeup now, and where it is likely to be in future.

SIGNATURES

Introduction

The purpose of this Strategic Workforce Plan is to outline the pathway to delivering the workforce required to realise the Trust's strategic ambitions and deliver effective, efficient, quality patient care.

Workforce Planning in WAST is supported by use of the NHS recognised methodology; setting out an approach that delivers achievable, realistic mapping to securing a workforce that is available in the right place, at the right time with the right skills.
Our approach and this document follow the methodology as captured in the diagram opposite.

1. purpose and scope
   - how our plan aligns with internal and external drivers and enables delivery of our People & Culture ambitions
2. mapping our change
   - setting out the workforce needs for our evolving delivery model
3. defining the required workforce
   - what influences future workforce needs
4. our workforce today - composition
   - key metrics - rich seams and blind spots
5. call to action - the Plan
   - what we need to do over the next 2, 4 & 6 years
6. Monitoring and review - continuous improvement
   - planned. sustainable. responsive.

The Plan has been assessed under the IEIA policy.

The next page summarises our key highlights - following sections contain the detail

Population and Demand Projections

What do we know about future demand for our services?

- Population increase by 9.9% by 2036
- Increase in long term conditions
- People aged 85+ increasing by 127%
- More diversity and complexity
- People aged <16 decreasing by 8.1%
- Obesity more prevalent
- Frailty more prevalent
- Mental health demand increasing
- 45% of adults 75+ will be living with 2 or more long term illnesses

Strategic Drivers

What national policy and strategy drivers are relevant?

- A Healthier Wales: Our Workforce Strategy for Health and Social Care (2020)
- The National Workforce Implementation Plan (2023)
- More than just words (2023)
- Health and Social Care (Quality & Engagement) Act (2020)
- Wellbeing of Future Generations Act (2015)
- Six Goals for Urgent and Emergency Care
- Clinical Supervision: A Framework for UK Ambulance Services 2021
- Welsh Health Circular: Nursing Preceptorship & Restorative Clinical Supervision
- Health Education & Improvement Wales (HEIW) Continuous Professional Development (CPD) strategy for the NHS Wales healthcare workforce
- Social Partnership and Public Procurement Act (2023)

Organisational Goals

What is our organisational vision for future services?

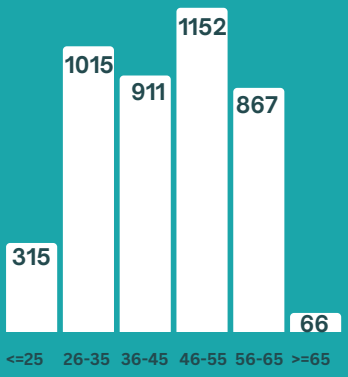
- Remote Integrated Care Service
- Connected Support Cymru
- Transport and Discharge Service
- Urgent On-Scene Community Response
- Holistic and integrated approach
- Remote Clinical Assessment Service
- Flexible working opportunities
- Advanced Practice
- Falls Service ambitions
- Robust leadership framework

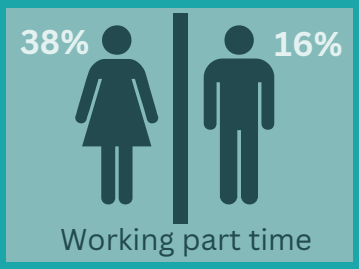
Current Workforce Supply

What is our current workforce composition?

Length of Service

<=5 yrs || >5 yrs





Projected retirements by 2030

Additional Clinical Services	35%
Admin & Clerical	26%
Allied Health Professional	19%
Estates & Ancillary	56%
Nursing & Midwifery	53%

Future Supply Requirements

What workforce and skills do we need to meet these demands?

- Volunteer to Career pathways - building on prior experience; enriching our communities
- Multi-disciplinary workforce of professions; clinical and non-clinical, providing the system with 'Trusted Assessors'
- Stable workforce in career long, flexible and satisfying role rewarding working at the top of their scope of practice
- Digitally Literate, confident, patient centred and able to support patients increasingly using wearable technology to manage long term conditions
- Maturing understanding of our contribution to reducing Health Inequalities

2024 - 2026
Evolving Clinical Model - Rapid Clinical Screening, RICS, Pathways, Navigator, Mental Health, retention, apprenticeships, job design & re-design - rotational models inside and outside WAST

2026 - 2028
Evolved Clinical Model, system acceptance, 'Trusted Assessor' Implement re-designed roles, broaden multi-professional teams, Advanced Clinical Practice across Nursing and AHPs

2028 - 2030
Population need, evidence based, quality driven services
Careers spanning various WAST services, capitalising on our increasingly integrated systems
Borderless contracts across Health, Social Care, 3rd Sector

Bridging the Gap

How will we bridge the gap between current and future workforce supply?

- Working with Further Education sector to develop routes into WAST
- Re-designing current roles and provide education opportunities to re-skill, up-skill, co-skill
- Providing more opportunities to develop future skills in current roles
- Ensuring how we want to be perceived reflects how we are perceived
- Forging new partnerships across the Health, Social Care and Third Sectors
- Taking control of our own destiny by investing our financial settlements in new ways

See Appendix 1 - Welsh Government 'NHS in 10 years' summary; data sources - ESR, HEIW Observatory, PHW, ONS

1. Defining the Plan - Purpose & Scope

This plan covers a period of 6 years, complementing Delivering Excellence, Our Vision for 2030. These 6 years will be referred to in this document as covering the first years (2024-2026) the middle years (2026-2028) and future years (2028/3030).

With confirmation of a change of government in Westminster we have entered a period where our political environment mirrors Welsh Government and our devolved NHS in Wales. A political environment with a mandate founded on commitment to lifelong learning and provision of a skilled workforce and grounded in meaningful social partnership supporting co-production. Whilst we cannot predict the specific fiscal environment we will experience over this plan, we can make some assumptions.

We believe the next 2 years will attract flat growth for Ambulance Care, limited growth for our Emergency Medical Services (EMS), aimed toward our Cymru High Acuity Response Unit (CHARU) service and Advanced Practice. Our most recent Demand & Capacity (D&C) Review indicates modest growth for our EMS Coordination Allocators, which supports our emerging clinical delivery model with an increase in remote clinical care, reduction of conveyance and increased activity relating to falls.

We also must assume that handover will remain higher than we would like given the challenges experienced across the system. This compels us to fund the changes we require in our service by *reconfiguring existing resources*; enabling us to ensure our workforce modelling maximises the levers in our control to maintain and improve levels of handover.

Our People & Culture plan identifies all of our people as our workforce, whether they be working in our Ambulance Care, Volunteer Car Service, Emergency Medical Services, Integrated Care, Community First Response, Community Welfare Response or one of our many professional Corporate functions; this **Strategic Workforce Plan includes all in its scope.**

Aspirations for the future

STRATEGIC WORKFORCE PLAN

As a key part of the foundational economy, we play a role across our communities that goes wider that providing quality patient care; we are the lifeblood of our communities and commit to providing rich and meaningful work for the people of Wales. We hold University Status and have an obligation to fulfil the promise and expectation that brings. We believe in democratised opportunity across all of our workforce and so our People Development Plan will be crafted to support this Strategic Workforce Plan - enabling individuals to visualise how their career maps out inside the Trust and empowers them with the skills, competencies and confidence to contribute professionally to the whole of the NHS and wider, to our Public Service.

We will take a grassroots approach to fulfilling regional skills and workforce gaps, most acutely felt in our rural areas. In turn, this sees us invest in the people who will serve their own communities, providing meaningful opportunities and realistic prospects to rural populations. Providing the Trust with a ready workforce for the future means investing in initiatives to engage our youngest volunteers now..

In the Early Years, we will be observing our Clinical Delivery model evolve to see how roles are changing. We will start to re-design roles that match our how we provide care and develop our peoples skills to confidently and competently perform. We will work with the wider system to gain acceptance of our Trusted Assessors and co-produce further system wide improvements that benefit patients across Health, Care and Third Sectors

The Middle Years see us implementing these new and re-designed roles. We know a spirit of innovation is required as we try various concepts out; implement what works and learn from our failures. We will build on the trust that we have built through our confident delivery of improved and more efficient patient experience as we reduce our reliance on conveyance and mature our approach to remote and community based delivery.

Future Years hold the potential of having a much altered experience of work in WAST. We envisage frictionless rotational borders across Health, Care and Third Sector partners; shared contracts that help address shortfalls in Primary, Secondary and Urgent Care; careers that span different organisations with road-based clinicians working with Health Boards, Nurses in the Trust, Corporate role mobility to develop and share best practice for the benefit of all, digital solutions that change the way patients engage and receive care and multi-professional teams working at the top of their Scopes of Practice - realising the compound effect of our combined efforts.

2024 - 2026

Early stages of our new Clinical Delivery Model.
Design and re-design roles
Stakeholder influence & Trusted Assessor acceptance

2026 - 2028

New and re-designed roles implementation
Test & prove concepts
Build on Trusted Assessor success

2028 - 2030

Multi-professional teams across org boundaries
Population Health driven demand & Supply

Strategic Drivers

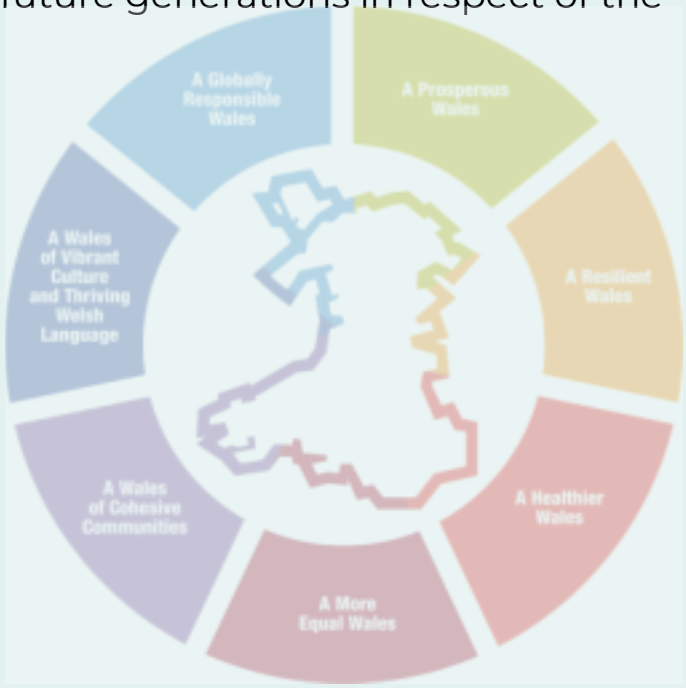
STRATEGIC WORKFORCE PLAN

As a named NHS Wales organisation under the Wellbeing of Future Generations Act (2015), we ensure our policies, strategies and plans are consistent with the Wellbeing Goals and the Five Ways of Working.

A key driver for us at the time of publication is the Social Partnership and Public Procurement (Wales) Act (2023). The Act *'provides a framework to promote the well-being of the people of Wales by enhancing sustainable development (including by improving public services) through social partnership working, promoting fair work and socially responsible procurement'* (Source: Law.gov.wales)

We also continue to focus on our commitment to the Welsh Language (Wales) Measure (2011) and compliance with the Welsh Language Standards, taking a step forward in employing internal Welsh translation to support our operational and corporate teams.

We are committed to our responsibilities to future generations in respect of the Environment Wales Act (2016).



Our plan takes account of many other legislative, policy, strategic and financial drivers, including:

- Duty of Quality
- Duty of Candour
- Socio-Economic Duty
- Strategic Equality Plan
- The Race Equality Plan for Wales
- More than Just Words Action Plan
- The National Integrated Workforce Plan
- A Healthier Wales
- The NHS Long Term Workforce Plan England

These policies have been pivotal to the development of our Strategic Workforce Plan. The Wellbeing of Future Generations Act (2015) promotes sustainable development and sets seven wellbeing objectives for Wales. It urges public bodies to adopt an integrated and long-term approach to prevent problems and enhance the community's overall wellbeing and provides a foundation for our plan.

See Appendix 2 for more detail.

Stakeholder Engagement

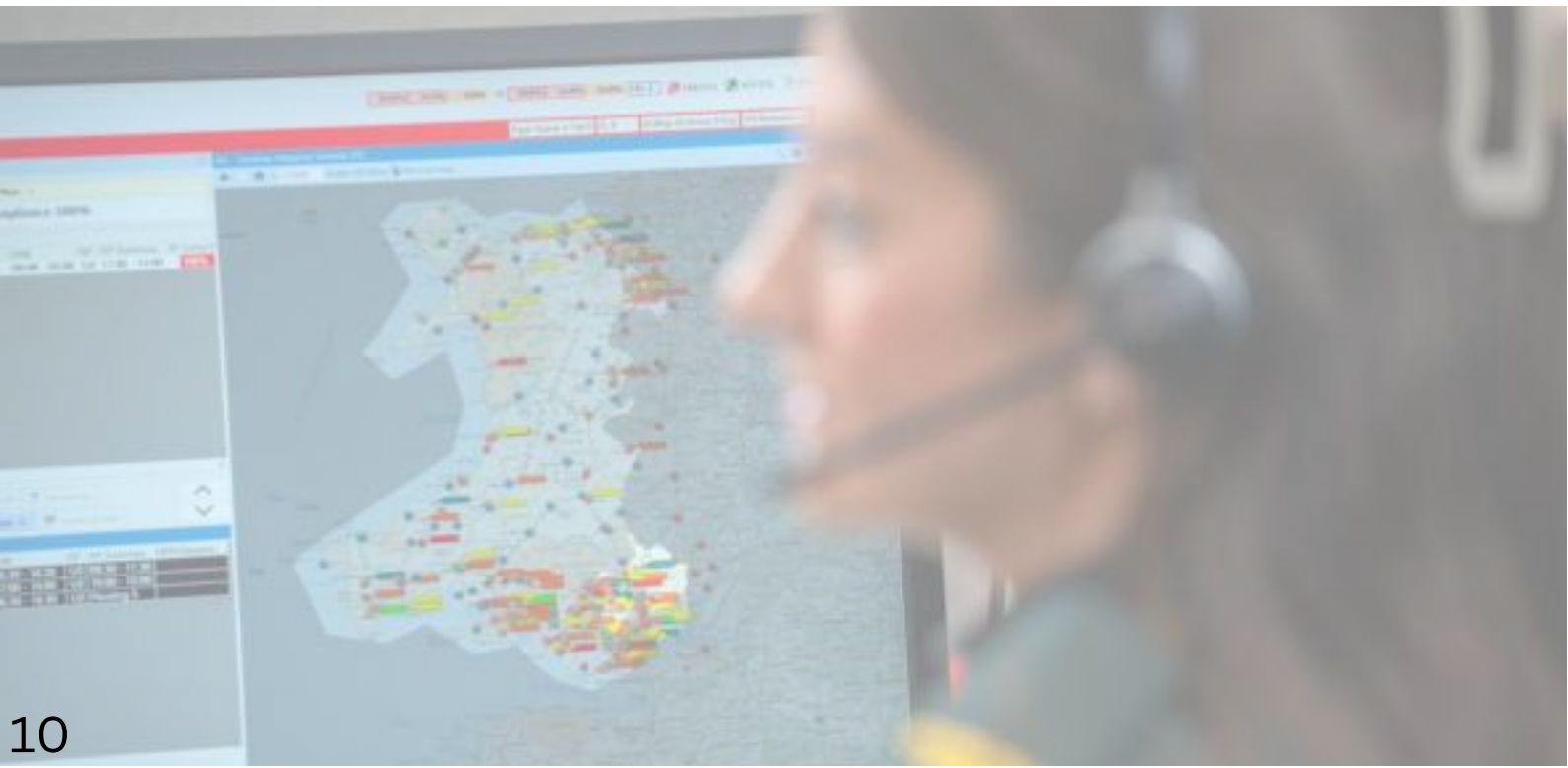
STRATEGIC WORKFORCE PLAN

In WAST we have strong partnership working arrangements with our Trades Union representatives, internal and external partners including Health Boards and Welsh Government. This commitment to systems and partnership working aids effective positive change around our workforce and has been crucial in the development of this plan.

We have collected and included a diverse range of views from our stakeholders by holding several events which included:

- A range of 1:1s and focus group meetings
- Discussions from team and board meetings
- Input from surveys
- Workshops
- Outputs from key strategic meetings
- Input from our patients and volunteer teams
- Discussions with our Commissioners and other key external stakeholders

To accurately understand the current position, we invited a cross-section of colleagues to several workshops. We plotted our critical posts and developed a skills inventory. To define the external environment we operate in, we carried out PESTLE analyses and developed these findings further by working on focused SWOT analysis for key areas of the organisation. From these activities we developed a picture of where we are and where there is potential for change, innovation and future growth. A summary of this work is available in Appendix 3.



Strategic Workforce Plan Objectives

One of the key elements of this plan is the work we have undertaken to align to the overarching Wales, Six Goals for Urgent and Emergency Care, WAST Delivering Excellence: Our Vision for 2030, Integrated Medium Term Plan, People & Culture Plan and our forthcoming People Development Plan. Our People & Culture Rich Picture illustrates our desired future state as found in Appendix 4.

The IMTP 2024-2027 has a detailed account of our strategic objectives and how our current services are configured, with outlined plans for workforce changes being planned to meet future demand. The Strategic Workforce Plan seeks to take the wider view and set the context for where we are and where we need to be by 2030.

As the review of the current workforce data undertaken to develop this plan demonstrates, there are several priorities for leaders and managers to consider. We have aligned this plan to the IMTP and other WAST strategies. The following themes / strategic objectives have been highlighted as a result of the stakeholder engagement work undertaken to develop this Plan.

1. Developing the employees, managers and leaders of the future (Workforce Plan Objective)

2. Re-shaping and enhancing the workforce for the future (IMTP objective)

STRATEGIC WORKFORCE PLAN OJBECTIVES

4. Improving our people's workplace experience (People and Culture Plan Objective)

3. Recruitment and retention processes fit for the future (Workforce Plan Objective)

Strategic Workforce Plan Equality Objectives

Workforce Equality Objective	Strategic Workforce Plan Objective
We will continue to celebrate and promote the diversity of all our people, to ensure they feel safe, valued and respected at work.	1. Developing the employees, managers and leaders of the future
We will take action to maximise health opportunities and strengthen the voice of all citizens and staff to ensure the people who use our services have equity of access and improved experience with access to services that are sensitive to the needs of all.	2. Re-shaping and enhancing the workforce for the future
We will take action to increase awareness and tackle key equalities issues that may arise from a person's 'protected characteristics' to ensure our services, our culture and our people understand and are responsive to the needs of all.	3. Recruitment and retention processes fit for the future
We will take positive action to increase representation and create a positive experience of work for individuals from diverse backgrounds, cultures and identities to ensure the Trust is seen as a great place to work, volunteer, develop, and grow for all.	4. Improving our people's workplace experience

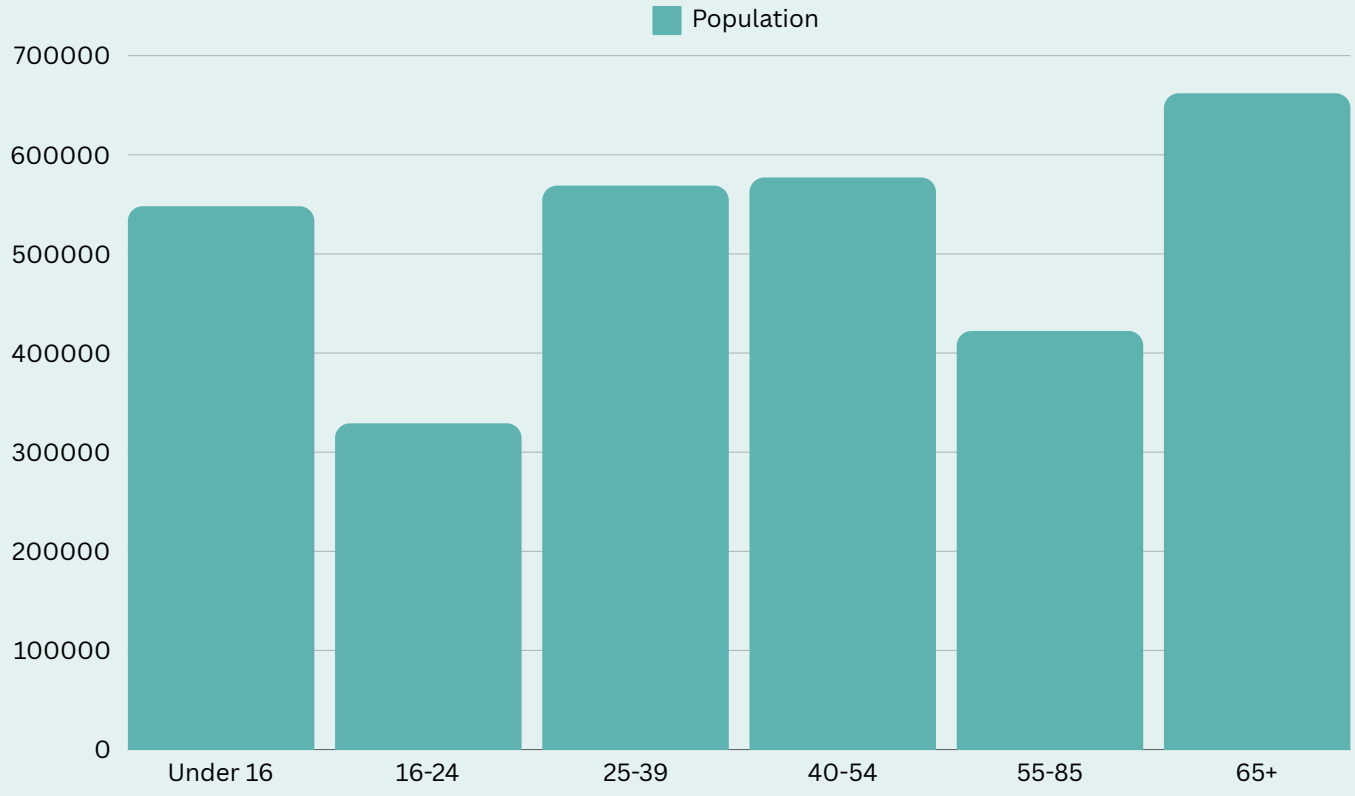
As part of developing this plan we have aligned equality and workforce plan objectives demonstrating an integrated approach.

Defining the Plan - Wales 2021 Census Update

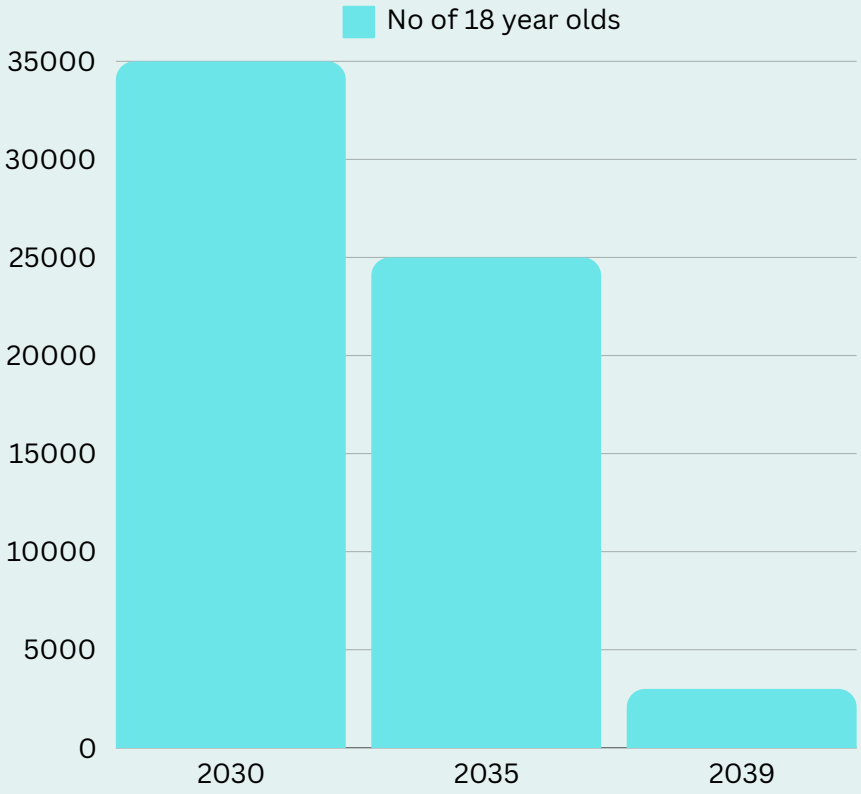
The Census 2021 data tells us that we have a population that is aging, and this is reflected in the aging working population across Wales. The reducing numbers of younger people in Wales is a potential future problem for all employers, WAST included.The economically inactive population in Wales which indicates high levels of long-term health conditions, the increasing economic deprivation and the associated higher levels of poor general health increase the need to access health and social care services.The following tables highlight these issues.

The under 16 population is currently showing as fairly healthy but this group will be in their late 20s by the time we reach 2039. As shown in the population change projection chart, the picture for the next 15 years shows that there will be a significant increase in numbers for our older population, and a freefall for lower age groups.

Population of Wales by Age group Census 2021

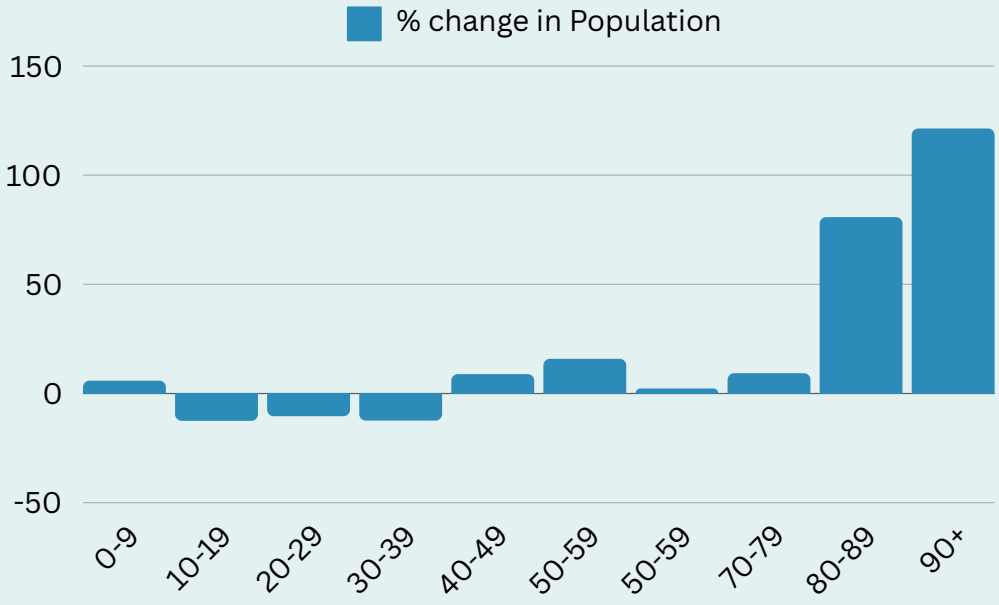


Projections for 18 year old population in Wales



Of greatest concern is the projections for the numbers of 18 year olds who will be available to work over the next 15 years. The 2021 Census shows that there has been a decrease in 16-17 year olds of 9.8% since 2011, and a decrease of 12.5% in the numbers of 18-24 year olds. Over time it is projected that there will be a significant reduction in available 'school leavers' by 2040.

Projected % in population Age Groups (Wales) by 2050



Our employed workforce age profile is segmented as follows:

- 22% are over 55
- 36% are over 50
- 40% are aged between 41 and 55
- 21% are under 30
- 7% are under 25

We will need to focus on who and how we recruit our future workforce with age profile and our working age population in mind.

Our socio-economic challenges

The socio-economic challenges that we face here in Wales are significant. A snapshot of the economically active and inactive workforce across some of our health boards demonstrates the size of the potential problem:

The issues WAST has regarding rurality correlate with the Census data shown in the table below. *Our most rural region covers most of mid Wales*. However, Wales overall has a high level of economic inactivity of the working age population, and this is the driver for future health strategies of Welsh Government. WAST will be playing a key role in how we adapt our services and workforce.

This is a key influencing factor and it will have implications for how we deliver our services going forward.

Wales' working age population - Census 2021

Characteristic	Measure	Area Low	Low	WALES	High	Area High
Economic activity	in employment	Swansea Bay HB	42%	44%	46.4%	Powys THB
Economic Inactivity	Inactive	Cardiff and Vale HB	34%	35.8%	38.2%	Hywel Dda HB
Economic Inactivity	Long term sick	Powys THB	3.6%	4.9%	6.1%	Cwm Taf BM HB

2. Mapping our change

A significant proportion of our demand is for patients who have an urgent or lower acuity health need, presenting either through a 999 call or via the 111 system. For these patients, irrespective of how they have accessed our services we need to work with our partners to create an integrated 24/7 urgent response service which is bespoke, i.e. meeting patient's individual needs closer to home. This service includes:

- a **Remote Integrated Care Service** where our existing NHS 111 and 999 clinical teams will come together, working closely with health board remote clinical hubs and developing mechanisms to support their clinical decision making, including access to real time observations through Connected Support Cymru;
- an **Urgent Community Response** service providing face-to-face assessment and treatment.

We already provide a range of responses, such as advanced practitioners, falls services, mental health response and palliative care paramedics, and we want to work with health boards to grow and integrate these with their own community response services. Key to the success of these teams will be developing access to *community pathways*.

Our Ambulance Care patient transport service will also have a greater role in the future in supporting flow across the system, whether that is through flexible discharge services, dedicated and responsive inter-hospital transfer schemes or an 'on the day' planned health transport service accessible to HCPs or our own clinicians.

This Strategic Workforce Plan focuses on the challenges we will face that are relevant to ensuring we have the right people, in the right place, at the right time, at the right cost when they are needed. Looking into the future requires us to think differently. It also requires us to focus on the evidence that is available to us to make good decisions regarding changes we need to make over this next planning period on behalf of our patients and communities.

3. Defining the Future Workforce

What influences future workforce needs and composition?

STRATEGIC WORKFORCE PLAN

Our Current workforce

We are currently undergoing significant change across the organisation in order to modernise our services and improve outcomes for patients and staff. We have a workforce that is highly skilled and committed to service Wales to the best of our ability. A review of our workforce profile indicates that we have rich seams but also some blind spots that need to be addressed.

Collaborative efforts between the Trust and commissioners are vital for optimising service delivery across 111, EMS, EMSC and NEPTS. By utilising data evidence and fostering strategic partnerships with Unions, Health Boards and others, we will continue to strive to deliver a resilient and responsive healthcare system that meets the diverse needs of the community.

Investment in clinical skills, particularly in advanced practice, remains a priority for the Trust, ensuring the delivery of high-quality care. Our operations services comprise 89% of our workforce and we have therefore identified a gap in support staff necessitating a focus on bolstering support services across our corporate functions to complement our frontline operations effectively.

Recent workforce assessments highlighted team working as a prominent soft skill within our workforce, closely followed by flexibility and adaptability. However, there is room for improvement in Welsh language proficiency and stakeholder relations skills across various staff groups. We are dedicated to enhancing diversity, equality, and inclusion across the organisation, increasingly reflecting the communities we serve.

As we prepare for the future of work, prioritising the upskilling, cross-skilling and reskilling needs of our existing and future workforce will assist with ensuring our team is ready to tackle challenges and maintain high health care and patient experience standards.

Future workforce

STRATEGIC WORKFORCE PLAN OBJECTIVES

Developing our employees, managers and leaders

In the next 5 years, our vision is to establish a culture of leadership that is rooted in 'OUR Best' behaviours and values ('OUR WAST Way'). We envisage a future where employee, management and leadership development at WAST is both personalised and inclusive, recognising the unique strengths and growth areas of each leader and potential leaders of the future. As a University Trust it is incumbent upon us to maximise local learning and development opportunities for our employees.

Reshaping the workforce for the future

We are transforming our services by reducing our traditional role of taking patients to hospital. We are increasing the role of remote assessment and providing expert advice to patients, developing fast track pathways to care, and delivering more 'see and treat' at home. This requires a detailed plan of how we intend to reshape the future workforce to meet demand and emerging needs that require new ways of working.

Recruitment and Retention fit for the future

WAST offers uniquely specialised roles across the organisation, including clinical and professional roles that provide critical behind-the-scenes work that includes clinical and research opportunities. We will develop new roles and career pathways to ensure we have the right skills in the right place at the right time to meet demand and deliver our services.

Improving Our People's Workplace Experience

The key to delivering the best patient care is focusing on the needs of our people. We are actively listening, learning and ensuring we take action to address some of the biggest issues that are impacting on the daily lived experience of our colleagues. Acknowledging the cultural issues that have come to light in the wider emergency service sector, we are continuing work to build a safe, positive culture with an emphasis on wellbeing, support and development, where we can bring 'our best' selves to work.

Future Supply Requirements

Attraction

Our workforce supply comes from 5 main sources:

- WAST career pathways
- graduates from education and training programmes
- volunteers moving to careers
- evolved roles based on experience
- those seeking relocation opportunities across Wales

Education

Investing in a range of pathways and experiences:

- Work Based Learning - Apprenticeships, regulated qualifications, routes to registration
- undergraduate to registration
- post graduate programmes
- inter-professional and cross profession programmes for a multi-discipline rich talent pool and pipeline

Role Redesign

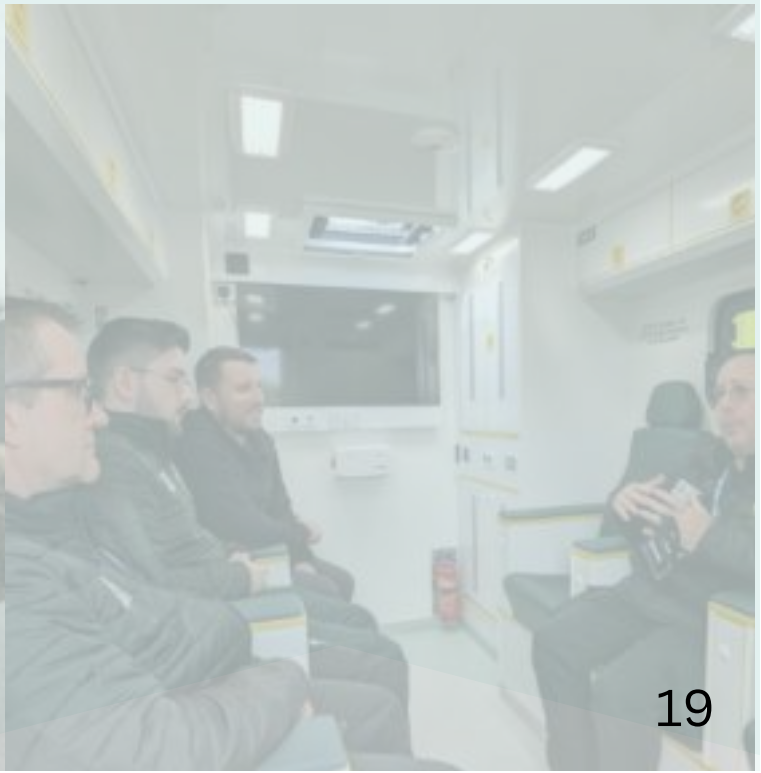
Ensuring our roles meet patient, service and system needs:

- rotational models within WAST
- shared contracts across NHS & Social Care Wales
- Advanced and Consultant Practice - single and multi-profession
- portfolio careers

Retention

Ensuring our offer and opportunities meet colleagues career spanning needs:

- enhancing job satisfaction
- flexible working arrangements - annualised hours, shared contracts, rotation - across the NHS - on and off the road for all registrants
- professional development and equitable recognition
- career progression opportunities within the communities we serve



Future Roles and ways of working

Remote Clinical Assessment

Calls will be transferred to our remote clinical assessment team from clinicians in EMSC. They will contact the patient via telephone or video call, undertake an assessment and determine the most appropriate response, which may include advice on self-care, signposting to alternative pathways, advising alternative transport, or dispatching a range of our clinicians for an on-scene assessment. Additional capacity has already been planned for 2024/25 and is being integrated into the workforce over the summer.

Advanced Paramedic Practitioners (APPs)

We are planning to increase our APP workforce year on year for the next 3 years. This segment of the workforce will be deployed within the Trust, directly providing clinical care for patients with urgent care needs and may also be embedded in health board services. We therefore need to be aware that we will continue to be a future recruitment source for other areas of NHS Wales, and potentially beyond our borders.

Paramedic and EMT:

We continually review the requirements for these roles and undertake annual recruitment campaigns. As a Trust we are looking to diversify the routes to these roles.

Cymru High Acuity Response Unit - CHARU:

We will continue to recruit to the CHARU service, with focused recruitment into rural areas and action taken to adapt the model to maximise the best outcomes for patients.

Future Roles and ways of working

Organisational Support:

We are planning to consolidate support for the Recruitment and Education Centre of Excellence functions to maintain capacity at commissioned levels, whilst smoothing the balance of the available workforce between urban and rural areas. We acknowledge the invaluable role played by our Corporate functions and all those who work within them to ensure our frontline services are able to operate effectively and efficiently; our People & Culture Rich Picture, this plan and our enabling People Development Plan centre on identifying how to grow and develop our job families and ensure they flourish in a professional environment with clear career pathways and active support to engage in personal and professional development across the whole Trust.

Volunteers - Community Welfare Responders:

The development of this role is part of the broader Connected Support Cymru programme, which is at the heart of our enhanced volunteering programme. We will also develop a function-based model across the volunteer management team to support the increasing numbers of our Community First Responders and Volunteer Car Drivers.

New Ways of Working

It may seem too difficult a task to implement new terms and conditions to an Ambulance Service. However, consideration of 'term time working', annualised hours, new shift patterns that support part time and flexible working patterns should not be placed in the 'too difficult' box. WAST will be considering how we can improve the way we work to help our employees get the most out of work, and this should include options to change how we set up the environment for *how* we work. As delivery during COVID demonstrated, we can respond to changing circumstances swiftly and innovatively, when necessary - working from home was embraced more readily than anyone expected.

4. Our workforce today

Our operations services comprise 89% of our workforce and we have therefore found that there is a potential gap in support staff. We have recently undertaken staffing level reviews of support services to identify whether there are any areas where additional resources are needed to meet the changing needs of the organisation.

Our Admin and Support Services Review of 2023 has shown us that this key sector of our workforce are eager to contribute and hungry to develop. Between December 2023 and December 2025, we have an ambitious Admin Review Delivery Programme where we work on resolving the recommendations stated in our review. We are making steady progress as we deliver our various workstreams; powered on by co-production of many of the improvements alongside staff within our Admin and Clerical community. Career pathways and progression opportunities are the top priority for our administrative backbone along with skill development that keeps them at the forefront of best practice and so Apprenticeship routes will be designed to meet the needs of this function within the Trust and realise the ambitions of this professional job family.

Many of our Corporate roles have well established relationships with their various institutes, some examples include our FinCoR Directorate affiliation as an ACCA Approved Employer scheme, our dual registrant Education workforce, our many CIPD qualified People & Culture colleagues - we want this professional standing for everyone in the Trust and see this Strategic Workforce Plan and our enabling People Development Plan as catalysts to deliver this.

WAST Volunteer Strategy

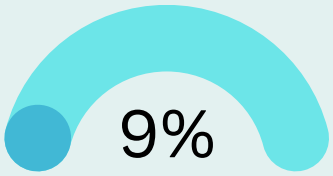
WAST recognises the vital contribution the volunteers make to the delivery of our services to our communities across Wales. In 2024/2025 we will be recruiting to a new role, the Community Welfare responder. This is a key part of our priority to build awareness and embed a culture of volunteering across WAST. Here is our current strategy summary:

Build awareness and embed a culture of volunteering

To achieve this priority we will:	Key objective we aim to achieve:
Encourage a culture of open, effective and honest dialogue between employees and volunteers that embraces the voice of our volunteers	• More opportunities for employees and volunteers to openly discuss volunteering across WAST • Create a governance structure that recognises the role of Volunteers
Ensure that volunteering is embedded within our organsiational Strategies	• Highlight volunteering within our People and Culture Plan and our local development plans
Celebrate the success and contribution of our volunteers	• Ensure stories of our successes are shared; raise the profile of volunteering within WAST and at national events
Seek to increase partnership opportunities with the Volunteer Sector and Blue Light partners across Wales to maximise their contribution	• Strengthen our partnership model and model of care and explore opportunities for innovation and collaboration
Encourage, support and equip our workforce to pursue volunteering opportunities and work alongside our volunteers	• Explore and support more opportunities for our workforce to volunteer both at home and abroad; create the right infrastructure to support volunteering
Create opportunities to volunteer and ensure we work to the highest standards in volunteering	• Achieve externally recognised accreditation

FT v PT

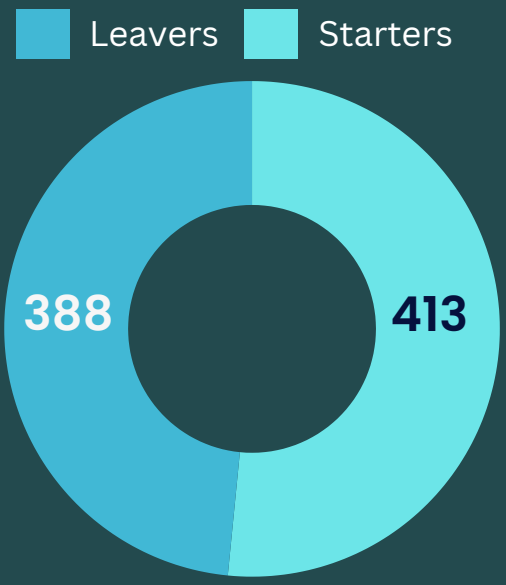
Turnover rate



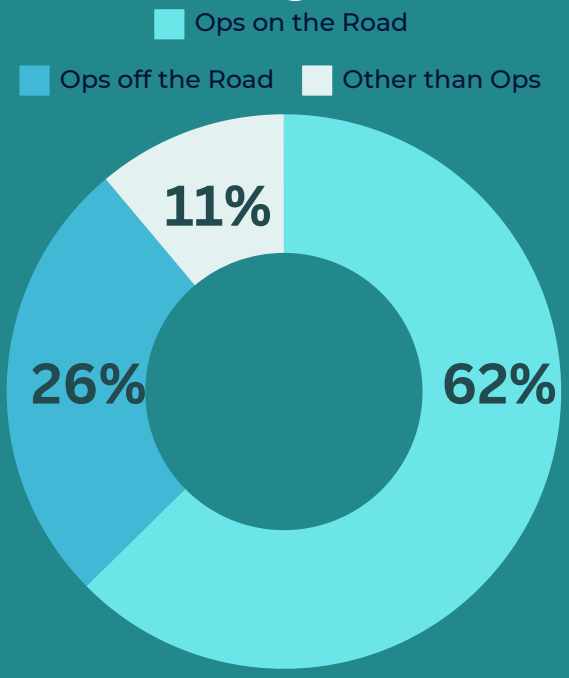
Normal range 6-8%

Establishment

Working part time



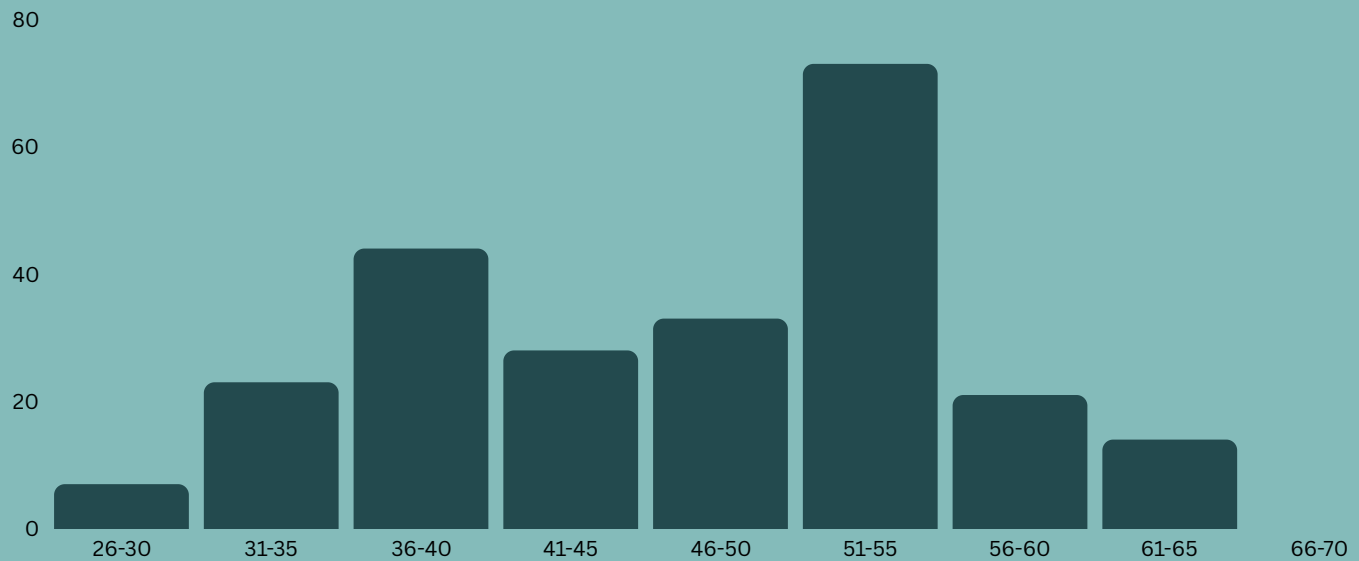
Workforce Segmentation



Projected retirements by 2030

Additional Clinical Services	35%
Admin & Clerical	26%
Allied Health Professional	19%
Estates & Ancillary	56%
Nursing & Midwifery	53%

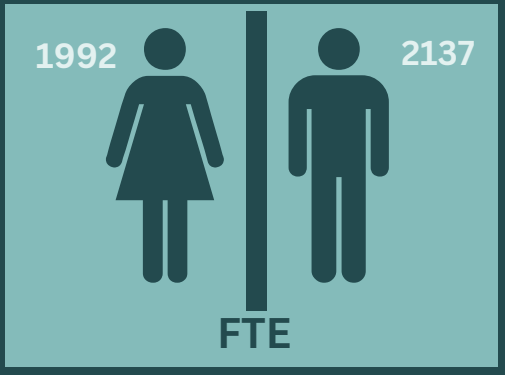
Band 8 employees by Age Band



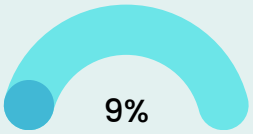
Current Workforce - Protected Characteristics

Gender split

49%F/51%M



Disability Declared - Yes



9%

Ethnicity

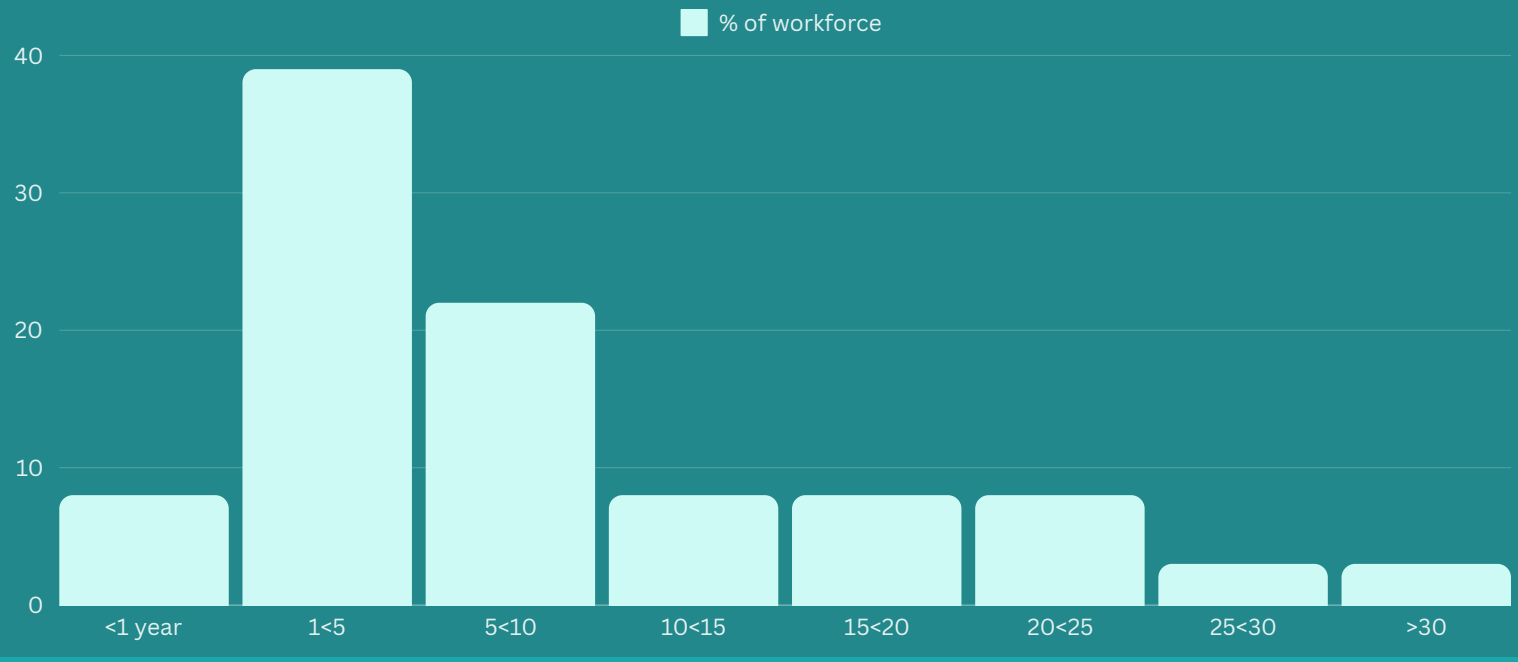
<5% Other than White

Sexual orientation

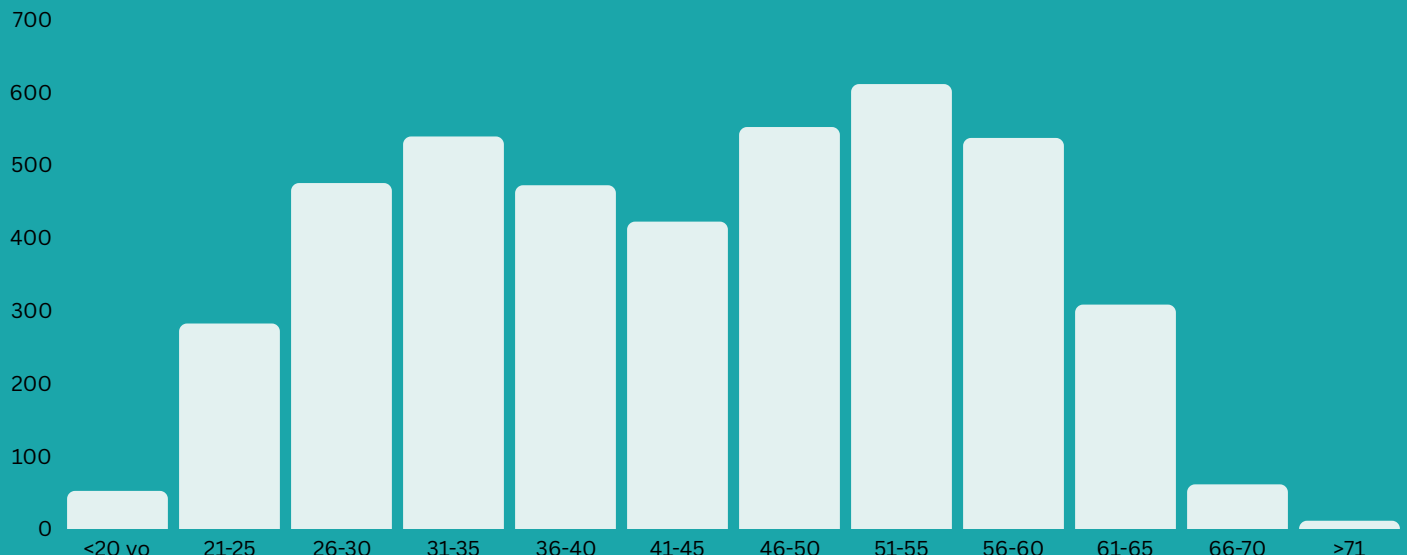
<10% LGBTQ+

Data is limited - numbers too small to publish

Length of Service profile



Current Workforce Age Profile



Retention

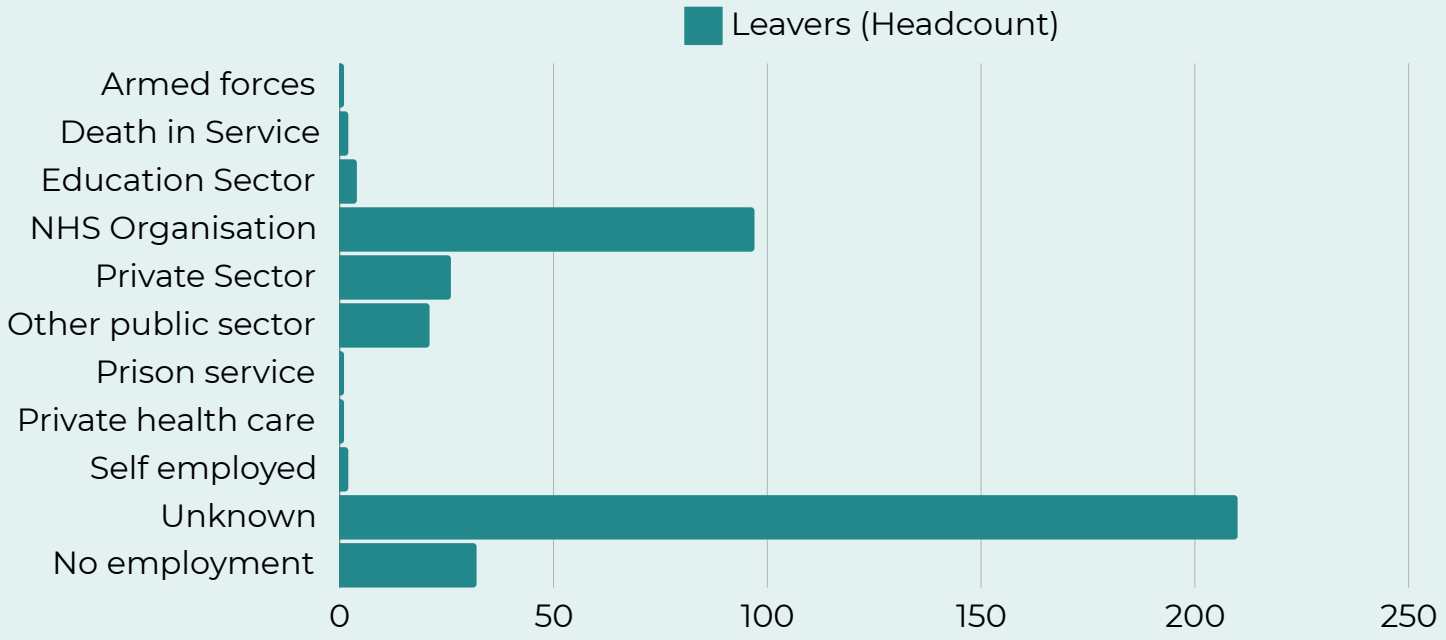
With the aging workforce profile and the projections for potential retirements forthcoming up to 2029, it is essential that managers and employees are open about their intentions regarding the uptake of flexible retirement and or retire and return options to assist with future planning.

The data demonstrates that to date there has been a relatively low reduction in numbers due to retirements. The Retirement Rate for 23/24 was 2.05% of the total workforce; we can extrapolate the likely retirements going forward year on year to 2030. This will support workforce design and re-design activities and help managers to manage succession appropriately.

We have a robust *internal labour market*. However, our greatest competitors are other NHS Organisations across Wales, and as we develop new roles which take time and investment, these employees will also become more attractive to those competitors.

Our Retention Lead is working on a Retention Plan for our nursing workforce. In due time, the lessons learned from the recommendations of this plan will be implemented as appropriate in other areas.

Where are our leavers going?



Welsh Language

Currently **24.6**% of our workforce can communicate in Welsh at Level 2 or above in Speaking and Listening categories, compared to 2020, where it was 23.19%. This is proportionally almost equivalent to the current percentage of Welsh speakers in Wales.

Over the next planning period we intend to offer more support to the workforce to develop more confidence in using the Welsh Language at work, providing the environment to re-establish and enhance their proficiency. Being able to say a few words in Welsh can go a long way and even if staff don't speak Welsh, an understanding of the needs of Welsh speakers can make a big difference.

We will continue to promote our Welsh Language training offer to our employees and facilitate the 'Active Offer' to patients and strive to increase the use of Welsh across the organisation as part of business as usual. Our aim is to reach the same level of Welsh speakers as we have nationally, currently 27%, by 2030 (Census 2021).

We have added a Welsh Language e-Learning module to our mandatory training requirements and will continue to assist our employees with improving these skills.

Performance Appraisal

WAST Target is 85% completed annually across the whole workforce.

Managers undertake regular personal development reviews and annual appraisals and are therefore able to take steps to recruit to vacancies or reshape roles to meet changing organisational needs.

The PADR process is an essential tool in developing our people 'Our WAST way'. New roles and career paths are under consideration and will form a key part in future succession planning activities across all roles.

5. The Workforce Action Plan

During our engagement process our stakeholders raised a number of key priorities for action which we have themed under the workforce plan objectives. We would like to be able to undertake all these actions as quickly as possible, but with limited resources, we have had to prioritise.

The Action Plan is phased into 3 blocks - 2 yearly increments - which will be implemented over the next 6 years. As the plan is 'live', these priorities may move from one phase to another or indeed be revised or changed.

At this point in time, however, we have made decisions based on immediate requirements and then longer term needs of the organisation based on our stakeholders views.

During engagement with colleagues over the past year, we have gleaned that while we do a lot of things right, we can do more to improve our working environment, making our organisation a place where our people can develop their careers and thrive. We are working to develop our services to meet the future head on, embracing new technologies and new ways of working at pace.

We have also taken into account what our patients have told us recently. Patient stories help us to understand their experience. We listen to our patients, both callers and in face to face situations so we can focus our discussions around where we can improve our services.

Developing our workforce action plan has required some tough decisions, We cannot do everything we would like to do, but we can prioritise the 'big things' that will have the most impact for our employees and our communities.

All of our planned tasks are aligned to the People and Culture Plan and the current IMTP (2024-2027).

Strategic Workforce Action Plan 2024-26

Each action aligns with objectives outlined in other Strategic Plans:
Code- Q Equality Plan, IMTP, LDP for Local Development Plans, P&C for People and Culture, PDP for People and Development Plan, V for Volunteer Strategy, R for Retention Plan, S for SWFP, WLS Welsh Language Recruitment Strategy

Objective	Action	Owned by	When	Link to other plans
Developing employees, managers and leaders for the future	• Review and implement Digital Skills strategy for 2025-2030 • Develop and implement People Development Plan 2025 - 2030 • Review and update existing e-Learning provision • Expand Apprenticeship Programme and CPD opportunities across the Trust 2025-2030	Digital & Education Education Education Education	2024 - 2025	IMTP P&C; PDP
Reshaping the workforce of the future	• Refresh the current Volunteers strategy - include plan for new roles / opportunities for volunteer cadre • Develop and implement revised clinical leadership structure to support new delivery models • Develop service specific workforce plans for each Directorate (and each Operational Service area) • Continue to develop workforce planning data in ESR / reporting and management WFP skills	Operations - Volunteers Clinical All Directorates Workforce Planning	2024 - 2026	IMTP / V / P&C LDP

Strategic Workforce Action Plan 2024-26

Each action aligns with objectives outlined in other Strategic Plans:
Code- Q Equality Plan, I for IMTP, P&C for People and Culture, PDP for People and Development Plan, V for Volunteer Strategy, R for Retention Plan, S for SWFP, WLS Welsh Language Strategy

Objective	Action	Owned by	When	Link to other plans
Recruitment processes fit for the future	• Develop and implement a Welsh Language Recruitment Strategy to 2030 (link to More than Just Words) • Develop and implement centralised recruitment function for WAST	Corporate Governance Workforce Planning	2024-2026	WLS/ P&C
Improving our people's workplace experience	• Review employee benefits and Employee Value Propositions and update flexible working arrangements • Review job descriptions and identify roles that require job redesign • Support employees learning Welsh (Undertake skills survey - 27% by 2030)	People Services People Services Corporate Governance	2024-2026	WLS/ P&C

Strategic Workforce Action Plan 2026-28

Each action aligns with objectives outlined in other Strategic Plans:
Code- Q Equality Plan, I for IMTP, P&C for People and Culture, PDP for People and Development Plan, V for Volunteer Strategy, R for Retention Plan, S for SWFP

Objective	Action	Owned by	When	Link to other plans
Developing employees, managers and leaders for the future	• Develop and implement Coaching and Mentoring framework across the Trust • Develop and implement multi-level Leadership programme	Education & OD OD	2026-2027 2027-2028	P&C; PDP
Reshaping the workforce	• Review workforce planning skills across WAST management cadre - update training as required	Workforce Planning	2027-2028	S
Recruitment processes fit for the future	• Review Recruitment Strategy, Plan, processes and continue to utilise social media to maximum effect	Workforce Planning	2027-2028	P&C/S
Improving our people's workplace experience	• Develop new career pathways across the Trust • Develop a Welsh Language Network for employees	People Services & Education Corporate Services	2026-2027	S/ P&C

Strategic Workforce Action Plan 2028-30

Each action aligns with objectives outlined in other Strategic Plans:
Code- Q Equality Plan, I for IMTP, P&C for People and Culture,P& D for People and Development Plan, V for Volunteer Strategy, R for Retention Plan, S for SWFP

Objective	Action	Owned by	When	Link to other plans
Developing employees, managers and leaders for the future	• Succession Planning in place for all lead and critical roles	People	2028-2030	S
Reshaping the workforce of the future	• Implementation of new workforce solution (National Project)	Workforce Planning	2028-2030	S
Recruitment processes fit for the future	• Review recruitment processes to ensure fit for new workforce solution	Workforce Planning & Education	2028-2029	S
Improving our people's workplace experience	• Identify new channels to support Health & Wellbeing for future workforce	People - OH & Wellbeing	2029-2030	S

Risk Assessment

WAST has identified several risks related to our workforce planning activities for the next planning period. There is a significant inter-relationship between the Operational service areas that impacts the recruitment and retention of our workforce. Overall, the majority of our workforce is recruited from within, and therefore we have to take into account that when we recruit we are promoting internal talent in most cases.

Growing our Own is an important part of the future workforce strategy for WAST, and therefore the plan will ensure that analysis of future skills requirements and the identification of critical posts are regularly reviewed and plans are adjusted accordingly.

Our top 5 Workforce Planning risks:

- Reduced school leavers and the high level of economically inactive working age population over the next 5 years will impact our ability to recruit the right people with the right skills
- Increasing age of our workforce will require significant investment in retention activities to extend working life of existing staff
- Increasing turnover of staff with low years' service may be impacting the knowledge capital of the workforce overall
- Unclear career pathways for non-Paramedic roles may be contributing to the short stay figures we are seeing
- Lack of funding and reactive changes to funding can disrupt workforce planning activities.

6. Implementation, monitoring, review

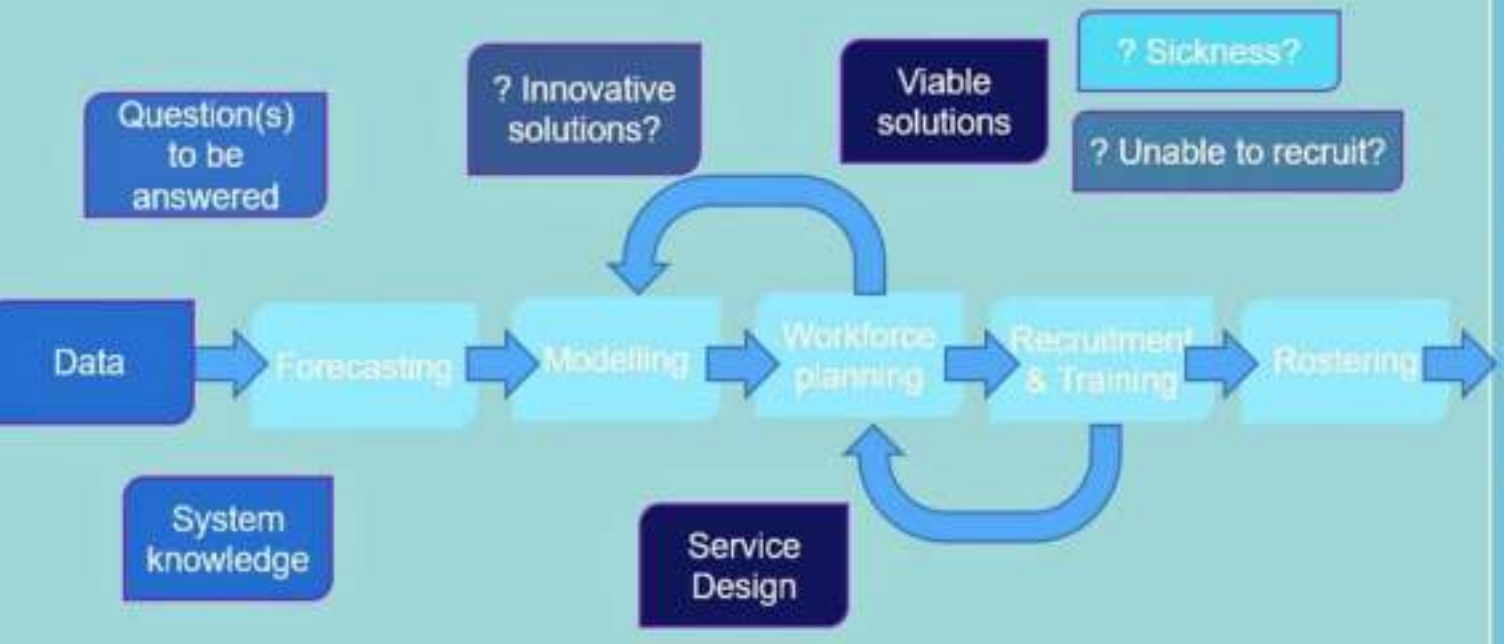
The Strategic Workforce Plan is a live document that will be kept under regular review. WAST requires constant vigilance regarding its frontline resource requirements and therefore ensures that there is continued surveillance on the frontline workforce capacity and productivity.

The Integrated Technical Planning Group (ITPG) connects, integrates and manages the detailed technical planning for workforce, recruitment, estate, fleet, rosters and finance in the Trust. The ITPG does this in order to support the delivery of the strategic ambitions of the Trust e.g. Long-Term Strategy, IMTP, Strategic Workforce Plan etc. The Group meets informally (weekly) and formally (monthly). The Group report into the Strategic Planning Programme Board and workforce planning activities are disseminated across WAST ensuring that we have the workforce required to deliver services.

This group provides WAST with an integrated approach to the Trust's workforce planning activities, ensuring that potential future workforce imbalances between the supply and demand for different skills are anticipated in time for appropriate action to be taken. Therefore, operational changes to the workforce can be addressed quickly, and longer-term planning can be aligned to current and new strategies.

The aim is to maintain clear focus on the Strategic Workforce Plan objectives and amend priorities and actions as required.

Integrated Technical Planning process:



Conclusion - What will our Workforce be like in 2030?

It is clear to us that there remains a pressing need to change the way in which we and our partners respond to and meet our patients' needs. Previously, our service transformation ambitions were visualised through the concept of 'Inverting the Triangle'. This is focused primarily on transforming our response to patients who call 999 - moving away from the traditional ambulance model of care of clinical logistics and conveyance to a future where the majority of care needs are met and resolved in or close to the patient's home.

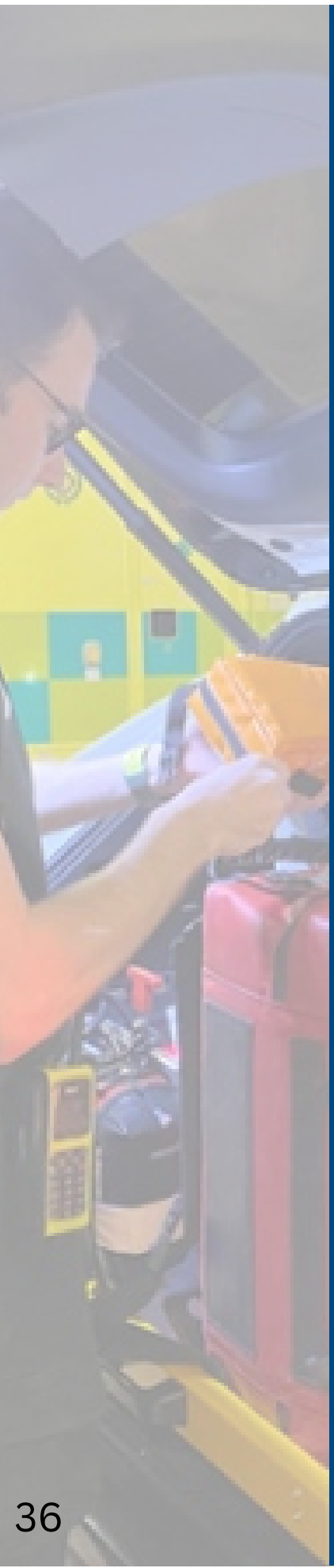
In order to maximise the impact and benefits for our patients, we want to broaden our thinking and adopt a more holistic and integrated approach, considering how all of our services (999, NHS 111 and NEPTs) contribute to the transformation of care. It is important to us that our transformation agenda aligns to and delivers the priorities of health boards and the Six Goals Programme.

We are starting to describe a new integrated clinical response model, which has a number of key components which are described in more detail in the sections below. Our primary and most important priority has always been and will continue to be the provision of a world class emergency response service. Our strategy must ensure that we have sufficient, available emergency ambulances, CHARU and other resources to provide this rapid, emergency response to secure the best possible outcome for each and every patient. But those needing an emergency response are a small proportion of the overall numbers of patients who contact or call us. By 2030 we will have the following:

- a Rapid Integrated Care Service: we already have a national clinical footprint and infrastructure supporting NHS 111 and 999 services - we will implement new technology to ensure service improvement for patients
- an Urgent Community Response: Many patients will still need face-to-face assessment and treatment.
- A patient transport service that supports 'planned' care that is modernised and provides a better patient experience
- Effective utilisation of data to transform performance, following patients through the system and developing methods to share our data with Health Boards, ensuring improved efficiency and productivity

Appendices

Appendix 1 - NHS Wales 10 year look forward



Llywodraeth Cymru
Welsh Government

NHS

Population Projections	Long-Term Conditions (LTCs)	Risk Factors
Ageing population: 1 in 5 age 70+ by 2038	Ageing population means a higher proportion living with LTCs	21% of people in Wales living in relative income poverty
UK life expectancy growing slower than similar countries	People living with 4+ LTCs to almost double by 2035	Cost of living crisis likely to deepen existing health inequalities
Stark differences in life expectancy between least and most deprived groups	The majority of people with 4+ LTCs will have mental ill-health by 2035	Rates of obesity are expected to rise until 2031-37
Potential causes: widening health inequalities, slow economic growth	More cancer cases in people aged 70+ by 2040	Adult smoking trends have been decreasing over time
	Diabetes prevalence to rise, a 22% increase by 2035-36	Modifiable behaviours are risk factors for many LTCs
	Deprivation is a risk factor for many preventable LTCs	

* By 2030-31 to deliver 2018-19 rates of care **EU-14 are countries who were members of the E

Science Evidence Advice (SEA) Providing evidence and advice for Health and Social Services G

S in 10+ Years

Supply: NHS staff, beds, social care	Economic Considerations	New Technology, Genomics and Artificial Intelligence (AI)
Reductions in time spent in hospital expected	NHS Wales under significant pressure from growing patient needs and restricted capacity	Advanced tech will likely increase self-management of some LTCs
Significant increase in NHS staffing needs*	Funding gap in Wales – spending per person is like England, but less than EU-14 **	Increased use of digital and tech will likely improve health surveillance
Impacts may be mitigated by changes in technology and workforce composition	UK spends 55% less on Capital Health spending than EU-14** (eg, buildings and equipment)	Improvements to medicine and public health through new genetic and genomic technologies
Burden on GPs and community/ social care is likely to increase	Population health impacts individual and national prosperity	Adoption of AI and supporting Research and Development will drive innovation in healthcare
Number of 65+ requiring unpaid care is growing	Poor physical and mental health is associated with drop in earnings	AI needs to be regulated, ethical and transparent
Addressing waiting lists would have economic benefits	Onset of ill health increases likelihood of employment exit	

U prior to 2004

Group on behalf of the Chief Scientific Adviser for Health

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Appendices

Appendix 2 - Additional Documents

2021 Census ONS https://www.gov.wales/census-population
Welsh Government: National Workforce Implementation Plan: Addressing NHS Wales Workforce Challenges https://www.gov.wales/sites/default/files/publications/2023-01/national-workforce-implementation-plan.pdf
A Healthier Wales: Long Term Plan for Health and Social Care Welsh Government https://www.gov.wales/sites/default/files/publications/2021-09/a-healthier-wales-our-plan-for-health-and-social-care.pdf
Future Generations Commissioner for Wales: Well- being of future generations act https://www.futuregenerations.wales/about-us/future-generations-act/
Six Goals for urgent and emergency care https://www.nhs.wales/sa/six-goals-for-urgent-emergency-care/
Welsh Government: LGBTQ+ Action Plan For Wales https://www.gov.wales/lgbtq-action-plan-wales
Welsh Government: The Duty of Quality Statutory Guidance 2023 and Quality Standards 2023 https://www.gov.wales/sites/default/files/consultations/2022-10/the-duty-of-quality-statutory-guidance-2023-and-quality-standards-2023.pdf
NHS England: NHS Long Term Workforce Plan https://www.england.nhs.uk/publication/nhs-long-term-workforce-plan/

Appendices

Appendix 2 - Additional Documents

Welsh Government: Race Equality Action Plan: An anti-racist Wales https://www.gov.wales/race-equality-action-plan-anti-racist-wales
NHS Health Education England: The Topol Review – Preparing the healthcare workforce to deliver the digital future https://topol.hee.nhs.uk/
Welsh Government: Stronger, fairer, greener Wales: a plan for employability and skills https://www.gov.wales/stronger-fairer-greener-wales-plan-employability-and-skills
Welsh Ambulance Service Strategies and Plans: https://ambulance.nhs.wales/about-us/publications/

Appendix 3: Stakeholder Workshops Summary

Representation has played a pivotal role in shaping the process of developing WAST's strategic workforce plan as it allows for diversity and richness of ideas. As part of our commitment to empowering every individual to contribute their best, the environmental scanning workshops were held across different service areas to give room for all views to be collated and a cross section of the workforce and TU representatives were invited to attend.

PESTLE

PESTLE analysis formed the first part of our environmental scanning workshops. These workshops were designed to systematically gather, analyse, and interpret information and data relating to WAST's external environment. PESTLE tool audited six external influences on the Trust and covers aspects of political, economic, sociological, technological, legal and environment

SWOT

The SWOT analysis tool was utilised to gauge both internal and external factors that may impact WAST's strategic objectives. By highlighting strengths, weaknesses, opportunities and threats, this technique provided a comprehensive understanding of the Trust's position.here is a snapshot of some areas identified in our stakeholder workshops:

Future Scenarios

These workshops collated information from senior managers, Assistant Directors and Directors from across WAST. The groups considered developing their scenarios based on extreme views for 2 scenarios and then aiming to build a most likely future scenario. These scenarios will help to shape the future workforce and prepare for future planned and unexpected change.

As a result of these activities, we developed our 6 year workforce plan that aims to deliver innovative change to roles, the way we learn and develop and also, how we deliver our services. The Plan itemises the prioritised activities required by 2030.

Appendix 4: People and Culture Plan 'Rich Picture'

Ymddiriedolaeth GIG
Gwasanaethau Ambiwlans Cymru

Welsh Ambulance Services
NHS Trust

AGENDA ITEM No	**14**
OPEN or CLOSED	**Open**
No of ANNEXES ATTACHED	**0**

PARTNERSHIPS AND ENGAGEMENT REPORT AUGUST 2024

MEETING	People and Culture Committee
DATE	30 August 2024
EXECUTIVE	Estelle Hitchon, Director of Partnerships and Engagement
AUTHOR	Estelle Hitchon, Director of Partnerships and Engagement
CONTACT	Estelle.hitchon2@wales.nhs.uk

EXECUTIVE SUMMARY

1. This is the first short report to People and Culture Committee in respect of the Trust's work on partnership and engagement. While other committees receive reports on different elements of engagement, for example patient engagement at the Quality Experience and Safety Committee (QUEST), this report focuses exclusively on the work delivered through the Partnerships and Engagement Directorate.

2. Committee is asked to note the content of this report and make any recommendations in respect of areas which it would like to see further detail or focus in future reports.

KEY ISSUES/IMPLICATIONS

None

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

Partnerships and Engagement Report August 2024

Introduction

1. This short paper briefly sets out some of the work underway currently within the Partnerships and Engagement Directorate. It does not focus on business-as-usual activities (for example day-to-day internal and external communication) but does reflect some of the more discrete areas of work in which team members are currently engaged, along with colleagues across the organisation.

2. It is not intended to be a comprehensive audit of the organisation's partnership and engagement activities, but it is rather intended to give Committee a flavour of that work, and as a starting point for discussion. It also gives Committee and opportunity to identify areas of partnership and engagement work where they would wish to see further detail in future reports and/or a spotlight feature.

3. It should be noted that this is a small directorate with a significant agenda. As such, part of its role is in influencing and advising, as well as delivering bespoke pieces of work.

4. Detailed below is a brief insight into the work in which the Directorate is either involved or directly leading.

Regional Partnership Boards

5. Regional Partnership Boards are the vehicle of the Social Services and Wellbeing Act 2014 and have been established to improve the well-being of the population and improve how health and care services are delivered.

6. All Regional Partnership Boards, of which there are seven based on health board footprints, must produce a regional population assessment, a regional area plan, a regional annual report and demonstrate citizen engagement and co-production.

7. There is a particular focus on the integration of services, including for older people with complex needs and long-term conditions, including dementia; people with learning disabilities; carers, including young carers; integrated family support services and children with complex needs because of disability or illness.

8. While WAST does not have a seat at RPBs as a direct consequence of the Act, over recent years representation has been secured at all bar one RPBs, with the seventh RPB (Gwent) affording the Trust a seat on the Gwent Adult Services Partnership (GASP), a subset of the RPB.

9. Representation on RPBs is currently split between the Executive Director of Strategy, Planning and Performance and the Director of Partnerships and

Engagement, who is also vice-chair of the North Wales Regional Partnership Board.

10. In August 2024, the Senedd's Health and Social Care Committee published its general scrutiny report into the Welsh Ambulance Service, following written and in person evidence submission, in which it made a number of recommendations, one of which related to membership of the one outstanding RPBand a requirement to report back to committee on the organisation's experience of RPBs.

11. *Recommendation 4. The Welsh Ambulance Service should be represented on all Regional Partnership Boards and should be a full and active participant. To this end, the Ambulance Service should:*
    - *work with the Welsh Government and NHS Wales Executive to ensure it is able to become a member of the one outstanding Board, and should report back to this Committee in 6 months with an update on progress, and*
    - *write to this Committee, in twelve months' time, with its reflections on its participation in the regional partnership boards over the last year. We would appreciate, in particular, a focus on how the service feels its voice has been heard, and how its knowledge and experience are being used to drive improvements in service delivery.*

12. These actions will now be taken forward by the Director of Partnerships and Engagement on behalf of the Trust.

13. It is important to note that, while much of the benefit of RPB membership for WAST revolves around visibility, influence and the opportunity to forge new partnerships on an equitable basis with health boards, local authorities and other non-statutory partners, the Trust has also gained in more tangible ways from RPB membership. For example, the mental health response vehicle trial in Gwent in the final quarter of 2023/24 was funded by slippage from the Regional Investment Fund (RIF) which is managed by RPBs, in this case, Gwent. Application was via the Gwent Adult Services Partnership with a process of appraisal by the GASP, at which the Director of Partnerships and Engagement was able to present and advocate for the initiative in a competitive process with other schemes.

14. It was this funding that allowed the MHRV trial to proceed and to build evidence of impact and learning to inform future developments.

Wellbeing of Future Generations Act

15. The Welsh Ambulance Service came under the auspices of the Wellbeing of Future Generations Act 2015 on June 30, 2024. While the Trust had committed to work in the spirit of the Act since the Act's inception, the Trust's new status as a body subject to the Act confers new legislative duties with which the organisation is obliged to comply.

16. The main tenets of the Act include ensuring that nothing that organisations do today jeopardise the ability of future generations to live a long, healthy and prosperous life. As a result, the Trust now needs to frame its 2025-2028 Integrated Medium Term Plan (IMTP) to reflect both the seven wellbeing goals of the Act (outlined in the diagram below), plus its five ways of working, otherwise known as the sustainable development principle. These include Collaboration, integration, involvement, long-termism and prevention.

Wellbeing of Future Generations Act: Wellbeing Goals

17. The Trust must now set and publish objectives (by March 31, 2025) that are designed to maximise its contribution to achieving each of these wellbeing goals and must take all reasonable steps, in exercising its functions, to meet those objectives.

18. The Director of Partnerships and Engagement has recently met with the Deputy Future Generations Commissioner and Health Lead to understand more about what is expected of the organisation in this regard and, at the time of writing, is in the process of establishing a task and finish group with cross organisational representation and TU membership to develop the wellbeing objectives for Executive Leadership Team and Board approval by March 31 2025.

Refreshed Clinical Model: Engagement Approach

19. Work continues to support the development of the Trust's refreshed clinical model, specifically in respect of stakeholder engagement.

20. Following the original approval of the Trust's engagement framework and associated delivery plan in 2022/23, which was predicated on what at that point was termed the "Inverting the Triangle" model, work has been undertaken both to update the original plan, refresh the stakeholder analysis and support the engagement process. Work is evolving at pace and will include the development of further collateral for internal and external use, as well as analysis of feedback received to inform future engagement.

21. The Director of Partnerships and Engagement is the executive sponsor for this work, with the Head of Strategy acting as the senior responsible officer. A workstream has been established within the transformation programme structure which focuses on this work exclusively, bringing together a small group of core individuals from across the organisation with expertise in stakeholder, patient and internal engagement (the latter is being managed through the change process workstream, but there is cross representation on both groups to ensure complementarity).

22. The Director of Partnerships and Engagement and the Chief Executive have also established quarterly meetings with Llais (the citizens' voice body), a representative of which will now be present at Trust Board meetings from September 2024.

Political Engagement

23. Given recent changes at both Westminster and Welsh Government level, with further changes possible, the Director of Partnerships and Engagement, together with the Chief Executive, are currently continuing their routine programme of engagement, with a stakeholder briefing due to be issued, with associated follow-up meetings, in the autumn.

24. Any further change to portfolio holders at Welsh Government level will be important as the new First Minister and Cabinet set their objectives in the final 18 months prior to the Senedd election in May 2026. As a result, a watching brief is being kept until any revised priorities are published and their impact on the Trust assessed.

Staff Recognition: WAST Awards

25. The annual WAST Awards will be held this year on November 12 at the International Conference Centre (ICC) in Newport. The planning and delivery of this event is being undertaken by the Communications Team, including all nomination and category assessment planning, together with procuring sponsorship and full event planning.

26. This is one of the landmark events in the Trust's calendar and is the organisation's premier staff recognition event, together with long service awards (also planned and delivered by the Communications Team).

Directorate Structure and Function

27. The Director of Partnerships and Engagement is currently beginning a process of reviewing the structure of the directorate, to ensure greater resilience and capacity to manage an increasingly demanding and extending workload. Such a review will also allow for succession planning.

28. Any proposed changes/costs would need to be supported by the Executive Leadership Team and would not take place until the 2025/26 financial year, subject to agreement. All directorate team members will be engaged in the process to ensure an inclusive approach.

29. Committee is asked to note the content of this report and make any recommendations in respect of areas which it would like to see further detail or focus in future reports.

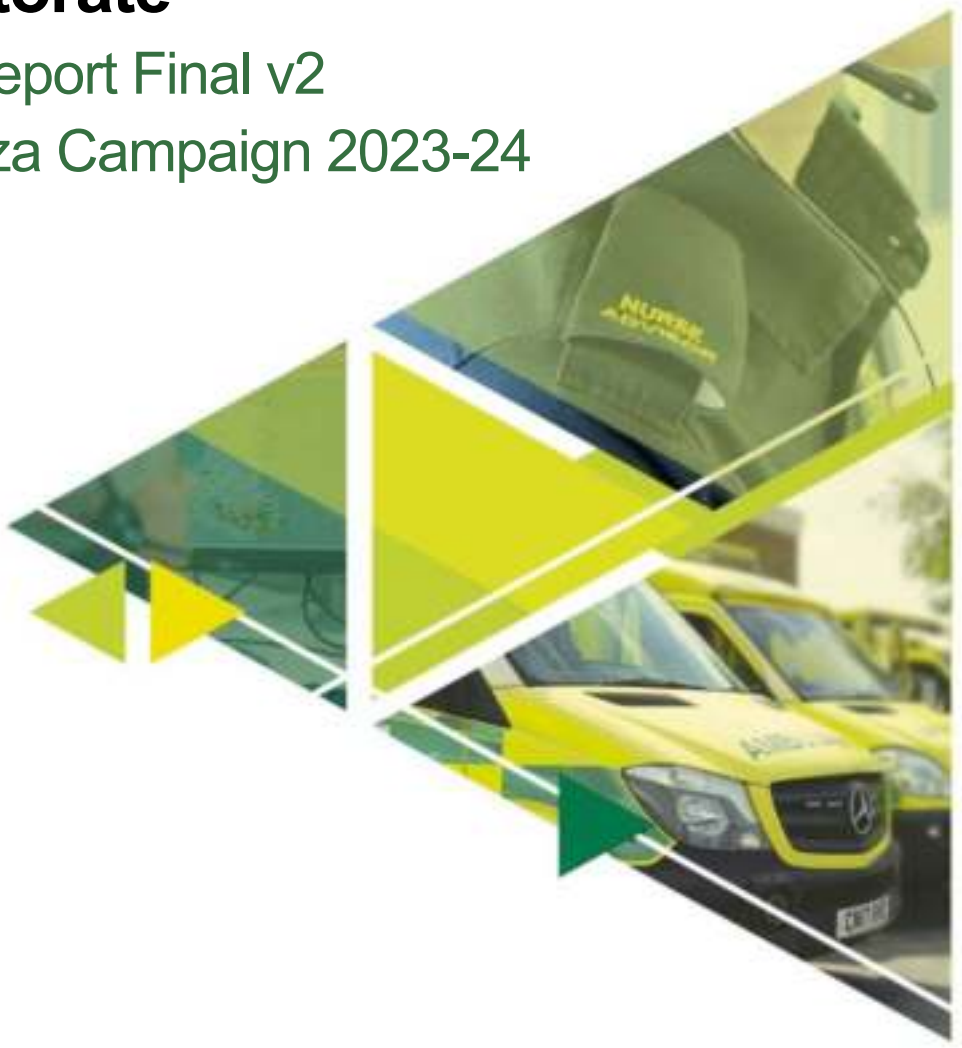
Ends/EVH/August24

Welsh Ambulance Services NHS Trust

Clinical Directorate

End of Season Report Final v2

Seasonal Influenza Campaign 2023-24



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Executive Summary

This report has been designed to provide information surrounding the Seasonal Influenza Campaign 2023-24 and detail the uptake of the Flu Vaccine this year within the Welsh Ambulance Services NHS Trust (WAST).

The Trust's final uptake of staff vaccinated was 36.5% of WAST staff, which is a decrease of 8% from last year's campaign. The number of patient facing staff that are recorded as receiving the vaccine for the 2023-24 campaign has also noticeably decreased by 15.2%, reporting 31.1% at the end of the campaign. This equates to 820 out of 2639 being recorded as having the flu vaccine during this campaign, in comparison to 1171 out of 2527 during the previous campaign.

Following an ongoing review of this year's campaign, recommendations have been devised that are based upon key areas of learning and improvement. They aim to streamline current processes, remove duplication of effort and improve our engagement with the workforce.

1. Influencing Factors

When analysing the Flu Campaign that took place this season and comparing to previous campaigns undertaken by the organisation it is important to consider influencing factors that occurred:

1.1 Continued Impact of COVID-19

As seen in the previous few campaigns, it is expected that COVID-19 is continuing to impact on the Flu Campaign. This is particularly in relation to the vaccination setting of choice, with many staff receiving the influenza vaccine within a COVID-19 booster setting. This data is not currently available to WAST and could lead to a large amount of unreported data. The project relies on staff recording a response on the Microsoft Forms platform to advise of any vaccinations had elsewhere. If colleagues do not record using this feature, then the data will not be included within the uptake for WAST. Moreover, many staff are called upon by their GPs to have their flu vaccines at their local surgeries and again, WAST does not have access to this data, as all vaccination settings (GP surgeries / Pharmacies / HBs etc.) use different platforms to record vaccination data unfortunately.

1.2 Working from Home

The Pandemic also had an impact on the workplace of many staff i.e. many have continued to work from home full-time or are now hybrid working, therefore, are between home and the office. This has impacted the flu vaccine uptake in the workplace, as many staff would not choose to drive to the office solely to have the flu vaccine or perhaps a Vaccinator was not available to them on the day(s) in which they were working from the office and therefore, they have chosen to have the flu vaccine in a more convenient place to them i.e. local Pharmacy. When reviewing the Microsoft Form data, many WAST staff have advised this.

1.3 Flu Vaccination Incentive

During the 2022-23 flu campaign, the Charitable bid for an incentive of vouchers to be given to staff who had the flu vaccine was rejected. However, three weeks into the 2023-24 campaign, a decision was made to reintroduce incentives during the campaign but instead made available to any staff member who completed the Microsoft Form, whether they had the vaccine in a WAST setting, had the vaccine elsewhere or chose to opt-out of having the vaccine.

This has had a positive effect on the engagement rate of staff completing the form. 11.3% (491 WAST staff) completed the form to state they have had the vaccine elsewhere during this campaign, in comparison to 6.8% (289 WAST staff) in the previous campaign, therefore, a 4.5% increase.

1.4 Peer Vaccinators

During previous flu campaigns, Peer Vaccinators have been required to undertake two modules entitled Flu One and Flu Two. However, during the 2023-24 campaign, the requirements were altered and instead all Peer Vaccinators were required to undertake two modules under Flu Two and new Peer Vaccinators had to complete an additional module under Flu Two, which took roughly 10 hours to complete. This information was not communicated to the Project Lead or Project Manager until under two weeks before the campaign was due to start, therefore, it caused logistical difficulties.

Furthermore, this meant that fewer new Peer Vaccinators completed all their required competencies and therefore, Flu Leads were focussed on ensuring previous Peer Vaccinators undertook their two required modules, to ensure that each area had enough Peer Vaccinators to deliver their flu plans.

At the end of the campaign, the number of competent Peer Vaccinators stood at 60. Despite 128 staff originally volunteering to undertake the role of a flu Peer Vaccinator but 68 completing few, if any, of the required competencies, due to workloads and the introduction of the lengthy Flu Two module. In comparison to the 2022-23 flu campaign, there were significantly less Peer Vaccinators signed off as competent, with 80 Peer Vaccinators signed off during the 2022-23 flu campaign.

2. End of Campaign 2023-24

The Flu Campaign within the Trust came to an end on 29 February 2024, when the collection of data ceased.

Despite the campaign ending, colleagues are still able to receive vaccines as requested until 31 March 2023 although any vaccinations received during this time will not be recorded within the following report.

2.1 Vaccine Uptake

A summary of the flu data for the 2023-24 campaign can be seen in the following table:

Flu Data as of 29th February 2024				
Staff Group	**Staff In Post**	**Received Vaccine**	**% Of Group**	**+/- On Last Year**
Total WAST	**4339**	**1582**	**36.5%**	**- 8.0%**
Total EMS & AC Patient Facing	**2639**	**820**	**31.1%**	**- 15.2%**
Ambulance Care (AC) Patient Facing	822	246	29.9%	- 16.0%
Emergency Medical Services (EMS) Patient Facing	1817	574	31.6%	- 14.9%

Table 1. Final flu data for the current campaign 2023-24

The above figures and all total WAST figures included in this report do not contain Volunteers, as Volunteers do not have Payroll numbers and are therefore, not on ESR.

This is the fourth year that data has been captured digitally through Microsoft Forms which has allowed for continual oversight of the vaccine uptake throughout the campaign. It also enabled all stakeholders of the project to be provided with a weekly summary and update of the campaign's progress.

Flu Data as of 29th February 2024		
Staff Group	**% Of Group Vaccinated**	**% Engaged via MS Form**
Directorates		
Chief Executive	52.6%	52.6%
Clinical	74.1%	87.0%
Corporate Governance	73.3%	93.3%
Digital	55.8%	73.1%
Finance & Corporate Resources	40.8%	65.0%
Operations	33.6%	40.7%
Partnership & Engagement	38.5%	61.5%
People & Culture	44.6%	53.3%
Quality, Safety & Patient Experience	69.2%	72.5%
Strategy, Planning & Performance	84.6%	100%
Operations Departments		
Ambulance Care	29.6%	35.3%
EMS	35.8%	44.4%
Integrated Care	33.9%	39.3%
National Operations & EMS Support	23.6%	27.1%
Resourcing & EMS Coordination	37.2%	41.3%

Table 2. Breakdown of the vaccine uptake for the 2023-24 campaign.

The below table shows how many vaccinations were given to other staff groups:

Flu Data as of 29th February 2024		
Other Staff Group	**Vaccines Administered in WAST Setting**	**MS Form – Had Vaccine Elsewhere**
Other Staff Groups		
CFRs	33	65
EMRTS	3	3
FRS	1	2
HCS	7	5
PHW	134	0
St John	5	2
VCS	0	5

Table 3. Vaccine uptake of other staff groups.

2.2 Campaign Engagement

If receiving the vaccination through WAST this is completed by the peer vaccinator and for those receiving it elsewhere or opting out, this was completed by the staff member themselves. This Microsoft Form saw 1916 accurate responses from WAST staff (staff who hold an ESR number), meaning 44.2% of WAST staff engaged. Of the 44.2% that engaged with the Microsoft Form, 36.5% were engaging to consent to the flu vaccine in a work setting or recording that they had the flu vaccine elsewhere and 7.7% opting out.

2.3 Data Analysis

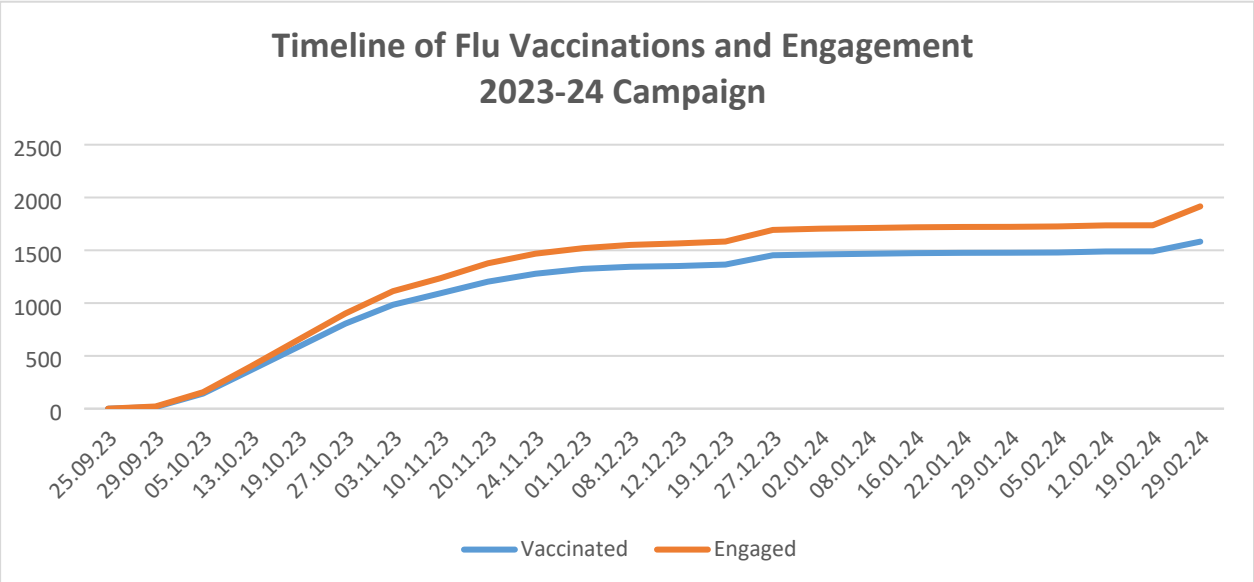

Figure 1. Timeline of vaccinations in 2023-24 Flu Campaign

As seen in *Figure 1* the most notable increase in WAST staff receiving the vaccine and interacting with the campaign was during October 2023 and this is reflective of previous campaign's results. This indicates that the beginning of the campaign was crucial for the numbers of staff vaccinated, with October being the first full month of vaccinations for the organisation. As the campaign progressed, the results plateaued. However, a

considerable number of staff both had the vaccine in the workplace and completed the Microsoft Form to state they had the vaccine elsewhere at the end of December and the end of February, following emails shared by the CEO regarding the flu campaign.

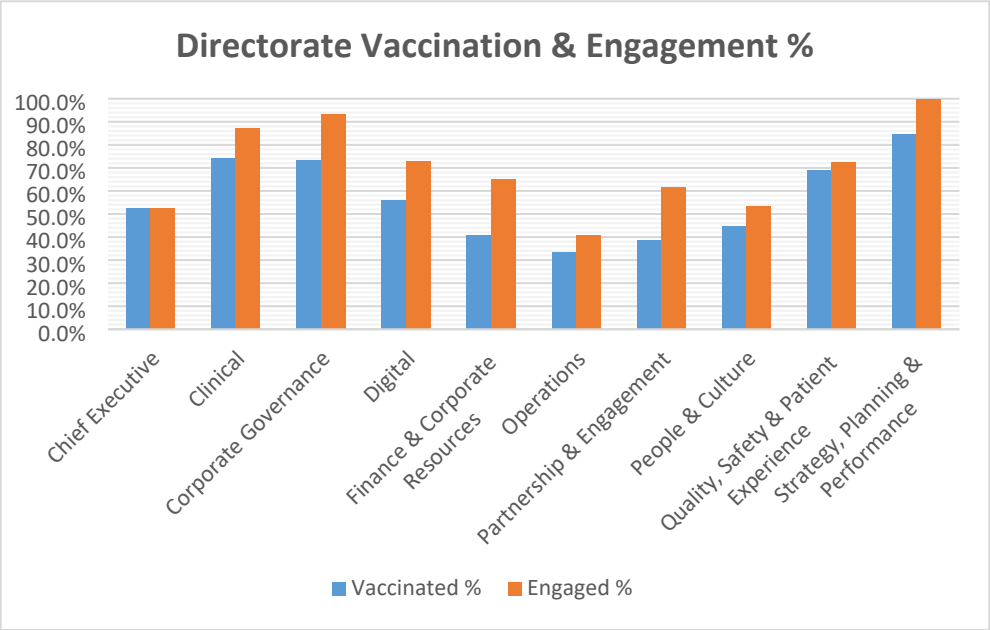

Figure 2. Vaccination and engagement rate for Directorates within WAST

Unlike previous flu campaigns, *figure 2* illustrates that many of the Directorates have a noticeably increased engagement rate, in comparison to their vaccination rate. Whereas in previous years, nearly all Directorates recorded similar results for both vaccinated and engagement. This data demonstrates that a far higher number of WAST staff have chosen to opt-out from having the flu vaccine this year.

Only one Directorate reported a 100% engagement rate with the Microsoft Form: Strategy, Planning and Performance. Following this was the Corporate Governance Directorate with 93.3% and the Clinical Directorate with 87%.

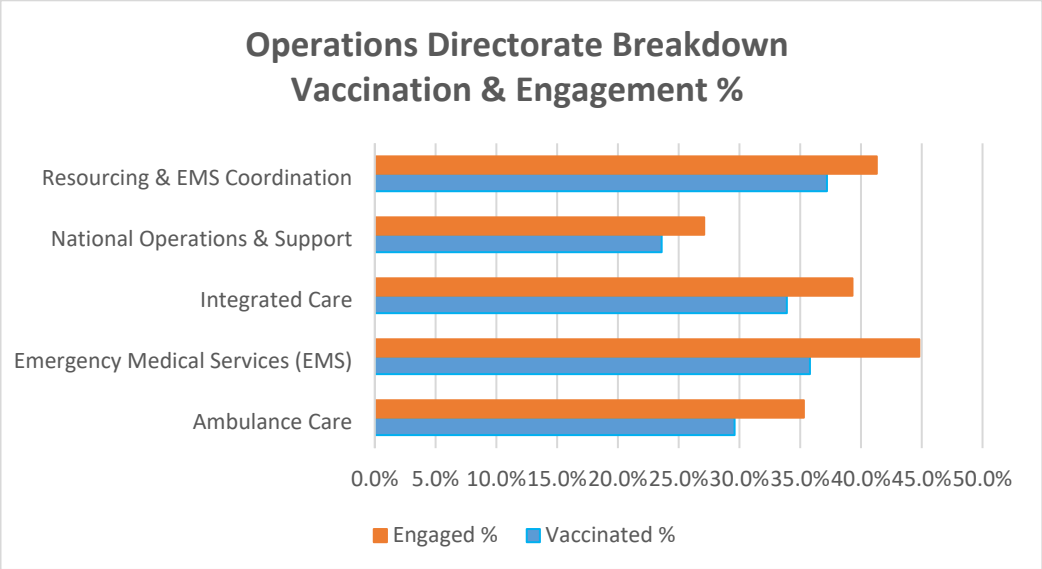

Figure 3. Vaccination and engagement rate for the Operations Directorate

Figure 3 shows that the Resourcing and EMS Coordination area was the highest vaccinated area within the Operations Directorate with 37.2% of staff receiving the flu vaccine and EMS received the highest engagement rate within the Operations Directorate with 44.8% of staff completing the Microsoft Form.

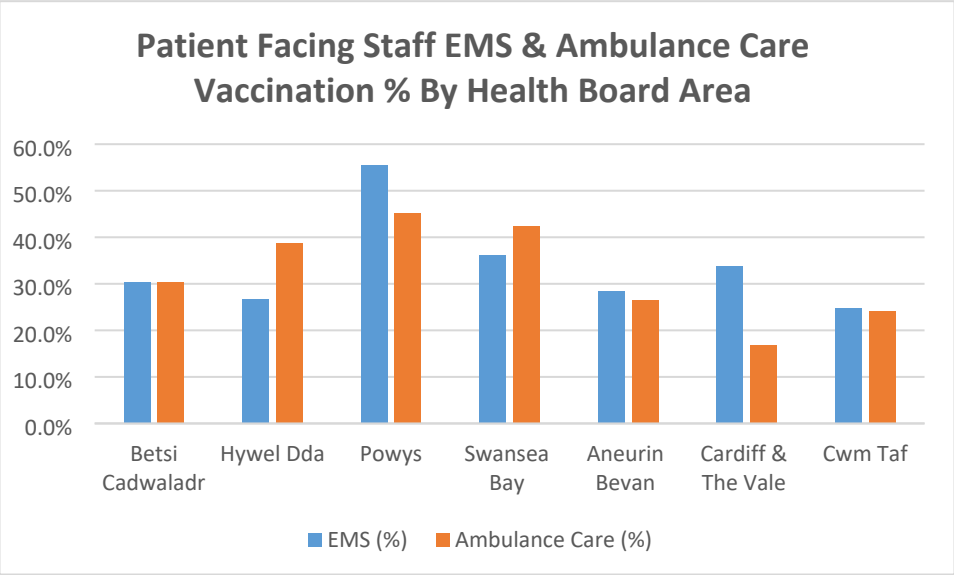

Figure 4. Patient facing vaccination % split in EMS and Ambulance by Health Board area

In the above graph, *figure 4*, the patient facing vaccination split in EMS and Ambulance Care can be seen broken down by each Health Board area. Powys is the clear area which has the most patient facing staff vaccinated, with 55.6% of their patient facing EMS patient facing staff and 45.2% of their Ambulance Care patient facing staff.

Cwm Taf is the area with the lowest vaccination rate for their patient facing staff, with just 24.7% of their EMS patient facing staff vaccinated and 24.1% of their Ambulance Care staff vaccinated. Cwm Taf is closely followed by Aneurin Bevan, with just 28.4% of their EMS patient facing staff vaccinated and 26.5% of their Ambulance Care patient facing staff vaccinated.

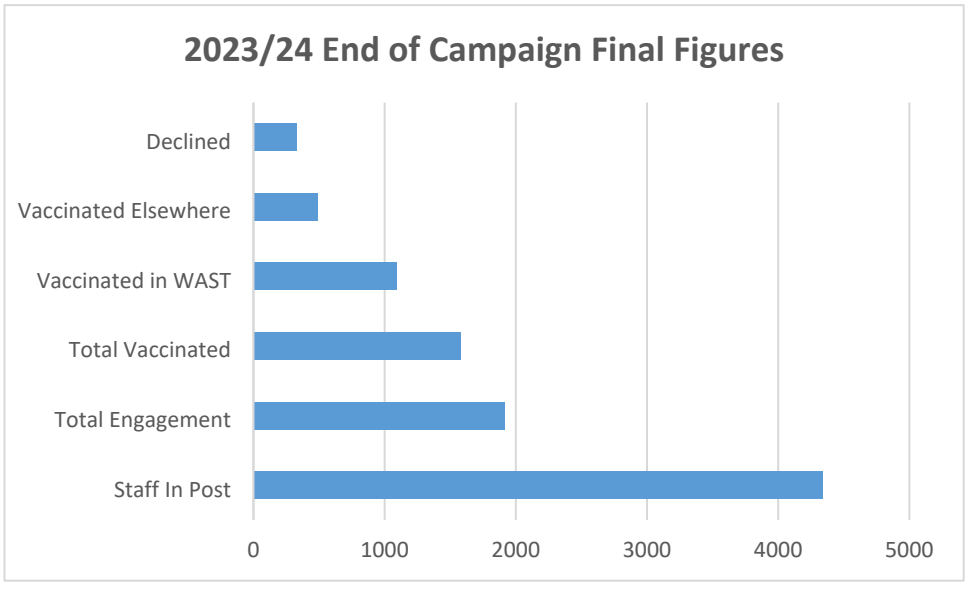

Figure 5. Breakdown of Microsoft Form results for 2023-24 Flu Campaign

Figure 5 shows the full vaccination and engagement of WAST colleagues throughout the 2023-24 Flu Campaign. The data has been calculated on a total of 4339 staff, which is derived from the September 2023 ESR staff list received at the start of the campaign. It has not considered starters and leavers throughout the campaign but instead has focused on the staff that were employed for the duration. Of the 4339 staff, there was a total of 1916 accurately captured Microsoft Form entered used to capture the data for the Flu Campaign – this number excludes any duplicate forms or forms which contained unidentifiable information. Also, the above figures and all total WAST figures included in this report do not contain Volunteers, as Volunteers do not have Payroll numbers and are therefore, not on ESR. As shown in *figure 5* these 2,137 engagements can be broken down into 1091 consenting to the vaccine in WAST, 491 receiving the vaccine elsewhere and 334 opting out of receiving the flu vaccine this year.

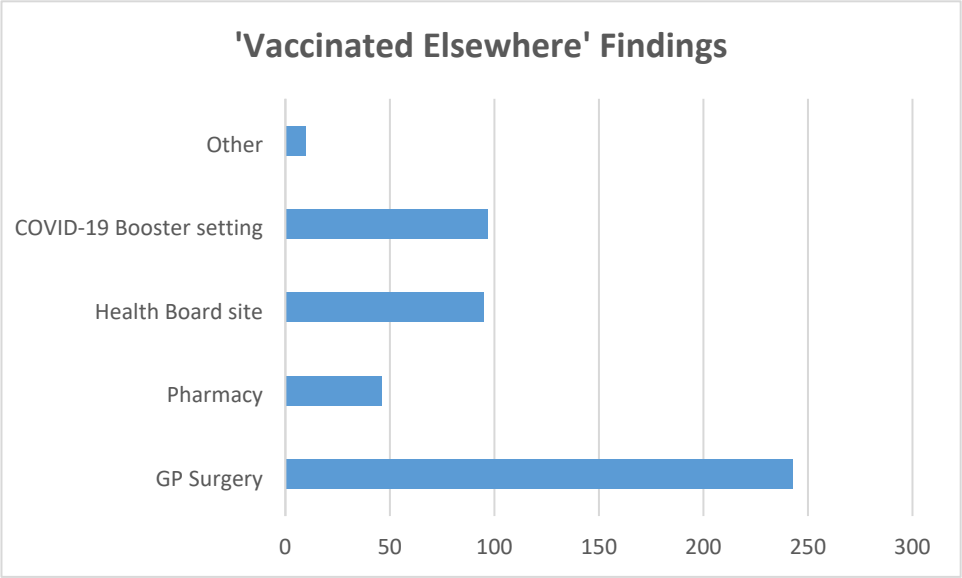

Figure 6. Overview of those 'vaccinated elsewhere' in Flu Campaign

In *Figure 6* an overview can be seen of staff who were 'vaccinated elsewhere' and not in a WAST setting. This data suggests that COVID-19 is still having an impact on the Flu Campaign in some way with 97 colleagues recording that it was a COVID-19 booster setting where they received their flu vaccination; this equates to 20% of the total 'vaccinated elsewhere' figure. This is from the staff that have engaged with the Microsoft Form and creates the question as to how many other WAST staff are being vaccinated in this setting but not informing the Trust of this decision.

It comes as the second highest alternative setting that staff have chosen, only behind those getting their vaccine from a GP Surgery. It adds another popular setting for vaccines that WAST do not have the ability to access data, creating further uncertainty to the real number of WAST staff that receive the flu vaccine.

The graph below explores the further option to the Microsoft Form and that is the ability to opt-out of receiving the vaccine altogether. From these responses, the reoccurring reasons can be documented as to why staff may make this choice. There are suggestions provided when completing this section of the Microsoft Form as well as an option to write their own reason. From data in *figure 7*, it shows a majority recorded that they 'simply do not want it' when giving reasons for declination and chose not to elaborate on their reasoning as to why. The Microsoft Form is not mandatory, therefore,

not all staff choose to complete the form or to explain their reasoning behind not wishing to have the flu vaccine.

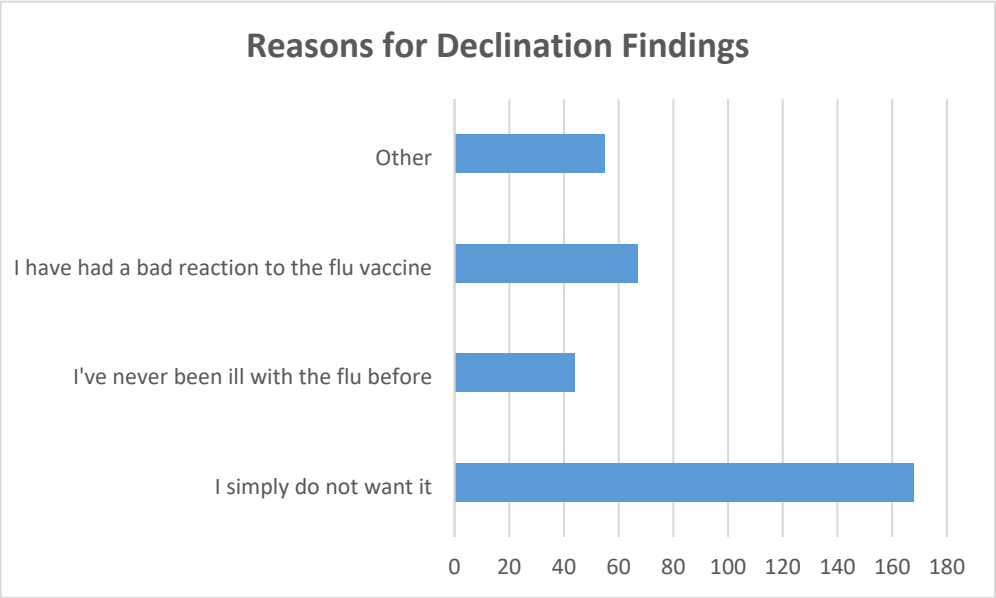

Figure 7. Reasons specified for opting out of the flu vaccination

Figure 7 also shows that 55 staff who completed their form chose to give their own explanations as to why they did not wish to have the flu vaccine. Upon thoroughly reading these explanations, the primary reason staff chose to opt-out from having the flu vaccine was due to research that they believed highlighted that the flu vaccine was not actually effective or necessary, with many also choosing to build up their own immunity to various diseases and illnesses, as opposed to having vaccinations.

2.4 Comparison to Previous Campaign

Due to changes in the reporting structures of many Directorates, comparisons to previous years are only able to be made for total WAST staff, patient facing staff and Ambulance Care and EMS:

Flu Vaccine Uptake Comparison % Staff in Post							
AREA	**2020-21**	**+ / -**	**2021-22**	**+ / -**	**2022-23**	**+ / -**	**2023-24**
Total WAST	**50%**	- 11.5%	**38.5%**	+ 6.0%	**44.5%**	- 8.0%	**36.5%**
Total Patient Facing	**52%**	- 10.9%	**41.1%**	+ 5.2%	**46.3%**	- 15.2%	**31.1%**
Amb Care Patient Facing	**50%**	- 12.6%	**37.4%**	+ 8.5%	**45.9%**	- 16.0%	**29.9%**
EMS Patient Facing	**53%**	- 10.4%	**42.6%**	+ 3.9%	**46.5%**	- 14.9%	**31.6%**
Chief Executive	**28%**	+ 3.6%	**31.6%**	-	-	-	**52.6%**
Clinical	**68%**	- 9.2%	**58.8%**	+ 13.4%	**72.2%**	+ 1.9%	**74.1%**
Corporate Governance	-	-	-	-	-	-	**73.3%**
Digital	**53%**	- 16.6%	**36.4%**	+ 16.2%	**52.6%**	+ 3.2%	**55.8%**
Finance & Corporate Resources	-	-	-	-	-	-	**40.8%**
Operations	-	-	-	-	-	-	**33.6%**

Partnership & Engagement	**88%**	- 52.7%	**35.3%**	+ 39.7%	**75.0%**	- 36.5%	**38.5%**
People & Culture	-	-	-	-	-	-	**44.6%**
Quality, Safety & Patient Experience	-	-	-	-	-	-	**69.2%**
Strategy, Planning & Performance	**82%**	- 45.6%	**36.4%**	+ 63.6%	**100.0%**	- 15.4%	**84.6%**

Table 4. Comparison of Directorate % uptake to the three previous flu campaigns

When comparing this year's campaign to those previously undertaken by the organisation, it is important to consider some of the influencing factors reported earlier in the document. This includes the vaccine fatigue experienced by staff and staff working from home.

In *table 4*, a comparison can be seen for all Directorates in WAST of their flu uptake figures from the previous three campaigns (2020-21, 2021-22 and 2022-23) and this year's campaign (2023-24). As seen between last year's campaign and this year's campaign, the percentage differences mostly demonstrate a decrease in the number of individuals receiving the flu vaccine, whether that be in WAST or in an alternative setting. However, the vaccination rates in both the Clinical and the Digital Directorates increased.

Some Directorates can be directly compared, with no changes in the reconfiguration of the staff group noted. This includes but is not limited to the Clinical, Digital, Partnership & Engagement and Strategy, Planning & Performance.

3. Data Summary

The target set out by Welsh Government is to improve on last year's flu vaccination uptake. However, this was unfortunately not met during this year's campaign.

This is reported alongside a 44.2% engagement rate for the organisation and for those that engaged via Microsoft Form, 36.5% decided to receive the vaccination this year. The remaining 7.7% decided to decline the flu vaccine and opt-out.

Patient-facing colleagues of WAST saw a 31.1% vaccination rate that was 5.4% lower than the average figures for the overall organisation and a 15.2% decrease from the patient-facing figures seen in the previous campaign.

4. Reporting

Due to the discontinuation of the National Influenza Action Group (NIAG), regular updates on the surveillance of flu alongside the progress in each Health Board were not given. Therefore, the ability to obtain information from Public Health Wales has been increasingly harder. The reasoning behind the discontinuation of the group is the incorporation of the flu vaccinations into the COVID-19 Booster Programme and it remains unlikely that the group will reconvene for the next season unfortunately.

The data received from the Microsoft Form for the Flu Campaign was utilised in conjunction with a full staff list supplied by ESR in September 2023. This was not updated throughout the campaign and was used as a baseline of WAST staff during the duration

of the campaign. Subsequently meaning that there may be some slight disparity in the overall results, dependant on the number of joiners and leavers during the 6-month period.

A weekly summary highlight report was collated by the Project Manager and shared with all members of the Flu Programme and the Senior Operations Team (SOT) at weekly meetings. This allowed for continual monitoring and oversight of the progress of the campaign.

5. Campaign Summary

The attendance at the monthly flu campaign meetings were often diminished and underrepresented. Two flu teams channels were created; one for all members of the flu campaign and one for Occupational Health and the Project Team. This proved to be a useful tool as data was regularly updated.

WAST's SharePoint platforms were used as the main mechanism for communicating with staff throughout the flu campaign. Regular communications were sent to staff advising them of clinical details and a specific Intranet page was developed for the campaign which the nominated communications lead maintained.

Similarly to last year, the campaign utilised the CEO Roadshows as an opportunity for staff to receive their flu vaccination. Enabling staff to have the vaccine at this event was well received by staff and colleagues and will be used as part of future campaigns.

Positive feedback and engagement received from WAST Volunteers, indicating that it would be beneficial to offer the flu vaccine to all WAST Volunteers from the start of the next flu campaign.

Incentives were reintroduced this year but instead were made available to any staff who completed the Microsoft Form. All staff who completed the form were entered into a prize draw to win prizes, consisting of 6 '*Tier One'* vouchers for £250 and '*Tier Two'* vouchers of £20 each. The reintroduction of incentives had a positive effect on the engagement rate of staff completing the form, as 11.3% WAST staff completed the form to state they have had the vaccine elsewhere during this campaign, in comparison to 6.8% WAST staff in the previous campaign, therefore, a 4.5% increase.

6. Learning & Proposals

The following table illustrates the learning that has taken place throughout the Flu Campaign and proposals on how to use this learning to improve future flu campaigns within the Trust.

	Learning	Proposals
1	Not all staff are completing the consent / opt-out Microsoft Form.	A forced message booking system.
2	Information is only stored on Microsoft Forms and not on ESR. Also, many staff are incorrectly completing the form i.e.	Link the Microsoft Form to ESR.

	stating an incorrect Payroll number or the incorrect Directorate.	
3	Peer Vaccinators require more notice to complete their necessary competencies.	Peer Vaccinators to be nominated early in the planning stage of the flu campaign.
4	No confirmation that all the Flu Leads received their flu vaccination.	Encourage all Flu Leads to be advocates of the flu vaccine and willingly have the flu vaccine themselves each year. However, this is not mandatory.
5	Assigning a specific number of vaccines to each l area worked far better than requesting how many vaccines each area wanted, as it ensured OH had continuous central stocks available throughout the campaign.	Assign a specific number of vaccines to each area.
6	The success of flu vaccinations at the CEO Roadshows.	Ensure there are enough vaccines and Peer / OH Vaccinators available at each roadshow.
7	Unable to identify exactly how many staff have had the flu vaccine elsewhere, despite members of staff completing the Microsoft Form to advise it had been received elsewhere. This won't include those who have not completed the form.	Request access to the WIS system, in order to find out how many staff have had the vaccine elsewhere.
8	Incentives are a positive way to encourage the completion of the Microsoft Form.	Submit a Capital Bid to the Charitable Funds Committee at the start of the next flu campaign.
9	A central mailbox for all flu queries worked better than staff emailing queries to individual Project Team members i.e. OH / Project Manager.	Promote and utilise the central mailbox again for all flu queries.
10	Some Flu Leads were refused flu vaccines at initial collections, due to incorrect cooler bags.	Ensure all Flu Leads have the correct cooler bags at the start of the flu campaign.
11	Lack of engagement received from several nominated Flu Leads and inadequate Flu Plans submitted.	All Flu Leads and Flu Plans to be signed-off at formal SOT meeting, prior to the flu campaign commencing.
12	Specific areas unable to identify how many staff have been engaged with during flu campaign i.e. Microsoft Form captures all of EMSC, as opposed to each region.	Include additional questions in the Microsoft Form.
13	CEO emails to staff regarding the importance of the flu vaccine and encouraging the completion of the Microsoft Form.	Request for the CEO to circulate emails to all WAST staff during the next flu campaign again.
14	Vaccinations for WAST volunteers was a success.	Explore expanding the flu campaign to include providing flu vaccines to WAST volunteers from the start of the campaign.
15	Liaising with BCUHB and creating a SLA for WAST staff to be vaccinated proved successful.	Hold discussions to potentially implement SLAs with other HB areas.

Table 5. Learning experienced with proposals for future campaigns

7. Recommendations

The proposals being recommended to WAST for next year's campaign include:

- Implement a forced flu vaccine booking system, in order to ensure all WAST staff have been engaged with;
- A streamlined approach to link the Microsoft Form to ESR, in order for all information be stored and captured accurately;
- Peer Vaccinators to be nominated earlier, in order for Peer Vaccinators to have sufficient time to complete necessary competencies;
- Encourage nominations for Flu Leads to be staff who are advocates of the flu vaccine, who willingly have the flu vaccine each year (this is not mandatory);
- By using the current campaign's flu vaccine usage data and stock levels per area, again assign a specific number of vaccines to each area;
- If the CEO Roadshows go ahead during the next Flu Campaign, ensure there are enough vaccines and Peer / OH Vaccinators available at each roadshow;
- Liaise with PHW to ensure WAST HI Department have sufficient access to the WIS system, in order to find out whether WAST staff have had the flu vaccine in an alternative setting. However, it has been confirmed that GP Surgeries and Pharmacies do not currently utilise the WIS system and also, not all HBs utilise the system either;
- Submit a Capital Bid to the Charitable Funds Committee at the start of the next flu campaign for incentives to encourage staff to complete the Microsoft Form;
- Continue to promote and utilise the central flu mailbox to answer all flu-related queries directly;
- Ensure all Flu Leads have the correct cooler bags at the start of the flu campaign, to enable there to be enough time to purchase the correct cooler bag prior to the collection of the flu vaccines;
- All Flu Leads and Flu Plans to be signed-off at formal SOT meeting, prior to the flu campaign commencing;
- Include additional questions in the Microsoft Form, to enable data to be broken down further;
- Request for the CEO to circulate emails to all WAST staff during the next flu campaign to again encourage engagement;

- Explore expanding the flu campaign to include providing flu vaccines to WAST volunteers from the very start of the campaign;

- Potentially discuss implementing SLAs with other HB areas.

8. Conclusion

The Seasonal Influenza Campaign for Welsh Ambulance Services NHS Trust saw a decrease in vaccination uptake for 2023-24.

The campaign ended with a 36.5% uptake of the flu vaccine and a 44.2% engagement rate on the Microsoft Form. Moving forward, there is a need to continually encourage staff to record their decision, whether that to be receiving or opting out, with emphasis on the anonymity that the Microsoft Form provides.

During various meetings with Health Boards, it has also been suggested that the vaccination rates across staff within the Health Boards have been lower than that of the previous campaign. Therefore, it may be a wider NHS issue that needs to be addressed for the next flu campaign.

It is evident that lessons have been learnt from this campaign and consequently, there is an extensive list of areas that require continued development for future flu campaigns.

AGENDA ITEM No	**16/17/18**
OPEN or CLOSED	**Open**
No of ANNEXES ATTACHED	**3**

STRATEGIC EQUALITY ANNUAL REPORT GENDER PAY PAP REPORT WORKFORCE EQUALITY MONITORING REPORT 2023-2024

MEETING	People and Culture Committee
DATE	30 August 2024
EXECUTIVE	Angela Lewis, Director of People and Culture
AUTHOR	Kat Cobley, Head of Inclusion and Engagement
CONTACT	Kat.cobley@wales.nhs.uk

EXECUTIVE SUMMARY

1. This report provides an annual update on the progress made to achieve the Trust's Strategic Equality Plan Objectives during 2023-2024. It also provides data on the Trust's gender pay gap and workforce diversity for 2023-2024.

2. These reports must be published on the Trust's website by 31st March 2025 in line with the requirements of the Public Sector Equality Duty.

KEY ISSUES/IMPLICATIONS

3. Good progress has been made to achieve the SEP 2020-2024 actions but more work is needed to realise the Trust's ambition of becoming a truly inclusive organisation for all who come into contact with it.

4. The newly developed SEP Objectives for 2024-2028 are a continuation of the work already undertaken. Challenges remain around the following key areas:

   - Data collation of staff equality monitoring data on ESR
   - NHS Staff Survey Participation
   - Lack of engagement in EDI initiatives from staff across directorates due to operational and workload pressures
   - Workforce diversity in particular the lack of staff who are Black, Asian and Minority Ethnic, and staff with a disability
   - Gender pay gap remains consistent due to lack of women in pay bands 8a and above

RECOMMENDATION PCC is asked to:

- **DISCUSS** and **ENDORSE** the annual reports prior to receiving approval from the Board and publication in line with the requirements of the Public Sector Equality Duty.

REPORT APPROVAL ROUTE
30.08.2024 People & Culture Committee

REPORT APPENDICES
Appendix 1: SEP Annual Report 2023-2024 Appendix 2: Gender Pay Gap Report 2023-2024 Appendix 3: Workforce Equality Monitoring Report 2023-2024

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

SITUATION / BACKGROUND

1. In line with the requirements of the Public Sector Equality Duty, the Trust must publish an annual report which outlines the steps it has taken to achieve Strategic Equality Plan objectives throughout the year. It is also required to publish its gender pay gap and workforce equality monitoring data at the end of each financial year.

2. In line with advice from Welsh Government, it has been agreed that NHS Wales organisations can include a progress update on the Anti-Racist Wales Action Plan and the LGBTQ+ Action Plan within the SEP annual report.

3. The information in this report covers the period between 1st April 2023 – 31st March 2024. This also coincides with the expiry of the Trust's 4 year Strategic Equality Plan 2020-2024. Whereas progress has been steady over the past four years, there is still much more work to be done to realise our ambition to be a truly inclusive organisation for our service users, staff and stakeholders. This was evident in the feedback received during the SEP consultation and engagement period and has been reflected in our new SEP Objectives for 2024-2028 which aim to build upon the progress already made.

ASSESSMENT

Key achievements in 2023-2024

4. Good progress has been made across all 4 of the SEP Objectives. Notable achievements in the past year include:

    - Improving our services for people with Learning Disabilities.
    - Further development of our reminiscence therapy interactive activities for dementia patients.
    - Engagement with children and young people with our Shoctober campaign.
    - Development of a welcome pack for people whose first language is not English or Welsh.
    - Collaborative working with AACE LGBT+ Network to arrange a 2-day national conference and produce a series of trans awareness resources.
    - Supportive initiatives for women in the workplace including, open days for women, increased menopause awareness, women in technology sessions and the relaunch of our women's health network.
    - Improved channels for staff to raise concerns.
    - Coproduction of sexual safety guiding principles and awareness training to help prevent sexual harassment in the workplace.
    - Establishment of our 'Nothing Without Us' staff disability network.
    - Investment in compassionate practices training.
    - Development and delivery of allyship and active bystander training.

Challenges

5. As we continue to raise awareness of equality, diversity and inclusion matters and encourage best practice, there has been a growing demand for support from the Inclusion, Culture and Wellbeing Team in relation to requests for training, advice on completing EqIAs and project support. The Trust has limited resources within the EDI Team which can make it difficult to progress the SEP Objectives in full. There is also a lack of capacity within teams across the organisation to implement EDI initiatives. Conversations with managers across the Trust suggest that this is due to increased workloads and operational pressures. Data from the NHS Staff Survey would also support this.

6. Poor investment into EDI can lead to the following:

    - Continued incidents of work-based discrimination.
    - Reputational damage and negative organisational culture.
    - Staff absence due to stress-related sickness.
    - Increase in internal investigations, employment tribunals and financial compensation.

7. Our gender pay gap remains around 5.6% with little fluctuation over the past seven years. With an almost even split between male and female employees, our gender pay gap is the result of fewer women in pay bands 8a and above.

Despite the actions taken to support more women into senior roles, we still have more men in these roles.

8. We do not have a full picture of workforce diversity as the data held on ESR is incomplete. It is voluntary for staff to provide this data and some staff may have chosen not to provide this data. The data we have indicates a small rise in the number of staff who identify as LGBTQ+ (5.6%) and staff with a disability (6.75%). Our LGBTQ+ staff are over representative of the Welsh population which is 3.0% (Census data 2021). However, our staff with a disability are under representative of the Welsh population which is 21.1% (Census data 2021). Feedback from staff tells us that some staff may be reluctant to disclose a disability as they feel it might prevent them from being appointed and from career progression.

9. Our first WRES Report has been presented separately to ELT and to the People and Culture Committee. An action plan is being developed to deliver the recommended actions.

Mitigating Actions

10. The SEP Objectives for 2024-2028 have been developed following consultation and engagement with a wide variety of community groups, individuals, staff networks, stakeholders and Trade Union representatives. They are a continuation of the previous objectives with the following aims for the Trust:

    - Design Equitable Services;
    - Be an Employer of Choice;
    - Lead by Example;
    - Create Allyship.

11. A detailed action plan for 2024-2025 has been developed to sit under the SEP. This includes actions for directorates across the Trust which will be monitored by the EDI Steering Group. Some of the key actions for 2024-2025 include:

    - Improve our integrated care system's capabilities to record patient ethnicity, gender and learning disability status and to educate staff about why this is important.
    - Address capacity issue by:
        - ensuring understanding that all colleagues have a responsibility in this space;
        - ensuring EDI is a core theme within our leadership and management development offerings;
        - utilising external expertise as appropriate.
    - Support the development of an EqIA for the transformation delivery programme to ensure that the individual needs of our service users and staff are met and to mitigate against any potential adverse impacts.

- Support the national review of sensory loss standards which will extend to people with learning disabilities and people who speak other community languages.
- Improve data collation and EDI metrics to help quantify progress and identify areas for improvement. Increase ESR personal information data and introduce a Cultural Assessment Tool for managers to assess culture within their teams.
- Establish a Black, Asian and Minority Ethnic Staff Network and increase engagement with our local communities to identify ways of improving patient experience and outcomes and to help make the Trust a more attractive employer to people from Black, Asian, and Minority Ethnic people.
- Learn more about the reasons why women are not being appointed to senior roles and to offer further support.
- Increase training and awareness of sexual safety and sexual harassment in the workplace via our WAST Voices network campaigns. To develop training and prepare the Trust for the introduction of the Worker Protection Act.
- Increase support for staff with a protected characteristic and those who are vulnerable who have raised concerns to ensure that they are appropriately supported throughout our people services processes.
- Increase staff engagement and participation in national surveys to understand the needs of our staff better and to identify actions for improved employee experience.
- Review internal governance of the SEP objectives to ensure that they are embedded across the organisation and assurance is provided to the Board of the achievements, risks and challenges in a timely manner.

RECOMMENDATION

12. PCC is asked to:
    - **DISCUSS** and **ENDORSE** the annual reports prior to receiving approval from the Board and publication in line with the requirements of the Public Sector Equality Duty.

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

STRATEGIC EQUALITY PLAN ANNUAL REPORT

2023/2024

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- Foreword
- Strategic Equality Objectives
- 2023-2024 Achievements
- Gender Pay Gap
- Workforce Diversity
- Workforce Race Equality Standard
- Looking Ahead

Foreword

Welcome to Welsh Ambulance Services University NHS Trust annual report on our Strategic Equality Plan for 2023-2024.

On 31st March 2024, our Strategic Equality Plan for 2020-2024 and our set of objectives were replaced by a new four-year plan and a new set of objectives. Further details on the consultation and engagement processes to help us develop our new plan can be found in this report.

Before looking ahead to the next phase of our plans to improve equality, diversity and inclusion, we have taken the time to reflect upon the progress made over the past four years. During this period, we have faced our most challenging times as a healthcare provider following the impact of the COVID-19 Pandemic, Brexit and the costs of living crisis. Health inequalities have worsened as a result with our most vulnerable people experiencing increasing challenges in their everyday lives.

As a result, we have worked with Welsh Government to shape a series of action plans designed to improve the experiences of people with a protected characteristic to help meet their specific needs. We continue to work with charities and third sector organisations whose specialist research into the experiences of specific community groups has helped to influence and inform our plans and service delivery.

This report outlines the steps taken to address the inequity experienced by our staff and service users and the progress made to increase diversity within our workforce to help us be more inclusive of all who come into contact with the Trust.

Our Strategic Objectives

The Trust's Strategic Equality Plan ***Treating People Fairly*** 2020-2024 contains a high-level action plan for our key objectives which we have continued to implement over the past four years. Our Strategic Equality Plan can be found on our Trust's website or by clicking here.

The four objectives over the past 4 years were:

OBJECTIVE 1

Continue to celebrate and promote the diversity of all our people, to ensure they feel safe, valued and respected at work.

OBJECTIVE 2

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

OBJECTIVE 3

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

OBJECTIVE 4

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

2023-2024 Achievements

The following pages outline the steps we have taken during 2023-2024 to achieve our Strategic Equality Objectives. This builds upon the work already undertaken in previous years. Copies of previous annual reports can be found on our website.

Engaging with our Service Users

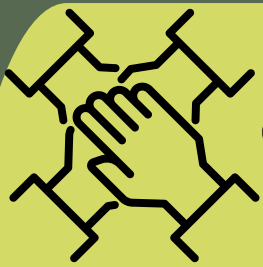
We continue to use a range of methods to gather feedback from our service users so that we can learn from their experiences and use this information to make improvements to our services. A new Videobooth functionality on our patient feedback system allows patients to directly record and upload their personal stories onto the system. Other key features of the new patient video stories functionality include the ability to categorise stories; the option to play videos directly within the experience platform; and the ability to download and share videos for use within a health board. The PECI Team represent the Trust on the All Wales Digital Stories Network, where our innovative practice in patient storytelling was acknowledged as exemplar.

The Trust has also developed some specific surveys to help address the most common healthcare issues affecting our most vulnerable service users. This has included:

- A new survey for patients who are treated by one of our Falls Assistants or Falls Responders and remain at home after falling.
- A new survey for staff and dementia patients to help us better understand the experiences of both parties who are using reminiscence interactive therapy activity tablets available in select vehicles across Hywel Dda.
- A new Oncology Volunteer Car Transport Survey to look specifically at the experiences of oncology patients who travel to their hospital appointments using the Volunteer Car Service.

Improving communication with our ethnic minority communities

A Welcome Pack for diverse communities and people whose first language is not English was formally launched in conjunction with the Ethnic Youth Support Team (EYST) in November 2023 at an event held in the Selwyn Samuel Centre, Llanelli. This pack was informed by the engagement with Syrian families being resettled in Wales and other ethnic minority communities across Wales. An online translation tool has been built into the pack to allow users to provide feedback in real time and a new set of pictorial instructions for inclusion is in development and will be rolled out from April 2024.



Collaboration

In October 2023, the Trust collaborated with the Hindu Cultural Association and Cardiff and Vale Regional Partnership Board. This project aimed to identify knowledge and skill gaps in community members attending the India Centre, Splott, Cardiff. A programme of skill and awareness raising sessions based on community need were co-designed, which aimed to create solutions to accessing services and building community resilience.

Black Lives Matter Wales Conference and Exhibition

The Trust continues to work with external organisations to engage with our Black, Asian and Minority Ethnic communities. In March 2024, the Trust had an information stand at Race Council Cymru's Black Lives Matter Wales Conference and Exhibition where staff learned about the lived experiences of individuals, discussed ways of building relationships and improving access to services, and promoted volunteering opportunities and careers within the Trust. As a result of this event, a planned visit to the African Community Group in North Wales has been arranged for later in the year.

Race Council Cymru | Llywodraeth Cymru Welsh Government | Windrush Cymru Elders | Black Lives Matter Wales | Zero Racism Wales | Black History Wales | Hanes Pobl Ddu Cymru

Supporting our LGBTQ+ Communities

Our LGBTQ+ Staff Network continues to lead on attendance at Pride events which allows the Trust not only to show visible support for our LGBTQ+ communities but also allows us a valuable opportunity to engage with our communities and use this information to inform our future plans, such as our new Strategic Equality Plan for 2024-2028.

Feedback from staff and service users told us that they wanted to see more attendance at local Pride events across Wales. The LGBTQ+ Network is working in partnership with our Locality Managers and Community First Responders across Wales to plan a coordinated approach to attending more events across Wales in 2024-2025. This plan was piloted during the summer of 2023 with some of our staff and volunteers attending Llandeilo Pride and Pembrokeshire Pride in addition to Cardiff and Swansea.

Working in partnership with AACE LGBTQ+ Network, we have co-produced educational resources to help staff better understand the challenges faced by transgender people. The resources include:

- Information for call handlers which explains terminology and offers advice on dealing with transgender patients sensitively whilst maintaining confidentiality and dignity.
- Guidance on developing organisational policies and procedures to help embed trans-friendly practices
- Practical steps Ambulance Trusts can take to show visible support for trans communities.

The Trust recognises that our trans communities are increasing both within the communities we serve and within our own workforce. In November 2023, Our WAST Voices Network welcomed a transgender paramedic from another Ambulance Trust who shared their personal story with our staff to help increase knowledge and understanding of supporting colleagues who are transitioning whilst at work.

As part of our long-term plans to deliver primary education and engage with children and young people, October saw our Patient Experience and Community Involvement Team visit schools as part of their 'Shocktober' campaign.

The aim was to promote CPR and the use of community defibrillators, as well as promoting key messages on the healthcare services we provide. Pupils who took part were encouraged to become future lifesavers in the community.

This year's primary education programme was the most successful to date with more schools than ever expressing an interest to take part. A total of 68 schools attended across Wales, including 11 Welsh medium schools with 4 sessions being delivered in Welsh. This year, 83 volunteers also attended the sessions, which is our highest number to date.

For future events, we will include new health scenarios to enable pupils to consider when 999 is appropriate and record an emergency 999 simulation call with a younger caller not knowing their home address.

Blue Light Gaming App

The Children's Commissioner 'The Right Way', a children's rights approach '7 Important checks' is the latest feature developed and added to our WAST 'Blue Light Hub' gaming app. The bilingual gaming app, aimed at 7–12-year-olds is designed to assist children and young people in understanding what happens when they call 999 and how we prioritise patients. It also aims to familiarise players with the equipment emergency crews use and why they use it alleviating any fears young patients may have and promoting a positive experience. The app is available on all staff iPads. Under strict supervision and parental consent, staff have the option to use the app for play and distraction technique purposes. The app is also free to download at Google Play and Apple App Store.

Improving our Dementia Care

After receiving an award for the most innovative use of Reminiscence Therapy Interactive Activities (RITA) at the RITA User Group Conference and Awards in 2022, the Trust's Dementia Team attended the 36th Global Conference of Alzheimer's Disease International to share good practice on a global scale.

The event, which took place in Krakow, brought together experts from across the world to share information on achievements, innovations and best practice in dementia research, care and policy, whilst continuing to address and challenge the perceptions around dementia. As the only ambulance service to physically attend, we were invited to share the Trust's work on creating dementia-friendly environments and the use of reminiscence therapy to support people living with dementia when using our services. This has included the introduction of dementia-friendly flooring, blinds and colour schemes to our non-emergency fleet, and the continued use of interactive touch screen tablets that blends entertainment with therapy. This assists patients in recalling and sharing events from their past through listening to music, watching news reports of significant historical events, listening to war-time speeches, playing games and karaoke, watching old films, TV shows, sporting events, and viewing old photographs.

The work of the team has enabled the Trust to be recognised as a Dementia Friendly Organisation by the Alzheimer's Society and in 2023 we were awarded a Dementia Hero Award for Professional Excellence.

Improving our service delivery to people with learning disabilities

Our Patient Experience and Community Involvement (PECI) Team have continued to build relationships with people who have a learning disability to learn more about how we can improve access to services and communicate better with people. Using the feedback received, we have invested in training to develop easy read versions of our communications and have invested in digital technology to help make our website communications more accessible.

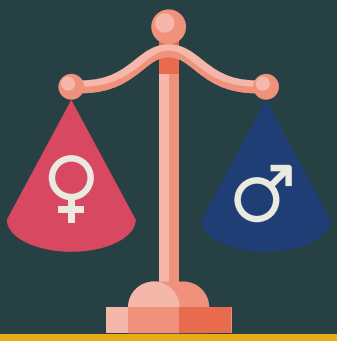
In September 2023, our PECI Team presented to the Learning Disability Ministerial Advisory Group. As a result, proposals have been developed to introduce a flagging mechanism on our systems to identify individuals with a learning disability, those who have autism or are neurodiverse, so that clinicians can learn more about individuals' needs. This will help us to manage frequent callers, identify intersectionality between learning disability and ethnicity, and provide further engagement and networking opportunities.

A change request to make improvements to our electronic patient record system was submitted and a prototype solution is in development. The change was funded by Improvement Cymru Learning Disability Team, who are also collaborating to explore funding opportunities to make improvements on our telephony systems.

Educating our staff about sight loss

To try and help reduce the number of falls-related incidents, our Mental Health and Dementia team have worked in partnership with the Royal National Institute of Blind People to develop a series of mini learning videos on sight loss conditions. The videos, which have been added to the Trust's YouTube Channel and our learning launchpad, cover topics including common eye conditions, sight loss and dementia, uncorrected refractive error, glaucoma, falls environments, diabetic retinopathy, Charles Bonnet Syndrome, cataracts, and age-related macular degeneration.

Gender Pay Gap



There has been little fluctuation within our gender pay gap over the past 7 years. Our gender pay gap for 2023-2024 is 5.6%. A full breakdown of our gender pay gap data can be found in appendix A. Whereas our gender pay gap remains relatively small in comparison to many other UK Health Boards and Trusts, we acknowledge that any gender pay gap is unacceptable and we need to continue to work to close the pay gap. Therefore, we will continue to:

Engage with our staff to understand the reasons behind our gender pay gap.

Educate staff to help them understand our gender pay gap in order to influence future recruitment activity.

Encourage our female staff to explore available career progression opportunities.

What have we done over the past year to improve our gender pay gap?

Women's Open Day at HART

In June 2023, the Trust held its first open day specifically for women within our specialist operational Hazardous Area Response Team (HART). The purpose of this day was to encourage more women to apply to join the HART Unit to bridge the gap between the disproportionate low number of women who currently work within the unit. During the day, women had the opportunity to undertake some of the practical elements of the role, including safe working at heights, confined space training and the physical competency test. This was to alleviate some of the concerns that potential female applicants may have when considering applying for a highly specialised role within HART. Our existing female operatives within HART were on hand to share their own experiences of joining the team and provided a safe space for the attendees to ask questions and learn more about the role.

WAST has supported one of our Organisational Development Managers to take up a secondment position within a specialist sexual safety role within the Association of Ambulance Chief Executives. A set of sexual safety guiding principles were developed in 2023-2024 which were launched at the UK Ambulance Leadership Forum in November 2023. An engagement exercise with our staff has demonstrated the need to increase support for our female employees who experience misogyny and sexual harassment in the workplace. Learning from cultural reviews which have taken place in Ambulance Trusts in NHS England and within other emergency services, we have been proactive in tackling this issue within the Trust. Working with national media outlets, our Chief Executive has made a public commitment to eradicate sexual harassment within the workplace. Sharing anonymised experiences of our female staff has helped to highlight the need for action. We have developed and delivered a number of sexual safety awareness sessions to key groups of staff throughout the year which we will continue into next year. Work is ongoing to develop and implement a series of more detailed sessions on multiple topics relating to sexual safety. This work has also been supported by our WAST Voices Network and our Freedom to Speak Up initiative. Further information on these can be found in the Workforce section of this report.

International Women's Day 2024

We held a series of events to recognise the achievements of our female staff and to encourage more women into leadership and management positions and into roles where we have a fewer female staff than men.

Some of our female Board Members and Assistant Directors held an online discussion panel and shared their own personal stories and journeys into leadership positions. Staff shared advice on coping strategies and multi-tasking skills to balance career progression with home life commitments whilst acknowledging the barriers and challenges that women face in the workplace.

Our WAST Voices Network hosted a 'Women in Tech' session which was led by our Assistant Director of Digital Services, Dr Leanne Smith. This session was well attended and provided an insight into the opportunities for women within digital services, a service area which is predominantly male dominated in many sectors.

To make our celebrations inclusive of our male staff, we took the opportunity to increase understanding of gender discrimination by hosting a dedicated session on how to be a better ally to women in the workplace. A guest panel included some of our male Board Members and our Head of Workplace Wellbeing, Dr Adam Cann, who spoke candidly about their own knowledge gaps in relation to gender equality and explored possible actions to better support their female colleagues.

Our Women's Health Network was relaunched as part of our International Women's Day celebrations in March 2024. Early conversations have been held with members on developing a set of objectives for the network and planning a series of future events to support women in the workplace which will focus on topics requested by network members.

Menopause Matters!

Working in partnership with Betsi Cadwaladr University Health Board, staff were invited to attend a series of virtual menopause sessions. These sessions, provided by The Menopause Company, focused upon menopause awareness and how to become a menopause champion. Staff were also invited to attend a screening of a the '*Rainbow Menopause*' a short film produced with the Menopause Inclusion Collective. The film looks at menopause for LGBTQ+ people, identifying the need for more inclusive conversations and support. Featuring interviews with clinicians and people who have experienced the menopause it is hoped that sharing lived experiences and individual stories will help more people to understand that menopause conversations need to be inclusive of everyone.

Policy Development

Our People Services Team has delivered a series of workshops to managers to promote better implementation of the flexible working policy, reasonable adjustments and managing sickness absence. The aim is to help managers to move away from traditional ways of line management and offer more flexibility to meet the individual needs of our staff, improve health and wellbeing and increase recruitment and retention of staff within the workplace.

Our Carers Network has also been promoting and preparing to implement the requirements of the new Carers Leave Bill which provides unpaid carers with an entitlement of up to one week's unpaid carers leave.

In 2024-2025, the following actions have been identified to help us address our gender pay gap within the Trust:

What more can we do?

Engage with our female staff to better understand the possible reasons behind gender pay gap.

Hold dedicated workshops for operational female staff to learn about progressing into a managerial role. Workshops will explore theories around 'imposter syndrome', promote policies and procedures that can support flexible working, and encourage participation in our available leadership and management skills programmes.

Deliver our 'Women in Tech' session at this year's Mastering Diversity Conference Wales, a premier event organised by leading EDI expert, Bernie Davies, which attracts leading professionals across Wales and the UK. Dr Leanne Smith, alongside staff from within the Trust will be leading the digital sector zone in the event which will aim to encourage more women to consider careers within digital services within WAST and the wider public sector.

As part of the re-launch of our Women's Health Network, we plan to hold a series of sessions which will support women's health and wellbeing within the workplace. Sessions will begin in July 2024 with a focus on endometriosis and menopause.

Increase capacity for our Speak Up Safely Initiative with the recruitment of a full-time Guardian. This new role will support our programme of work to improve culture around sexual safety awareness and provide support to those who experience sexual harassment.

Continue to support the Lead for Sexual Safety in delivering a series of sexual safety awareness training to staff across the UK Ambulance Service. The Lead will also liaise with Cardiff University and facilitate participation in a research project which aims to analyse the sexual harassment experiences of frontline healthcare staff.

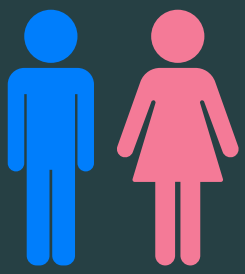
Workforce Diversity

Our workforce equality monitoring data shows some improvement in the diversity of our workforce with a small increase in the number of staff who have a disability and those who identify as LGBT+.

6.75%

5.6%

For the first time since reporting began, we have more female members of staff than male members of staff. However, we were disappointed to see a small decrease in our Black, Asian and Minority Ethnic workforce which remains a challenge for the Trust.



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1.4%

We recognise that despite some small gains in workforce diversity, there is much we need to do to improve so that it is more reflective of the population we serve. In 2023-2024, we have continued to implement a number of actions to help us grow workforce diversity and to support staff from minoritised groups who may face additional challenges in both the workplace and in their personal lives.

Further details of our workforce diversity can be found in our Workforce Annual Equality Monitoring Report 2023-2024 which can be found in Appendix B

What have we done over the past year to improve our workforce diversity?

Our **WAST Voices Network** continues to promote inclusive working environments and raise awareness of the issues faced by vulnerable people and those with a protected characteristic. This network acts as an umbrella network to our other staff networks. It continues to liaise with our Network Chairs to host information sessions on a range of current issues which need addressing. Throughout the year, guest speakers were invited into the Trust and delivered sessions to offer support to staff and raise awareness of the following topics:

- LGBTQ+ Student Voices
- Trans Awareness
- NHS Muslin Women's Network
- Women within the Armed Forces
- Women in Technology
- Extreme Misogyny and the Incel Movement
- Misandry and Masculinity with Lads Army
- Male Allyship

Rhwydwaith LGBTQ+ Network

As our LGBTQ+ staff and communities continue to face challenges and discrimination, the Trust has accelerated its efforts to put support mechanisms in place to improve the experience of our LGBTQ+ staff and service users.

Our Network Chair continues to work closely with the Association of Ambulance Chief Executive's National LGBT Network. This has included a 2-day conference in Manchester University where network members and staff from across UK Ambulance Trusts met to participate in themed workshops and attended seminars to improve their own knowledge and learn new skills in tackling inequalities for LGBTQ+ communities. Networking opportunities at the event also provided Trusts with useful contacts to help deliver further awareness training within their own individual organisations.

Nothing Without Us

PurpleSpace

After commissioning support from the **Purple Space** organisation, we have established a growing network for staff with a disability. This network is currently open to all staff with a disability and their allies. As the network develops, members will decide if they wish to create separate sub-groups for physical disabilities and neurodiversity.

The network has currently set itself a set of objectives for the year and has already made links with other networks across Wales.

Members have sought support from our established Carers Network and are working on an initiative to introduce a Health and Wellbeing Passport for staff and have already developed a draft version which is currently out for consultation. This will be linked to our Carer's Passport initiative and will offer staff and their line managers the opportunity to meet individual needs more efficiently and implement appropriate reasonable adjustments.

efc employers for carers wales

Our **Carers Network** continues to grow in numbers and strength. In addition to celebrating Carers Week and Carers Rights day we have developed a Carers SharePoint page and launched a Working Carers Passport. Training sessions continue to be delivered to line managers by our appointed Carers Wales Workplace Champion. In June 2023, a Carers Peer Support Network was launched to offer a supportive space for working carers and colleagues.

This launch included procuring access to the Carers Wales 'Jointly App' which helps staff to manage their caring responsibilities alongside work and social life. This app was created by carers for use as a communication and support tool. We will continue to fund access to the app for our staff and to date, 23 members of staff have benefited from using the app.

Working Carers

jointly

Compassionate Practices

The Trust has worked in partnership with NWSSP to develop a series of training modules based upon compassionate practices in relation to employee relations. These sessions were designed for staff with line management responsibilities and those who play a role in developing our people services and workforce strategies.

The aim of the session was to explore the impact of our current workforce procedures upon employee relations and how a more compassionate approach tailored to each individual member of staff can improve employee experience, line management procedures and have a positive impact upon productivity, workforce retention and improve long-term sickness and absence.

Allyship & Active Bystander Training

We have developed bespoke training to help staff identify people who may be the victims of discrimination or experience inequity. This training teaches staff how to become an **ally** to those who need them and provides them with the skills to eliminate discrimination by becoming an **active bystander**. Staff learn about **five** techniques that can help others who find themselves in vulnerable positions.

200

colleagues completed the training in 2023 - 2024

Would use what they have learned every day or often

Learned a great deal or a lot

Positive rating of 4.75 out of 5

Speaking Up Safely

Following a series of engagement exercises with staff, we have increased our channels for staff to raise concerns and have open conversations about their personal experiences.

In addition to the traditional channels of available support from line managers and our People Services Team, we launched our Work in Confidence Platform and our Speaking Up Safely Programme in 2023. Both channels offer confidential advice and support from trained 'Guardians' to help find appropriate resolutions to concerns raised.

After initially training three existing members of our Culture, Inclusion and Wellbeing Team to act as official Guardians within the Trust, the growing demand for this service has led to the Trust seeking to appoint a full-time Guardian to increase our capacity to offer advice and support to staff.

The conversations held with Guardians has allowed us to identify trends in the concerns raised, specifically around issues relating to specific protected characteristics. Strong links between the Guardians and People Services has helped to identify key themes between the issues raised with the Guardians and those within staff disciplinary cases. As a result, specific information sessions have been delivered on reasonable adjustments in the workplace, support has been provided to individual staff members and line managers, and our WAST Voices Network have used these themes in their awareness raising campaigns, with a particular focus on addressing inappropriate behaviour, misogyny and sexual safety.

In 2024-2025, the following actions have been identified to help us improve workforce diversity:

What more can we do?

Strengthen our support for our working unpaid carers by developing a Carers Policy and become a certified Carer Confident Employer to increase support to prospective employees.

Liaise with the national Sexual Safety Lead to deliver a series of learning sessions which focus on developing a deeper understanding of sexual safety, sexual harassment, new legislative requirements, institutional misogyny and societal influences. The sessions will signpost to further guidance on how to manage and prevent inappropriate behaviour in the workplace.

Support Board Members to develop and achieve personal objectives around diversity and inclusion beginning with an assessment of their current levels of understanding. Board Members will be invited to attend events throughout the year to improve their leadership skills and to reinforce the Trusts commitment as an inclusive organisation.

Implement a robust annual action plan to help achieve the Strategic Equality Objectives, ensuring that equality, diversity and inclusion is embedded across all directorates and is linked to local directorate plans. Review of the governance procedures around the Strategic Equality Plan and restructure the Equality, Diversity and Inclusion Steering Group with the establishment of sub-groups to implement directorate level actions.

Pilot a new Team Culture Toolkit for managers which aims to help managers identify aspects of team culture that may need to change. It includes a cultural assessment tool which allows teams to measure qualitative and quantitative cultural measures and prompt more in-depth conversations.

Invest in specialist roles which focus on improving employee relations and employee experience. This will include a Guardian and full time Investigation Team to improve timelines in line with compassionate practices goals.

Increase our engagement with staff and our local communities to better understand the gaps in our workforce diversity. This work will also include actions to increase staff participation in the national staff survey.

Workforce Race Equality Standard WRES

In 2023-2024, the Trust prepared to produce its first ever Workforce Race Equality Standard (WRES) Report in line with the requirements of Welsh Government's Anti-Racist Wales Action Plan. Our colleagues at Health Education and Improvement Wales were tasked with collating information from the national electronic staff record (ESR) system, the NHS national staff survey results, and from employee relations colleagues across NHS Wales organisations. This information will form a collective WRES Report on behalf of NHS Wales.

In March 2024, early data collation relating specifically to the Trust provided a baseline of information that can be used to identify areas for improvement to take forward into 2024-2025.

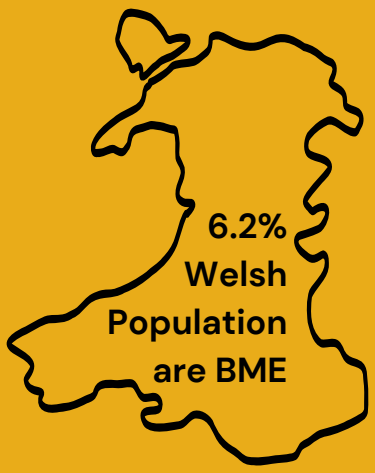
1.4% of the workforce is BME

More work in clinical roles

More BME women than men

9.1% of our voting members are BME

Proportionately represented across pay bands 3 to 8b. No BME staff in bands 2 or 8c. Overrepresented in bands 8d and above.



Less likely to be appointed after shortlisting

5 x more likely to be subject to disciplinary

Black staff are more likely to experience bullying and harassment from work colleagues

Asian staff are more likely to experience bullying and harassment from members of the public and managers

Throughout this report, we use the term 'Black, Asian and minority ethnic'. For the purpose of brevity and visualisation, this is abbreviated to 'BME' in figures and tables

What can we do to improve?

In 2023-2024, the Trust has worked alongside other NHS Wales organisations to progress the actions outlined in Welsh Government's Anti-Racist Wales Action Plan. The Trust has liaised with Diverse Cymru who were asked to undertake a review of NHS Workforce Policies through an anti-racist lens. Feedback has also been provided on the audit report recommendations, which have been agreed in principle, to help identify barriers to implementing the proposed actions. Alongside this work, the Trust has worked closely with Professor Anton Emannuel and the NHS Equality Leadership Group to collate the data for the WRES Report and has attended workshops to discuss potential actions for improvement. We have included some actions within our annual plans to improve our workforce experience and address workforce diversity whilst we await further guidance from Welsh Government on the next steps in the implementation of the Anti-Racist Wales Action Plan.

Looking Ahead

Strategic Equality Plan 2024-2028

Throughout the year we have reviewed the implementation of our strategic equality objectives to assess the progress made and to identify what actions are needed over the next four years. As part of the development of our next set of objectives, we have undertaken a series of consultation and engagement exercises with staff, service users and stakeholders to help us develop a new Strategic Equality Plan for 2024-2028. We were keen to learn more about the challenges faced by people with a protected characteristic. We engaged with local sight loss groups, people from local religious groups, homeless cafés, LGBTQ+ communities, Youth Parliaments, Diverse Cymru, British Deaf Association, charitable organisations, and many more. We also engaged with our staff networks, the Executive Leadership Team, Non-executive Directors, and colleagues across NHS Wales organisations. This engagement has helped us to design a set of objectives that will help us to provide more equitable services and tailor our healthcare services to meet the needs of individuals.

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

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

We are committed to putting our people and culture at the heart of everything we do. Creating a diverse and culturally competent workforce that demonstrates respect, empathy, support and understanding for others is a priority. By investing in our people, we hope to enhance creative thinking and innovation, helping them to realise their full potential. We recognise that this is key to achieving success in improving the quality of care and service user experience. Engaging with our staff, service users and stakeholders has been a crucial part of developing our strategic equality objectives. Listening to what people want and hearing their ideas for change has helped us to identify themes of focus and has provided clear direction for the Trust in order to become a truly inclusive organisation. The Strategic Equality Plan reinforces our ambition to create a positive and inclusive working environment, where everyone feels valued, actively contributes and is proud to work for #TeamWAST. Our people should all feel respected and supported to help us deliver the best possible service to the people of Wales.

Click the link below to see a copy of our Strategic Equality Plan 2024-2028

Treating People Fairly - Our Strategic Equality Plan 2020-2024

Welcome to the Welsh Ambulance Services NHS Trust's Strategic Equality Plan for 2024-2028. Sinc...

Welsh Ambulance Services University NHS Trust

Get Involved

Thank you for taking the time to read this annual report.

We welcome all comments or questions on all aspects of work to improve equality, diversity and inclusion.

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

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

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

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Welsh Ambulance Services University NHS Trust

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University NHS Trust

WORKFORCE EQUALITY MONITORING REPORT 2023/2024

Table of Contents

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

Introduction

We are pleased to present the Welsh Ambulance University NHS Services Trust's Workforce Equality Monitoring Report for 2023-2024.

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

Background

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

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

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

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

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

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

EQUALITY DATA

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

- Staff in post and their protected characteristics
- Working pattern broken down by sex
- Staff who have joined the Trust with a protected characteristic
- Staff who have left the Trust with a protected characteristic

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

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

The data provided in this report is based on the total headcount of staff as at 31st March 2024 which was 4325. Please note that this figure does not include our bank members of staff.

EQUALITY DATA

> Staff from Black Asian and Minority Ethnic backgrounds decreased from 1.83% to 1.36%

> Women increased from 49% to 50%

> Staff with a disability increased from 5.93% to 6.75%

> Staff who identify as LGB+ increased from 5.32% to 5.6%

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

Banding and Contracts by Gender

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

Pay band	Female %	Male %
Band 2	0.95%	1.23%
Band 3	17.69%	14.37%
Band 4	7.97%	9.62%
Band 5	4.78%	4.42%
Band 6	12.85%	12.79%
Band 7	2.96%	5.26%
Band 8A	1.04%	1.73%
Band 8B	0.55%	0.38%
Band 8C	0.23%	0.42%
Band 8D	0.13%	0.42%
Other	0.21%	0.25%

Contact Type	Female %	Male %
Unspecified	0. 00%	0. 00%
Part Time	16.04%	11.07%
Full Time	33.31%	39.58%

Age

Age Band	Headcount	%	FTE
<=20 Years	51	1.8%	49.28
21-25	282	6.52%	270.09
26-30	475	10.98%	452.71
31-35	539	12.46%	507.19
36-40	472	10.91%	444.68
41-45	423	9.78%	398.45
46-50	552	12.76%	531.52
51-55	612	14.15%	579.81
56-60	536	12.39%	489.75
61-65	309	7.14%	252.42
66-70	63	1.46%	47.67
>=71 Years	11	0.25%	7,62%
Grand Total	4325	100.00%	4031.19

Marital Status

Marital Status	Headcount	%	FTE
Civil Partnership	123	2.84	113.96
Divorced	268	6.20	244.96
Legally Separated	57	1.32	52.81
Married	2,003	46.31	1844.88
Single	1,515	35.03	1438.21
Unknown	272	6.29	255.05
Unspecified	56	1.29	53.56
Widowed	31	0.72	27.75
Grand Total	4,325	100.00	4031.19

Religion and Belief

Religion and Belief	Headcount	%	FTE
Atheism	1,035	23.93	980.43
Buddhism	13	0.30	12.64
Christianity	1,862	43.05	1722.07
Hinduism	1	0.02	1.00
Islam	9	0.21	9.00
Judaism	1	0.02	1.00
Not Disclosed	769	17.78	724.62
Other	472	10.91	445.13
Sikhism	1	0.02	1.00
Unspecified	162	3.75	134.30
Grand Total	4,325	100.00	4031.19

Sexual Orientation

Sexual Orientation	Headcount	%	FTE
Bisexual	79	1.83	74.12
Gay or Lesbian	155	3.58	147.97
Heterosexual or Straight	3,495	80.81	3265.82
Not Disclosed	426	9.85	401.68
Other sexual orientation not listed	8	0.18	8.00
Undecided	8	0.18	7.80
Unspecified	154	3.56	125.80
Grand Total	4,325	100.00	4031.19

Ethnicity

Ethnic Group	Headcount	%	FTE
A White - British	3,202	74.03%	3001.12
B White - Irish	23	0.53%	21.06
C White - Any other White background	58	1.34%	56.53
C2 White Northern Irish	2	0.05%	2.00
C3 White Unspecified	50	1.16%	44.60
CA White English	39	0.90%	35.11
CB White Scottish	2	0.05%	2.00
CC White Welsh	416	9.62%	382.94
CY White Other European	2	0.05%	1.80
D Mixed - White & Black Caribbean	4	0.09%	4.00
E Mixed - White & Black African	2	0.05%	1.40
F Mixed - White & Asian	8	0.18%	7.64
G Mixed - Any other mixed background	13	0.30%	11.64
GC Mixed - Black & White	1	0.02%	1.00
GD Mixed - Chinese & White	1	0.02%	0.61
GF Mixed - Other/Unspecified	1	0.02%	1.00
H Asian or Asian British - Indian	5	0.12%	4.40
J Asian or Asian British - Pakistani	4	0.09%	4.00
K Asian or Asian British - Bangladeshi	1	0.02%	1.00
L Asian or Asian British - Any other Asian background	1	0.02%	1.00
LH Asian British	1	0.02%	1.00
M Black or Black British - Caribbean	2	0.05%	1.84
N Black or Black British - African	7	0.16%	7.00
R Chinese	3	0.07%	2.10
S Any Other Ethnic Group	4	0.09%	4.00
SE Other Specified	1	0.02%	1.00
Unspecified	188	4.35%	157.83
Z Not Stated	284	6.57%	271.56
Grand Total	4,325	100.00%	4031.19

Disability

Disability Flag	Headcount	%	FTE
No	3,365	77.80	3148.20
Not Declared	389	8.99	365.90
Prefer Not To Answer	21	0.49	20.15
Unspecified	258	5.97	221.84
Yes	292	6.75	275.09
Grand Total	4,325	100.00	4031.19

People who have joined the Trust

Between 1st April 2023 - 31st March 2024, 458 staff were appointed to positions within the Trust.

62% were Female
38% were Male

6.4% identified as LGB+

3.4% were from Black, Asian Minority Ethnic background

8.7% had a disability.

People who have left the Trust

Between 1st April 2023 - 31st March 2024, 397 staff members left the Trust.

53.1% were female

4.8% identified as LGB+

1.3% were from Black, Asian Minority Ethnic background

8.6% had a disability.

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

Gender Pay Gap Report 2023-2024

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Snapshot data

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Introduction

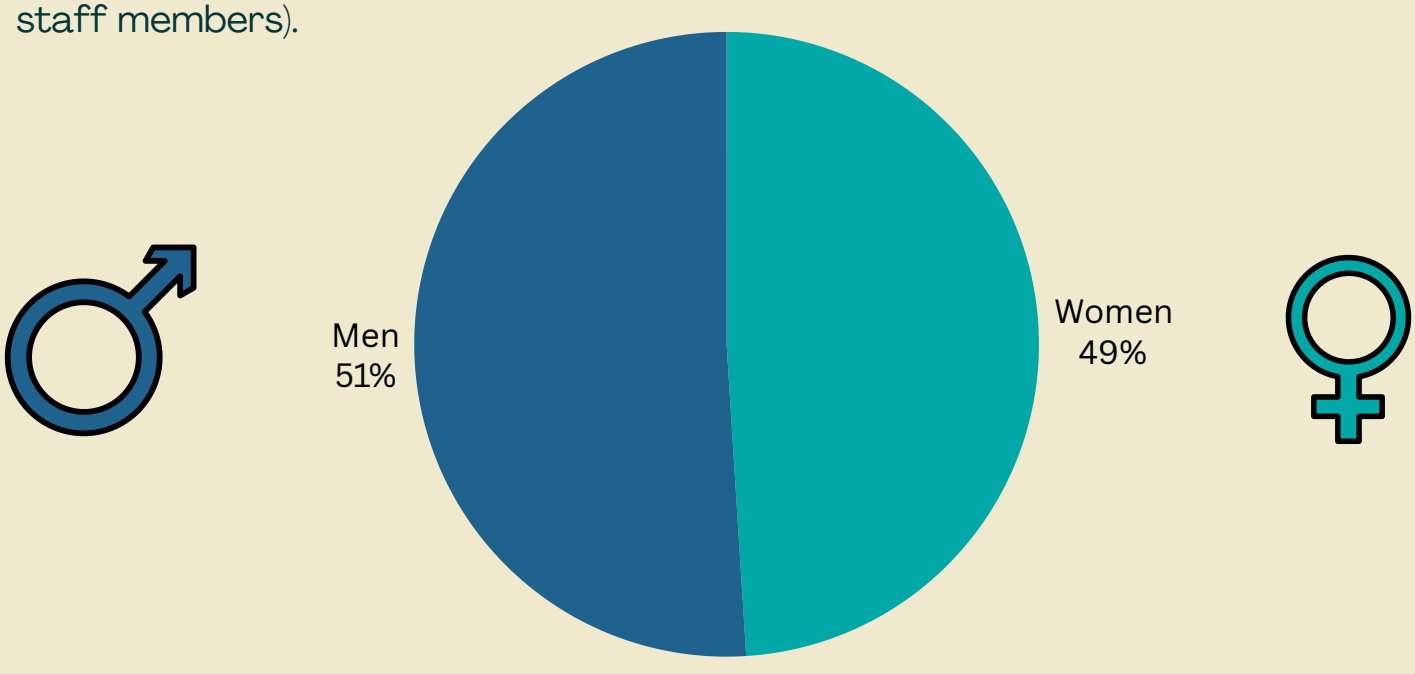
The gender pay gap reporting requirements are outlined in The Equality Act 2010 (Gender Pay Gap Information) Regulations 2017. As an organisation that employs more than 250 people the Welsh Ambulance Services University NHS Trust must publish and report specific information about our gender pay gap both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

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

The gender pay gap is the difference between the average earnings of men and women across an organisation.

This data is provided as an annual snapshot of the gender pay gap between 1st April 2023 and 31st March 2024.

On the 31st March 2024, the Welsh Ambulance Service employed 2335 women and 2397 were men, therefore approximately 49% of the workforce was female and 51% were male. (This figure is inclusive of our substantive and bank staff members).



Snapshot data as of 31 March 2024

Women's mean hourly rate is 5.6% lower than men's. On average, women are paid an hourly rate of £18.60 in comparison to men who are paid £19.70.

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

Women's median hourly rate is 6.0% lower than men's. The median hourly rate of pay for women is £16.87 in comparison to men which is £17.95.

In other words when comparing median hourly rates, women get paid 93p for every £1 that men get paid.

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

About mean and median

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

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

Quartile Data

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

Quartile 1: Lower quartile

50.85%	♀
49.15%	♂

51% of the Lower Quartile are Women

Quartile 2: Lower Middle Quartile

54.96%	♀
45.04%	♂

55% of the Lower Middle Quartile are Women

Quartile 3: Upper Middle Quartile

49.81%	♀
50.19%	♂

50% of the Upper Middle Quartile are Women

Quartile 4: Upper Quartile

40.82%	♀
59.18%	♂

41% of the Upper Quartile are Women

Working Patterns

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

Gender	Female	Male
Part time	16%	11%
Full Time	33%	40%

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

Pay Band	Female	Male
Other	0.21%	0.25%
Band 2	0.95%	1.23%
Band 3	17.69%	14.37%
Band 4	7.97%	9.62%
Band 5	4.78%	4.42%
Band 6	12.85%	12.79%
Band 7	2.96%	5.26%
Band 8a	1.04%	1.73%
Band 8b	0.55%	0.38%
Band 8c	0.23%	0.42%
Band 8d	0.13%	0.19%

Trend over time

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

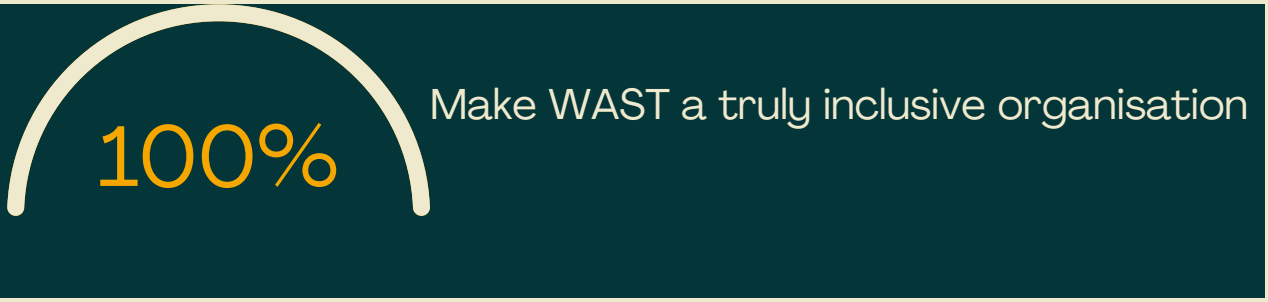
	2017-2018	2018-2019	2019-2020	2020-2021	2021-2022	2022-2023	2023-2024
Women's mean hourly rate as % lower than men's.	5.3%	4.7%	5.5%	5.2%	6.7%	5.4%	5.6%
Women's mean hourly rate for every £1 that men get paid.	95p	95p	94p	95p	93p	94.5p	94.5p
Women's median hourly rate as % lower than men's.	11.2%	8.9%	9.9%	7.94%	7.29%	6.3%	6.0%
Women's median hourly rate for every £1 men get paid.	89p	91p	90p	92p	93p	93.7p	93p

Conclusion

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

We continue the journey of improvement. We need to continue to embed our actions to improve the gender pay gap, promoting culture change and encouraging better employee experience across the Trust. Objectives have been set within our Strategic Equality Plan for 2024-2028 to ensure that we continue to work towards closing the gender pay gap.

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



AGENDA ITEM No	**19**
OPEN or CLOSED	**Open**
No of ANNEXES ATTACHED	**2**

WELSH LANGUAGE STANDARDS ANNUAL REPORT 2023-24

MEETING	People and Culture Committee
DATE	30 August 2024
EXECUTIVE	Trish Mills, Board Secretary
AUTHOR	Melfyn Hughes, Welsh Language Services Manager
CONTACT	Melfyn Hughes Melfyn.Hughes@wales.nhs.uk

EXECUTIVE SUMMARY

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

2. The Trust needs to demonstrate how it fulfils its obligations under the Welsh Language Measure (Wales) 2011 through implementing the Welsh Language Standards via its Statutory Compliance Notice. The annual report must be approved by the Board and published on the Trust's website during September 2024.

3. The annual report is an opportunity for the organisation to publish its own evaluation of how it has promoted and facilitated opportunities to use the Welsh language and ensure that the Welsh language is not treated less favourably than the English language.

4. There have been improvement in NHS Wales 111 Service Welsh Language calls answer rate from 18.1% in 2022/23 to **45.5%** for 2023/24. Our NHS Wales 111 Service will seek to improve its ability to answer Welsh language calls via working in partnership with the National Centre for Learning Welsh. Welsh language confidence building sessions will be developed for 111 staff who have previous knowledge of the Welsh language but would like to improve their Welsh language skills in answering Welsh language calls

5. We improved our compliance with the Welsh Language Standards and our delivery of an Active Offer by centralising our translation service with the recruitment of a Welsh Language Translator. This has increased our ability to provide bilingual services to our service users and to our staff.

6. As part of the Trust's new Welsh Language Framework, a new Welsh Language Policy has been developed and will be approved in Quarter 3 of 2024-25 and promoted across the Trust. The aim is to use this to promote the use of the Welsh language and compliance with the Welsh Language Standards within the Trust.

7. In order to ensure that our service users receive services in their language of choice a dedicated Welsh language workstream has been developed as part of the overall WAST Strategic Workforce Plan. Work will progress in 2024-25 in identifying the levels of Welsh language skills of Trust staff and identify those skills gaps in delivering the active offer to our service users.

8. Our annual meeting with a representative from the Welsh Language Commissioner's Office in February 2024 was positive, with the Trust being commended on its work in improving call answering in Welsh for the 111 service. In addition, our work in ensuring that 100% of Trust Job Descriptions were available in Welsh was also commended. The Trust was asked to share with the Commissioner these examples of good practice. During the meeting the Trust was also asked to address areas of non-compliance following the result of a compliance monitoring exercises that was carried out by the Commissioner. Areas of non compliance related to some examples of the Trust not responding in Welsh to correspondence received in Welsh; documents published for the public were not available in Welsh together with email address that were published on the WAST website were not available in Welsh.

9. Welsh language features again in the IMTP for 2024-27, being as it is in the second year of a three year plan. The intention for 2024/25 is to build an environment in which the Welsh language can flourish. This will ensure we focus on cultural change as well as compliance with the Welsh language standards. and delivery of the actions within Welsh Government's More Than Just Words Action Plan 2022-27 with a focus on the "Active Offer". Attached in Annex 2 for assurance is the Trust's Year 2 progress report that will be submitted to Welsh Government in September 2024.

10. In order to improve our compliance with the Welsh language standards and introduce an element of objectivity to this, a Welsh Language standards baseline has been developed which will be promoted across the Trust. Throughout 2024/25 examples of good practice with compliance with the standards will be celebrated across the Trust. (See Appendix 1: Welsh Language Standards Compliance Baseline 2024/25)

RECOMMENDATION
The People and Culture Committee are asked to:

- **i) Endorse the annual report and recommend for approval by the Board and for publishing the report on the Trust's website.**
- **ii) to receive the year 2 MTJW progress report for assurance.**
- **iii) to approve the Welsh language standards compliance baseline for 2024/25**

KEY ISSUES/IMPLICATIONS
See above

REPORT APPROVAL ROUTE

WHERE	**WHEN**	**WHY**
Welsh Language Advisory Group	8 July 2024	For comments and feedback
Executive Leadership Team	14 August 2024	Approval for People and Culture Committee
People and Culture Committee	30 August 2024	For endorsement

REPORT APPENDICES
Annex 1: Welsh Language Standards Annual Report 2023 - 2024
Annex 2: More than just words Action Plan 2022-27 Year 2 Progress Report

REPORT CHECKLIST

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

SITUATION

1. On 30 May 2019 the Trust moved from implementing its Welsh Language Scheme under the Welsh Language Act 1993 to implementing new Welsh Language Standards under the Welsh Language Measure (Wales) 2011. As a result, the Trust has started to implement actions for compliance with its Statutory Compliance Notice from the Welsh Language Commissioner.

2. The Trust needs to demonstrate how it fulfils its obligations under the Welsh Language Measure (Wales) 2011 through implementing the Welsh Language Standards. This is the Trust's fourth Annual Monitoring Report that focuses on our delivery in relation to the Welsh Language Standards.

3. The annual report is an opportunity for the organisation's to publish its own evaluation of how it has promoted and facilitated opportunities to use the Welsh language and ensure that the Welsh language is not treated less favourably than the English language.

BACKGROUND

4. The Compliance Notice indicates specific timescales for compliance against each standard. The Welsh Language (Wales) Measure 2011 creates a system for setting duties on organisations in the form of Welsh Language Standards. These duties apply to delivering services in Welsh, considering the impact of policy decisions on the Welsh language and promotion of the Welsh language.

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

ASSESSMENT

6. Delivering care through the language of choice is a matter of clinical need for some and a matter of good practice for all who wish to receive services through the medium of Welsh.

7. The standards are categorised as follows:

    - A **service delivery standard** will be a type of duty imposed to promote or facilitate the use of the Welsh language or to ensure that the Welsh language is treated no less favourably than English when persons that are subject to the

standard deliver services to others, or when they deal with others in connection with the delivery of those services.

- A **policy making standard** will be a type of duty which will require persons to consider the effect of their policy decisions upon opportunities for other persons to use the Welsh language, or upon treating the Welsh language no less favourably than English.

- An **operational standard** will be a type of duty imposed to promote and facilitate the use of the Welsh language in relation to the carrying out by a person of their functions, business or other undertaking.

- A **record keeping standard** will be a duty imposed in respect of keeping and maintaining details regarding compliance with the other four standards as well as any other complaints concerning the language.

8. Areas for the Committee's attention:

- **SEP alignment and reporting**

  The Welsh Language Advisory Group feeds into the Equality, Diversity Inclusion Group as to strengthen alignment to the SEP. AAA reports are created following Advisory Group meetings and discussed and the EDI Group quarterly meetings.

- **Bilingual crown badge**

  Development of the Trust's new bilingual Crown Badge that will promote to our service users and our staff the Trust's commitment to the Welsh language.

- **NHS Wales 111 Website**

  Two complaints received from members of the public regarding the large number of articles on the NHS Wales 111 Health A-Z encyclopaedia that have not been translated into Welsh.

- **NHS Wales 111 Service**

NHS Wales 111 Service Welsh Language Call demand and answer rate 2023-2024

Welsh language demand	Total answered calls for 111	Welsh Calls Offered	Total calls answered in Welsh	% of calls answered in Welsh

01/04/23 – 31/03/24	**843,464**	**17,792**	**8,099**	**45.5%**
01/04/22 – 31/03/23	**766,718**	**15,735**	**2,853**	**18.1%**

Increase in compliance following the development and introduction of a Welsh language calls improvement plan.

- **Ambulance care**

Welsh Language Call demand and answer rate 2023-2024

Welsh language demand	Total answered calls for NEPTS	Welsh Calls Offered	Total calls answered in Welsh	% of calls answered in Welsh
01/04/23 – 31/03/24	**232,442**	**3,951**	**3,923**	**89%**
01/04/22 – 31/03/23	**200,864**	**1,878**	**1,856**	**98.8%**

Ambulance care drop in call answering which can be the result of more calls coming into the service and more being offered.

- **WAST Translation service**

Centralising the Trust's internal translation service with the recruitment of a Welsh Language Translator together with access to NWSSP's translation memory software has increased the Trust's efficiency and ability to provide bilingual services to our service users and to our staff and reduce our reliance and associated costs in using external translators.

- **IMTP entries for 24/25**

In order to strengthen Welsh Language compliance through strong leadership, enabling Welsh language to flourish the following actions have been developed: Welsh language policy approved and communicated, Welsh language standards baseline established, Toolkit for senior leaders and Board development and Welsh language advisory group established.

- **Strategic workforce plan involvement**

For 2024/25 to complete our Strategic Workforce Plan which contains a Welsh language workstream where work will progress via a Welsh language skills gap analysis followed by training and development initiatives and recruitment strategies.

9. During 2024/25 we will be setting up a Welsh Language Standards Compliance Baseline based on four specific areas of compliance with the standards: Correspondence, Producing and Publishing Documents, Signs and Notices, and Reception Services. Compliance requirements will be communicated to staff. Audit arrangements will be put in place to monitor compliance and celebrate good practice.

RECOMMENDATION

The People and Culture Committee are asked to:

i) Endorse the annual report and recommend for approval by the Board and for publishing the report on the Trust's website.
ii) to receive the year 2 MTJW progress report for assurance.
iii) to approve the Welsh language standards compliance baseline for 2024/25

Appendix 1: Welsh Language Standards Compliance Baseline 2024/25

HOW WE INTEND TO COMPLY
Correspondence
What we will do • Update current guidelines on correspondence and communicate to staff. • Guidance on managing requests for translation will be made available on the Welsh Language Standards Sharepoint page. • Ensure Comms Corporate Branding Guidelines reflect compliance requirements. **How will we measure compliance** • Audit via translation requests log on the type of correspondence being sent to the translation service. **Compliance requirement** • Correspondence received in Welsh from a member of the public, will receive a response in Welsh, unless the correspondent has stated otherwise. • Letterheads, email signatures, out of office messages and any corporate identity will be bilingual. • All emails to include the following statement: *Rydym yn croesawu gohebiaeth yn y Gymraeg a'r Saesneg - byddwn yn ymateb yn gyfartal i'r ddwy ac yn ateb yn eich dewis iaith heb oedi.* *We welcome correspondence in Welsh and English - we will respond equally to both and will reply in your language of choice without delay.*
Producing and Publishing Documents
What we will do • All members of staff will be made aware of the need to produce information for the public in both Welsh and English. Current guidelines on dealing with producing and publishing documents will be updated. Guidance on managing requests for translation will be made available on the Welsh Language Standards Sharepoint page. • We will develop an assessment procedure for the requirement for the translation of a document that will take into account the subject matter, expectations of the audience and the subject being dealt with. • All documents and forms that are internally produced must be designed and formatted in both languages at the same time. **How will we measure compliance** • Audit via translation requests log on the type of documents being sent to the translation service, together with an audit of the publications web page on the Trust's website to identify documents that have not been translated. • Keep a record of the assessments carried out on the need to translate documents.

Compliance requirement

- All Documents produced which will be made available to the public will be subject to an assessment of the need for a bilingual publication.
- Documents that require to be made available in Welsh to the Public will either be made available bilingually or separate Welsh and English versions. Both versions will carry a statement to the effect that a version is available in the other language.
- All final and published documentation will be available bilingually and published bilingually at the same time.

Signs and notices

What we will do

- Develop guidelines for Estates and Fleet on the design and displaying of bilingual signs and notices. This will include the need for Estates and Fleet to check with members of the Welsh Language Team on visuals produced of any proposed signage prior to their manufacture and use.
- Ensure Comms Corporate Branding Guidelines reflect compliance requirements.
- The Trust will ensure that the "Welsh language first" bilingual signage requirement is included in all relevant tenders, contracts etc and that the requirement is implemented and monitored.

How will we measure compliance

- Audits carried out by members of the Welsh Language Advisory Group who are based or visiting WAST sites.

Compliance requirement

- All Trust public facing signs and notices displayed on the Trust's premises, including temporary signs and notices, will be bilingual, with the Welsh positioned so that it is likely to be read first.

Reception services

What we will do

- In order to fully understand our compliance requirement on the provision of reception services in Welsh, Estates will need to carry out an audit on the location of Trust sites which offer a reception service and the Welsh language skills of those staff who greet visitors.
- Following the Estates audit there may be a requirement to up-skill current employees Welsh language skills via a Welsh language beginner 'Meet and Greet Course' that could be facilitated by our Welsh Language Team.
- When vacancies arise for reception staff at Trust locations those posts will need to be assessed in order to identify if Welsh language skills is an essential requirement.

How will we measure compliance

- Audits carried out by members of the Welsh Language Advisory Group who are based or visiting WAST sites.

Compliance requirement

- Welsh language signs will be displayed at the Trust's reception areas where we have Welsh speaking staff to advise visitors that they are welcome to use the Welsh language at that reception.
- All staff working at reception with Welsh language skills to identify themselves with the Working Welsh badge/logo which can be obtained from the Welsh Language Services Manager.

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

WELSH AMBULANCE SERVICES UNIVERSITY NHS TRUST

WELSH LANGUAGE STANDARDS ANNUAL REPORT 2023-2024

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

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Foreword

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

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

Welsh language features again in the Integrated Medium Term Plan (IMTP) for 2024-27, being as it is in the second year of a three year plan. The intention for 2024/25 is to build an environment in which the Welsh language can flourish. This will ensure we focus on cultural change to drive standards compliance.

We improved our compliance with the Welsh Language Standards and our delivery of an Active Offer by centralising our translation service in 2023 with the recruitment of a Welsh Language Translator. This has increased our ability to provide bilingual services to our service users and to our staff.

Our annual meeting with the Welsh Language Commissioner's Office in Tŷ Elwy in February 2024 was positive, with the Trust being asked to share good practice on call answering in Welsh in the 111 service, and on our work on bilingual recruitment.

Progress has been made in developing the Trust's Welsh Language Framework, including the Trust's first Welsh Language Policy, with a vision to providing services that will satisfy the needs of Welsh speakers by ensuring they are able to receive services in their own language.

This Annual Report sets out our compliance with the Standards and is supported by data for the reporting period 1 April 2023 to 31 March 2024. We recognise that we have made progress, but further improvements are planned to improve the provision of our Welsh language services. To achieve these improvements, we have been working closely with the Welsh Language Commissioner to establish solutions that meet our operational needs and ensure the rights of Welsh language speakers.

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

Colin Dennis
Chair

Jason Killens
Chief Executive Officer

1. Introduction

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

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

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

2. About us

The Trust provides health care services for people across the whole of Wales, delivering high quality and patient-led clinical care wherever and whenever needed.

Services include:

- The blue light emergency ambulance services: including call taking, remote clinical consultation, see and treat and if necessary, conveyance to an appropriate hospital or appropriate treating facility.
- Non-Emergency Patient Transport Service (NEPTS): including call taking, journey planning, service commissioning, taking patients to and from hospital appointments and transferring them between hospitals and treating facilities.

- The 111 service: website and a free-to-call service, acts as a first line gateway to a patient's journey within the health and care system providing them with the right advice or referral.
- The Trust also supports volunteers: Community First Responders (CFRs), Co-Responders and Uniformed Responders to provide additional response resource to emergency calls and a volunteer car service to aid patient transport to planned appointments.

3. Background to the Welsh Language Standards

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

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

4. More than just words 2022-27 Action Plan

Since the launch of the Welsh Government's **More than just words 2022-27 Action Plan** in 2022, the Trust is committed in delivering those actions so that the 'active offer' is an integral part of service quality and service delivery across the Trust where services are provided in Welsh without someone having to ask for it. It is the responsibility of everyone who provides care services for people and their families across Wales to deliver the Active Offer. This includes health services, social care services and social services.

In February 2024 the Trust's People and Culture Committee noted Welsh Governments' More Than Just Words Annual Report 2022-23 and received assurance against the Trust's progress in delivering its commitments to the plan that included a summary of the 111 Service's Welsh call answer improvement plan.

During the reporting period of this report our new Strategic Equality Objectives for 2024-2028 have been developed as overarching aims for the Trust in relation to equality, diversity and inclusion. Within the Trust, we recognise the links between our

Welsh language requirements and those relating to equality. We have developed an action plan which will sit underneath the Strategic Equality Plan (SEP) and have included a number of Welsh language actions which are linked to our SEP objectives and is in addition to the More Than Just Words action plan.

5. Accountability and Support

5.1 Welsh Language Leads and Champions

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

Trish Mills
Director of Corporate Governance/Board Secretary

Bethan Evans
Non-Executive Director

5.2 Welsh Language Advisory Group

WAST has established a Welsh Language Advisory Group that feeds into the Equality, Diversity Inclusion Group as to strengthen alignment to the SEP. This Advisory Group provides a mechanism for reviewing all aspects of the Welsh Language Standards and to ensure that a satisfactory service is maintained for all patients and members of the public who use the Trust's services.

5.3 People and Culture Committee

The Trust's People and Culture Committee provides assurance to the Board of its leadership arrangements with respect to the Welsh language, and monitors progress and seeks assurance that the Trust is discharging its statutory responsibilities in relation to the Welsh Language Standards. It also promotes and supports the

cultural change aligned to the active offer as a way of strengthening Standards compliance.

5.4 Trust Board

The Trust's Welsh Language Standards Annual Report's approval route is via the Trust's Welsh Language Advisory Group, Executive Leadership Team and the People and Culture Committee will be for the Trust Board to review and discuss the progress made in complying with the Standards.

5.5 Complaints Procedure

Concerns received in relation to compliance with the Welsh Language Standards are received in a number of ways including directly to the CEO and the Welsh Language Services Manager. All complaints received are investigated and a response provided with any required corrective action. Issues relating to patient safety are addressed under the Putting Things Right Regulations.

If a member of the public has a concern regarding a recent experience of using the Trust's Welsh language services, they can register their concern by emailing the concerns team: Amb_PuttingThingsRight@wales.nhs.uk or complete an online form: Online Concerns Submission Form

THE STANDARDS

Compliance with the Welsh language standards are categorised into the following areas of compliance: Service Delivery, Policy Making, Operations and Record Keeping. During 2024/25 we are developing a baseline upon which to report and introduce improvements in our compliance requirements.

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

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

6.1 Correspondence (Standards 1 – 7)

The Trust has applied a consistent approach in relation to use of headed paper and email signatures and requires all staff to use the bilingual headed paper of the Trust.

We have also actively encouraged all staff to include a message on email signatures noting that the individual 'welcomes correspondence in Welsh or English'.

6.2 Telephone Calls (Standards 8 – 20)

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

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

Welsh language call answering for 111 and Ambulance Care is now reported to the Board in the Monthly Integrated Quality and Performance Report (MIQPR). These are drawn out more particularly in the following paragraphs.

6.2.1 NHS Wales 111 Service Review

NHS Wales 111 Service Welsh Language Call demand and answer rate 2023-2024

Welsh language demand	Total answered calls for 111	Welsh Calls Offered	Total calls answered in Welsh	% of calls answered in Welsh
01/04/23 – 31/03/24	**843,464**	**17,792**	**8,099**	**45.5%**
01/04/22 – 31/03/23	**766,718**	**15,735**	**2,853**	**18.1%**

* Orange figures/percentages represent the 2022/23 reporting period.

In 2023-24 the percentage of NHS 111 Wales calls being answered in Welsh as the service users chosen language improved upon the subsequent year. This followed the launch of an improvement plan in late 2022 into 2023. The number of calls requesting this service remained low (less than 1% of 111 calls) however the 111 Service leadership team recognised the importance of the service it provided. As a result, the 2022 improvement plan was further developed across our NHS 111 Wales service in 2023 by the 111 service delivery team to improve the numbers of patients able to receive a service in Welsh if this was their preference. The plan captured the following actions:

- Regular meetings held with Welsh Language Services Manager to look at ways to increase/improve our Welsh call performance and our staff confidence in taking calls in Welsh via Welsh language confidence building sessions.
- Allocation of two Welsh speaking call handlers to a Welsh skill set on Saturdays and Sundays between the hours of 8am and 1pm.
- Data captured from our data reporting software tool identified where we received out greatest demand of Welsh language calls which helped to improve the Welsh call answer rate, lower the abandon rate and reduce the number of calls being dequeued to English only call handlers.
- When demand on the weekend was low, staff on dual skill sets (Welsh and English) dealt with Welsh calls which further improved the performance.
- Currently work is under way to adjust and improve the way Welsh calls are dealt with within the 111 telephone messaging process.
- Recruitment of Welsh speaking call handlers.
- Welsh language awareness session for new starters during their induction training.
- Video training for established call taking staff on Welsh language customer care and best practice.
- Weekly performance review by the operational team on Welsh calls performance data with agreed subsequent actions and oversight.
- Rostering actions to maximise Welsh language cover.

6.2.2 Ambulance Care (previously known as NEPTS)

Ambulance Care Welsh Language Call demand and answer rate 2023-2024

Welsh language demand	Total answered calls for NEPTS	Welsh Calls Offered	Total calls answered in Welsh	% of calls answered in Welsh
01/04/23 – 31/03/24	**232,442**	**3,951**	**3,923**	**89%**
01/04/22 – 31/03/23	**200,864**	**1,878**	**1,856**	**98.8%**

* Orange figures/percentages represent the 2022/23 reporting period.

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

Welsh callers are directed through the IVR to our Welsh call takers. If our Welsh call takers are busy with other callers, the caller is re-routed to the next available English

or Welsh call taker to avoid unnecessary waiting time. It is important not only to provide a full Welsh call experience but to also ensure that no prolonged delays occurs if all our Welsh call takers are dealing with other calls.

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

6.3 Meetings (Standards 21 – 30)

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

Trust Board meeting invites to our partners are sent out bilingually. All Trust Board meeting agendas are available in Welsh. The Trust's 2022-23 Welsh Language Standards Annual Report was presented bilingualy for the first time at the meeting of the Trust Board in September 2023.

6.4 Public Events (Standards 31 – 32)

In relation to face to face services offered at an event, the event's invitation or advertisement will ask persons to inform us if they wish to use the Welsh language. Where this occurs, we will provide a translation service at the event. We endeavour to ensure all invitations and notices to the public are bilingual.

Eisteddfod Boduan

On the 11th of August our Welsh Language Services Manager, Melfyn Hughes and Richard Lewis a CFR volunteer from the Pwllheli area attended this year's Nation Eisteddfod at Boduan, Gwynedd where WAST had an exhibition stand as part of BCUHB's exhibition tent. This was a valuable opportunity to engage with our service users and the WAST stand also received a special visit from Eluned Morgan, the then Minister for Health and Social Care

Patient Experience & Community Involvement

As part of the Patient Experience & Community Involvement team's (PECI) continuous engagement model WAST has attended various public engagement and community events across Wales. The PECI team provide information about the services provided by WAST along with age and demographic specific accessible resources. All material provided is bilingual and people are provided links to provide their feedback in the language of their choice.

6.5 Documents and Forms (Standards 36 - 38)

Since the beginning of September 2023, the Trust has had a dedicated in-house translation service, which is available to all staff free of charge through a dedicated inbox and has been a key enabler of compliance with the standards, related to documents and forms.

Examples of forms that have been made available in Welsh include:

NEPTS patient feedback form

NHS 111 Wales website survey

6.6 Publicity and Advertising Material (Standards 33 – 34)

Any publicity or advertising material the Trust produces for the public is produced bilingually.

Bilingual publicity was produced and promoted via social media for members of the public to complete an online survey on their experience of calling the Trust's 999 service.

Strategic Equality Plan Consultation and Engagement

During 2023-2024, the Trust undertook consultation and engagement as part of the Strategic Equality Plan (SEP) development. Members of the public, service users, staff and stakeholders were invited to complete a bilingual survey to help shape a new set of Strategic Equality Objectives for the Trust. The proposals for the new plan were also discussed at the Trust's Welsh Language Advisory Group in September.

The consultation responses included several comments in relation to the Welsh language. Respondents felt it was important for our leadership to demonstrate our commitment to the Welsh language and endure that the organisation is fully bilingual. Raising awareness of the Welsh language needs of service users and staff and increasing opportunities to use the Welsh language were noted in the consultation. For 2024/25 this will be achieved via our Year 1 IMTP Action. to introduce and implement a new Welsh Language Policy for the promotion and facilitation of the Welsh language.

6.7 Websites and Online Services (Standards 39 – 43)

We have two websites, the Welsh Ambulances Services University NHS Trust website, and the 111 Wales website, which we operate as the commissioned provider of 111 across Wales. Some of the challenges are set out below.

6.7.1 NHS Wales 111 Website

The NHS 111 Wales website operates its own Welsh and English social media Twitter accounts @GIG111Cymru with **122** (**105)** followers and @NHS111Wales with **7,316** (**7,282)** followers.

111 Website Symptom Checkers

Listening to website user feedback, we continue to work closely with colleagues across the Trust to extend the range of symptom checkers available in Welsh through the website, allowing users to check their symptoms and receive online advice about what to do next. During this reporting period, **no** new symptom checkers were developed and made available in Welsh and English:

All 65 of the current symptom checkers that are available on the 111 website are available in Welsh.

NHS Wales 111 Website development

There continues to be no dedicated long term funding associated with the NHS 111 Wales website, its architecture, content generation, management, or clinical assurances (Including the online symptom checkers). Given the Welsh Government's position on digital-first, the introduction of the Welsh NHS App, and the future impact a fit-for-purpose website could offer, this continues to represent a significant risk and challenge.

Whilst this position has remained unchanged since the last report, WAST has commissioned bespoke digital discovery work. This work will inform the creation of a business case for the Welsh Government and set out a clear vision for the future of digital access and integration for NHS 111 online, which will include the requirements for Welsh language for any content contained within.

A group of experts has been brought together to undertake research into the existing barriers to digital success, the Welsh digital ecosystem, the vision for success, the principles for progress, the identification of intent and gap, users' needs, wants, and journeys, service ideation and ultimately mapping and design.

This work, which covers research strategy and delivery, is poised to provide valuable insights and recommendations for the future of the NHS 111 Wales Website and enable WAST to create a business case for change.

6.8 Social Media (Standards 45 – 46)

The Trust operates separate Welsh language and English social media accounts for Facebook and Twitter. Each English post is replicated in Welsh.

Below is a breakdown of the engagement on Trust's social media accounts during the reporting period from 1 April 2023 – 31 March 2024

Since the previous annual report, X and Facebook have changed their analytics and statistics. In year, the Trust also began posting bilingually on Instagram.

Please note, the below number are an approximate representation of the stats due to issues accessing analytics since the changeover of Twitter to X

Twitter	@Ambiwlans_Cymru		@WelshAmbulance	
	2023/24	2022/23	2023/24	2022/23
Total followers	423		24,196	
Total impressions	34,284	113,351	1,749,700	2,440,000
Retweets (without comments)	202	625	2,735	4,693
Likes	277	485	8,232	12,400
Link clicks	41	38	6,045	7,300

* Orange figures/percentages represent the 2022/23 reporting period.

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

- 'Tweets' include quoted Tweets which are published more frequently on our English account due to other agencies, such as other UK ambulance services, not putting out content in Welsh.

Facebook	Ymddiriedolaeth GIG Gwasanaethau Ambiwlans Cymru		Welsh Ambulance Services NHS Trust	
	2023/24	2022/23	2023/24	2022/23
Total followers	261		37,041	
New followers	22	27	1,630	1,959
New page likes	8	10	531	1,029
***Total page views**	1,099		124,235	
***Total page and profile reach**	37,750		3,172,769	
***Total post impressions**	38,516		3,690,160	
***Page engagements** (total number of reactions, comments, shares on posts)	1,621		412,950	

* New additions therefore no previous comparable data available.
* Orange figures/percentages represent the 2022/23 reporting period.

6.9 Signs and Notices (Standards 47 - 49)

All new or replacement signage is produced bilingually with the Welsh positioned so that it is likely to be read first. During the reporting period new external and internal signage was produced for the Trust's new ambulance workshop in Merthyr Tydfil as shown below.

6.10 Reception Services (Standards 50 - 53)

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

6.11 Awarding Contracts (Standards 57 - 59)

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

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

6.12 Corporate Identity (Standard 62)

During the reporting period our Welsh Language Services Manager worked alongside our Communications Team to develop a bilingual version of the Trust's Crown Badge. A replica Crown badge was developed for review and for final approval. The introduction of the Trust's new bilingual crown badge will promote to our service users and our staff the Trust's commitment to the Welsh language. Permission was received from the Cabinet Office to move to a bilingual Crown Badge.

On 1 April 2024, the Trust was granted University Trust status and as a result our NHS Wales logo has also been updated to reflect University Trust status, which has been granted by Welsh Government in recognition of our commitment to drive research and innovation and develop the current and future workforce.

The new Crown Badge and NHS Wales logo are available to staff to download from a dedicated corporate branding page. In addition, corporate brand guidelines have been created inform staff on how to correctly apply these.

Physical assets that display the old version of the logo and crown badge such as vehicles, uniforms and estate signage, need only carry the new logo and Crown Badge when they are naturally replaced.

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

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

Trust's policy process has oversight of the governance processes in the review of new or revised policies, and the relevant board committee is assured that the EqIA has been completed when approving their assigned policies.

During the reporting period **11** policies (inclusive of new and revised policies) were approved, all of which went through the process of EqIA.

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

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

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

As part of the Trust's new Welsh Language Framework a new Welsh Language Policy has been developed to promote the use of the Welsh language and compliance with the Welsh Language Standards. This is on track to be approved in 2024 and will then be promoted across the Trust.

Part of this work to promote the Welsh language internally has been the introduction of a **Welsh Language Award** as one of the categories for the Trust's annual Staff Awards. The award is to recognise staff who have helped to promote the Welsh Language and improve bilingual provision in healthcare.

As part of this year's staff awards, 7 strong nominations were received. Jason Jones, Capital Deliver Manager was the winner of the Welsh Language Award for his dedication in learning Welsh and becoming a fluent Welsh speaker. Nia Barton, Clinical Contact Centre Clinician was highly commended for her work when dealing with patients in Welsh.

The Welsh language was prominent for the **CEO Roadshows** that took place in April and November 2023. This was an opportunity for the CEO Jason Killens and other members of the Board to engage with our people across Wales to reflect on our

experiences and the challenges that we are facing now and in the future. The following popup banner and handouts were displayed at the events:

The monthly **WAST Connects newsletter** for internal use, is now published on WAST's intranet bilingually for all users to be able to engage with the post.

8.2 Employment Documents (Standards 80 – 81)

If asked, we will supply employment related documents to be supplied in Welsh i.e., documents that outline training needs or requirements; documents that outline performance objectives; documents that outline or record a career plan; forms that record and authorise annual leave; forms that record and authorise absences from work and forms that record and authorise flexible working hours. In the reporting period we have not received any such requests from staff.

We have ensured that the following documents have been translated should any member of staff wish to receive them through the medium of Welsh: change of hours letters, secondment extensions and contract of employment. Where NHS

Wales Shared Services Partnership (NWSSP) issues contracts of employment (via the recruitment process within TRAC), these are sent in both Welsh and English.

8.3 Recruiting and Appointing (Standards 106 – 109)

Guidance/process flow charts are used to assist managers prior to any post being advertised. The process provides details of translation services as well as some standard advert and job description wording to assist managers. Our internal translation service has been established to support the Trust's translation needs.

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

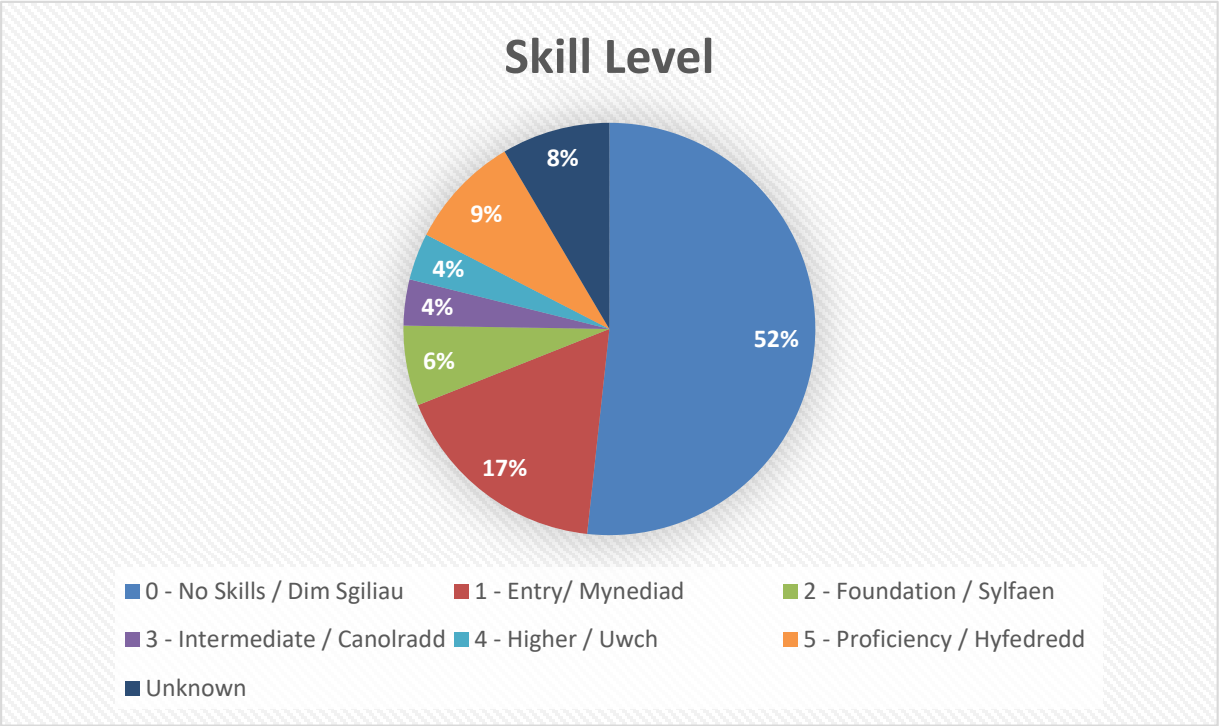
8.4 Assessing and Recording Welsh Language Skills across the Workforce (Standards 96 and 116)

From a total of **4,317** members of staff **3,949 (91.48%)** **3,906 (89.28%)** of the Trust's workforce have self-assessed and recorded their Welsh language skills on ESR. Below, Welsh language listening/speaking skills recorded on ESR per directorate:

Directorate	Required	Achieved	Compliance %
Corporate Governance	8	8	100%
Chief Executive Directorate	18	13	72.22%
Digital Directorate	58	55	94.83%
Finance & Corporate Resources Directorate	108	100	92.59%
Medical & Clinical Directorate	57	56	98.25%
Operations Directorate	3826	3481	90.98%
Partnerships & Engagement Directorate	12	12	100.00%
Quality, Safety & Patient Experience Directorate	119	118	99.16%
Strategy, Planning & Performance Directorate	20	17	85.00%
People & Culture Directorate	91	89	97.80%

8.5 Welsh Language Skills of Staff Profile – Listening/Speaking

0 - No Skills	1 - Entry	2 - Foundation	3 - Intermediate	4 - Higher	5 - Proficiency	Unknown	Grand Total
2233	**745**	**271**	**156**	**159**	**386**	**367**	**4317**



In order to reduce the number of staff that have identified their Welsh language skills on ESR as 'no skills', it is proposed that staff who have completed their mandatory Welsh Language Awareness course will be expected to update their ESR Welsh language skills level from 'no skills' to 'Level 1 - Entry.

Welsh Language proficiency per Directorate

Directorate	Intermediate	Higher	Proficiency
Corporate Governance	0	0	2
Chief Executive Directorate	1	1	0
Digital Directorate	1	1	6
Finance & Corporate Resources Directorate	1	7	11
Medical & Clinical Directorate	0	1	2
Operations Directorate	143	141	345
Partnerships & Engagement Directorate	0	2	0
Quality, Safety & Patient Experience Directorate	7	6	11
Strategy, Planning & Performance Directorate	0	0	2
People & Culture Directorate	3	0	7
Grand Total	**156**	**159**	**386**

16% of our workforce have Welsh fluency. This equates to 701 of those who have registered their Welsh language skills.

In order to increase the Welsh language skills of our workforce in 2024/25 we will be promoting the NHS specific Welsh language beginners' course that is available to our staff via the National Centre for Learning Welsh together with our mandatory ESR Welsh Language Awareness course.

8.6 New and Vacant Posts (Standard 117)

The table below confirms posts advertised between 1 April 2023 and 31 March 2024:

Total number of posts advertised: **296 (405).** Due to the Trust's translations service having access to NWSSP's translation memory software there have been efficiencies made in ensuring that all job descriptions are translated into Welsh. Human resources processes are in place for recruiting managers to send approved JDs to the Trust internal translation service. Our process for ensuring that all our JDs were available in Welsh was commended during our annual meeting with a representative from the Welsh Language Commissioner's Office in February 2024

Category	Number of posts categorised		Percentage of posts advertised	
	2023-24	2022-23	2023-24	2022-23
Welsh language Essential	4	6	1.3%	1.4%
Welsh language Desirable	292	393	98%	97%
Welsh language skills need to be learnt when appointed to the post	0	0	0%	0%
Welsh language skills are not necessary	0	6	0%	1.4%

* Orange figures/percentages represent the 2022/23 reporting period.

Folling the requirements for a new or vacant post to be assessed for the need for Welsh language skills, the following Welsh essential posts were advertised:

- Non Emergency Patient Transport Service (NEPTS) Call Taker x2 (Band 2)
- Putting Things Right (PTR) Legal Services Co-ordinator (Band 4)
- Welsh Language Translator (Band 5)

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

8.7 Training (Standard 97)

Type of Training	Number who requested a Welsh version of the course	Number who attended the English version of the course	Percentage that attended the Welsh version
Complaints and Disciplinary Procedures	0	298	0
Induction	0	407	0
Health and Safety	0	111	0

For courses relating to complaints and disciplinary procedure these were delivered internally to the NHS but not internally to WAST. Every 'WAST Welcome Day' where new members of staff are introduced to the Trust has an element of Welsh within it (greeting delivered bilingually, Welsh WAST behaviours video and reference to the Welsh language standards and learning materials, some of which are delivered in Welsh). No one requested for our induction to take place in Welsh.

For our Health and Safety training, the IOSH Managing Safely courses and the Leading Safely courses were delivered in English as these courses are IOSH accredited training courses, and not available in Welsh as the content is provided externally.

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

The online module 'Croeso Cymraeg Gwaith' has been key to the Trust in supporting staff who are at the beginning of their journey to learn Welsh. **360** members of staff have registered onto the Welsh language beginners e-learning module facilitated by the National Centre for Learning Welsh with **129** having completed the course.

As part of the work in the development of the Strategic Workforce Plan, we are engaging with the National Centre for Learning Welsh regarding the developing Welsh language confidence sessions for Trust staff who would like to increase their confidence in speaking Welsh with our service users. In 2024/25 Welsh language confidence building courses will be delivered to 23 members of the 111 service.

8.9 Welsh Language Awareness Training (Standards 102 – 103)

The Trust's 'Welcome days' includes Welsh language awareness and a total of **407** staff undertook this training during the reporting period.

Since the introduction of the mandatory Welsh language awareness coures on 1st April 2023, **61.13%** of Trust staff have completed the course. We will continue to

promote the training over the next year to increase the numbers of staff completing the training to 90%.

8.10 Promoting the Welsh Language

Diwrnod Shwmae Su'mae Day was celebrated on October 15 to promote the Welsh language with the idea of starting every conversation with an informal greeting. Welsh language phrases were promoted to staff on Siren and Yammer together with access to a free online Welsh language taster course.

Promoting to our people that they can start learning Welsh by following free online taster course, which introduces everyday words and phrases for Health sector staff.

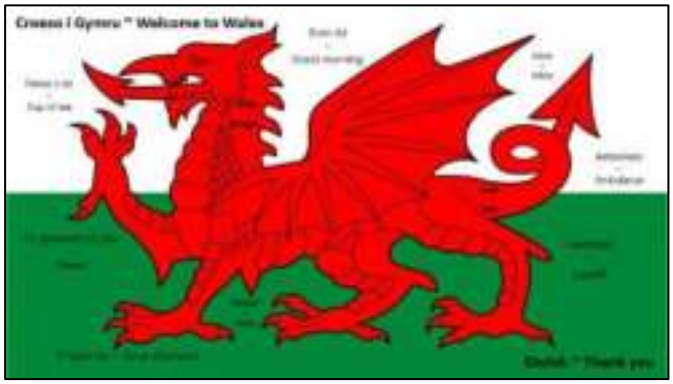
During the reporting period the following YouTube videos were developed and promoted to our people to develop their Welsh language Skills for Diwrnod Shwmae Su'mae day, Christmas and St Davids Day.

Click here to view

Click here to view

Click here to view

In March, WAST hosted the first event of the Ambulance Quality Network, 'Ambulance Q 24', at the Principality Stadium, Cardiff which had attendees from ambulance Trusts from across the UK. The event had a Welsh language component including an automated bilingual registration platform, bilingual displays, and bilingual greetings and introductions from WAST staff. The following visual was placed on all of the delegates' tables to promote the language to our guests from across the UK.



8.11 Our Translation Service.

Centralising the Trust's internal translation service with the recruitment of a Welsh Language Translator has increased the Trust's ability to provide bilingual services to our service users and to our people and reduce our reliance and associated costs in using external translator providers.

Since the Trust's translation service was established in September 2023, the translation service translated over **325,484** words, including a wide range of documents such as the Strategic Equality Plan, social media posts, signs, forms and web content. The service also provides a proof reading service and has proof read over 70,000 words from various directorates.

The translation service has had a hugely positive impact on the Trust, with the ability to deal with urgent translation request in-house, and consistency in the translation of documents in terms of terminology. Translation is a key enabler of compliance with many of the standards e.g. correspondence, documents, forms, signage, social media and web content.

9. Complaints (Standard 115)

Below, is a list of complaints received during 2023/24 along with a summary of the actions taken. Three complaints were received:

No.	Complaint	Response and action
1	Complaint received from a member of the public on 13/02/2024 about an allegation that a large number of articles on the NHS Wales 111 Health A-Z encyclopaedia have not been translated into Welsh.	Response provided to complainant explaining that a proposed business case is to be developed for appropriate resources to ensure the clinical content of the NHS Wales 111 website is updated bilingually.
2	Complaint received from the Welsh Language Commissioner on 16/02/24 on behalf a member of the public about an allegation that a large number of articles in the NHS Wales 111 Health A-Z encyclopaedia have not been translated into Welsh.	After submitting a response to the complainant the Welsh Language Commissioner confirmed that she complianant had retracted their complaint and than no further action would take place.
3	Following a complaint to the Welsh Language Commissioner from a member of the public in relation to the proposed move of the Clinical Contact Centre in Bryn Tirion, Llanfairfechan to Tŷ Elwy, St Asaph, the Trust received on 24/11/23 a request for information from the Commissioner as to whether the Trust had carried out a Welsh language impact assessment on the proposed move.	After submitting a response to the Welsh Language Commissioner stating that work was ongoing in order to fully understand the impact on language provision, as well as supporting colleagues with any concerns they have via the NHS Wales organisational change process, the Commissioner confirmed in a letter 14/12/23 that she would not be conducting an investigation under section 71 of the Measure, as the policy decision (of whether to relocate the centre or not), which may be subject to policy formulation standards 69-71, had not been made on the date of the complaints in question and was premature for the Commissioner to consider whether the Trust had failed to comply with these requirements of the Policy Making standards. The Commissioner further stated that if she had reason to suspect that, once a

		final decision had been made regarding the relocation of the centre, the effects of the decision on the Welsh language had not been considered, she reserved the right to consider at that time whether she should carry out an investigation into the matter.

10. Priorities for 2024-2025

For 2024/25 we will seek to strengthen our Welsh Language compliance through strong leadership, enabling Welsh language to flourish. This will be achieved via our Year 1 IMTP Action / Deliverable where we will seek set to:

- To introduce and implement a new Welsh Language Policy for the promotion and facilitation of the Welsh language. Welsh Language policy approved and a communications plan to increase awareness of the Welsh Language
- Develop a Welsh Language standards baseline for compliance which will be promoted across the Trust and celebrate examples of good practice.
- We will establish an effective Welsh Language Advisory Group to support the delivery of the Trust's Welsh Language Framework.
- We will develop a Welsh language Toolkit for senior leaders and for Board development to increase awareness of the Welsh Language Standards, the More Than Just Words Action Plan and for the development of Welsh language courtesy skills.

The Finance and Performance Committee and the Board have oversight of these IMTP deliverables on a bi-monthly basis.

As part of our commitment to the More Than Just Words Action Plan to ensure that our service users receive services in their language of choice, a dedicated Welsh language workstream has been developed as part of the overall WAST Strategic Workforce Plan. Work will progress in 2024-25 in identifying the levels of Welsh language skills of Trust staff and identify those skills gaps in delivering the active offer to our service users.

Our NHS Wales 111 Service will seek to improve its ability to answer Welsh language calls via working in partnership with the National Centre for Learning Welsh in the

development of Welsh language confidence building sessions for 111 staff who have previous knowledge of the Welsh language but would like to improve their Welsh language skills in answering Welsh language calls.

Further Information

For further information on the Welsh Language Standards please contact:

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

YMDDIRIEDOLAETH
BRIFYSGOL GIG GWASANAETHAU
AMBIWLANS CYMRU

ADRODDIAD BLYNYDDOL SAFONAU'R GYMRAEG 2023-2024

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Rhagair

Croeso!
Fel Cadeirydd a Phrif Weithredwr Ymddiriedolaeth Brifysgol GIG Gwasanaethau Ambiwlans Cymru, mae'n bleser gennym gyflwyno ein pedwerydd adroddiad ar weithredu Safonau'r Gymraeg.

Mae Mesur y Gymraeg (Cymru) 2011 yn gosod fframwaith cyfreithiol sy'n gosod dyletswydd ar Ymddiriedolaeth GIG Gwasanaethau Ambiwlans Cymru, ynghyd â sefydliadau cyhoeddus eraill, i gydymffurfio â'r Safonau sy'n ymwneud â'r Gymraeg ac yn rhoi cyfle i atgyfnerthu'r gofynion a gwella ansawdd ac argaeledd gwasanaethau trwy gyfrwng y Gymraeg.

Mae'r Gymraeg yn ymddangos eto yn y Cynllun Tymor Canolig Integredig ar gyfer 2024-27, gan ei fod bellach yn yr ail flwyddyn o gynllun tair blynedd. Y bwriad ar gyfer 2024/25 yw adeiladu amgylchedd lle gall y Gymraeg ffynnu. Bydd hyn yn sicrhau ein bod yn canolbwyntio ar newid diwylliannol i ysgogi cydymffurfedd â safonau.

Fe wnaethom wella ein cydymffurfedd â Safonau'r Gymraeg a'n darpariaeth o Gynnig Rhagweithiol drwy ganoli ein gwasanaeth cyfieithu yn 2023 gyda recriwtio Cyfieithydd Cymraeg. Mae hyn wedi cynyddu ein gallu i ddarparu gwasanaethau dwyieithog i'n defnyddwyr gwasanaeth ac i'n staff.

Roedd ein cyfarfod blynyddol gyda Swyddfa Comisiynydd y Gymraeg yn Nhŷ Elwy ym mis Chwefror 2024 yn gadarnhaol, a gofynnwyd i'r Ymddiriedolaeth rannu arfer da ar ateb galwadau yn Gymraeg yn y gwasanaeth 111, ac ar ein gwaith ar recriwtio dwyieithog.

Mae cynnydd wedi'i wneud wrth ddatblygu Fframwaith Iaith Gymraeg yr Ymddiriedolaeth, gan gynnwys Polisi Iaith Gymraeg cyntaf yr Ymddiriedolaeth, gyda gweledigaeth i ddarparu gwasanaethau a fydd yn bodloni anghenion siaradwyr Cymraeg trwy sicrhau eu bod yn gallu derbyn gwasanaethau yn eu hiaith eu hunain.

Mae'r Adroddiad Blynyddol hwn yn nodi ein cydymffufedd â'r Safonau ac fe'i cefnogir gan ddata ar gyfer y cyfnod adrodd 1 Ebrill 2023 i 31 Mawrth 2024. Rydym yn cydnabod ein bod wedi gwneud cynnydd, ond mae gwelliannau pellach ar y gweill i wella darpariaeth ein gwasanaethau Cymraeg. Er mwyn cyflawni'r gwelliannau hyn, rydym wedi bod yn gweithio'n agos gyda Chomisiynydd y Gymraeg i sefydlu datrysiadau sy'n diwallu ein hanghenion gweithredol ac yn sicrhau hawliau siaradwyr Cymraeg.

Mae’r adroddiad hwn hefyd yn adlewyrchu effaith gadarnhaol gweithredu’r cynllun Mwy na geiriau a’r egwyddor “Cynnig Rhagweithiol”, sy’n golygu darparu gwasanaeth cyfrwng Cymraeg heb i’r defnyddiwr gwasanaeth orfod gofyn amdano.

Colin Dennis
Cadeirydd

Jason Killens
Prif Swyddog Gweithredol

1. Cyflwyniad

Dyma bumed Adroddiad Blynyddol gwaith Ymddiriedolaeth GIG Gwasanaethau Ambiwlans Cymru sy'n dangos sut mae Safonau'r Gymraeg wedi'u gweithredu.

Ar 30 Mai 2019, symudodd yr Ymddiriedolaeth o weithredu ei Chynllun Iaith Gymraeg o dan Ddeddf yr Iaith Gymraeg 1993 i weithredu Safonau’r Gymraeg fel rhan o Fesur y Gymraeg (Cymru) 2011.

Mae'r Ymddiriedolaeth wedi parhau i ymateb yn gadarnhaol i Safonau'r Gymraeg gan ei bod yn rhoi cyfle i atgyfnerthu a gwella ansawdd ac argaeledd ei gwasanaethau trwy gyfrwng y Gymraeg.

2. Amdanom ni

Mae'r Ymddiriedolaeth yn darparu gwasanaethau gofal iechyd i bobl ledled Cymru, gan ddarparu gofal clinigol o ansawdd uchel sy'n cael ei arwain gan gleifion lle bynnag a phryd bynnag y bo angen.

Mae’r gwasanaethau’n cynnwys y canlynol:

- Y gwasanaethau ambiwlans brys golau glas: gan gynnwys cymryd galwadau, ymgynghori clinigol o bell, gweld a thrin ac, os oes angen, cludo i ysbyty priodol neu gyfleuster trin priodol.

- Y Gwasanaeth Cludiant Cleifion Di-frys (NEPTS): gan gynnwys cymryd galwadau, cynllunio teithiau, comisiynu gwasanaethau, mynd â chleifion i apwyntiadau ysbyty ac oddi yno, a'u trosglwyddo rhwng ysbytai a chyfleusterau trin.
- Y gwasanaeth 111: gwefan a gwasanaeth ffôn rhad ac am ddim, sy'n borth llinell gyntaf i daith claf o fewn y system iechyd a gofal, gan roi'r cyngor neu'r atgyfeiriad iawn i'r claf.
- Mae'r Ymddiriedolaeth hefyd yn cefnogi gwirfoddolwyr: Ymatebwr Cyntaf yn y Gymuned, Cyd-ymatebwyr ac Ymatebwyr mewn Lifrai i ddarparu adnoddau ymateb ychwanegol ar gyfer galwadau brys a gwasanaeth ceir gwirfoddol i gynorthwyo â chludo cleifion i apwyntiadau wedi'u trefnu.

3. Cefndir Safonau'r Gymraeg

O dan Fesur y Gymraeg (Cymru) 2011, mae'n ofynnol i bob sefydliad gwasanaeth cyhoeddus yng Nghymru gydymffurfio â dyletswyddau iaith, sy'n sicrhau nad yw'r Gymraeg yn cael ei thrin yn llai ffafriol na'r Saesneg. Mae'r dyletswyddau'n annog hybu'r Gymraeg, y defnydd o'r Gymraeg o fewn gweinyddiaeth fewnol ac yn ei gwneud yn ofynnol bod darpariaeth yn cael ei gwneud ar gyfer hygyrchedd y Gymraeg i'r cyhoedd.

Mae adran 44 o fesur 2011 yn caniatáu i Gomisiynydd y Gymraeg ddyroddi hysbysiad cydymffurfio sy'n ei gwneud yn ofynnol i gorff gydymffurfio ag un neu ragor o safonau sy'n benodol gymwys iddo. Yna cyflwynwyd Rheoliadau Safonau'r Gymraeg (Rhif 7) 2018 i sefydliadau'r sector iechyd yng Nghymru.

4. Cynllun Gweithredu Mwy na geiriau 2022-27

Ers lansio **Cynllun Gweithredu Mwy na Geiriau 2022-27** Llywodraeth Cymru yn 2022, mae'r Ymddiriedolaeth wedi ymrwymo i gyflawni'r camau hynny fel bod y 'cynnig rhagweithiol' yn rhan annatod o ansawdd gwasanaethau a chyflawni gwasanaethau ar draws yr Ymddiriedolaeth lle mae gwasanaethau'n cael eu darparu yn Gymraeg heb i rywun orfod gofyn amdano. Mae'n gyfrifoldeb ar bawb sy'n darparu gwasanaethau gofal i bobl a'u teuluoedd ledled Cymru i ddarparu'r Cynnig Rhagweithiol. Mae hyn yn cynnwys gwasanaethau iechyd, gwasanaethau gofal cymdeithasol a gwasanaethau cymdeithasol.

Ym mis Chwefror 2024 nododd Pwyllgor Pobl a Diwylliant yr Ymddiriedolaeth Adroddiad Blynyddol Mwy na geiriau 2022-23 Llywodraeth Cymru a chafodd sicrwydd yn erbyn cynnydd yr Ymddiriedolaeth o ran cyflawni ei hymrwymiadau i'r

cynllun a oedd yn cynnwys crynodeb o gynllun gwella ateb galwadau yn Gymraeg y gwasanaeth 111.

Yn ystod cyfnod adrodd yr adroddiad hwn mae ein Hamcanion Cydraddoldeb Strategol newydd ar gyfer 2024-2028 wedi cael eu datblygu fel nodau trosfwaol ar gyfer yr Ymddiriedolaeth mewn perthynas â chydraddoldeb, amrywiaeth a chynhwysiant. O fewn yr Ymddiriedolaeth, rydym yn cydnabod y cysylltiadau rhwng ein gofynion iaith Gymraeg a'r rhai sy'n ymwneud â chydraddoldeb. Rydym wedi datblygu cynllun gweithredu a fydd yn eistedd o dan y Cynllun Cydraddoldeb Strategol ac wedi cynnwys nifer o gamau gweithredu yn ymwneud â'r Gymraeg sy'n gysylltiedig â'n hamcanion Cynllun Cydraddoldeb Strategol ac sy'n ychwanegol at y cynllun gweithredu Mwy na geiriau.

5. Atebolrwydd a Chymorth

5.1 Arweinwyr a Hyrwyddwyr y Gymraeg

Ochr yn ochr â Rheolwr Gwasanaethau'r Gymraeg yr Ymddiriedolaeth, Trish Mills, Cyfarwyddwr Llywodraethu Corfforaethol/Ysgrifennydd Bwrdd yr Ymddiriedolaeth, yw'r arweinydd gweithredol dros y Gymraeg sydd wedi bod yn allweddol wrth hyrwyddo datblygiad Fframwaith Iaith Gymraeg newydd. Mae Trish hefyd wedi bod yn arwain y gwaith o agor sgyrsiau mewn cyfarfodydd a gohebiaeth gan ddefnyddio Cymraeg sylfaenol. Yn ogystal, mae gan Fwrdd yr Ymddiriedolaeth Gyfarwyddwr Anweithredol sef Bethan Evans sy'n gweithredu fel Hyrwyddwr Iaith Gymraeg y Bwrdd ac sydd wedi bod yn ymwneud â hyrwyddo'r Iaith Gymraeg o fewn yr Ymddiriedolaeth i'n staff ac yn allanol i'n defnyddwyr gwasanaeth trwy lwyfannau cyfryngau cymdeithasol yr Ymddiriedolaeth.

Trish Mills
Cyfarwyddwr Llywodraethu Corfforaethol/ Ysgrifennydd y Bwrdd

Bethan Evans
Cyfarwyddwr Anweithredol

5.2 Grŵp Cynghori'r Gymraeg

Mae WAST wedi sefydlu Grŵp Cynghori'r Gymraeg sy'n bwydo i mewn i'r Grŵp Cynhwysiant, Cydraddoldeb ac Amrywiaeth er mwyn cryfhau'r aliniad â'r Cynllun Cydraddoldeb Strategol. Mae'r Grŵp Cynghori hwn yn darparu mecanwaith ar gyfer adolygu pob agwedd ar Safonau'r Gymraeg ac i sicrhau bod gwasanaeth boddhaol yn cael ei gynnal i bob claf ac aelod o'r cyhoedd sy'n defnyddio gwasanaethau'r Ymddiriedolaeth.

5.3 Y Pwyllgor Pobl a Diwylliant

Mae Pwyllgor Pobl a Diwylliant yr Ymddiriedolaeth yn rhoi sicrwydd i'r Bwrdd o'i drefniadau arwain o ran y Gymraeg, ac yn monitro cynnydd ac yn ceisio sicrwydd bod yr Ymddiriedolaeth yn cyflawni ei chyfrifoldebau statudol mewn perthynas â Safonau'r Gymraeg. Mae hefyd yn hyrwyddo ac yn cefnogi'r newid diwylliannol sy'n cyd-fynd â'r cynnig rhagweithiol fel ffordd o gryfhau cydymffurfedd â Safonau.

5.4 Bwrdd yr Ymddiriedolaeth

Mae llwybr cymeradwyo Adroddiad Blynyddol Safonau'r Gymraeg yr Ymddiriedolaeth drwy Grŵp Cynghori'r Gymraeg yr Ymddiriedolaeth, y Tîm Arwain Gweithredol a'r Pwyllgor Pobl a Diwylliant i Fwrdd yr Ymddiriedolaeth adolygu a thrafod y cynnydd a wnaed wrth gydymffurfio â'r Safonau.

5.5 Trefn Gwyno

Derbynnir pryderon ynghylch cydymffurfio â Safonau'r Gymraeg mewn nifer o ffyrdd gan gynnwys yn uniongyrchol i'r Prif Swyddog Gweithredol a Rheolwr Gwasanaethau'r Gymraeg. Ymchwilir i bob cwyn a dderbynnir a darperir ymateb gydag unrhyw gamau unioni gofynnol. Rhoddir sylw i faterion sy'n ymwneud â diogelwch cleifion o dan y Rheoliadau Gweithio i Wella.

Os oes gan aelod o'r cyhoedd bryder ynghylch profiad diweddar o ddefnyddio gwasanaethau Cymraeg yr Ymddiriedolaeth, gallant hefyd gofrestru eu pryder drwy anfon neges e-bost at y tîm pryderon: Amb_PuttingThingsRight@wales.nhs.uk neu drwy lenwi ffurflen ar-lein: Ffurflen Cyflwyno Pryderon Ar-lein

Y SAFONAU

Caiff cydymffurfedd â safonau'r Gymraeg ei chategoreiddio i'r meysydd cydymffurfio a ganlyn: Cyflenwi gwasanaeth, Llunio polisi, Gweithrediadau a Chadw cofnodion. Yn ystod 2024/25 rydym yn datblygu llinell sylfaen ar gyfer adrodd a chyflwyno gwelliannau yn ein gofynion cydymffurfio.

6. Cydymffurfio â'r Safonau Cyflenwi Gwasanaethau (Safonau 1 – 77)

Mae'r set hon o safonau yn nodi sut y mae'n ofynnol i'r Ymddiriedolaeth ddefnyddio'r Gymraeg mewn gwahanol sefyllfaoedd fel y gall siaradwyr Cymraeg gael mynediad dirwystr at wasanaethau Cymraeg; er enghraifft, wrth anfon gohebiaeth, delio â galwadau ffôn, darparu gwasanaethau ar-lein neu wyneb yn wyneb.

6.1 Gohebiaeth (Safonau 1 – 7)

Mae'r Ymddiriedolaeth wedi defnyddio dull cyson o ddefnyddio papur pennawd a llofnodion e-bost ac mae'n ei gwneud yn ofynnol i bob aelod o staff ddefnyddio papur pennawd dwyieithog yr Ymddiriedolaeth. Rydym hefyd wedi annog yr holl staff i gynnwys neges ar lofnodion e-bost yn nodi bod yr unigolyn yn 'croesawu gohebiaeth yn y Gymraeg neu'r Saesneg'.

6.2 Galwadau Ffôn (Safonau 8 – 20)

Nid yw Safonau'r Gymraeg fel y'u gosodwyd ar yr Ymddiriedolaeth yn gosod unrhyw ofyniad cyfreithiol i ateb galwadau 999 yn Gymraeg. O dan Reoliadau Safonau'r Gymraeg (Rhif 7) 2018, Paragraff 35: Nid yw safonau 8 i 10 a 13 i 16 yn gymwys i alwadau a wneir i'r rhif ffôn 999.

Mae galwyr i'r gwasanaeth 111 ac i Ofal Ambiwlans yn derbyn cyfarchiad dwyieithog wedi'i recordio. Pan fydd yr Ymddiriedolaeth yn sefydlu cyswllt ffôn gyda defnyddiwr gwasanaeth am y tro cyntaf, gofynnir i'r defnyddiwr gwasanaeth a fyddai'n well ganddo dderbyn galwadau gan yr Ymddiriedolaeth yn y dyfodol yn y Gymraeg neu'r Saesneg. Bydd y dewis iaith hwnnw yn cael ei nodi a'i barchu. Mae galwadau i 111 a Gofal Ambiwlans yn cynnig dewis iaith i alwyr.

Mae ateb galwadau Cymraeg ar gyfer 111 a Gofal Ambiwlans bellach yn cael eu hadrodd i'r Bwrdd yn yr Adroddiad Misol Ansawdd a Pherfformiad Integredig. Mae'r pwyntiau hyn yn cael eu trafod yn fanylach yn y paragraffau isod.

6.2.1 Adolygiad Gwasanaeth GIG 111 Cymru

Cyfradd galw ac ateb galwadau Cymraeg Gwasanaeth GIG 111 Cymru 2023-2024

Galw am y Gymraeg	Cyfanswm y galwadau a atebwyd ar gyfer 111	Galwadau Cymraeg a gynigiwyd	Cyfanswm y galwadau a atebwyd yn Gymraeg	% y galwadau a atebwyd yn Gymraeg
01/04/23 – 31/03/24	**843,464**	**17,792**	**8,099**	**45.5%**
01/04/22 – 31/03/23	**766,718**	**15,735**	**2,853**	**18.1%**

* Mae ffigurau/canrannau oren yn cynrychioli cyfnod adrodd 2022/23.

Yn ystod 2023-24 bu gwelliant yng nghanran y galwadau GIG 111 Cymru a atebwyd yn Gymraeg fel dewis iaith defnyddwyr gwasanaeth ers y flwyddyn ddilynol. Roedd hyn yn dilyn lansio cynllun gwella ar ddiwedd 2022 i mewn i 2023. Arhosodd nifer y galwadau a oedd yn gofyn am y gwasanaeth hwn yn isel (llai nag 1% o alwadau 111) ond cydnabu tîm arwain y Gwasanaeth 111 bwysigrwydd y gwasanaeth yr oedd yn ei ddarparu. O ganlyniad, datblygwyd y cynllun gwella 2022 ymhellach ar draws ein gwasanaeth GIG 111 Cymru yn 2023 gan y tîm darparu gwasanaeth 111 i wella nifer y cleifion sy'n gallu derbyn gwasanaeth yn Gymraeg os mai dyna oedd eu dewis. Roedd y cynllun yn cynnwys y camau gweithredu canlynol:

- Cyfarfodydd rheolaidd yn cael eu cynnal gyda Rheolwr Gwasanaethau'r Gymraeg i edrych ar ffyrdd o gynyddu/gwella ein perfformiad galwadau Cymraeg a hyder ein staff i dderbyn galwadau yn Gymraeg trwy sesiynau magu hyder yn y Gymraeg.
- Neilltuo dau driniwr galwadau Cymraeg eu hiaith i set sgiliau Cymraeg ar ddydd Sadwrn a dydd Sul rhwng 8am ac 1pm.
- Nododd data a gasglwyd o'n hofferyn meddalwedd adrodd data ble cawsom y galw mwyaf am alwadau Cymraeg a helpodd i wella'r gyfradd ateb galwadau Cymraeg, gostwng y gyfradd gadael a lleihau nifer y galwadau sy'n cael eu tynnu o'r ciw a'u rhoi i drinwyr galwadau Saesneg.
- Pan oedd y galw ar y penwythnos yn isel, roedd staff ar setiau sgiliau deuol (Cymraeg a Saesneg) yn delio â galwadau Cymraeg a oedd yn gwella'r perfformiad ymhellach.
- Mae gwaith yn mynd rhagddo ar hyn o bryd i addasu a gwella'r ffordd yr ymdrinnir â galwadau Cymraeg o fewn y broses negeseuon ffôn 111.
- Recriwtio trinwyr galwadau sy'n siarad Cymraeg.
- Sesiwn ymwybyddiaeth iaith ar gyfer dechreuwyr newydd yn ystod eu hyfforddiant sefydlu.

- Hyfforddiant fideo ar gyfer staff sefydledig sy'n derbyn galwadau ar ofal cwsmeriaid Cymraeg ac arfer gorau.
- Adolygiad perfformiad wythnosol gan y tîm gweithredol ar ddata perfformiad galwadau Cymraeg gyda chamau gweithredu a throsolwg dilynol y cytunwyd arnynt.
- Cylchrestru camau gweithredu i wneud y gorau o'r ddarpariaeth Gymraeg.

6.2.2 Gofal Ambiwlans (NEPTS yn flaenorol)

Cyfradd galw ac ateb galwadau Cymraeg Gofal Ambiwlans 2023-2024

Galw am y Gymraeg	Cyfanswm y galwadau a atebwyd ar gyfer NEPTS	Galwadau Cymraeg a gynigiwyd	Cyfanswm y galwadau a atebwyd yn Gymraeg	% y galwadau a atebwyd yn Gymraeg
01/04/23 – 31/03/24	**232,442**	**3,951**	**3,923**	**89%**
01/04/22 – 31/03/23	**200,864**	**1,878**	**1,856**	**98.8%**

* Mae ffigurau/canrannau oren yn cynrychioli'r cyfnod adrodd 2022/23.

Croesewir pawb sy'n galw i'n Canolfan Alwadau Cludiant Di-frys gyda chyfarchiad dwyieithog, ac yna ein system Ymateb Llais Integredig sy'n caniatáu i alwyr ddewis eu dewis iaith, sef Cymraeg neu Saesneg o'r pwynt hwn. Yn dibynnu ar eu dewis bydd pob neges yn cael ei chyflwyno yn eu dewis iaith.

Mae galwyr Cymraeg yn cael eu cyfeirio drwy'r system Ymateb Llais Integredig at ein derbynwyr galwadau Cymraeg. Os yw ein derbynwyr galwadau Cymraeg yn brysur gyda galwyr eraill, mae'r galwr yn cael ei ailgyfeirio i'r derbyniwr galwadau Cymraeg neu Saesneg nesaf sydd ar gael i osgoi amser aros diangen. Mae'n bwysig nid yn unig darparu profiad galwadau Cymraeg llawn ond hefyd sicrhau nad oes unrhyw oedi hir yn digwydd os yw pob un o'n derbynwyr galwadau Cymraeg yn delio â galwadau eraill.

Defnyddir ein Hasesiad o Anghenion Cleifion i wirio cymhwysedd pob claf am gludiant ambiwlans ac mae wedi'i gyfieithu'n llawn i'n derbynwyr galwadau Cymraeg i wella profiad y galwr.

6.3 Cyfarfodydd (Safonau 21 – 30)

Pan fydd yr Ymddiriedolaeth yn trefnu cyfarfod ag aelod neu aelodau o'r cyhoedd, gofynnir i'r rhai sy'n mynychu a ydynt yn dymuno defnyddio'r Gymraeg yn y cyfarfod. Lle mae unigolion yn mynegi awydd i ddefnyddio'r Gymraeg mewn cyfarfod, bydd yr Ymddiriedolaeth yn parchu ac yn darparu ar gyfer y dewis hwnnw. Mae gan gyfarfodydd y Bwrdd aelodau sy'n siarad Cymraeg yn bresennol, ac mae holl gyfarfodydd y Bwrdd yn cael eu ffrydio'n fyw trwy Zoom. Rydym yn ymchwilio i'r posibilrwydd o ddarparu isdeitlau Cymraeg drwy Zoom ar gyfer cyfarfodydd Bwrdd.

Anfonir gwahoddiadau cyfarfodydd Bwrdd yr Ymddiriedolaeth i'n partneriaid yn ddwyieithog. Mae holl agendâu cyfarfodydd Bwrdd yr Ymddiriedolaeth ar gael yn Gymraeg. Cyflwynwyd Adroddiad Blynyddol Safonau'r Gymraeg 2022-23 yr Ymddiriedolaeth yn ddwyieithog am y tro cyntaf yng nghyfarfod Bwrdd yr Ymddiriedolaeth ym mis Medi 2023.

6.4 Digwyddiadau Cyhoeddus (Safonau 31 – 32)

Mewn perthynas â gwasanaethau wyneb yn wyneb a gynigir yn ystod digwyddiad, bydd gwahoddiad neu hysbyseb y digwyddiad yn gofyn i bersonau ein hysbysu os ydynt yn dymuno defnyddio'r Gymraeg. Lle mae hyn yn digwydd, rydym yn darparu gwasanaeth cyfieithu yn y digwyddiad. Rydym yn ymdrechu i sicrhau bod pob gwahoddiad a hysbysiad i'r cyhoedd yn ddwyieithog.

Eisteddfod Boduan

Ar 11 Awst aeth ein Rheolwr Gwasanaethau'r Gymraeg, Melfyn Hughes a Richard Lewis, Ymatebwr Cyntaf yn y Gymuned gwirfoddol o ardal Pwllheli i Eisteddfod Genedlaethol eleni ym Moduan, Gwynedd lle'r oedd gan WAST stondin arddangos fel rhan o babell arddangos BIPBC. Roedd hwn yn gyfle gwerthfawr i ymgysylltu â'n defnyddwyr gwasanaeth a chafodd stondin WAST hefyd ymweliad arbennig gan Eluned

Morgan, Gweinidog Iechyd a Gofal Cymdeithasol ar y pryd.

Profiad y Claf a Chynnwys y Gymuned

Fel rhan o fodel ymgysylltu parhaus y tîm Profiad y Claf a Chynnwys y Gymuned (PECI) mae WAST wedi mynychu digwyddiadau ymgysylltu â'r cyhoedd a chymuned amrywiol ledled Cymru. Mae'r tîm PECI yn darparu gwybodaeth am y gwasanaethau a ddarperir gan WAST ynghyd ag adnoddau hygyrch sy'n benodol i oedran a demograffig. Mae'r holl ddeunydd a ddarperir yn ddwyieithog a darperir dolenni i bobl i roi eu hadborth yn eu dewis iaith.

6.5 Dogfennau a Ffurflenni (Safonau 36 - 38)

Ers dechrau mis Medi 2023, mae'r Ymddiriedolaeth wedi bod â gwasanaeth cyfieithu mewnol pwrpasol, sydd ar gael i'r holl staff yn rhad ac am ddim trwy fewnflwch pwrpasol ac mae wedi bod yn ffactor allweddol i'w galluogi i gydymffurfio â'r safonau sy'n ymwneud â dogfennau a ffurflenni.

Mae enghreifftiau o ffurflenni sydd ar gael yn Gymraeg yn cynnwys y canlynol:

Ffurflen adborth cleifion NEPTS

Dweud eich dweud - Cludiant Ambiwlans

Yn Ambiwlans Cymru rydym yn ceisio gwella'r gwasanaeth a ddarparwn yn barhaus. Helpwch ni i wella ein gwasanaeth i gleifion oncoleg trwy lenwi'r ffurflen isod.

Sut wnaethoch chi deithio heddiw?

- Gymar Car Ambiwlans Gwirfoddol
- Tacsi
- Cerbyd Ambiwlans Cymru
- Dydw i ddim wedi teithio o'r blaen
- Ambiwlans Preifat

Pa sgôr fyddech chi'n ei rhoi i'ch trafnidiaeth heddiw?

Arolwg gwefan GIG 111 Cymru

GIG 111 Cymru
NHS 111 Wales

Arolwg Profiad Gwefan GIG 111 Cymru

6.6 Deunydd cyhoeddusrwydd a Hysbysebu (Safonau 33 – 34)

Cynhyrchir unrhyw ddeunydd cyhoeddusrwydd neu hysbysebu a gynhyrchir gan yr Ymddiriedolaeth ar gyfer y cyhoedd yn ddwyieithog.

Cynhyrchwyd a hyrwyddwyd cyhoeddusrwydd dwyieithog trwy gyfryngau cymdeithasol i aelodau'r cyhoedd gwblhau arolwg ar-lein ar eu profiad o ffonio gwasanaeth 999 yr Ymddiriedolaeth.

Ymgynghoriad ac Ymgysylltu'r Cynllun Cydraddoldeb Strategol

Yn ystod 2023-2024, cynhaliodd yr Ymddiriedolaeth ymgynghoriad ac ymgysylltu fel rhan o ddatblygiad y Cynllun Cydraddoldeb Strategol. Gwahoddwyd aelodau'r cyhoedd, defnyddwyr gwasanaeth, staff a rhanddeiliaid i gwblhau arolwg dwyieithog i helpu i lunio set newydd o Amcanion Cydraddoldeb Strategol ar gyfer yr Ymddiriedolaeth. Trafodwyd y cynigion ar gyfer y cynllun newydd hefyd yng Ngrŵp Cynghori'r Gymraeg yr Ymddiriedolaeth ym mis Medi.

Roedd yr ymatebion i'r ymgynghoriad yn cynnwys nifer o sylwadau ynglŷn â'r Gymraeg. Teimlai'r ymatebwyr ei bod yn bwysig i'n harweinyddiaeth ddangos ein hymrwymiad i'r Gymraeg a pharhau i sicrhau bod y sefydliad yn gwbl ddwyieithog. Nodwyd codi ymwybyddiaeth o anghenion iaith Gymraeg defnyddwyr gwasanaeth a staff a chynyddu cyfleoedd i ddefnyddio'r Gymraeg yn yr ymgynghoriad. Ar gyfer 2024/25 bydd hyn yn cael ei gyflawni trwy Gam Gweithredu Blwyddyn 1 ein Cynllun Tymor Canolig Integredig i gyflwyno a gweithredu Polisi Iaith Gymraeg newydd ar gyfer hyrwyddo a hwyluso'r Gymraeg.

6.7 Gwefannau a Gwasanaethau Ar-lein (Safonau 39 – 43)

Mae gennym ddwy wefan, sef gwefan Ymddiriedolaeth Brifysgol GIG Gwasanaethau Ambiwlans Cymru, a gwefan 111 Cymru, yr ydym yn ei gweithredu fel darparwr a gomisiynwyd o 111 ledled Cymru. Mae rhai o'r heriau wedi'u nodi isod.

6.7.1 Gwefan GIG 111 Cymru

Mae gwefan GIG 111 Cymru yn gweithredu ei chyfrifon cyfryngau cymdeithasol Twitter Cymraeg a Saesneg ei hun, sef @GIG111Cymru gyda **122** (**105)** o ddilynwyr a @NHS111Wales gyda **7,316** (**7,282)** o ddilynwyr.

Gwirwyr Symptomau Gwefan 111

Wrth wrando ar adborth gan ddefnyddwyr y wefan, rydym yn parhau i weithio'n agos gyda chydweithwyr ar draws yr Ymddiriedolaeth i ehangu'r ystod o wirwyr symptomau sydd ar gael yn Gymraeg drwy'r wefan, gan alluogi defnyddwyr i wirio eu symptomau a derbyn cyngor ar-lein ynglŷn â beth i'w wneud nesaf. Yn ystod y cyfnod adrodd hwn, **ni** ddatblygwyd unrhyw wirwyr symptomau newydd nac a wnaethpwyd ar gael yn Gymraeg ac yn Saesneg.

Mae pob un o'r 65 o wirwyr symptomau cyfredol sydd ar gael ar wefan 111 ar gael yn Gymraeg.

Datblygu gwefan GIG 111 Cymru

Nid oes unrhyw gyllid hirdymor penodedig yn parhau i fod yn gysylltiedig â gwefan GIG 111 Cymru, ei phensaernïaeth, cynhyrchu cynnwys, rheolaeth, na sicrwydd clinigol (gan gynnwys y gwirwyr symptomau ar-lein). O ystyried safbwynt Llywodraeth Cymru ar ddigidol yn gyntaf, mae cyflwyno'r ap GIG Cymru, a'r effaith y gallai gwefan addas i'r diben ei chael yn y dyfodol yn parhau i gynrychioli risg a her sylweddol.

Er nad yw'r sefyllfa hon wedi newid ers yr adroddiad diwethaf, mae WAST wedi comisiynu gwaith darganfod digidol pwrpasol. Bydd y gwaith hwn yn llywio'r gwaith o greu achos busnes ar gyfer Llywodraeth Cymru ac yn nodi gweledigaeth glir ar gyfer dyfodol mynediad digidol ac integreiddio ar gyfer GIG 111 ar-lein, a fydd yn cynnwys gofynion y Gymraeg ar gyfer unrhyw gynnwys sy'n rhan ohono.

Mae grŵp o arbenigwyr wedi'u dwyn ynghyd i gynnal ymchwil i'r rhwystrau presennol i lwyddiant digidol, yr ecosystem ddigidol Gymreig, y weledigaeth ar gyfer

llwyddiant, yr egwyddorion ar gyfer cynnydd, nodi bwriad a bwlch, anghenion defnyddwyr, dymuniadau, a theithiau, syniad gwasanaeth ac yn y pen draw mapio a dylunio.

Mae'r gwaith hwn, sy'n ymdrin â strategaeth a chyflawniad ymchwil, yn barod i ddarparu mewnwelediadau ac argymhellion gwerthfawr ar gyfer dyfodol gwefan GIG 111 Cymru a galluogi WAST i greu achos busnes dros newid.

6.8 Cyfryngau Cymdeithasol (Safonau 45 – 46)

Mae'r Ymddiriedolaeth yn gweithredu cyfrifon cyfryngau cymdeithasol Cymraeg a Saesneg ar wahân ar gyfer Facebook a Twitter. Mae pob postiad Saesneg yn cael ei hailadrodd yn Gymraeg.

Isod ceir dadansoddiad o'r ymgysylltu ar gyfrifon cyfryngau cymdeithasol yr Ymddiriedolaeth yn ystod y cyfnod adrodd rhwng 1 Ebrill 2023 a 31 Mawrth 2024

Ers yr adroddiad blynyddol blaenorol, mae X a Facebook wedi newid eu dadansoddeg a'u hystadegau. Yn ystod y flwyddyn, dechreuodd yr Ymddiriedolaeth bostio'n ddwyieithog ar Instagram hefyd.

Sylwer, mae'r rhif isod yn gynrychiolaeth fras o'r ystadegau oherwydd problemau cyrchu dadansoddeg ers newid Twitter i X.

Twitter	@Ambiwlans_Cymru		@WelshAmbulance	
	2023/24	2022/23	2023/24	2022/23
Cyfanswm y dilynwyr	423		24,196	
Cyfanswm yr argraffiadau	34,284	113,351	1,749,700	2,440,000
Nifer o Retweets (heb sylwadau)	202	625	2,735	4,693
Hoffiadau	277	485	8,232	12,400
Y nifer sy'n agor dolenni	41	38	6,045	7,300

* Mae ffigurau/canrannau oren yn cynrychioli'r cyfnod adrodd 2022/23.

Mae cyfanswm y nifer o Tweets yn amrywio rhwng y ddau gyfrif am y rhesymau canlynol:

- Mae 'Tweets' yn cynnwys postiadau wedi'u dyfynnu sy'n cael eu cyhoeddi'n amlach ar ein cyfrif Saesneg oherwydd nad yw asiantaethau eraill, megis gwasanaethau ambiwlans eraill y DU, yn cyhoeddi cynnwys Cymraeg.

Facebook	Ymddiriedolaeth GIG Gwasanaethau Ambiwlans Cymru		Welsh Ambulance Services NHS Trust	
	2023/24	2022/23	2023/24	2022/23
Cyfanswm y dilynwyr	261		37,041	
Dilynwyr newydd	22	27	1,630	1,959
Hoffiadau newydd ar y dudalen	8	10	531	1,029
*** Cyfanswm yr ymweliadau â thudalennau**	1,099		124,235	
*** Cyfanswm cyrhaeddiad y dudalen a'r proffil**	37,750		3,172,769	
*** Cyfanswm yr argraffiadau post**	38,516		3,690,160	
*** Ymgysylltiadau â'r dudalen (cyfanswm yr ymatebion, sylwadau a rhannu postiadau)**	1,621		412,950	

* Ychwanegiadau newydd felly dim data cymaradwy blaenorol ar gael.

* Mae ffigurau/canrannau oren yn cynrychioli'r cyfnod adrodd 2022/23.

6.9 Arwyddion a Hysbysiadau (Safonau 47 - 49)

Cynhyrchir pob arwydd newydd neu amnewidiol yn ddwyieithog gyda'r Gymraeg wedi'i gosod fel ei bod yn debygol o gael ei darllen yn gyntaf. Yn ystod y cyfnod adrodd cynhyrchwyd arwyddion allanol a mewnol newydd ar gyfer gweithdy ambiwlans newydd yr Ymddiriedolaeth ym Merthyr Tudful fel y dangosir isod.

6.10 Gwasanaethau'r Dderbynfa (Safonau 50 - 53)

Lle mae gennym wasanaeth derbynfa, mae'r modiwl ar-lein 'Croeso Cymraeg Gwaith' ar gael i staff sy'n gweithio mewn derbynfeydd er mwyn datblygu eu sgiliau Cymraeg a bod yn gallu cyfarch ymwelwyr yn ddwyieithog. Mae cymorth iaith Gymraeg hefyd ar gael gan Reolwr Gwasanaethau'r Gymraeg yr Ymddiriedolaeth.

6.11 Dyfarnu Contractau (Safonau 57 - 59)

Cyhoeddir gwahoddiadau i dendro yn ddwyieithog os yw pwnc y gwahoddiad i dendro yn awgrymu y dylid ei gynhyrchu yn Gymraeg, neu os yw'r gynulleidfa a ragwelir, a'u disgwyliadau, yn awgrymu y dylid cynhyrchu'r testun yn Gymraeg. Gellir cyflwyno tendrau yn Gymraeg, ac na fydd tendr a gyflwynir yn Gymraeg yn cael ei drin yn llai ffafriol na thendr a gyflwynir yn Saesneg.

Ni chyhoeddwyd unrhyw geisiadau am dendrau neu gontractau yn Gymraeg ac ni dderbyniwyd yr un yn Gymraeg yn ystod y cyfnod adrodd hwn.

6.12 Hunaniaeth Gorfforaethol (Safon 62)

Yn ystod y cyfnod adrodd bu ein Rheolwr Gwasanaethau'r Gymraeg yn gweithio ochr yn ochr â'n Tîm Cyfathrebu i ddatblygu fersiwn dwyieithog o Fathodyn y Goron yr Ymddiriedolaeth. Datblygwyd copi o fathodyn y Goron i'w adolygu ac i'w gymeradwyo'n derfynol. Bydd cyflwyno bathodyn y goron dwyieithog newydd yr Ymddiriedolaeth yn hyrwyddo ymrwymiad yr Ymddiriedolaeth i'r Gymraeg i'n defnyddwyr gwasanaeth a'n staff. Derbyniwyd caniatâd gan Swyddfa'r Cabinet i symud i Fathodyn y Goron dwyieithog.

Ar 1 Ebrill 2024, dyfarnwyd statws Ymddiriedolaeth Brifysgol i'r Ymddiriedolaeth ac o ganlyniad mae ein logo GIG Cymru hefyd wedi'i ddiweddaru i adlewyrchu statws Ymddiriedolaeth Brifysgol, sydd wedi'i ddyfarnu gan Lywodraeth Cymru i gydnabod ein hymrwymiad i ysgogi ymchwil ac arloesi a datblygu'r gweithlu presennol a gweithlu'r dyfodol.

Mae Bathodyn y Goron a logo GIG Cymru newydd ar gael i staff eu lawrlwytho o dudalen brandio corfforaethol bwrpasol. Yn ogystal, mae canllawiau ar y brand corfforaethol wedi'u creu i hysbysu staff ar sut i gymhwyso'r rhain yn gywir.

Dim ond pan gânt eu disodli'n naturiol y mae angen i asedau corfforol sy'n arddangos yr hen fersiwn o'r logo a bathodyn y goron megis cerbydau, gwisgoedd ac arwyddion ystâd, gario'r logo newydd a Bathodyn y Goron.

7. Cydymffurfedd â'r Safonau Llunio Polisi (Safonau 69 – 77)

Mae pob polisi newydd a diwygiedig a weithredir gan yr Ymddiriedolaeth yn destun Asesiad Effaith Cydraddoldeb. Mae'r Gymraeg yn faes cydraddoldeb safonol a gofynnir i staff sy'n llunio polisïau newydd neu ddiwygiedig ystyried yr effeithiau cadarnhaol a/neu negyddol a allai ddeillio o'r polisi hwnnw ar y Gymraeg. Mae cefnogaeth gan y Rheolwr Gwasanaethau'r Gymraeg ar gael i unrhyw gydweithiwr sy'n cwblhau Asesiad Effaith Cydraddoldeb ac mae'n weithdrefn safonol ar gyfer pob polisi newydd a diwygiedig.

Mae proses bolisi'r Ymddiriedolaeth yn goruchwylio'r prosesau llywodraethu wrth adolygu polisïau newydd neu ddiwygiedig, a chaiff y pwyllgor bwrdd perthnasol ei sicrhau bod yr Asesiad Effaith Cydraddoldeb wedi'i gwblhau wrth gymeradwyo'r polisïau a neilltuwyd iddynt.

Yn ystod y cyfnod adrodd cymeradwywyd **11** o bolisïau (gan gynnwys polisïau newydd a diwygiedig), ac aeth pob un ohonynt drwy broses Asesiad Effaith Cydraddoldeb.

8. Cydymffurfedd â'r Safonau Gweithredol (Safonau 79 – 114)

Mae'r set o Safonau Gweithredol yn ymdrin â'r ffordd y mae'r Ymddiriedolaeth yn defnyddio'r Gymraeg yn fewnol ac yn rhoi'r hawl i weithwyr dderbyn gwasanaethau Adnoddau Dynol yn eu dewis iaith.

8.1 Polisi ar y defnydd mewnol o'r Gymraeg (Safon 79)

Fel rhan o Fframwaith Iaith Gymraeg newydd yr Ymddiriedolaeth mae Polisi Iaith Gymraeg newydd wedi'i ddatblygu i hyrwyddo'r defnydd o'r Gymraeg a chydymffurfio â Safonau'r Gymraeg. Mae hyn ar y trywydd iawn i gael ei gymeradwyo yn 2024 ac yna caiff ei hyrwyddo ar draws yr Ymddiriedolaeth.

Rhan o'r gwaith hwn i hyrwyddo'r Gymraeg yn fewnol fu cyflwyno **Gwobr y Gymraeg** fel un o'r categorïau ar gyfer Gwobrau Staff blynyddol yr Ymddiriedolaeth. Mae'r wobr i gydnabod staff sydd wedi helpu i hyrwyddo'r Gymraeg a gwella darpariaeth ddwyieithog mewn gofal iechyd.

Fel rhan o wobrau staff eleni, derbyniwyd saith enwebiad cryf. Jason Jones, Rheolwr Cyflenwi Cyfalaf oedd enillydd Gwobr y Gymraeg am ei ymroddiad i ddysgu Cymraeg a dod yn siaradwr Cymraeg rhugl. Cafodd Nia Barton, Clinigydd Canolfan Gyswllt Clinigol, ganmoliaeth uchel am ei gwaith yn delio â chleifion yn Gymraeg.

Roedd y Gymraeg yn amlwg yn **Sioeau Teithiol y Prif Swyddog Gweithredol** a gynhaliwyd ym mis Ebrill a mis Tachwedd 2023. Roedd hwn yn gyfle i'r Prif Swyddog Gweithredol Jason Killens ac aelodau eraill o'r Bwrdd ymgysylltu â'n pobl ledled Cymru i fyfyrio ar ein profiadau a'r heriau sy'n ein hwynebu nawr ac yn y dyfodol. Cafodd y faner naid a thaflenni canlynol eu harddangos yn y digwyddiadau:

Mae **cylchlythyr** misol mewnol **WAST yn Cysylltu** bellach yn cael ei gyhoeddi ar fewnrwyd WAST yn ddwyieithog er mwyn i bob defnyddiwr allu ymgysylltu â'r postiad.

8.2 Dogfennau Cyflogaeth (Safonau 80 – 81)

Os gofynnir i ni, byddwn yn darparu dogfennau sy'n ymwneud â chyflogaeth i'w darparu yn Gymraeg hy, dogfennau sy'n amlinellu anghenion neu ofynion hyfforddi; dogfennau sy'n amlinellu amcanion perfformiad; dogfennau sy'n amlinellu neu'n cofnodi cynllun gyrfa; ffurflenni sy'n cofnodi ac yn awdurdodi gwyliau blynyddol; ffurflenni sy'n cofnodi ac yn awdurdodi absenoldebau o'r gwaith a ffurflenni sy'n cofnodi ac yn awdurdodi oriau gwaith hyblyg. Yn ystod y cyfnod adrodd nid ydym wedi derbyn unrhyw geisiadau o'r fath gan staff.

Rydym wedi sicrhau bod y dogfennau canlynol wedi'u cyfieithu pe bai unrhyw aelod o staff yn dymuno eu derbyn trwy gyfrwng y Gymraeg: llythyrau newid oriau, estyniadau secondiad a chytundeb cyflogaeth. Lle mae Partneriaeth Cydwasanaethau GIG Cymru (PCGC) yn cyhoeddi contractau cyflogaeth (drwy'r broses recriwtio o fewn TRAC), caiff y rhain eu hanfon yn Gymraeg ac yn Saesneg.

8.3 Recriwtio a Phenodi (Safonau 106 – 109)

Defnyddir siartiau llif canllaw/proses i gynorthwyo rheolwyr cyn i unrhyw swydd gael ei hysbysebu. Mae'r broses yn darparu manylion gwasanaethau cyfieithu yn ogystal â

rhywfaint o eiriad hysbyseb safonol a swydd ddisgrifiad i gynorthwyo rheolwyr. Mae ein gwasanaeth cyfieithu mewnol wedi'i sefydlu i gefnogi anghenion cyfieithu'r Ymddiriedolaeth.

Mae'r ffurflen asesu a gyflwynwyd gennym i bob rheolwr ei llenwi er mwyn helpu i asesu'r gofynion o ran y Gymraeg ar gyfer swyddi yn parhau i gael ei defnyddio. Mae hyn yn rhan o nifer o bwyntiau gwirio eraill, cyn rhyddhau post ar gyfer hysbyseb.

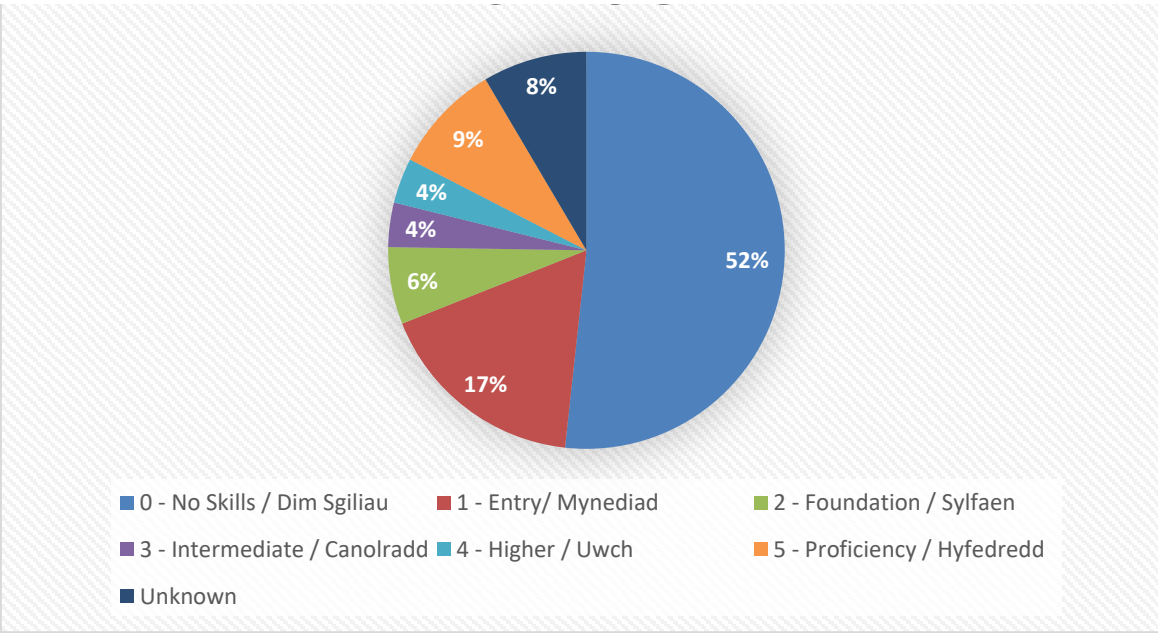
8.4 Asesu a chofnodi sgiliau iaith Gymraeg ar draws y gweithlu (Safonau 96 a 116)

O gyfanswm o **4,317** aelod o staff mae **3,949 (91.48%)** **3,906 (89.28%)** o weithlu'r Ymddiriedolaeth wedi hunanasesu a chofnodi eu sgiliau iaith Gymraeg ar y Cofnod Staff Electronig (ESR). Isod, sgiliau gwrando/siarad Cymraeg wedi'u cofnodi ar ESR fesul cyfarwyddiaeth:

Cyfarwyddiaeth	Angenrheidiol	Wedi'i gyflawni	% Cydymffurfedd
Llywodraethu Corfforaethol	8	8	100%
Cyfarwyddiaeth y Prif Swyddog Gweithredol	18	13	72.22%
Cyfarwyddiaeth Digidol	58	55	94.83%
Cyfarwyddiaeth Cyllid ac Adnoddau Corfforaethol	108	100	92.59%
Cyfarwyddiaeth Meddygol a Chlinigol	57	56	98.25%
Cyfarwyddiaeth Gweithrediadau	3826	3481	90.98%
Cyfarwyddiaeth Partneriaethau ac Ymgysylltu	12	12	100.00%
Cyfarwyddiaeth Ansawdd, Diogelwch a Phrofiad y Claf	119	118	99.16%
Cyfarwyddiaeth Strategaeth, Cynllunio a Pherfformiad	20	17	85.00%
Cyfarwyddiaeth Pobl a Diwylliant	91	89	97.80%

8.5 Sgiliau Iaith Gymraeg y Proffil Staff – Gwrando/Siarad

0 - Dim Sgiliau	1 - Mynediad	2 - Sylfaen	3 - Canolradd	4 - Uwch	5 - Hyfedredd	Anhysbys	Cyfanswm terfynol
2233	745	271	156	159	386	367	4317



Er mwyn lleihau nifer y staff sydd wedi nodi eu sgiliau iaith Gymraeg ar ESR fel 'dim sgiliau', cynigir y bydd disgwyl i staff sydd wedi cwblhau eu cwrs Ymwybyddiaeth Iaith Gymraeg gorfodol ddiweddaru eu lefel sgiliau iaith Gymraeg ar ESR o 'dim sgiliau' i 'Lefel 1 - Mynediad'.

Hyfedredd yn y Gymraeg fesul Cyfarwyddiaeth

Cyfarwyddiaeth	Canolradd	Uwch	Hyfedredd
Llywodraethu Corfforaethol	0	0	2
Cyfarwyddiaeth y Prif Swyddog Gweithredol	1	1	0
Cyfarwyddiaeth Digidol	1	1	6
Cyfarwyddiaeth Cyllid ac Adnoddau Corfforaethol	1	7	11
Cyfarwyddiaeth Meddygol a Chlinigol	0	1	2
Cyfarwyddiaeth Gweithrediadau	143	141	345
Cyfarwyddiaeth Partneriaethau ac Ymgysylltu	0	2	0
Cyfarwyddiaeth Ansawdd, Diogelwch a Phrofiad y Claf	7	6	11
Cyfarwyddiaeth Strategaeth, Cynllunio a Pherfformiad	0	0	2
Cyfarwyddiaeth Pobl a Diwylliant	3	0	7

Cyfanswm terfynol	**156**	**159**	**386**

Mae 16% o'n gweithlu yn rhugl yn y Gymraeg. Mae hyn yn cyfateb i 701 o'r rhai sydd wedi cofrestru eu sgiliau Cymraeg.

Er mwyn cynyddu sgiliau Cymraeg ein gweithlu yn 2024/25 byddwn yn hyrwyddo'r cwrs Cymraeg sy'n benodol ar gyfer dechreuwyr i'r GIG sydd ar gael i'n staff drwy'r Ganolfan Dysgu Cymraeg Genedlaethol ynghyd â'n cwrs ESR Ymwybyddiaeth Iaith Gymraeg gorfodol.

8.6 Swyddi Newydd a Gwag (Safon 117)

Mae'r tabl isod yn cadarnhau'r swyddi a hysbysebwyd rhwng 1 Ebrill 2023 a 31 Mawrth 2024:

Cyfanswm y swyddi a hysbysebwyd: **296** **(405).** Oherwydd bod gan wasanaeth cyfieithu'r Ymddiriedolaeth fynediad at feddalwedd cof cyfieithu PCGC, gwnaed arbedion effeithlonrwydd o ran sicrhau bod pob swydd ddisgrifiad yn cael ei gyfieithu i'r Gymraeg.. Mae prosesau adnoddau dynol yn eu lle ar gyfer recriwtio rheolwyr i anfon swydd ddisgrifiadau cymeradwy at wasanaeth cyfieithu mewnol yr Ymddiriedolaeth. Cymeradwywyd ein proses ar gyfer sicrhau bod ein holl swydd ddisgrifiadau ar gael yn Gymraeg yn ystod ein cyfarfod blynyddol gyda chynrychiolydd o Swyddfa Comisiynydd y Gymraeg ym mis Chwefror 2024.

Categori	Nifer y swyddi wedi'u categoreiddio		Canran y swyddi a hysbysebwyd	
	2023-24	2022-23	2023-24	2022-23
Sgiliau Cymraeg yn hanfodol	**4**	**6**	**1.3%**	**1.4%**
Sgiliau Cymraeg yn ddymunol	**292**	**393**	**98%**	**97%**
Bydd angen dysgu sgiliau Cymraeg pan benodir rhywun i'r swydd	**0**	**0**	**0%**	**0%**
Nid yw sgiliau iaith Gymraeg yn angenrheidiol	**0**	**6**	**0%**	**1.4%**

* Mae ffigurau/canrannau oren yn cynrychioli'r cyfnod adrodd 2022/23.

Yn dilyn y gofynion ar gyfer swydd newydd neu swydd wag gael ei hasesu am yr angen am sgiliau Cymraeg,
hysbysebwyd y swyddi Cymraeg hanfodol ganlynol:

- Gwasanaeth Cludiant Cleifion Di-frys (NEPTS) Derbynnydd Galwadau x2 (Band 2)
- Cydlynydd Gwasanaethau Cyfreithiol Gweithio i Wella (Band 4)
- Cyfieithydd Cymraeg (Band 5)

Hwyluswyd cyfweliadau swyddi ar gyfer swyddi gwag yn Gymraeg yn dilyn ceisiadau gan yr ymgeisydd am swydd.

8.7 Hyfforddiant (Safon 97)

Math o Hyfforddiant	Nifer a ofynnodd am fersiwn Gymraeg o'r cwrs	Nifer a fynychodd fersiwn Saesneg y cwrs	Canran a fynychodd y fersiwn Gymraeg
Gweithdrefnau Cwyno a Disgyblu	0	298	0
Sefydlu	0	407	0
Iechyd a Diogelwch	0	111	0

Ar gyfer cyrsiau sy'n ymwneud â chwynion a gweithdrefnau disgyblu, roedd y rhain yn cael eu darparu'n fewnol i'r GIG ond nid yn fewnol i WAST. Mae pob 'Diwrnod Croeso WAST' lle mae aelodau newydd o staff yn cael eu cyflwyno i'r Ymddiriedolaeth yn cynnwys elfen o'r Gymraeg (cyfarch yn cael ei ddarparu'n ddwyieithog, fideo ymddygiadau WAST Cymraeg a chyfeiriad at safonau'r Gymraeg a deunyddiau dysgu, gyda rhai ohonynt yn cael eu cyflwyno yn Gymraeg). Ni ofynnodd unrhyw un i'n cyfnod sefydlu ddigwydd yn Gymraeg.

Ar gyfer ein hyfforddiant Iechyd a Diogelwch, darparwyd cyrsiau Rheoli'n Ddiogel IOSH a'r cyrsiau Arwain yn Ddiogel yn Saesneg gan fod y cyrsiau hyn yn gyrsiau hyfforddi achrededig IOSH, ac nad ydynt ar gael yn Gymraeg gan fod y cynnwys yn cael ei ddarparu'n allanol.

8.8 Hyfforddiant i Wella Sgiliau Iaith Gymraeg (Safonau 99 - 101)

Mae'r modiwl ar-lein 'Croeso Cymraeg Gwaith' wedi bod yn allweddol i'r Ymddiriedolaeth wrth gefnogi staff sydd ar ddechrau eu taith i ddysgu Cymraeg. Mae **360** aelod o staff wedi cofrestru ar y modiwl e-ddysgu Cymraeg i ddechreuwyr a hwylusir gan y Ganolfan Dysgu Cymraeg Genedlaethol gyda **129** wedi cwblhau'r cwrs.

Fel rhan o'r gwaith i ddatblygu'r Cynllun Gweithlu Strategol rydym wedi ymgysylltu â'r Ganolfan Dysgu Cymraeg Genedlaethol ynglŷn â datblygu sesiynau hyder yn y Gymraeg ar gyfer staff yr Ymddiriedolaeth a hoffai gynyddu eu hyder i siarad

Cymraeg gyda defnyddwyr ein gwasanaethau. Yn 2024/25 bydd cyrsiau magu hyder yn y Gymraeg yn cael eu darparu i 23 aelod o'r gwasanaeth 111.

8.9 Hyfforddiant Ymwybyddiaeth o'r Gymraeg (Safonau 102 – 103)

Mae 'Diwrnodau Croeso' yr Ymddiriedolaeth yn cynnwys ymwybyddiaeth o'r Gymraeg ac ymgymerodd cyfanswm o **407** aelod o staff â'r hyfforddiant hwn yn ystod y cyfnod adrodd.

Ers cyflwyno'r cyrsiau ymwybyddiaeth o'r Gymraeg gorfodol ar 1 Ebrill 2023, mae **61.13%** o staff yr Ymddiriedolaeth wedi cwblhau'r cwrs. Byddwn yn parhau i hyrwyddo'r hyfforddiant dros y flwyddyn nesaf i gynyddu nifer y staff sy'n cwblhau'r hyfforddiant i 90%.

8.10 Hyrwyddo'r Gymraeg

Dathlwyd Diwrnod Shwmae Su'mae ar Hydref 15 i hybu'r Gymraeg gyda'r syniad o ddechrau pob sgwrs gyda chyfarchiad anffurfiol. Hyrwyddwyd ymadroddion Cymraeg i staff ar Siren a Yammer ynghyd â mynediad at gwrs blasu Cymraeg ar-lein rhad ac am ddim.
Hyrwyddo i'n pobl y gallant ddechrau dysgu Cymraeg drwy ddilyn cwrs blasu ar-lein rhad ac am ddim, sy'n cyflwyno geiriau ac ymadroddion bob dydd i staff y sector Iechyd.

Yn ystod y cyfnod adrodd cafodd y fideos YouTube canlynol eu datblygu a'u hyrwyddo i'n pobl i ddatblygu eu Sgiliau Cymraeg ar gyfer Diwrnod Shwmae Su'mae day, y Nadolig a Dydd Gŵyl Dewi.

Cliciwch yma i wylio

Cliciwch yma i wylio

Cliciwch yma i wylio

Ym mis Mawrth, cynhaliodd WAST ddigwyddiad cyntaf y Rhwydwaith Ansawdd Ambiwlans, 'Ambiwlans Q 24', yn Stadiwm Principality, Caerdydd gyda phobl yn mynychu o Ymddiriedolaethau ambiwlans ledled y DU. Roedd elfen iaith Gymraeg i'r digwyddiad gan gynnwys llwyfan cofrestru dwyieithog awtomataidd, arddangosiadau

dwyieithog, a chyfarchion dwyieithog a chyflwyniadau gan staff WAST. Gosodwyd y ddelwedd ganlynol ar fyrddau'r cynrychiolwyr i gyd i hyrwyddo'r iaith i'n gwesteion o bob rhan o'r DU.

8.11 Ein Gwasanaeth Cyfieithu

Mae canoli gwasanaeth cyfieithu mewnol yr Ymddiriedolaeth gyda recriwtio cyfieithydd Cymraeg wedi cynyddu gallu'r Ymddiriedolaeth i ddarparu gwasanaethau dwyieithog i'n defnyddwyr gwasanaeth ac i'n pobl a lleihau ein dibyniaeth a'n costau cysylltiedig wrth ddefnyddio darparwyr cyfieithu allanol.

Ers sefydlu gwasanaeth cyfieithu'r Ymddiriedolaeth ym mis Medi 2023, mae dros **325,484** o eiriau wedi'u cyfieithu gan y gwasanaeth, gan gynnwys ystod eang o ddogfennau megis y Cynllun Cydraddoldeb Strategol, negeseuon cyfryngau cymdeithasol, arwyddion, ffurflenni a chynnwys gwe. Mae'r gwasanaeth hefyd yn darparu gwasanaeth prawf ddarllen ac wedi prawf ddarllen dros 70,000 o eiriau o wahanol cyfarwyddiaethau.

Mae'r gwasanaeth cyfieithu wedi cael effaith hynod gadarnhaol ar yr Ymddiriedolaeth, gyda'r gallu i ymdrin â chais am gyfieithiad brys yn fewnol, a chysondeb wrth gyfieithu dogfennau o ran terminoleg. Mae cyfieithu yn ffactor allweddol sy'n galluogi cydymffurfio â llawer o'r safonau ee gohebiaeth, dogfennau, ffurflenni, arwyddion, cyfryngau cymdeithasol a chynnwys gwe.

9. Cwynion (Safon 115)

Isod, ceir rhestr o'r cwynion a dderbyniwyd yn ystod 2023/24 ynghyd â chrynodeb o'r camau a gymerwyd. Derbyniwyd tair cwyn:

Rhif	Cwyn	Ymateb a'r cam gweithredu
1	Cwyn wedi'i dderbyn gan aelod o'r cyhoedd ar 13/02/2024 am honiad bod nifer fawr o erthyglau ar wyddoniadur Iechyd A i Y y wefan GIG 111 Cymru heb eu cyfieithu i'r Gymraeg.	Ymateb wedi'i ddarparu i'r achwynydd yn egluro bod achos busnes arfaethedig i'w ddatblygu ar gyfer adnoddau priodol i sicrhau bod cynnwys clinigol gwefan GIG 111 Cymru yn cael ei ddiweddaru'n ddwyieithog.
2	Cwyn wedi'i dderbyn gan Gomisiynydd y Gymraeg ar 16/02/24 ar ran aelod o'r cyhoedd am honiad bod nifer fawr o erthyglau yn wyddoniadur Iechyd A i Y y wefan GIG 111 Cymru heb eu cyfieithu i'r Gymraeg.	Ar ôl cyflwyno ymateb i'r achwynydd cadarnhaodd Comisiynydd y Gymraeg ei bod hi wedi tynnu eu cwyn yn ôl ac na fyddai unrhyw gamau pellach yn digwydd.
3	Yn dilyn cwyn i Gomisiynydd y Gymraeg gan aelod o'r cyhoedd mewn perthynas â'r bwriad i symud y Ganolfan Gyswllt Clinigol ym Mryn Tirion, Llanfairfechan i Dŷ Elwy, Llanelwy, derbyniodd yr Ymddiriedolaeth gais am wybodaeth ar 24/11/2023 gan y Comisiynydd ynghylch a oedd yr Ymddiriedolaeth wedi cynnal asesiad effaith ar y Gymraeg ar y symudiad arfaethedig.	Ar ôl cyflwyno ymateb i Gomisiynydd y Gymraeg yn datgan bod gwaith yn mynd rhagddo er mwyn deall yn llawn yr effaith ar y ddarpariaeth iaith, yn ogystal â chefnogi cydweithwyr gydag unrhyw bryderon sydd ganddynt drwy broses newid sefydliadol GIG Cymru, cadarnhaodd y Comisiynydd mewn llythyr dyddiedig 14/12/23 na fyddai'n cynnal ymchwiliad o dan adran 71 o'r Mesur, gan nad oedd y penderfyniad polisi (p'un i adleoli'r ganolfan ai peidio), a allai fod yn ddarostyngedig i safonau llunio polisi 69-71, wedi'i wneud ar ddyddiad y cwynion dan sylw ac roedd yn gynamserol i'r Comisiynydd ystyried a oedd yr Ymddiriedolaeth wedi methu â chydymffurfio â'r gofynion hyn yn y safonau Llunio Polisi. Dywedodd y Comisiynydd ymhellach, os oedd ganddi reswm i amau, unwaith y byddai penderfyniad terfynol wedi'i wneud ynghylch adleoli'r ganolfan, nad oedd effeithiau'r penderfyniad ar y Gymraeg wedi'u hystyried, ceidw'r hawl i ystyried bryd hynny a ddylai hi gynnal ymchwiliad i'r mater.

10. Blaenoriaethau ar gyfer 2024-2025

Ar gyfer 2024/25 byddwn yn ceisio cryfhau ein cydymffurfedd o ran y Gymraeg drwy arweinyddiaeth gref, gan alluogi'r Gymraeg i ffynnu. Cyflawnir hyn trwy Gam Gweithredu / Cyflawniad Blwyddyn ein Cynllun Tymor Canolig Integredig lle byddwn yn ceisio cyflawni'r canlynol:

- Cyflwyno a gweithredu Polisi Iaith Gymraeg newydd ar gyfer hyrwyddo a hwyluso'r Gymraeg. Cymeradwyo polisi iaith Gymraeg a chynllun cyfathrebu i godi ymwybyddiaeth o'r Gymraeg

- Datblygu gwaelodlin safonau'r Gymraeg ar gyfer cydymffurfio a fydd yn cael ei hyrwyddo ar draws yr Ymddiriedolaeth a dathlu enghreifftiau o arfer da.

- Byddwn yn sefydlu Grŵp Cynghori'r Gymraeg effeithiol i gefnogi'r gwaith o gyflawni Fframwaith Iaith Gymraeg yr Ymddiriedolaeth.

- Byddwn yn datblygu Pecyn Cymorth y Gymraeg ar gyfer uwch arweinwyr ac ar gyfer datblygiad y Bwrdd i godi ymwybyddiaeth o Safonau'r Gymraeg, Cynllun Gweithredu Mwy na geiriau ac ar gyfer datblygu sgiliau cwrteisi yn y Gymraeg.

Mae'r Pwyllgor Cyllid a Pherfformiad a'r Bwrdd yn goruchwylio'r targedau i'w gyflawni yn y Cynllun Tymor Canolig Integredig bob deufis.

Fel rhan o'n hymrwymiad i'r Cynllun Gweithredu Mwy na geiriau i sicrhau bod ein defnyddwyr gwasanaeth yn derbyn gwasanaethau yn eu dewis iaith, mae ffrwd waith Gymraeg penodol wedi'i datblygu fel rhan o Gynllun Gweithlu Strategol cyffredinol WAST. Bydd gwaith yn mynd rhagddo yn 2024-25 i nodi lefelau sgiliau Cymraeg staff yr Ymddiriedolaeth a nodi'r bylchau sgiliau hynny wrth gyflwyno'r cynnig rhagweithiol i ddefnyddwyr ein gwasanaethau.

Bydd ein Gwasanaeth GIG 111 Cymru yn ceisio gwella ei allu i ateb galwadau Cymraeg drwy weithio mewn partneriaeth â'r Ganolfan Dysgu Cymraeg Genedlaethol i ddatblygu sesiynau magu hyder yn y Gymraeg ar gyfer staff 111 sydd â gwybodaeth flaenorol o'r Gymraeg ond a hoffai gwella eu sgiliau Cymraeg wrth ateb galwadau Cymraeg.

Gwybodaeth Bellach

I gael rhagor o wybodaeth am Safonau'r Gymraeg, cysylltwch â:

Melfyn Hughes
Rheolwr Gwasanaethau'r Gymraeg

Ymddiriedolaeth Brifysgol GIG Gwasanaethau Ambiwlans Cymru
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Delivering the actions in the More than just words Plan 2022-27: For the period April 2023-March 2024

Short Term Actions (by 2023) and Medium Term Actions (by 2025)

NHS Organisation	Welsh Ambulance Services University NHS Trust

Completed by:	Melfyn Hughes	Date: July 2024

Ref	Description of Short Term and Medium Term Action	Lead Accountability	Progress Report for 2023/24 (reporting period 1/4/23 – 31/3/24)	Priorities 2024/25	Examples of best practice/ work done in partnership.
Culture and Leadership					
1	We'll set personal performance objectives to ensure the delivery of More than just words so that the Active Offer is embedded in annual objectives of sector leaders, cascaded throughout organisations and considered in relevant individual appraisals at all levels. This will include Chairs of NHS boards and the Directors of Social Services report (Annual Council Reporting Framework). *(Short term))*	All health and social care bodies Welsh Government to lead on objectives for Chairs.	The Board Secretary (Trish Mills) is the Executive Champion at the Board for Welsh Language, and we have added a Non-Executive Director (Bethan Evans) as additional champion. This has allowed us to ensure that Welsh language is promoted at the highest level of the organisation and there is broad understanding of the active offer. Welsh language features again in the IMTP for 2024-27, being as it is in the second year of a three year plan. Members will have an opportunity to review the full IMTP at a Board development session in February and at Board in March, however the intention for 2024/25 is	Deliver a Board development programme and tools for the Board and senior leaders. To introduce and implement a new Welsh Language Policy for the promotion and facilitation of the Welsh language. The Welsh Language policy will be supported via a communication plan to communicate the requirements of the policy across the Trust.	Welsh is used as much as possible in our board-level meetings by those at the top of the organisation, providing real top-down culture setting within, and throughout, the organisation.

			to build an environment in which the Welsh language can flourish. This will ensure we focus on cultural change as well as standards compliance. In February the People and Culture Committee noted Welsh Governments' More Than Just Words Annual Report 2022-23 and received assurance against the Trust's progress in delivering its commitments to the plan that included a summary of the 111 Service's Welsh call answer improvement plan. From a total of **4,375** members of staff **3,906 (89.28%)** of the Trust's workforce have currently self-assessed and recorded their Welsh language skills on ESR. Since the introduction of the mandatory Welsh language awareness coures on 1st April 2023, 61.13% of Trust staff have completed the course. We will continue to promote the training over the next year to increase the numbers of staff completing the training to 90%.		
3	We'll expect those in leadership roles to take part	Chairs and Chief Executives of	Our Board seek to improve their Welsh where possible and promote the Welsh language across the	Our Board will seek to improve their Welsh where possible and	We hope that the efforts made by our representatives in

	in our Leading in a Bilingual Country programme. This programme works towards embedding the spirit of Cymraeg 2050 in organisational culture and policymaking. All too often, Welsh is viewed as just an issue of translation or as a 'tick box' in policy development. This values-based programme goes beyond understanding the possible impact of language on all aspects of our work to using what levers we have to increase its use. *(Medium term)*	health and social care bodies	organisation to their staff and beyond.	promote the Welsh language across the organisation to their staff and beyond.	attempting to engage with this course shows their positivity towards the language.
Theme 1: Welsh language planning and policies including data					
9	An annual report will be prepared by an appropriate body to bring together the data relating to the health and social care workforce. This report could be prepared and published by Statistics for Wales. The published report should be publicly available with a further level of granular detail available as appropriate to those bodies responsible for the workforce in different contexts e.g. HEIW, SCW,	HEIW/SCW, health and social care bodies	We note that this action is to be developed at a national level. We publish statistics in relation to the Welsh language skills of our workforce annually, in our Welsh Language Standards Annual Report. We'd be happy to contribute data in relation to our workforce's Welsh language statistics as and when needed.	We will share statistics on request.	Workforce Welsh language skills statistics inclusion in the Trust Welsh Language Standard Annual report.

	Health Boards (*Short to medium term*)		We'd welcome an update, and developments from the national-level owner on this action point.		
10	That action 30 of the 'Health and Social Care Workforce Strategy' – to develop workforce planning guidance for Welsh language skills identification and development in the health and social care workforce – is progressed at the earliest opportunity. This guidance should consider the required number of staff with Welsh language skills and the nature of those skills in different health and social care contexts and within the priority areas of need identified. The guidance is used as part of annual workforce planning by Health Boards, Local Authorities, HEIW, Social Care Wales and other employers as appropriate. Furthermore, that the guidance inform the work of the relevant regulators and inspectorate as appropriate (*Short term*)	HEIW/Social Care Wales	In April, a WAST Strategic Workforce Plan collaborative engagement workshop was held which successfully outlined actions for implementation within the Welsh language theme.	Delivery of the commitments to the WG More than just words action plan - to complete our Strategic Workforce Plan which contains a Welsh language workstream where work will progress via a Welsh language skills gap analysis followed by training and development initiatives and recruitment strategies.	

Theme 2: Supporting and developing the Welsh language skills of the current and future workforce					
13	Health and social care organisations to identify workforce skills gaps in key areas and develop plans to address them. This will be embedded in workforce and skills plans developed and delivered within individual organisations and involve close working with HEIW and SCW. *(Medium term)*	Health and social care bodies, HEIW and SCW	We will weave this action point within our Strategic Workforce Plan to ensure that Welsh language skill gaps are filled in our future workforce.	Delivery of the commitments to the WG More than just words action plan - to complete our Strategic Workforce Plan which contains a Welsh language workstream where work will progress via a Welsh language skills gap analysis followed by training and development initiatives and recruitment strategies.	
14	We'll expect all NHS and social care colleagues to follow a language 'awareness 'course which will explain how important Cymraeg is in service delivery and as a patient need. Following the introduction of Welsh language awareness training for all health and social care professional, we'll expect that this training is provided across all disciplines for trainees and introduced as part of the induction process for new employees in the health and social care workforce who have not	Health and social care bodies	There is a Welsh Language Awareness course available to all NHS Wales colleagues via ESR. This is a mandatory course, and as such, it is expected for all staff to complete.	Since the introduction of the mandatory Welsh language awareness coures on 1st April 2023, **61.13%** of Trust staff have completed the course. We will continue to promote the training over the next year to increase the numbers of staff completing the training to 90%.	The Trust's 'Welcome days' includes Welsh language awareness and a total of **407** staff undertook this training during the reporting period.

	already undertaken the training. *(Medium term)*				
16	Organisations to define the level of Welsh language skills required in all job adverts as per best practice in some health boards and local authorities *(Medium term – guidance to be developed and shared in the short term)*	Health and social care bodies	As part of the JE process Welsh language assessment requirement for all posts is carried out via the use of Welsh Language Skills Assessment Tool for managers. By completing the form, managers determine whether roles need to be advertised with Welsh as an essential or a desirable skill or if no Welsh skills are required. A copy of this Assessment Form must be emailed to the HR Hub once completed. The information provided within this document will be used for reporting purposes and will form part of the recruitment audit process	Guidance on this on a national level would be welcomed. WAST are supportive of the principle of greater definition of Welsh language skills requirements in job adverts and job descriptions.	
17	Gradual introduction of a minimum “courtesy” level of Welsh language skills making staff more aware of positive impact that learning and using Welsh can have onindividuals accessing and recieving health and social care services. By the end of the life of this plan, **all staff** working in health and social care should have courtesy level Welsh. *(Short term- introduction)*	Health and social care bodies	The National Centre for Learning Welsh is leading on the work of developing a national Welsh language courtesy course with relevant stakeholders. The online module ‘Croeso Cymraeg Gwaith’ has been key for the Trust supporting staff who are at the beginning of their journey to learn Welsh.	The online module ‘Croeso Cymraeg Gwaith’ has been key to us as a Trust in supporting staff who are at the beginning of their journey to learn Welsh. Work will be developed with support of the Chair in introducing Welsh language courtesy skills to ELT and Trust Board members that can be used at Board and Committee meetings.	Staff are signposted to the free online NHS Welsh language course.

18	Organisations to develop and implement a targeted Welsh language training and workforce strategy – with initial focus on addressing gaps in More than just words key priority areas and those who lack confidence (need to consider the potential for working with team leaders / managers /employers to also create the conditions for individuals to use their Welsh) *(Medium term)*	Health and social care bodies	The National Centre for Learning Welsh has developed a Health and Care Learning Welsh Programme for tutors to provide support to raise confidence for staff in NHS Wales. Discussions are ongoing for the 111 Service staff to receive Welsh language confidence building sessions which are funded by Welsh Government. A staff engagement exercise was carried out as to ascertain how many staff would be eligible for these with the result that 23 of our people, ranging from call handlers to clinicians, have expressed interest in attending the raising confidence course.	Delivery of the commitments to the WG More than just words action plan - to complete our Strategic Workforce Plan which contains a Welsh language workstream where work will progress via a Welsh language skills gap analysis followed by training and development initiatives and recruitment strategies.	We expect that the confidence raising sessions for 111 staff will be rolled out within the 2024/25 financial year.
Theme 3: Sharing best practice and an enabling approach					
29	We'll collate and share examples of innovative good practice which is accessible across the sector utilising existing portals and hubs including the Research and Innovation Hubs. *(Short term)*	Welsh Government/ Welsh language officers	The Trust has access to NWSSP's translation memory software. which has a wealth of NHS translation memory and terminology to assist our internal translator be able to work effectively and efficiently	We will collaborate further with NHS Wales bodies to share learnings with one another to improve services.	Further to the best practice already noted for this action point, and outside of the quarterly meeting with the Welsh Government, Welsh Language Officers throughout the NHS meet quarterly with one another to share problems, remedies and to discuss general issues. Officers have an MS Teams group chat for

					discussion and collaboration. This cross-organisational team-working is an incredible asset and has been beneficial to us.
30	We'll use our Bilingual Technology Toolkit to ensure that when we procure and/or develop new digital services, they will include a bilingual user interface wherever possible. For information and advice websites we'll bring translators closer to content creation, drafting in Welsh and English together, so that we communicate clearly in both languages. *(Short term)*	DHCW/NHS Wales organisations	The Bilingual Technology Toolkit has been shared with our Communications team. We continue to work closely with colleagues across the Trust to extend the range of symptom checkers available through the website, allowing users to check their symptoms and receive online advice about what to do next. The total number of symptom checkers now available is 65. We have parallel Welsh and English social media channels for Facebook and Twitter together with bilingual email sign off, letterhead, out of office messaging, Teams and Zoom backgrounds and Board agenda.	Listening to website user feedback, we continue to work closely with colleagues across the Trust to extend the range of symptom checkers available in Welsh through the website, allowing users to check their symptoms and receive online advice about what to do next	During this reporting period, **no** new symptom checkers were developed and made available in Welsh and English: The total number of bilingual symptom checkers now available is **65**
32	We'll ensure that Welsh language Executive Leads and Welsh Language Officers and champions meet nationally to share best practice to ensure a consistent approach on key	Welsh Government, Health and social care bodies	The Welsh Language Group, which includes Welsh language leads from directorates across the organisation, meet quarterly to discuss compliance, challenges and best practice with the Welsh	We will attend national meetings, when held. We will continue to celebrate success through initiative like	As part of this year's staff awards, 7 strong nominations were received. Jason Jones, Capital Deliver

	issues and develop initiatives to celebrate success including promoting More than just words within existing awards and accolade schemes. *(Short term)*		Language Standards and the More Than Just Words Action Plan. Our Welsh Language Services Manager is part of the NHS Wales wide Welsh Language Officer meetings with Welsh Government, where best practice and common challenges are shared. Our Welsh Language Services Manager is also part of an NHS Wales Welsh Language Managers group. While this group focuses more on compliance with the Welsh Language Standards, the discussions are often relevant to More Than Just Words. The Welsh Language Services Manager joins the More Than Just Words forum meetings at BCUHB. Over the next year aim to contact forums in other areas of Wales.	Welsh Learner of the Year. As part of this year's staff awards, 7 strong nominations were received. Jason Jones,	Manager was the winner of the Welsh Language Award for his dedication in learning Welsh and becoming a fluent Welsh speaker. Nia Barton, Clinical Contact Centre Clinician was highly commended for her work when dealing with patients in Welsh.
35	Visual markers not only enable service users to identify Welsh speaking staff but also to convey a message that Welsh is a 'normal' everyday part of service delivery and builds on ethos of belonging. We'll extend the Iaith Gwaith project across Wales to allow workers who can offer or	Welsh Government/ DHCW/ health and social care bodies	The "Iaith Gwaith" (orange badge) resources (lanyards and badges) continue to be freely available to staff who speak or are learning Welsh and staff are encouraged to adopt these for use in a digital environment, such as in email signatures and on Teams backdrops. We will be working with our operational teams to identify ways to display markers for	Working Welsh Teams background is available to staff.	Iaith Gwaith resources are accessible via our Welsh Language team.

	partially offer services in Welsh to readily identify themselves by wearing Iaith Gwaith badges or lanyards. We'll also in our ICT systems capture, display and share information that let us know as individuals and staff who can speak Welsh and what services they will be offering in Welsh — so we can use our Welsh with them. (Consideration would need to be given to additional funding / resources to enable this to be delivered.) (*Short term*)		our Welsh speaking staff to enable our service users to identify them. The 111 service CAS (Clinical Assessment Software) IT system can capture language selection. However, this relies on agents completing this field as it's not mandatory.		
37	We'll further develop dictionary resources, high standard terminological corpus, language memory systems and practical tools to support staff to use their Welsh skills, for example Gair i Glaf. This to include in the short-term Welsh language officers and translators working together on collation of terms and translation capacity and capability. *(Short term- joint working on developing standard terms)*	Welsh Government / health and social care bodies	We have improved our ability in providing an Active Offer by centralising our translation service with the recruitment of a Welsh Language Translator.	To set up translation support with NWSSP.	List of Welsh medical terminology has been produced and made available for our new translation service.
	Additional/general comments (expand box as necessary)				

Cyflawni camau gweithredu'r Cynllun Mwy na geiriau 2022-27: Ar gyfer y cyfnod Ebrill 2023-Mawrth 2024

Camau Gweithredu Tymor Byr (erbyn 2023) a Chamau Tymor Canolig (erbyn 2025)

Sefydliad y GIG	**Ymddiriedolaeth Brifysgol GIG Gwasanaethau Ambiwlans Cymru**

Cwblhawyd gan:	**Melfyn Hughes**	**Dyddiad: Gorffennaf 2024**

Cyf.	Disgrifiad Camau Gweithredu Tymor Byr a Thymor Canolig	Prif Atebolrwydd	Adroddiad Cynnydd 2023/24 (cyfnod adrodd 1/4/23 – 31/3/24)	Blaenoriaethau 2024/25	Enghreifftiau o arfer gorau/gwaith sy'n cael ei wneud mewn partneriaeth.
Diwylliant ac Arweinyddiaeth					
1	Byddwn yn gosod amcanion perfformiad personol i sicrhau bod Mwy Na Geiriau yn cael ei roi ar waith fel bod y Cynnig Rhagweithiol yn cael ei ymwreiddio yn amcanion blynyddol arweinwyr y sector, ei raeadru drwy sefydliadau, a'i ystyried mewn arfarniadau unigol perthnasol ar bob lefel. Bydd hyn yn cynnwys Cadeiryddion byrddau'r GIG a Chyfarwyddwyr adroddiad y Gwasanaethau Cymdeithasol (Fframwaith Adroddiad Blynyddol y Cynghorau). *(Tymor byr))*	Holl gyrff iechyd a gofal cymdeithasol Llywodraeth Cymru i arwain ar amcanion i Gadeiryddion	Ysgrifennydd y Bwrdd (Trish Mills) yw Hyrwyddwr Gweithredol y Gymraeg ar lefel y Bwrdd, ac rydym wedi ychwanegu Cyfarwyddwr Anweithredol (Bethan Evans) fel hyrwyddwr ychwanegol. Mae hyn wedi ein galluogi i sicrhau bod y Gymraeg yn cael ei hyrwyddo ar lefel uchaf y sefydliad a bod dealltwriaeth eang o'r cynnig gweithredol. Mae'r Gymraeg yn nodwedd eto yn y Cynllun Tymor Canolig Integredig ar gyfer 2024-27, gan ei fod bellach yn yr ail flwyddyn o gynllun tair blynedd. Bydd cyfle i aelodau adolygu'r Cynllun Tymor Canolig Integredig llawn mewn sesiwn	Cyflwyno rhaglen ddatblygu Bwrdd ac offer ar gyfer y Bwrdd ac uwch arweinwyr. Cyflwyno a gweithredu Polisi Iaith Gymraeg newydd ar gyfer hyrwyddo a hwyluso'r Gymraeg. Cefnogir y polisi Iaith Gymraeg trwy gynllun cyfathrebu i gyfleu gofynion y polisi ar draws yr Ymddiriedolaeth.	Mae'r Gymraeg yn cael ei defnyddio cymaint â phosibl yn ein cyfarfodydd lefel bwrdd gan y rhai sydd ar frig y sefydliad, gan ddarparu lleoliad diwylliant go iawn o'r brig i lawr o fewn a thrwy'r sefydliad.

			datblygu Bwrdd ym mis Chwefror ac yn y Bwrdd ym mis Mawrth, fodd bynnag y bwriad ar gyfer 2024/25 yw adeiladu amgylchedd lle gall y Gymraeg ffynnu. Bydd hyn yn sicrhau ein bod yn canolbwyntio ar newid diwylliannol yn ogystal â chydymffurfio â safonau. Ym mis Chwefror nododd Y Pwyllgor Pobl a Diwylliant Adroddiad Blynyddol Mwy na geiriau 111 Llywodraeth Cymru a chafodd sicrwydd yn erbyn cynnydd yr Ymddiriedolaeth o ran cyflawni ei hymrwymiadau i'r cynllun a oedd yn cynnwys crynodeb o gynllun gwella ateb galwadau yn Gymraeg y gwasanaeth 111. O gyfanswm o **4,375** o aelodau staff mae **3,906 (89.28%)** o weithlu'r Ymddiriedolaeth ar hyn o bryd wedi hunanasesu a chofnodi eu sgiliau Cymraeg ar y Cofnod Staff Electronig. Ers cyflwyno'r cyrsiau ymwybyddiaeth o'r Gymraeg gorfodol ar 1 Ebrill 2023, mae 61.13% o staff yr Ymddiriedolaeth wedi cwblhau'r cwrs. Byddwn yn parhau i hyrwyddo'r hyfforddiant dros y flwyddyn nesaf i gynyddu		

			nifer y staff sy'n cwblhau'r hyfforddiant i 90%.		
3	Byddwn yn disgwyl i'r rheini sydd mewn rolau arwain gymryd rhan yn ein rhaglen Arwain mewn Gwlad Ddwyieithog. Mae'r rhaglen hon yn gweithio tuag at ymwreiddio ysbryd Cymraeg 2050 yn niwylliant sefydliadau a'u polisïau. Yn rhy aml o lawer, mae'r Gymraeg yn cael ei hystyried fel dim ond mater o gyfieithu neu ymarfer 'ticio'r bocs' wrth ddatblygu polisi. Mae'r rhaglen hon, sy'n seiliedig ar werthoedd, yn mynd y tu hwnt i ddeall effaith bosib iaith ar holl elfennau ein gwaith - i ddefnyddio'r hyn sydd gennym i ddefnyddio mwy ar yr iaith. *(Tymor canolig)*	Cadeiryddion a Phrif Weithredwyr cyrff iechyd a gofal cymdeithasol	Mae ein Bwrdd yn ceisio gwella eu sgiliau Cymraeg lle bo modd a hyrwyddo'r Gymraeg ar draws y sefydliad i'w staff a thu hwnt.	Bydd ein Bwrdd yn ceisio gwella eu sgiliau Cymraeg lle bo modd a hyrwyddo'r Gymraeg ar draws y sefydliad i'w staff a thu hwnt.	Gobeithiwn fod ymdrechion ein cynrychiolwyr wrth geisio ymgysylltu â'r cwrs hwn yn dangos eu positifrwydd tuag at yr iaith.
Thema 1: Polisïau a chynlluniau ar gyfer y Gymraeg, gan gynnwys data					
9	Bydd adroddiad blynyddol yn cael ei baratoi gan gorff priodol i ddwyn ynghyd y data sy'n ymwneud â'r gweithlu iechyd a gofal cymdeithasol. Gallai'r adroddiad hwn gael ei baratoi a'i gyhoeddi gan StatsCymru. Dylai'r	AaGIC/GCC, cyrff iechyd a gofal cymdeithasol	Nodwn fod y cam hwn i'w ddatblygu ar lefel genedlaethol. Rydym yn cyhoeddi ystadegau mewn perthynas â sgiliau Cymraeg ein gweithlu yn flynyddol, yn ein Hadroddiad Blynyddol Safonau'r Gymraeg.	Byddwn yn rhannu ystadegau ar gais.	Ystadegau sgiliau Cymraeg y gweithlu wedi'u cynnwys yn Adroddiad Blynyddol Safonau'r Gymraeg yr Ymddiriedolaeth.

	adroddiad cyhoeddedig fod ar gael i'r cyhoedd gyda lefel bellach o fanylion gronynnog ar gael fel y bo'n briodol i'r cyrff hynny sy'n gyfrifol am y gweithlu mewn gwahanol gyd-destunau e.e. AaGIC, CChC, Byrddau Iechyd (*tymor byr i dymor canolig*)		Byddem yn hapus i gyfrannu data mewn perthynas ag ystadegau Cymraeg ein gweithlu yn ôl yr angen. Byddem yn croesawu diweddariad, a datblygiadau gan y perchennog lefel genedlaethol ar y pwynt gweithredu hwn.		
10	Bydd cam gweithredu 30 yn y 'Strategaeth Gweithlu ar gyfer Iechyd a Gofal Cymdeithasol' – datblygu canllawiau cynllunio'r gweithlu ar gyfer nodi a datblygu sgiliau Cymraeg yn y gweithlu iechyd a gofal cymdeithasol – yn cael ei roi ar waith cyn gynted ag y bo modd. Dylai'r canllawiau hyn ystyried faint o staff â sgiliau Cymraeg sydd eu hangen, a natur y sgiliau hynny mewn gwahanol gyd-destunau iechyd a gofal cymdeithasol ac o fewn y meysydd angen â blaenoriaeth. Defnyddir y canllawiau fel rhan o gynllunio gweithlu blynyddol gan Fyrddau Iechyd, Awdurdodau Lleol, AaGIC, Gofal Cymdeithasol Cymru a chyflogwyr eraill fel y bo'n briodol. At hynny, bod y	AaGIC/Gofal Cymdeithasol Cymru	Ym mis Ebrill, cynhaliwyd gweithdy ymgysylltu cydweithredol Cynllun Gweithlu Strategol WAST a oedd yn amlinellu'n llwyddiannus gamau gweithredu i'w gweithredu o fewn thema'r Gymraeg.	Cyflawni'r ymrwymiadau i gynllun gweithredu Mwy na geiriau LIC – i gwblhau ein Cynllun Gweithlu Strategol sy'n cynnwys ffrwd waith iaith Gymraeg lle bydd gwaith yn mynd rhagddo drwy ddadansoddiad o'r bwlch sgiliau Cymraeg wedi'i ddilyn gan fentrau hyfforddi a datblygu a strategaethau recriwtio.	

	canllawiau'n llywio gwaith y rheolyddion a'r arolygiaethau perthnasol fel y bo'n briodol (*tymor byr*)				
Thema 2: Cefnogi a datblygu sgiliau Cymraeg y gweithlu presennol a gweithlu'r dyfodol					
13	Sefydliadau iechyd a gofal cymdeithasol i nodi bylchau mewn sgiliau'r gweithlu mewn meysydd allweddol a datblygu cynlluniau i fynd i'r afael â nhw. Bydd hyn yn cael ei wreiddio mewn cynlluniau gweithlu a sgiliau a ddatblygir ac a gyflwynir o fewn sefydliadau unigol a bydd yn golygu gweithio'n agos gydag AaGIC a GCC. *(Tymor canolig)*	Cyrff iechyd a gofal cymdeithasol, AaGIC a GCC	Byddwn yn plethu'r pwynt gweithredu hwn yn ein Cynllun Gweithlu Strategol i sicrhau bod bylchau sgiliau Cymraeg yn cael eu llenwi yn ein gweithlu yn y dyfodol.	Cyflawni'r ymrwymiadau i gynllun gweithredu Mwy na geiriau LlC – i gwblhau ein Cynllun Gweithlu Strategol sy'n cynnwys ffrwd waith iaith Gymraeg lle bydd gwaith yn mynd rhagddo drwy ddadansoddiad o'r bwlch sgiliau Cymraeg wedi'i ddilyn gan fentrau hyfforddi a datblygu a strategaethau recriwtio.	
14	Byddwn yn disgwyl i holl gydweithwyr y GIG a gofal cymdeithasol ddilyn cwrs ymwybyddiaeth ieithyddol, a fydd yn egluro pa mor bwysig yw'r Gymraeg wrth ddarparu gwasanaethau ac fel un o anghenion cleifion. Ar ôl cyflwyno hyfforddiant ymwybyddiaeth o'r Gymraeg i bob gweithiwr proffesiynol ym maes iechyd a gofal cymdeithasol, byddwn yn	Cyrff iechyd a gofal cymdeithasol	Mae cwrs Ymwybyddiaeth o'r Gymraeg ar gael i holl gydweithwyr GIG Cymru drwy'r Cofnod Staff Electronig (ESR). Mae hwn yn gwrs gorfodol, ac fel y cyfryw, disgwylir i bob aelod o staff ei gwblhau.	Ers cyflwyno'r cyrsiau ymwybyddiaeth o'r Gymraeg gorfodol ar 1 Ebrill 2023, mae **61.13%** o staff yr Ymddiriedolaeth wedi cwblhau'r cwrs. Byddwn yn parhau i hyrwyddo'r hyfforddiant dros y flwyddyn nesaf i gynyddu nifer y staff sy'n cwblhau'r hyfforddiant i 90%.	Mae 'Diwrnodau Croeso' yr Ymddiriedolaeth yn cynnwys ymwybyddiaeth o'r Gymraeg ac ymgymerodd cyfanswm o **407** o aelodau staff â'r hyfforddiant hwn yn ystod y cyfnod adrodd.

	disgwyl i'r hyfforddiant hwn gael ei ddarparu ym mhob disgyblaeth ar gyfer hyfforddeion, a'i gyflwyno fel rhan o'r broses gynefino i weithwyr newydd sydd heb wneud yr hyfforddiant yn barod. *(Tymor canolig)*				
16	Bydd sefydliadau yn diffinio lefel y sgiliau Cymraeg sydd eu hangen ym mhob hysbyseb swydd, yn unol â'r arferion gorau a welir mewn rhai byrddau iechyd ac awdurdodau lleol *(Tymor canolig – datblygu a rhannu canllawiau yn y tymor byr)*	Cyrff iechyd a gofal cymdeithasol	Fel rhan o'r broses Gwerthuso Swyddi, cyflawnir gofyniad asesu'r Gymraeg ar gyfer pob swydd drwy ddefnyddio Offeryn Asesu Sgiliau Cymraeg ar gyfer rheolwyr. Trwy lenwi'r ffurflen, mae rheolwyr yn penderfynu a oes angen hysbysebu swyddi gyda'r Gymraeg yn sgil hanfodol neu ddymunol, neu os nad oes angen unrhyw sgiliau Cymraeg. Rhaid anfon copi o'r Ffurflen Asesu hon drwy e-bost i'r Hwb AD ar ôl ei chwblhau. Bydd yr wybodaeth a ddarperir yn y ddogfen hon yn cael ei defnyddio at ddibenion adrodd a bydd yn rhan o'r broses archwilio recriwtio	Byddai canllawiau ar hyn ar lefel genedlaethol yn cael eu croesawu. Mae WAST yn cefnogi'r egwyddor o ddiffinio gofynion sgiliau Cymraeg yn well mewn hysbysebion swyddi a disgrifiadau swydd.	
17	Cyflwyno'n raddol lefel "cwrteisi" sylfaenol o sgiliau Cymraeg, gan wneud staff yn fwy ymwybodol o'r effaith gadarnhaol y gall dysgu a defnyddio'r Gymraeg ei chael ar unigolion sy'n defnyddio ac yn derbyn gwasanaethau iechyd a gofal cymdeithasol.	Cyrff iechyd a gofal cymdeithasol	Mae'r Ganolfan Dysgu Cymraeg Genedlaethol yn arwain ar y gwaith o ddatblygu cwrs cwrteisi Cymraeg cenedlaethol gyda rhanddeiliaid perthnasol. Mae'r modiwl ar-lein 'Croeso Cymraeg Gwaith' wedi bod yn allweddol i'r Ymddiriedolaeth wrth gefnogi staff sydd ar ddechrau eu taith i ddysgu Cymraeg.	Mae'r modiwl ar-lein 'Croeso Cymraeg Gwaith' wedi bod yn allweddol i ni fel Ymddiriedolaeth wrth gefnogi staff sydd ar ddechrau eu taith i ddysgu Cymraeg.	Mae staff yn cael eu cyfeirio at gwrs Cymraeg ar-lein rhad ac am ddim y GIG.

	Erbyn diwedd oes y cynllun hwn, dylai **pob aelod** o staff sy'n gweithio ym maes iechyd a gofal cymdeithasol fod â lefel cwrteisi o sgiliau Cymraeg. *(Tymor byr - cyflwyno)*			Bydd gwaith yn cael ei ddatblygu gyda chefnogaeth y Cadeirydd i gyflwyno sgiliau cwrteisi Cymraeg i aelodau'r Tîm Arweinyddiaeth Weithredol a Bwrdd yr Ymddiriedolaeth y gellir eu defnyddio mewn cyfarfodydd Bwrdd a Phwyllgorau.	
18	Bydd sefydliadau'n datblygu ac yn gweithredu strategaeth gweithlu a hyfforddiant sy'n benodol ar gyfer y Gymraeg – gyda phwyslais cychwynnol ar fynd i'r afael â bylchau ym meysydd blaenoriaeth allweddol Mwy na geiriau, a'r rheini sy'n ddihyder (angen ystyried y posibilrwydd o weithio gydag arweinwyr tîm / rheolwyr / cyflogwyr hefyd i greu'r amodau i unigolion ddefnyddio eu sgiliau Cymraeg). *(Tymor canolig)*	Cyrff iechyd a gofal cymdeithasol	Mae'r Ganolfan Dysgu Cymraeg Genedlaethol wedi datblygu Rhaglen Dysgu Cymraeg Iechyd a Gofal ar gyfer tiwtoriaid i roi cymorth i godi hyder staff yn GIG Cymru. Mae trafodaethau ar y gweill i staff 111 y Gwasanaeth gael sesiynau magu hyder yn y Gymraeg sy'n cael eu hariannu gan Lywodraeth Cymru. Cynhaliwyd ymarfer ymgysylltu â staff i ganfod faint o staff a fyddai'n gymwys ar gyfer y rhain, gyda'r canlyniad bod 23 o'n pobl, yn amrywio o drinwyr galwadau i glinigwyr, wedi mynegi diddordeb mewn mynychu'r cwrs codi hyder.	Cyflawni'r ymrwymiadau i gynllun gweithredu Mwy na geiriau LlC – i gwblhau ein Cynllun Gweithlu Strategol sy'n cynnwys ffrwd waith iaith Gymraeg lle bydd gwaith yn mynd rhagddo drwy ddadansoddiad o'r bwlch sgiliau Cymraeg wedi'i ddilyn gan fentrau hyfforddi a datblygu a strategaethau recriwtio.	Disgwyliwn i'r sesiynau codi hyder ar gyfer staff 111gael eu cyflwyno o fewn blwyddyn ariannol 2024/25.
Thema 3: Rhannu arferion gorau a dull galluogi					
29	Byddwn yn casglu ac yn rhannu enghreifftiau o arferion da arloesol sy'n bosibl ar draws y sector gan ddefnyddio safleoedd porth a	Llywodraeth Cymru / swyddogion y Gymraeg	Mae gan yr Ymddiriedolaeth fynediad i feddalwedd cof cyfieithu PCGC sydd â chyfoeth o gof cyfieithu a therminoleg y GIG i	Byddwn yn cydweithio ymhellach â chyrff GIG Cymru i rannu'r hyn a ddysgwyd â'n gilydd i wella gwasanaethau.	Ymhellach i'r arfer gorau a nodwyd eisoes ar gyfer y pwynt gweithredu hwn, a thu allan i'r

	hybiau sydd eisoes yn bodoli, gan gynnwys yr Hybiau Ymchwilio ac Arloesi. *(Tymor Byr)*		gynorthwyo ein cyfieithydd mewnol i weithio'n effeithiol ac effeithlon		cyfarfod chwarterol gyda Llywodraeth Cymru, mae Swyddogion y Gymraeg ar draws y GIG yn cyfarfod yn chwarterol i rannu problemau, atebion ac i drafod materion cyffredinol. Mae swyddogion yn cael sgwrs grŵp MS Teams i drafod a chydweithio. Mae'r gwaith tîm traws-sefydliadol hwn yn ased anhygoel ac mae wedi bod o fudd i ni.
30	Byddwn yn defnyddio'n Pecyn Cymorth Technegol Dwyieithog i sicrhau bod y gwasanaethau digidol yr ydym yn eu caffael a/neu'n datblygu yn cynnwys rhyngwyneb defnyddiwr dwyieithog lle bo hynny'n bosibl. O ran gwefannau gwybodaeth a chyngor byddwn yn dod a chyfieithwyr yn agosach at y broses creu cynnwys, gan gyd-ddrafftio yn y Gymraeg a'r Saesneg, fel ein bod yn cyfathrebu yn	IGDC/sefydliadau GIG Cymru	Mae'r Pecyn Cymorth Technoleg Dwyieithog wedi'i rannu â'n tîm Cyfathrebu. Rydym yn parhau i weithio'n agos gyda chydweithwyr ar draws yr Ymddiriedolaeth i ehangu'r ystod o wirwyr symptomau sydd ar gael trwy'r wefan, gan alluogi defnyddwyr i wirio eu symptomau a chael cyngor ar-lein ynghylch beth i'w wneud nesaf. Cyfanswm y gwirwyr symptomau dwyieithog sydd bellach ar gael yw 65.	Wrth wrando ar adborth gan ddefnyddwyr y wefan, rydym yn parhau i weithio'n agos gyda chydweithwyr ar draws yr Ymddiriedolaeth i ehangu'r ystod o wirwyr symptomau sydd ar gael yn Gymraeg drwy'r wefan, gan alluogi defnyddwyr i wirio eu symptomau a derbyn cyngor ar-lein ynglŷn â beth i'w wneud nesaf.	Yn ystod y cyfnod adrodd hwn, **ni** ddatblygwyd unrhyw wirwyr symptomau newydd nac a wnaethpwyd ar gael yn Gymraeg nac yn Saesneg: Cyfanswm y gwirwyr symptomau dwyieithog sydd bellach ar gael yw **65**

	gliriach yn y ddwy iaith. *(Tymor byr)*		Mae gennym sianeli cyfryngau cymdeithasol Cymraeg a Saesneg cyfochrog ar gyfer Facebook a Twitter ynghyd â llofnodi e-bost dwyieithog, penawdau llythyrau, negeseuon allan o'r swyddfa, cefndiroedd Timau a Zoom ac agenda'r Bwrdd.		
32	Byddwn yn sicrhau bod Arweinwyr Gweithredol y Gymraeg a Swyddogion a hyrwyddwyr y Gymraeg yn cyfarfod yn genedlaethol i rannu arfer gorau er mwyn sicrhau ymagwedd gyson at faterion allweddol a datblygu mentrau i ddathlu llwyddiant gan gynnwys hyrwyddo Mwy na geiriau o fewn cynlluniau gwobrau a gwobrau presennol. *(Tymor Byr)*	Llywodraeth Cymru, cyrff iechyd a gofal cymdeithasol	Mae Grŵp y Gymraeg, sy'n cynnwys arweinwyr y Gymraeg o bob cyfarwyddiaeth ar draws y sefydliad, yn cyfarfod yn chwarterol i drafod cydymffurfiaeth, heriau ac arferion gorau â Safonau'r Gymraeg a Chynllun Gweithredu Mwy na geiriau. Mae ein Rheolwr Gwasanaethau Cymraeg yn rhan o gyfarfodydd Swyddog y Gymraeg GIG Cymru gyfan gyda Llywodraeth Cymru, lle rhennir arfer gorau a heriau cyffredin. Mae ein Rheolwr Gwasanaethau Cymraeg hefyd yn rhan o grŵp Rheolwyr y Gymraeg GIG Cymru. Er bod y grŵp hwn yn canolbwyntio mwy ar gydymffurfio â Safonau'r Gymraeg, mae'r trafodaethau yn aml yn berthnasol i Mwy na geiriau. Mae'r Rheolwr Gwasanaethau'r Gymraeg yn ymuno â chyfarfodydd	Byddwn yn mynychu cyfarfodydd cenedlaethol, pan gynhelir. Byddwn yn parhau i ddathlu llwyddiant trwy fenter fel Dysgwr y Flwyddyn. Fel rhan o wobrau staff eleni, derbyniwyd saith enwebiad cryf. Jason Jones,	Fel rhan o wobrau staff eleni, derbyniwyd saith enwebiad cryf. Jason Jones, Rheolwr Cyflenwi Cyfalaf oedd enillydd Gwobr y Gymraeg am ei ymroddiad i ddysgu Cymraeg a dod yn siaradwr Cymraeg rhugl. Cafodd Nia Barton, Clinigydd Canolfan Gyswllt Clinigol, ganmoliaeth uchel am ei gwaith yn delio â chleifion yn Gymraeg.

			fforwm Mwy na geiriau yn BIPBC. Dros y flwyddyn nesaf byddwn yn anelu at gysylltu â fforymau mewn ardaloedd eraill o Gymru.		
35	Mae arwyddion gweledol nid yn unig yn galluogi defnyddwyr gwasanaethau i wybod pa staff sy'n siarad Cymraeg, maen nhw hefyd yn cyfleu neges bod y Gymraeg yn rhan 'arferol' o'r broses bob dydd o ddarparu gwasanaeth, ac yn adeiladu ar ethos o berthyn. Byddwn yn ymestyn y prosiect Iaith Gwaith ledled Cymru er mwyn i weithwyr sy'n gallu cynnig gwasanaethau'n Gymraeg, neu'n rhannol gynnig gwasanaethau'n Gymraeg, allu dangos hynny'n rhwydd drwy wisgo bathodyn neu laniard Iaith Gwaith. Bydd ein systemau TGCh hefyd yn casglu, yn dangos ac yn rhannu gwybodaeth sy'n rhoi gwybod i ni fel unigolion a staff pwy sy'n gallu siarad Cymraeg a pha wasanaethau y byddan nhw'n eu cynnig yn Gymraeg – er mwyn i ni allu defnyddio ein Cymraeg gyda nhw.	Llywodraeth Cymru/ IGDC/ cyrff iechyd a gofal cymdeithasol	Mae'r adnoddau(cortynnau gwddf a bathodynnau) "Iaith Gwaith" (bathodynnau oren) yn parhau i fod ar gael am ddim i staff sy'n siarad neu'n dysgu Cymraeg ac anogir staff i fabwysiadu'r rhain i'w defnyddio mewn amgylchedd digidol, megis mewn llofnodion e-bost ac ar cefnlenni Teams. Byddwn yn gweithio gyda'n timau gweithredol i nodi ffyrdd o arddangos marcwyr ar gyfer ein staff sy'n siarad Cymraeg er mwyn galluogi ein defnyddwyr gwasanaeth i'w hadnabod. Gall system TG CAS (Meddalwedd Asesu Clinigol) y gwasanaeth 111 cofnodi'r dewis iaith. Fodd bynnag, mae hyn yn dibynnu ar asiantau yn llenwi'r maes hwn gan nad yw'n orfodol.	Mae cefndir Iaith Gwaith Teams ar gael i staff.	Mae adnoddau Iaith Gwaith ar gael trwy ein Tîm y Gymraeg.

	(Mae'n bosibl bydd angen cyllid/adnoddau ychwanegol er mwyn cyflawni hyn.) *(Tymor byr)*				
37	Byddwn yn datblygu ymhellach adnoddau geiriadurol, corpws terminoleg o safon uchel, systemau cof iaith ac adnoddau ymarferol i helpu staff i ddefnyddio eu sgiliau Cymraeg, er enghraifft Gair i Glaf. Yn y tymor byr, bydd hyn yn cynnwys swyddogion y Gymraeg a chyfieithwyr yn cydweithio ar gasglu a chyfuno termau ynghyd â gallu a chapasiti cyfieithu. *(Tymor byr - cydweithio ar ddatblygu termau safonol)*	Llywodraeth Cymru / cyrff iechyd a gofal cymdeithasol	Rydym wedi gwella ein gallu i ddarparu Cynnig Rhagweithiol drwy ganoli ein gwasanaeth cyfieithu gyda recriwtio Cyfieithydd Cymraeg.	Sefydlu cymorth cyfieithu gyda PCGC.	Mae rhestr o derminoleg feddygol Gymraeg wedi'i chynhyrchu ac ar gael ar gyfer ein gwasanaeth cyfieithu newydd.
	Sylwadau cyffredinol/ychwanegol (ehangwch y blwch yn ôl yr angen)				

AGENDA ITEM No	**20**
OPEN or CLOSED	**Open**
No of ANNEXES ATTACHED	**4**

RISK MANAGEMENT & BOARD ASSURANCE FRAMEWORK REPORT

MEETING	People and Culture Committee
DATE	30 August 2024
EXECUTIVE	Trish Mills, Board Secretary
AUTHOR	Julie Boalch, Head of Risk/Deputy Board Secretary
CONTACT	Julie.Boalch@wales.nhs.uk

EXECUTIVE SUMMARY

1. The purpose of the report is to provide assurance in respect of the management of the Trust's principal risks, specifically the 4 risks that are relevant to Committee's remit and additionally the Trust's 2 highest scoring risks which are assigned to the Quality, Safety & Patient Experience Committee (QuEST) for oversight.

2. Because of the Trust's Board and Committee meeting cycle, the second quarterly Risk and Board Assurance report is sitting slightly outside of normal reporting cycles for the principal risks due to the mid-year placement of Board and Committee meeting dates.

3. As the Trust Board meets bi-monthly and most Committees are held on a quarterly basis, this meant that Committee are receiving the same risk updates which were presented to the May 2024 Trust Board meeting and the June 2024 Audit, Risk and Assurance Committee.

4. Committee can take assurance that each of the principal risks have and are being reviewed in line with the agreed reporting schedule throughout the latter part of May, June and early July and are navigating Trust governance processes in readiness for the next reporting cycle.

5. The Trust's two highest scoring risks **223** (*the Trust's inability to reach patients in the community causing patient harm and death*) and **Risk 224** (*Significant handover of care delays outside accident and emergency departments impacts on access to definitive care being delayed and affects the Trust's ability to provide a safe & effective service for patients*) scoring 25 remain unchanged because of sustained and extreme pressure across the Welsh NHS urgent and emergency care system which is negatively impacting on patient flow leading to avoidable patient harm and death.

6. These two risks continue to be reviewed dynamically and early indications are that the scores remain unchanged with several updates to the controls which include the Swansea Bay Winter actions and plans in addition to new actions that include the implementation of phase one of the new clinical model later in the year, the Volunteer Alternative Responder Scheme (VARS) which went live in June 2024 and an uplift in the Advanced Paramedic Practitioners establishment.

7. A summary of these risks is set out in Annex 1 with a detailed description contained within the Board Assurance Framework (BAF) in Annex 4.

8. The more detailed description contained within the BAF provides the Committee with an opportunity to review the controls in place against each principal risk and the assurance provided against those controls where applicable. This will assist Members in evaluating current risk ratings supported by the frameworks in Annex 2.

9. Updates are highlighted in blue on the BAF which show changes to the narrative, mitigating actions, controls, and assurances.

10. A summary of these risks is set out in Annex 1 with a detailed description contained within the Board Assurance Framework (BAF) in Annex 4.

11. Risk 160 *High absence rates impacting on patient safety, staff wellbeing and the trust's ability to provide a safe and effective service*, is rated 20. Sickness absence remains a key challenge for the organisation and levels remain higher than desired. A deep dive will take place on this risk at the November 2024 Committee meeting.

12. Risk 163 *Maintaining Effective & Strong Trade Union Partnerships* was reduced in score from a 20 to 16 in May 2024 because of a tailored bespoke development programme for managers and Trade Union Partners at all levels has been launched to address issues. The programme of engagement and relationship building will continue throughout 2024/25. Work is underway to deliver the action plan in partnership.

13. In relation to Risk 201 *Reputation*, whilst it is acknowledged that the rating for this risk remains high and has been static for some time given the status, the Trust is not able to de-escalate it. Several mitigations are outside of the Trust's control. This risk is reviewed by the People and Culture Committee at each meeting and a deep dive was held at the last meeting in May 2024.

14. Risk 558 *Deterioration of staff health and wellbeing in as a consequence of both internal and external system pressures* currently remains unchanged.

RECOMMENDATION:

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

KEY ISSUES/IMPLICATIONS
16. The key issues are set out in the Executive Summary above.
REPORT APPROVAL ROUTE
17. The BAF was considered by: • ADLT (29 April 2024) • ELT (08 May 2024) • Trust Board (28 March 2024) • Audit, Risk and Assurance Committee (07 June 2024)

REPORT ANNEXES
• Annex 1 - Summary table describing the Trust's Corporate Risks. • Annex 2 – Scoring Matrix • Annex 3 – Frequency of Risk review • Annex 4 - Board Assurance Framework

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

Annex 1 – Corporate Risk Register Summary

CORPORATE RISK REGISTER				
RISK ID	**NEW RISK TITLE**	**NEW SUMMARY DESCRIPTION**	**EXECUTIVE OWNER**	**RISK SCORE**
223 QuEST	The Trust's inability to reach patients in the community causing patient harm and death	**IF** significant internal and external system pressures continue **THEN** there is a risk of an inability and/or a delay in ambulances reaching patients in the community **RESULTING IN** patient harm and death	Executive 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	Executive Director of Quality & Nursing	**25 (5x5)** →
160 PCC	High absence rates impacting on patient safety, staff wellbeing and the trust's ability to provide a safe and effective service	**IF** there are high levels of absence **THEN** there is a risk that there is a reduced resource capacity **RESULTING IN** an inability to deliver services which adversely impacts on quality, safety and patient/staff experience	Director of People & Culture	**20 (5x4)** →
201 PCC	A loss of stakeholder confidence that damages the Trust's reputation	**IF** there is an inability of the Trust to deliver its core services because of system or organisational pressures **THEN** there will be a loss of stakeholder confidence in the Trust **RESULTING IN** a lack of stakeholder support for the Trust's long term strategic vision, a failure to deliver	Director of Partnerships & Engagement	**20 (4x5)** →

CORPORATE RISK REGISTER				
RISK ID	**NEW RISK TITLE**	**NEW SUMMARY DESCRIPTION**	**EXECUTIVE OWNER**	**RISK SCORE**
		its strategic ambition, damage to reputation and increased external scrutiny		
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 People & Culture	**16 (4x4)** ↓ **20 (5x4)**
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 People & Culture	**15 (3x5)** →

Annex 2 - Risk Scoring Matrix

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

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

Annex 3 - Frequency of Risk Review

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

Risk ID 223	**The Trust's inability to reach patients in the community causing patient harm and death**	**Date of Review:**	**15/04/2024**	**TREND**	**25 (5x5)**
		Date of Next Review:	**15/05/2024**	➡	

IF significant internal and external system pressures continue	**THEN** there is a risk of an inability and/or a delay in ambulances reaching patients in the community	**RESULTING IN** patient harm and death

	Likelihood	**Consequence**	**Score**
Inherent	**4**	**5**	**20**
Current	**5**	**5**	**25**
Target	**2**	**5**	**10**

IMTP Deliverable Numbers:

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

Risk Commentary Q4 2023/24

The risk score remains constant at 25 (almost certain & catastrophic). Internal and external assurances remain weak as there remains a daily risk of actual patient harm and death because of the Trust not being able to reach patients in the community. The Trust continues to receive Prevention of Future Death Reports (Regulation 28) from Coroners across NHS Wales. **Handover lost hours in February and March 2024 were 23,896 (Feb) and 23,404 (March).**
Only Cardiff & Vale University Health Board has demonstrated material improvement and is a positive outlier. The impacts on patients waiting for extended periods of time both in the community and then outside emergency departments is well documented (AACE Delayed Hospital Handovers: Impact assessment of patient harm, 2021) and includes pressure damage, acute kidney injury, deconditioning, poorer outcomes, and extended recovery times. Delays across the system continue to be the focus of patient safety incidents, complaints, Coronial enquires and redress / claims. The effectiveness of our controls in many areas are dependent on external partners acknowledging and having ownership of the risk across the urgent and emergency care system. Key to moving the position is to continue to work in collaboration influencing system partners, being present and engaging in key conversations, whilst continually seeking opportunities internally to swiftly identify and mitigate the risks within our control and share those with relevant system partners that we cannot control. Of note, recent data analysis highlights the increased levels of red activity which has doubled since the pre covid period, plus an average increased on scene time of circa 10 minutes. Both measures are reflective of an increasingly challenged system with WAST crews fully exploring admission avoidance alternatives.

Improvement actions led by Welsh Government and system partners include: -

a) Audit Wales's investigation of Urgent and Emergency Care System. Does NHS Wales and its partners have effective arrangements for unscheduled care to ensure patients have access to the right care at the right time? (E)
b) Consideration of additional WAST schemes to support risk mitigation through winter (I)
c) NHS Wales reduces emergency department handover lost hours by 25% (E)
d) NHS Wales eradicates all emergency department handover delays in excess of 4 hours (E)
e) Alterative capacity equivalent to 1000 beds (E)
f) Implement nationwide approach to emergency department 'Fit 2 Sit' (E)
g) Implementation of Same Day Emergency Care services in each Health Board (E)
h) National Six Goals programme for Urgent and Emergency Car (E)

CONTROLS	**ASSURANCES**
	Internal Management (1st Line of Assurance)
1. Regional Escalation Protocol	1. Daily conference calls to agree RE levels in conjunction with Health Boards
2. Immediate release protocol	2. The Immediate Release Protocol is a Nationally agreed NHS Wales protocol. Refusals by Health Boards are Datixed by WAST and compliance report shared weekly with the Health Board Chief Operating Officers (COOs)
3. Resource Escalation Action Plan (REAP)	3. Weekly review by Senior Operations team with assessment of action compliance. The Senior Leadership Team convenes every Tuesday as the Weekly Performance Meeting to review performance and demand data, and review/assign REAP Levels as appropriate. Dynamic escalation via Strategic Command structure. REAP has undergone an annual review with v4.1 released in November 2023.
4. 24/7 Operational Delivery Unit (ODU)	4. Shift reports from ODU & ODU Dashboard received by Exec, SOT and On-Call Team at start/end. Provides operational oversight with dynamic CSP review and system escalation as required.
5. Strategic, Tactical and Operational 24 hour/ 7 day per week system to manage escalation plans	5. Same as 5 - Shift reports from ODU & ODU Dashboard received by Exec, SOT and On-Call Team at start/end. Provides operational oversight with dynamic CSP review and system escalation as required. On Call cover is reviewed weekly at SLT Performance Meetings.
6. Limited Alternative Care Pathways in place	6. Limited Assurance - Health Informatics reports, APP dashboard monitors, reports on app use by Consultant Connect, APP development and expansion, and bids for additional prescribing APPs.
7. Consult and Close (previously Hear and Treat)	7. The Trust ambition is to attain 17% Consult and Close rate, with an improvement plan in place to achieve this. The Trust has however already achieved the inclusion of Mental Health Practitioners in CSD, a key contributor to the achievement of Consult and Close rates. Reported through integrated quality meeting. Whilst Consult and Close is in place, the action to increase compliance is detailed in action 10.

Risk ID 223	The Trust's inability to reach patients in the community causing patient harm and death	Date of Review:	15/04/2024	TREND	25 (5x5)
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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

8. Advanced Paramedic Practitioner (APP) deployment model / APP Navigation	8. WAST has attempted to secure additionality within its APP numbers, as the evidence illustrates a dramatic impact upon ED avoidance with more people being managed within the community. At this stage, no additional funds have been secured. However, it remains the case the prospective APPs are completing their education and could be deployed into the operational setting to mitigate the risk. ELT has therefore agreed to grow the APP numbers further this year, redirecting existing operational spend to bolster APP growth.
9. Clinical Safety Plan	9. Clinical agreement – agreeing escalation to higher levels, ODU dashboard, AACE paper through National Director of Operations group. In December 2023, Version 2.21 of the Clinical Safety Plan was released. The subsequent reduction in the demand is the assurance which is dynamically monitored via ODU.
10. Recruitment and deployment of CFRs	10. Approaching 500 active CFRs at end of Q4 with a training trajectory to recruit a minimum of 250 more in the coming 12 months. Response data indicates that our CFRs are reaching more patients, especially those with life threatening conditions in 8 minutes compared to this time last year. Numbers of CFR's, percentage of contribution to performance a governance framework is in place. Monitoring through AD 1:1's and volunteer highlight report (IMTP).
11. ETA scripting	11. The ETA Dashboard is a tactic that was signed off by ELT. The dashboard supports scripting analysed by comparing with real time data. ETA performance is reviewed weekly at SLT weekly performance meeting. The effect of the ETA scripting results in cancellations of ambulances which is monitored through algorithmic review process.
12. Clinical Contact Centre (CCC) emergency rule	12. Emergency Rule is incorporated into CSP 999 levels.
13. National Risk Huddle	13. This is a tactic contained in REAP ratified through SPT and EPT. Daily risk huddles are recorded, and documented actions are shared with stakeholders and progress monitored via the ODU.
14. Summer/Winter initiatives	14. Monitoring through SLT and STB. Senior Planning Team (SPT) is now stood up for the duration of Winter 2023/24.
15. CHARU implementation	15. Recruitment of 153 WTE has continued; To lift further, a trial of a rotational model is due to be trialled in Aneurin Bevan Health Board area.
16. Clinical Model and clinical review of code sets	16. Reported through CPAS and DCR Review reporting through CQGG
17. Remote clinical support enabling discharge at scene	17. Strategic Transformation Board – IMTP deliverable; Providing support to the Community Welfare Responders (CWR) initiative and supporting CFRs to discharge at scene with current non conveyance rates for CFRs in excess of 40%
18. Trust Board paper (28/07/22) detailing actions being taken to mitigate the risks (see actions section for details of specific work streams being progressed to mitigate this risk)	18. Formally documented action plan – actions captured are contained within and monitored via the Mitigating avoidable harm paper from PIP.
19. Information sharing	19. Information Sharing: Patient Safety Reports, Chief Operating Officer (COO) Data Pack, Immediate Release Declined (IRD) Reports.
20. Completed EMS Roster Review	20. Helps to ensure that we have the maximum available capacity to respond to dispatch to 999 calls received in a timely manner. Monitor production against the rosters weekly at performance meeting and that provides a level of UHP as a percentage.
21. Delivered a reduction in the number of multiple vehicle attendances dispatched to red calls	21. This will increase vehicle availability generally across the Trust and is monitored through SLT weekly performance meeting.
22. Transfer of Care	22. WAST has clearly articulated to the Health Board COOs the risk associated with delayed handovers. Consequently, work has commenced to withdraw WAST staff from portering duties on hospital premises, cease the practice of ED swaps and cease the use of WAST equipment in EDs across Wales. Please refer to the following documents: i) Letter to COO Handover Delays 30.03.2023 ii) Letter to COO Handover Delays iii) WAST – Transfer of Care Brief
23. Virtual Ward – Connect Support Cymru	23. Multi phased approach commenced in Dec 2022 with St John Ambulance Cymru virtual ward responder, a digital and telehealth platform, and a Community Welfare Responder model to enhance community resilience. • Phase 1 delivered through St John Ambulance Cymru with a further extension in place. • Funding also obtained through external grant funding to pilot a volunteer phase. which went live mid-October with twelve teams piloting the approach and has now completed. • Work has now commenced to recruit CWR volunteers with engagement taking place with organisations across Wales.

Risk ID 223	The Trust's inability to reach patients in the community causing patient harm and death	Date of Review:	15/04/2024	TREND	25 (5x5)
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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

	• **St John Ambulance Cymru virtual ward now extended to the end of April 2024.**
24. ARA – Acute Release Area - GUH	24. Live until 31st March 2024
25. WAST Serious Clinical Incident Forum (SCIF) is in place to discuss patient safety incidents, learning and improvement actions to prevent future harm, working in collaboration with Health Boards / NHS Wales Executive Delivery Unit under the Joint Investigation Framework which was formalised in the National Patient Safety Policy in May 2023. Sharing of potential case of serious avoidable harm/death with Health Boards for investigation when response delay associated with system congestion is the primary cause. CNO and CMO plus peer group and COOs regularly updated on patient safety incidents. 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.	25. 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.
26. WAST membership of the working group (Executive Director of Quality & Nursing) to reform the Framework for the Investigation of Patient Safety Serious Incidents (SIs) national investigation framework with system partners. Chaired by the Deputy Chief Ambulance Commissioner and commenced in August 2022.	27. Workshop with system partners in place with executive directors of nursing attendance and to date is working well with good engagement from health board colleagues. Following the last meeting on 25.01.2023 it was agreed that sub-groups would be formed to meet more frequently to gather themes / evaluation / develop more consistency which would include aligning the outputs / outcomes with the 'Six Goals for Urgent and Emergency Care' work.
GAPS IN CONTROLS	**GAPS IN ASSURANCE**
1. Acknowledgement and acceptance of risk by Health Boards and balancing the risks across the whole system	1. Improvement in handover delays across Cardiff and Vale and more latterly across AB have led to improved handovers at Eds. This has now been sustained for some months across C&V in a phased programme of improvement with no delays in excess of 2 hours. Programme of improvement underway in AB, commencing at 4hour tolerance with a plan to reduce over time. In other Health Boards, there remains little or no controls, with variation in both handovers and risk levels across Health Boards. An extraordinary incident declared by WAST on 22 October 2023 as direct result of system risk associated with handover delays at Morrison hospital has increased focus on handover delays with external partners and across the media. Some plans are in train (detailed in actions) following a meeting with Swansea Bay COO to include mobile imaging, pathways to bypass ED and a pod solution ahead of winter.
2. Blockages in system e.g., internal capacity within Health Boards which affect patient flow	
3. Local delivery units mirroring WAST ODU	
4. Handover delays link to risk 224	
5. There is an ambition that no handover should exceed 4 hours and for lost hours to handover to be reduced by 25% but given the track record over last 12 months there is a low confidence in attaining this.	The majority of Health Boards have failed to deliver on this ambition; With the exception of Cardiff and Vale University Health Board, the remaining 5 Health Boards with acute Trusts that were required to deliver on this target, have failed to do so.
6. Handover Improvement Plans agreed between WAST and Health Boards	12. **Performance targets for Handover with Health Boards have been introduced by the commissioner**.
18. Access to Same Day Emergency Care (SDEC) for paramedic referrals	18. This forms part of the handover improvement plans in place with Health Boards; however, assurance is limited given that the uptake is low (less than 1% of total demand). There is an inconsistency in approach from Health Boards on eligibility and availability; The national Once for Wales acceptance criteria has not been uniformly deployed by Health Bards across Wales.
Please note that the gaps listed are not WAST's and are therefore outside of the control of WAST	

Actions to reduce risk score or address gaps in controls and assurances	Action Owner	By When/Milestone	Progress Notes:
1. Exploring Rural model options (Paused during Pandemic Response) – subject to funding through IMTP. Now refreshed to wider rural model opportunities to include recruitment of CFRs. Additional funding has been sourced to increase posts within the volunteer function.	Assistant Director of Operations EMS / Assistant Director of Operations – National Operations & Support	Superseded	Rural model superseded by Action 9 below (Recruitment and deployment of CFRs)
2. Leading Change Together (forum to progress workforce related work streams jointly with TUPs)	ADLT Sub-Group	30.09.22 - Superseded	

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		Date of Next Review:	15/05/2024		

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

3. Recruit and train more Advanced Paramedic Practitioners – Value Based Healthcare Fund bid for up to 50 WTE (I) [Source: Action Plan presented to Trust Board 28/07/22]	Director of Paramedicine / Director of People & Culture	**Extended to June 2024**	WAST has attempted to secure additionality within its APP numbers, as the evidence illustrates a dramatic impact upon ED avoidance with more people being managed within the community. At this stage, no additional funds have been secured. However, it remains the case the prospective APPs are completing their education and could be deployed into the operational setting to mitigate the risk. ELT has therefore agreed to grow the APP numbers further this year, redirecting existing operational spend to bolster APP growth. **May24 - Initial bid unsuccessful however an action within the new IMTP to grow our APP workforce by up to 40 per year for the next 3 years. Updates will progress through the IMTP within quarters. Milestone changed from March 2024 to June 2024.**
4. Transition Plan (I) [Source: Action Plan presented to Trust Board 28/07/22]		Superseded	
5. Overnight Falls Service extension (I) [Source: Action Plan presented to Trust Board 28/07/22]	Assistant Director of Quality & Governance / Head of Quality Improvement	Ended March 2023	The temporary extension of the SJAC contract for overnight provision was evaluated, demonstrating on available evidence a positive performance impact over the period of operation (Jan-April 2023). The evaluation report was presented to EMT on 5 April 2023. The contract extension (as a temporary arrangement) ceased on 5 April 2023. Falls service enhanced day and night provision remains in place and utilisation of resources is reviewed at weekly performance meetings by Operations SLT.
6. New 2023 EMS Demand and Capacity (roster) review	Assistant Director of Planning & Performance	**August 2024**	ORH modelling underway. Initial findings January 2024, full report to Trust Board and EASC in March. **May24 - The review is scheduled to be presented to Trust Board end of July 2024. Milestone changed from March 2024 to August 2024.**
7. Swansea Bay Winter actions	Assistant Director of Operations, EMS	**Completed**	Some plans are in train following a meeting with Swansea Bay COO to include mobile imaging, pathways to bypass ED and a pod solution ahead of winter. Palliative Care Paramedics commenced on 15/01/2024. 22/02/2024 - POD solution now in operation which is facilitating shift breaks. Palliative care paramedics have been deployed for a pilot in care homes and nursing homes. **May24 - Significant reduction in overruns realised. In addition, during the last 2 months, 0 missed meal breaks recorded in Swansea Bay area. Completed**
8. Mental Health response pilot	Assistant Director of Operations, EMS	**Completed**	Pilot to commence in Aneurin Bevan Health Board area Nov 2023. 22/02/2024 - Mental Health pilot launched in Aneurin Bevan January 2024 with a view to run until end of March 2024. **May24 - Mental Health Response pilot finished in March 2024 – Complete. NB: there is an appetite to further the MH response pilot within the IMTP.**
9. Connected Support Cymru – is initially designed to utilise NHS and voluntary-sector resources and responders to enable patients to be supported in their own home whilst waiting for an urgent healthcare need to be managed. The service will employ digital health technologies to connect patients, communities and clinicals to achieve better health outcomes. The initiative will improve patient experience and safety, while supporting the healthcare system in directing	Assistant Director of Quality Governance	**April 2024**	Multi phased approach commenced in Dec 2022 with St John Ambulance Cymru virtual ward responder, a digital and telehealth platform, and a Community Welfare Responder model to enhance community resilience. • Phase 1 delivered through St John Ambulance Cymru with a further extension in place **and further extended until April 2024**

Risk ID 223	The Trust's inability to reach patients in the community causing patient harm and death	Date of Review:	15/04/2024	TREND	25 (5x5)
		Date of Next Review:	15/05/2024	➡	

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

patients to the right pathway at an appropriate time for their care need. It is expected this will help reduce unnecessary demand upon Emergency Departments.			• Funding also obtained through external grant funding to pilot a volunteer phase. which went live mid-October with twelve teams piloting the approach and has now completed. Work has now commenced to recruit CWR volunteers with engagement taking place with organisations across Wales.
10. Maximise the opportunity from Consult and Close: - **Successful resolution without ambulance (double EMS)** - **Successful resolution without conveying to ED**		**March 2025**	Trust ambition is **to improve** Consult and Close rate, with an improvement plan in place to achieve this. The Trust has however already achieved the inclusion of Mental Health Practitioners in CSD, a key contributor to the achievement of Consult and Close rates. Consult and Close compliance remains around 14%. Action plan activities therefore continue with a review of triage processes which may lead to shorter triage durations, along with increase in staffing, which together will enable more triages to take place, **thus increasing the number of successful resolutions without a double EMS ambulance and numbers conveyed to an ED.**
11. Development of new model of care	Head of Strategy Development	2024/25	Development of the model remains ongoing
12. Development of the pathway which connects mental health users connecting via the 999 system to 111 Press 2 services	Assistant Director of Operations, Integrated Care	**Completed**	Development of the model remains ongoing. **May24 – Pathway went live on 30th April 2024. Completed**
13. Palliative Care Paramedic Unit	Assistant Director of Operations	**Extended to May 2024**	Reducing demand via APPs – 15th January Start. **15/04/2024 - 3 Month Health Board funded trial ended. Whilst utilisation was low, the results demonstrated a circa 75% ED avoidance therefore local decision made to extend for a further 2 months, however, opening the trial up to wider community and crew referrals.**
14. Audit Wales investigation of Urgent and Emergency Care System: Does NHS Wales and its partners have effective arrangements for unscheduled care to ensure patients have access to the right care at the right time?	CEO	Q1 2024-2025	• Conducted in three phases Audit Wales will independently investigate and report on patient flow out of hospital: access to unscheduled care services and national arrangements (structure, governance, and support) • WAST will proactively support this work and offer best practice examples from other jurisdictions that can support benchmarking and improvement activities. • Expected outcomes in 2023/24.
15. Winter Ambulance Handover Improvement Plan Meetings	Executive Director of Operations	**Completed**	• Weekly meetings set up with Welsh Government, NHS Executive, CASC and the Health Board COOs. All parties (including WAST) to provide updates on actions being taken to alleviate and improve handover delays. WAST to update on C&C, CWR, red dispatch and local updates from EMS HOS on initiatives.
16. Royal Glamorgan Early Diagnostic	**Executive Director of Operations**	**May 2024**	• **Initial data from Qlik shows that there has been no reduction in N2H times however data received from Health Board show indication of patient benefit to reach earlier diagnostic. Local meetings this month to discuss findings and explore opportunities.**

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:	14/04/2024	TREND	25 (5x5)
		Date of Next Review:	14/05/2024	➡	

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

IMTP Deliverable Numbers:

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

Risk Commentary Q4 2023/24

- The risk score remains constant at 25 for quarter 4 2023/24 (almost certain & catastrophic). Internal and external assurances remain weak as there remains a daily risk of actual patient harm due to handover of care delays. **There were 2,091 +4-hour patient handovers in February 2024, compared to 1,586 in February 2023. The target was originally to have 0 by September 2022. The EASC expectation was that these would be eradicated by end of 2023/24. Handover lost hours in February 2024 were 23,896 compared to 19,110 in February 2023. Early data from March 2024 shows**
- **some days where over 1,000 hours were lost. Cardiff & Vale UHB has demonstrated material improvement and is a positive outlier when compared to other health boards.** The impacts on patients waiting for extended periods of time both in the community and then outside emergency departments is well documented (AACE Delayed Hospital Handovers: Impact assessment of patient harm, 2021) and includes pressure damage, acute kidney injury, deconditioning, poorer outcomes, and extended recovery times. Delays across the system continue to be the main focus of patient safety incidents, complaints, coronial enquiries and redress / claims. The Trust continues to receive Prevention of Future Death Reports (Regulation 28) from Coroners across NHS Wales. The Trust has received 10 reports since April 2023, including 3 reports in quarter 4 2023/4. 6 of these reports directly relate to system pressures with the coroners raising concerns about delays in responding to patients in the community and handover of care delays at emergency departments. **The Trust received the first Prevention of Future Deaths Report in February 2024 relating to pressure damage, which is a joint Report with Swansea Bay University Health Board. On 22.02.2024 a Prevention of Future Deaths Report was sent solely to the Minister for Health and Social Services, Welsh Government in respect of delays responding to a patient in community which also references handover of care delays.** The effectiveness of our controls in many areas are dependent on external partners acknowledging and having ownership of the risk across the urgent and emergency care system. Key to moving the position is to continue to work in collaboration influencing system partners, being present and engaging in key conversations, whilst continually seeking opportunities internally to swiftly identify and mitigate the risks within our control and share those with relevant system partners that we cannot control. WAST CEO and Directors have ensured that system safety and avoidable harm remain a live topic of discussion in all relevant forums and continue to seize opportunities as they emerge that can contribute to mitigating avoidable harm. **Given the long-standing nature of the system pressures and long handover times, we have commenced work to better define mitigations to safety risks and quality of care deriving from extended periods in an ambulance; these include the application of Mental Capacity Act and Deprivation of Liberty Safeguards and, Fundamentals of Care including pressure area care, mobilisation and nutrition. One specific area of focus is the development of a prototype mattress for our ambulance trolleys.**

Improvement actions led by Welsh Government and system partners include:

a) Right care, right place, first time Six Goals for Urgent and Emergency Care - A policy handbook 2021–2026. Goal 4 'Improving ambulance patient handover, ensuring no one arriving by ambulance at an Emergency Department waits more than 60 minutes from arrival to handover to a clinician – (Welsh Government) ***by the end of April 2025***
b) National Six Goals programme for Urgent and Emergency Care: Led by the NHS Wales Deputy Chief Executive this programme seeks to modernise access to and the provision of Urgent and Emergency Care across Wales. WAST is represented on the Clinical Reference Group by the Director of Paramedicine and on the overarching programme board by the Executive Director of Strategy, Planning & Performance.
c) The Trust also has a presence on all the individual goal boards. The Trust has been asked to provide a presentation on its offer to the system at the next Six Goals Programme Board (24 January 2024).
d) NHS Wales eradicates all emergency department handover delays more than 4 hours (LHB CEOs) ***revised to March 2023/24.***
e) Alternative capacity equivalent to 1,000 beds project (LHB CEOs) – 678 additional beds delivered, a significant achievement, but short of the target of 1,000.
f) Investigation of Urgent and Emergency Care System: Does NHS Wales and its partners have effective arrangements for unscheduled care to ensure patients have access to the right care at the right time? (Audit Wales)
g) Implement nationwide approach to emergency department 'Fit 2 Sit' (Welsh Government: Chief Medical Officer and Chief Nursing Officer) - paused.
Health boards have previously been required to develop handover reduction action plans, which are monitored at their Integrated Quality, Planning & Delivery (IQPD) meetings by Welsh Government. Handover is also discussed at the Integrated Commissioning Action Plan (ICAP) meetings (currently paused as commissioning arrangements transition into the new Joint Commissioning Committee) which are held monthly between the CASC, the Trust and each Health Board.

CONTROLS	ASSURANCES
	Internal Management (1st Line of Assurance)
1. WAST Serious Clinical Incident Forum (SCIF) is in place to discuss patient safety incidents, learning and improvement actions to prevent future harm, working in collaboration with Health Boards / NHS Wales Executive Delivery Unit under the Joint Investigation Framework which was formalised in the National Patient Safety Policy in May 2023. Sharing of potential case of serious avoidable harm/death with Health Boards for investigation when response delay associated with system congestion is the primary cause. CNO and CMO plus peer group and COOs regularly updated on patient safety incidents.	1. Patient safety reporting and escalation through the Serious Clinical Incident Panel (SCIF), Patient Safety Highlight Reports, Health Board specific reports in place with escalation through WAST governance framework.
2. WAST membership of the working group (Executive Director of Quality & Nursing) to reform the Framework for the Investigation of Patient Safety Serious Incidents (SIs) national investigation framework with system partners. Chaired by the Deputy Chief Ambulance Commissioner and commenced in August 2022.	2. Workshop with system partners in place with executive directors of nursing attendance and to date is working well with good engagement from health board colleagues. Following the last meeting on 25.01.2023 it was agreed that sub-groups would be formed to meet more frequently to gather themes / evaluation / develop

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:	14/04/2024	TREND	25 (5x5)
		Date of Next Review:	14/05/2024	➡	

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

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Inherent	5	5	25
Current	5	5	25
Target	3	2	6

	more consistency which would include aligning the outputs / outcomes with the 'Six Goals for Urgent and Emergency Care' work. **An event reviewing the effectiveness of the joint Investigation Framework is currently being scoped nationally.**
3. WAST and system compliance with National Standards - 15-minute handover (NHS Wales Hospital Handover Guidance v2 (May 2016)	3. Monthly Integrated Quality and Performance Report, Health Informatics reports, APP dashboard on app use by Consultant Connect and shared at local and corporate meetings regarding patient safety and handover of care position across NHS Wales and NHS England.
4. WAST Clinical Notice in place - Escalating a clinical concern with a deteriorating patient outside the Emergency Department (11.02.2021). National Early Warning Score (NEWS) trigger of 5 or above for escalation to hospital clinicians. NEWS data available via EPCR (electronic patient care record).	4. NEWS data now available via ePCR and escalation system in place via local managers and the Operational Delivery Unit.
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.
7. Regional Escalation Protocol and Resource Escalation Action Plan (REAP). Proactive and forward-looking weekly review of predicted capacity and forecast demand. Deployment of predetermined actions dependant on assessed level of pressure. Consideration of any bespoke response/actions plans in the light of what is expected in the coming week. WAST has updated the REAP in advance of winter, including revised triggers (higher) for handover lost hours.	7. The Senior Leadership Team convenes every Tuesday as the Weekly Performance Meeting to review performance and demand data, and review/assign REAP Levels as appropriate. Dynamic escalation is via the Strategic Command structure. REAP has undergone an annual review with v4.1 released in November 2023.
8. Staff from WAST, Health Boards and third sector organisations assisting to meet patient's Fundamentals of Care as best they can in the circumstances.	8. Confirmed through Healthcare Inspectorate Wales (HIW) workshops and Health & Care Standards self-assessment process and Putting Things Right Quarterly Reports to Clinical Quality Governance Group and QuEST
9. 24/7 operational oversight by ODU with dynamic Clinical Safety Plan review and system escalation as required. Realtime management and escalation of risks and harm with system partners. Triggering and escalation levels within CSP to best manage patient safety in the context of prevailing demand and available response capacity. Monitoring, escalation and reporting of extreme response or handover delays.	9. Shift reports from ODU & ODU Dashboard received by Executive Management Team (EMT), Senior Operations Team (SOT) and On-Call Team at start/end. Realtime management and escalation of risks and harm with system partners. Triggering and escalation levels within CSP to best manage patient safety in the context of prevailing demand and available response capacity. Monitoring, escalation and reporting of extreme response or handover delays. In December 2023, Version 2.21 of the Clinical Safety Plan was released. The reduction in the demand is the assurance which is dynamically monitored via ODU.
10. Gold/Strategic, Silver/Tactical and Bronze/Operational 24 hour/ 7 day per week system to manage escalation plans.	10. Shift reports from ODU & ODU Dashboard received by EMT, SOT and On-Call Team at start/end. On Call cover is reviewed weekly at SLT Performance Meetings.
11. Escalation forums to discuss reducing and mitigating system pressures.	11. Daily risk huddles are recorded, and documented actions are shared with stakeholders and progress monitored via the ODU.
12. WAST Education and training programmes include deteriorating patient (NEWs), tissue viability and pressure damage prevention, dementia awareness, mental health.	12. Monthly Integrated Quality and Performance Report (October 2023 overall 76% - Safeguarding and dementia awareness remains over 91%.
13. Clinical audit programme in place.	13. Clinical audit programme in place (dynamic document) with oversight from the Clinical Quality Governance Group and QuEST.
14. Workshop set up by the Deputy Chief Ambulance Commissioner to respond to the findings in the Health Care Inspectorate Wales (HIW) Report *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. A collective response from WAST and Health Boards is being overseen by EASC.

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15. Escalation of patient safety concerns by Trust Board: featured in provider reports to the Emergency Ambulance Committee (EASC); been the subject of Accountable Officer correspondence to the NHS Wales Chief Executive; numerous escalations to professional peer groups initiated by WAST Directors; and coverage at Joint Executive Meetings with Welsh Government. Evidence submission to Senedd Health and Social Care Committee. Written evidence submitted during Q4 21/22 to the committee to assist their inquiry into Hospital Discharge and its impact on patient flow through hospitals. Report published in June 2022 containing 25 recommendations with recommendation six specifically WAST related stating "The Welsh Government should explain how the targets outlined in the Minister for Health and Social Service's statement of 19 May 2022 on urgent and emergency care and the Six Goals Programme to eradicate ambulance patient handover delays of more than four hours and reduce the average ambulance time lost per arrival by 25 per cent (from the October 2021 level) have been set. It should also confirm the target dates for the achievement of these targets."	15. Monthly Integrated Quality and Performance Report, CEO Reports to Trust Board including 'Actions to Mitigate Avoidable Patient Harm Report' (last presented to Trust Board November 2023) and Board sub-committee oversight and escalation through 'Alert, Advise and Assure' reports.
16. Implementation of Duty of Quality, Duty of Candour, and new Quality Standards requirements in April 2023.	16. Welsh Government Road Map in place (soft launch) with milestones for organisations – baseline assessment and monthly updates (RAG ratings) in place with Trust Board oversight. The current internal assessment overall as of **February** 2024 is 'Implementing and operationalising'. The Trust has representation on the All Wales Duty of Candour Implementation Group and is actively engaged in developing resources. From April 2024 the Trust will publish an annual quality report and compliance with Duty of Candour. Operational oversight occurs at the Quality Management Group and Executive oversight is via the Clinical Quality Governance Group.
17. Clinical Support Desk First in place	17.
18. Summer/Winter initiatives	18. Monitoring through SLT and STB. Senior Planning Team (SPT) is now stood up for the duration of Winter 2023/24.
	External Sources of Assurance Management (1st Line of Assurance)
	1. Monitoring and oversight of the Ambulance Quality Indicators (AQIs) including handover of care timeliness and Commissioning Framework by the Chief Ambulance Services Commissioner (CASC), the Emergency Ambulance Services Committee (EASC) including the Integrated Commissioning Action Plans (ICAPS) and Joint Executive Team (JET) meetings with Welsh Government (I&E).
	2. Healthcare Inspectorate Wales (HIW) 'Review of Patient Safety, Privacy, Dignity and Experience whilst waiting in Ambulances during Delayed Handover' Report and system wide improvement plan with working group in place with WAST senior representation. Oversight by HIW and EASC
	3. Duty of Quality and Duty of Candour readiness returns assessment by Welsh Government.
	4. Internal Audit Report (April 2024) Serious Incidents: Joint Investigation Framework (WAST internal processes) provided 'Reasonable Assurance' with low to moderate impact on residual risk exposure until resolved. Improvement actions are monitored via the Audit Tracker.
GAPS IN CONTROLS	**GAPS IN ASSURANCE**
1. Lack of capacity in the Putting Things Right Team to deliver across the functions due to competing priorities resulting from sustained system pressures – recruitment in line with Organisational Change Process is progressing **with full establishment expected by July 2024.**	1.
2.	2. Implementation of the revised Joint Investigation process with good engagement seen by system partners. Several overdue patient safety investigations remain presenting a risk to patient safety across the system. The Trust has **56** overdue nationally reportable incident **(NRI)** investigations, **with 63 NRIs open in total**. Shared system learning from the Joint Investigation Framework is currently limited with no new learning identified to date.

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3. Lack of implementation and holding to account regarding the NHS Wales of the Handover Guidance v2 and recognition of the patient safety risks pan NHS Wales.	3. 15-minute handover target is not being achieved pan-Wales consistently and has led to a substantial growth in emergency ambulance handover lost hours. In October 2023, 23,232 hours were lost with 1,888 +4 hour delayed patient handovers.
4. Variation in responsiveness at Emergency Departments to the escalating concerns regarding patients' NEWS.	4. Strengthening of patient safety reports and audit processes as e PCR system embeds.
5. Variation pan Wales / England as position not implemented across all emergency departments.	5. New Quality Management System in development which will include monitoring of the new Quality Standards & Enablers and underpinning governance structure.
6. 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.	6. HIW approve and sign off WAST elements of recommendations.
	External Gaps in Assurance 1. Lack of escalation and response to AQIs by the wider urgent care system and regulators

Actions to reduce risk score or address gaps in controls and assurances	Action Owner	By When/Milestone	Progress Notes:
1. Handover checklist implementation – Nationally WAST Quality Improvement (QI) Project	WAST QI Team (QSPE)	TBC – Paused	• Timeframes awaited via Emergency Department Quality & Delivery Framework (EDQDF).
2. Implement patient safety dashboards (live and look back data) triangulating quality metrics / KPIs and performance data sourcing health informatics resource.	Assistant Director of Quality & Nursing	**Q3 2024/25**	• Incremental improvements to quality and safety data and information to enable triangulation / collective intelligence at Trust and system level. • Access to ePCR data (NEWS) now available **and access for the Patient safety Team is being explored**. Work on-going with Health Informatics regarding patient safety and health board dashboards **capacity in Health Informatics impacting and dates revised.** • **Local dashboards have been developed but requiring manual data extraction**
3. Continued Health Board interactions – my next patient (boarding), patient safety team dialogue – proactive conversations with Health Board Directors of Quality & Nursing.	Executive Director of Quality & Nursing	Monthly and as required.	• Monthly meetings continue to be held and networking through EDoNS.
4. Recruit and train more Advanced Paramedic Practitioners.	Director of Paramedicine	Q4 2024/25	• **Whilst no additional funding has been secured, ELT has agreed to offer places to all APPs completing their education, funded from a reduction in technician posts (1/2s) i.e. internal movement.** • **The net uplift to the APP establishment (after filling vacancies) is 15.7 FTEs. The Trust expects to see the APP establishment increase to over 100 FTEs in 2024/25. The current staff in post to establishment is 86.5 FTEs / 88.7 FTEs.** • **The Trust is currently undertaken the next strategic EMS demand & capacity review, which includes a future service model and expansion of APPs. The review should be available in Jan-23 (being reported to ELT 31 January 2024, with final report to March EASC).** • **The Trust engaged with HEIW and commissioners in Dec-23 as part of developing the future education requirements for EMS and is aiming to have a draft strategic workforce plan, subject to final approval, by 31 Mar-2024. An internal workshop on APPs workforce planning is arranged for 29 January 2024 (complete).** • **An APP Utilisation task & finish group now being established.** • **The 2024/25 budget (and IMTP) includes a further uplift in the APP establishment.**
5. Overnight falls service extension and future modelling	Executive Director of Quality & Nursing	31.09.2024	• **Night Car Scheme extension agreed to 31 September 2024 (2 regional resources)** • **Utilisation rates continue to be monitored:** • **Nighttime utilisation: -** - **Q2 65%** - **Q3 64%**

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			- **Q4 to date 64%** • **Daytime utilisation: -** - **Q2 57%** - **Q3 56%** - **Q4 to date 58%** • **Combined day and night Q2-Q3 58%** • **Combined day and night Q4 to date 59%** • **The EMS Demand & Capacity Review has completed its modelling of falls level 1 and level 2 resources. This will now need to be considered further by the Trust, commissioners, and health boards.** • **There is an immediate focus on the contract beyond September. 2024.**
6. Duty of Quality, Duty of Candour and new Quality Standards implementation from April 2023 with development of a Quality Monitoring System supporting monitoring and oversight systems in place and embedded. Quality Report development underway – mandatory requirement to publish 2024/25 (no fixed date for publication nationally).	Executive Director of Quality & Nursing	Q4 2024/25	• Monthly updates to progress against actions following the baseline assessment and readiness returns continued. • RL Datix Dashboards and KPIs under development nationally by National Quality & Safety Group. • Key policies updated and approved further updates following release of revised Putting Things Right Regulations **which is delayed now expected release by Welsh Government in Autumn 2024 therefore timescale amended.** • Participation in the All Wales Duty of Candour implementation group by Patient Safety Team – monthly.
7. Connected Support Cymru is initially designed to utilise NHS and voluntary-sector resources and responders to enable patients to be supported in their own home whilst waiting for an urgent healthcare need to be managed. The service will employ digital health technologies to connect patients, communities and clinicals to achieve better health outcomes. The initiative will improve patient experience and safety, while supporting the healthcare system in directing patients to the right pathway at an appropriate time for their care need. It is expected this will help reduce unnecessary demand upon Emergency Departments.	Executive Director of Quality & Nursing	Q1 2024/25	• Awaiting feedback on business case **from Welsh Government** • Executive Director Strategy, Planning & Performance presenting to Six Goals Programme in January on Trust's offer to the system, which will include CSC. • Preliminary end date for the community welfare responders (CWR) pilot identified as 8 February 2023. • This eyes on support to CSD clinicians, by volunteers, is producing positive results, with early data continuing to suggest a 35% consult & close rate for the cohort of patients responded to. • PDSA cycles being undertaken on Luscii (remote diagnostic technology).
8. Organisational change process (OCP) of Putting Things Right Team (PTR) to enable increased capacity across all functions to manage increasing complexity and demands.	Executive Director of Quality & Nursing	**Q2 2024/25**	• OCP commenced 25.09.2023 and the consultation period has concluded with the final new structure confirmed. Next steps are to recruit to vacant positions which has commenced. It is anticipated that all positions will be filled by May 2024 (taking notice periods into account). Recruitment is progressing well with multiple applications for each post and some internal promotion opportunities. • **Final posts due to be recruited to and in place by July 2024**.
9. Connect with All Wales Tissue Viability Network to explore strengthening the current investigations into harm from pressure damage across the whole patient pathway.	Assistant Director Quality & Nursing	Q4 2023/24	• Positive meeting held in August 2023 with the Chair of the TVN network. Next steps are for the Patient Safety Team to attend a TVN leads meeting to discuss opportunities for collaborative working and data / information sharing. Date to be confirmed and there has been good engagement from Health Board Tissue Viability Nurses. • Meeting held with Tissue Viability Nurses from each Health Board on 17.01.2024 and colleagues encouraged to contact WAST for data / information for Pressure Damage Panels to detect harm caused in the prehospital environment. The Patient Safety Team are also engaging with Welsh Wound Innovation Centre (WWIC). • **Links to actions progressing in Action 16 and further engagement with the All Wales Tissue Viability Network – close.**

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10. Audit Wales investigation of Urgent and Emergency Care System: Does NHS Wales and its partners have effective arrangements for unscheduled care to ensure patients have access to the right care at the right time?	CEO	Q2 2024/25	• **Conducted in three phases Audit Wales will independently investigate and report on patient flow out of hospital: access to unscheduled care services and national arrangements (structure, governance, and support).** • **WAST will proactively support this work and offer best practice examples from other jurisdictions that can support benchmarking and improvement activities. Expected outcomes in 2023/24.** • **The audit is proceeding. Trust awaiting the outcome. AD Commissioning & Performance has requested an update from Audit Wales.** • **Audit Wales have confirmed this has been reprofiled into 2024/25.**
11. Internal Audit to undertake a review of Serious Adverse Incidents & Joint Investigation Framework	Executive Director of Quality & Nursing	**Closed**	• Internal audit completed. • **Completed – Reasonable Assurance reported in April 2024. Improvement actions included on the Audit Tracker.** • **Close. Moved to external assurance.**
12. Winter Ambulance Handover Improvement Plan Meetings	Executive Director of Operations	**Removed**	• Weekly meetings set up with Welsh Government, NHS Executive, CASC and the Health Board COOs. All parties (including WAST) to provide updates on actions being taken to alleviate and improve handover delays. WAST to update on C&C, CWR, red dispatch and local updates from EMS HOS on initiatives. • May24 – Removed as no longer included on the Board action plan (recently reviewed) and the period has now passed.
13. Integrated Commissioning Action Plans (ICAPs)	Executive Director of Strategy, Planning and Performance	**Paused**	• The ICAP meetings focus on ambulance response performance, handover delay performance and the development of actions to reduce handover delays and improve ambulance response times. • NCCU have sought confirmation from health boards regarding the impact of financial savings plans on the delivery of actions aligned to the ICAP's. • Health boards have not identified any direct impact, but there may be a potential impact on health board's abilities to flex some services due periods of increased demand. • NCCU secured financial support from the Six Goals Program for additional ED discharge transport. • Key initiatives being discussed across ICAPs: ○ MDT Navigation Hubs. ○ Falls & frailty pathways. ○ System Escalation Processes ○ SDEC ○ System Flow (Continuous Flow Model & Effective Discharge) • WAST's 'Menu of options' are being updated and reviewed to include evidence to support initiatives and prioritisation in each health board. • The 2024/25 ICAP structure is being reviewed by the NCCU to consider the planned changes with regards to the new Joint Commissioning Committee (JCC).
14. Patient handover actions.	Executive Team	Under review	• Some English ambulance services operate a system whereby handovers are mandated or forced after a certain period of time e.g. WMAS and LAS. This will be reviewed by the Executive team.
15. Work in progress to better define mitigations to safety risks and quality of care deriving from extended periods in an ambulance; these include the application of Mental Capacity Act and Deprivation of Liberty Safeguards and Fundamentals of Care including pressure	**Executive Director of Quality & Nursing**	**Q3 2024/25**	• **Fundamentals of Care meeting, chaired by the Executive Director of Quality & Nursing held on 08.03.2024.**

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Inherent	5	5	25
Current	5	5	25
Target	3	2	6

area care, mobilisation and nutrition. One specific area of focus is the development of a prototype mattress for ambulance trolleys.			

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:	16/04/2024	TREND	20 (5x4)
		Date of Next Review:	16/05/2024	➡	

IF there are high levels of absence e.g., sickness and alternative duties.	**THEN** there is a risk that there is reduced resource capacity	**RESULTING IN** an inability to deliver services which adversely impacts on quality, safety, and patient/staff experience

	Likelihood	Consequence	Score
Inherent	4	4	16
Current	5	4	20
Target	3	4	12

IMTP Deliverable Numbers:

EXECUTIVE OWNER	Director of People & Culture	ASSURANCE COMMITTEE	People and Culture Committee

Risk Commentary

Sickness absence remains one of the key challenges for the organisation. Whilst there has been a significant reduction in absence levels over the past 18 months, rates remain higher than desired and therefore a continued focus on supporting good attendance at work is needed by both managers and the People and Culture team. Increased pressures on our people like handover delay, missed breaks and cost of living impact on health and wellbeing. The outcome of this is to maintain the risk at a score of 20 and review the level at the end of Q1 2024/25.

CONTROLS	ASSURANCES
	Internal Management (1st Line of Assurance)
1. Managing Attendance at Work Policy/Procedures in place **and followed**	1. **(a) Audits undertaken by People Services Team** **(b) Outputs reviewed**
2. Respect and Resolution Policy- recognising issues at work may contribute to sick absence	2. **R&Rs addressed in timely way to reduce risks of sickness absence.** **Compassionate Practices approach engaged.** **Referral of colleagues to appropriate levels of support**
3. Updated Freedom to Speak Up Policy replacing the Raising Concerns Policy- recognising issues at work may contribute to sick absence	3. Policy reviews to ensure policies and procedures are fit for purpose in line with agreed time frames Completed - 28/11/23 Freedom to speak Up Safely process introduced from the start of October 2023 including three Trust guardians.
4. Health and Wellbeing Strategy – key document that outlines commitment to wellbeing and supportive culture	4. Regular reference to strategy to ensure themes are addressed and linked to wider people and culture plan 28/11/2023 Health and Wellbeing Strategy coming to an end in 2024 to be replaced with a new plan with a focus on employee experience in line with the All-Wales Framework and the People and Culture Plan 2023-2026
5. Operational Workforce Recruitment Plans - provide evidence of sufficient resources and identify any gaps or potential areas of increased workload pressure	5.
6. Roster Review & Implementation- to support demand and capacity which can have an impact on absence levels	6. Roster Review for EMS completed. Review in 111 underway
7. Return to Work interviews are undertaken - SharePoint Sway document ensuring accurate reporting of reason for absence and identifying any additional support required	7. Process regularly reviewed and managers provided with relevant training and coaching on process and importance of carrying out return to work interviews promptly
8. Training on all aspects of Managing Attendance – ensures focus is high and understanding of why this is important is maintained	8. Regular bitesize training provided for managers, adapted to reflect feedback and to ensure all aspects of managing attendance is understood
9. Directors receive monthly email with setting out ESR sickness data - ensures ownership and awareness.	9. Monthly reporting provided with opportunity for discussion with relevant people services lead and Director
10. Operational managers receive daily sickness absence data via GRS- ensures ownership and awareness	10. Provided daily, with opportunity for discussion with relevant people services lead and operational managers
11. People Services & Occupational Health & Wellbeing support/Employee Assistance Programme- providing professional support	11. Monthly reporting on services provided, volume of referrals and timeframes for accessing support.
12. WAST Keep Talking (mental health portal) additional measures to offer support	12. Quarterly reporting on numbers accessing and regular promotion of service. **Reported in MIQPR**
13. Suicide first aiders- additional layer of support	13. Quarterly reporting of numbers of trained suicide first aiders and numbers who have access. Mental Health Team deliver this
14. TRiM- additional layer of support	14. Quarterly reporting on access to TRiM and promotion of service Included in MIQPR
15. Peer Support network- additional level of support	15. Promotion of network and support provided
16. Coaching and mentoring framework- additional level of support	16. Promotion of network and support provided 28/11/2023 on pause to focus on Leadership Framework with a focus on culture and its impact on the experience of work and workplace wellbeing
17. Staff surveys- assess levels of engagement and wellbeing	17. New HIVE survey tool will provide data on overall engagement and wellbeing 28/11/2023 the NHS Wales Staff Survey has also just closed and will provide information in the new year to inform us further.
18. Stress risk assessments- identify measures that can be taken to address issues	18. Reference to the assessments during attendance management line manager training and to the TUS 28/11/2023 OH to lead on a refresh of stress risk assessments use

Risk ID 160	High absence rates impacting on patient safety, staff wellbeing and the trust's ability to provide a safe and effective service	Date of Review:	16/04/2024	TREND	20 (5x4)
		Date of Next Review:	16/05/2024	➡	

IF	THEN	RESULTING IN
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

	Likelihood	Consequence	Score
Inherent	4	4	16
Current	5	4	20
Target	3	4	12

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 and is also supported by PCC deep dives into sickness. Reporting is also shared with CASC and EASC. Discussions on sickness are reported in minutes and AAA to Board
20. External agencies support e.g., St John Ambulance, Fire and Rescue- if needed at times of increased demand pressure	20.
21. Monthly reviews of colleagues on Alternative duties	21. Action plans arising from meetings with colleagues implemented through monthly diarised meetings
22. Manager guidance on managing Alternative duties	22. Evidence of managers guidance in place and referenced in attendance management training
23. Monthly report on absence to ELT and report to every meeting of People & Culture Committee via the Workforce Report and provision of deep dives when requested.	23.
24. Sickness audits for localities- provides additional level of detail	24. Audits carried out and actions taken forward
25. Additional support for areas with higher-than-average absence – emphasis is on understanding reasons and developing action plans	25. Dedicated meetings taking place and support from people services for areas with absence with local plans in place to address specific issues
26. Review of top 100 cases -carried out monthly	26. Provides a focus on cases with a clear focus on support and making sure there are plans attached to each case.
27. Deep dives on specific issues and reasons for absence	27. Enables wider consideration of additional measures that may be adopted and identifies themes and keeps focus on absence management e.g. – mental health and causes 28/11/23 Recognition of the impact of employee experience and workplace conditions and link to absence. **Reported to ELT for information**
28. Implementation of the Managing Attendance Project 2022-23 completed and ongoing activities maintained	28. **BAU evaluating for delivery**
29. Implementation of Behaviours Refresh Plan completed	29. **BAU evaluated for delivery**
30. 2023 10-point action plans shared with EMT for assurance and RAG rated to track progress quarter	30. Offers assurance to ELMT on the activities and measures in place. Figures on absence are being reported monthly to ELT which is reflected in the minutes and AAA reports
31. Work in Confidence system implemented and Freedom to Speak Up Month in October 2023 focused attention on this	31. External Management (2nd Line of Assurance)
32. Actions from Audit of Nov 22 **completed**	32. **Audit actions completed**
33. Strengthen Freedom to Speak Up Arrangements policy and advice and roll out of platform for raising concerns (in relation to Freedom to Speak Up Arrangements) (Having additional mechanisms in place for individuals to speak up potentially reducing work related stress and anxiety which is a key reason for absence)	33. Monitor FTSU concerns and they are dealt with in agreed timeframes and assessed whether absence related to mental health and anxiety reduces.
34. **Health and Wellbeing Steering Group in place**	34. Monitored through numbers of FTSU concerns raised and continual promotion via Comms and Roadshow Events.
35. **Actions identified from the Managing Attendance Audit implemented**	35. Agendas, minutes etc.
36. **PADR review undertaken and now including wellness questions**	36. Underway and now BAU – we need to say what this means by way of assurance
37. **Scrutinising on a monthly basis all long-term sickness absence case to ensure there is a tailored, individual action plan which identifies interventions that will support a return to work as soon as reasonably possible**.	37. PADRs undertaken and questions asked
38. **Accountability meetings on attendance management between People Services and senior ops managers to ensure this issue is given sufficient focus on priorities.**	**Independent Assurance (3rd Line of Assurance)**
39. **Senior Ops Managers have accountabilities sessions on attendance management with their Heads of Service.**	1b. Internal Audits scheduled through Shared Services Partnership. Last audit on attendance was November 2022 and the last actions from this due at the end of December 2023. (last audit November)
40. **Ensure that the specific issues associated with muscular skeletal conditions is discussed regularly at the H&S Committee and relevant additional interventions are identified**	2. Audit Wales – Taking Care of the Carers report in October 2021
GAPS IN CONTROLS	**GAPS IN ASSURANCE**
(a) Consistency and Application in Managing Attendance at Work Policy	There are other factors that impact on sickness which can't be controlled
9 and 10 It is not known what is undertaken with respect to the data covered in assurances 9 and 10 once it is received	9, 10 and 19 Absence data is not updated in a timely manner into ESR by managers

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:	16/04/2024	TREND	20 (5x4)
		Date of Next Review:	16/05/2024	➡	

IF	THEN	RESULTING IN
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

	Likelihood	Consequence	Score
Inherent	4	4	16
Current	5	4	20
Target	3	4	12

1 – 22 Education and communication with managers about resources available and how to implement it e.g., stress risk assessments	1.		
Actions to reduce risk score or address gaps in controls and assurances	**Action Owner**	**By When/Milestone**	**Progress Notes:**
1. Scrutinising on a monthly basis all long-term sickness absence case to ensure there is a tailored, individual action plan which identifies interventions that will support a return to work as soon as reasonably possible.	Deputy Director of People & Culture		Discussion on levels of long term sick absence is undertaken in a variety of forums including EASC, ELT and PCC
2. Develop guidance and training for line managers to equip them with the confidence and skills to have meaningful and sensitive conversations related to attendance.	Deputy Director of People & Culture		Measured through ongoing participation in development sessions and feedback from TU regarding management handling of absence cases.
3. Accountability meetings on attendance management between People Services and senior ops managers to ensure this issue is given sufficient focus on priorities.	Deputy Director of People & Culture		Assurance – meetings taking place and active discussions on operational areas experiencing high levels of absence
4. Senior Ops Managers have accountabilities sessions on attendance management with their Heads of Service.	ADOs Operations		Assurance – meetings taking place and active discussions on operational areas experiencing high levels of absence
5. Case studies developed on examples of areas of business where attendance management has improved significantly to share learning across WAST	Deputy Director of People & Culture		Case studies published and discussed at leadership meetings and evidence of good practice adopted
6. Review of top 100 cases by the wider People & Culture Team on a monthly basis (Wellbeing, OCC Health, People Services)	Deputy Director of People & Culture	31/05/24	Understanding within the wider People & Culture Directorate of cases and action plans clearly identified
7. Connect to other Ambulance sector organisations to identify additional interventions they have implemented to address attendance management, share learning and consider whether to adopt in WAST	Deputy Director, People and Culture		Discuss at P&C Business Meeting and share at ELT/PCC with recommendations.
8. Ensure that the specific issues associated with muscular skeletal conditions is discussed regularly at the H&S Committee and relevant additional interventions are identified	AD Q&N	30/06/24	It is on the agenda and outcomes are available for discussion at H&SC
9. Targeted culture change reviews are undertaken in areas of the business where levels of absence are high and other metrics such as turnover indicates concerns. Alongside this these areas are also experiencing significant change.	Director of People & Culture	Ongoing	Culture review action plans are produced and taken forward. Sick absence in these areas is evaluated and monitored to assess whether reductions are achieved.
10. Implementation of new approach to regularly checking in with staff. Piloting a simple conversation framework for Managers to use with their staff on a monthly basis which provides a focus on wellbeing, goals and personal development.	AD for Culture, Inclusion & Wellbeing	Ongoing	Evaluation of pilot after 6 months to assess if there has been a reduction in sick absence in specific areas where this approach has been adopted.
11. Development of the 2024/25 Managing Attendance Plan (see below for individual actions.	Deputy Director, People and Culture	To commence 30/05/24	Key plan actions noted below
12. Delivery of actions to support managers handling attendance issues with skills, capability and confidence	Deputy Director, People and Culture	31.03.2025	
13. Coaching for managers on cases on one and locality basis.	Deputy Director, People and Culture	31.03.2025	
14. Increase manager support on data interpretation and analysis	Deputy Director, People and Culture	31.03.2025	
15. Increase manager understanding of options for colleagues who are not able to sustain their attendance e.g. flexible hours, reduced hours etc	Deputy Director, People and Culture	31.03.2025	
16. Culture work on creating the sense of team and peer responsibility / ownership	AD for f Culture Inclusion and Wellbeing	31.03.2025	
17. Analyse link between hot spots and the culture in these areas to address cultural issues	AD for Culture, Inclusion & Wellbeing	31.03.2025	
18. Improve preventative measures and pro-active work	Deputy Director of People and Culture	31.03.2025	

Risk ID 160	High absence rates impacting on patient safety, staff wellbeing and the trust's ability to provide a safe and effective service	Date of Review:	16/04/2024	TREND	20 (5x4)
		Date of Next Review:	16/05/2024	➡	

IF there are high levels of absence e.g., sickness and alternative duties.	THEN there is a risk that there is reduced resource capacity	RESULTING IN an inability to deliver services which adversely impacts on quality, safety, and patient/staff experience

	Likelihood	Consequence	Score
Inherent	4	4	16
Current	5	4	20
Target	3	4	12

19. Identify opportunities to improve roles – flexibility, control, confidence	Deputy Director of People and Culture / ADs, Operations	31.03.2025	
20. Opportunities to adapt the work environment – overruns, shift patterns, rest and recuperation	Deputy Director of People and Culture / ADs, Operations	31.03.2025	
21. Review workloads	Deputy Director of People and Culture / ADs, Operations	31.03.2025	
22. Review patterns of absence	Deputy Director of People and Culture	31.03.2025	
23. Development of a mental health referral pathway	AD for Culture, Inclusion and Wellbeing	31.03.2025	
24. Develop the team around the person model / individual support network	Deputy Director of People and Culture	31.03.2025	
25. Increase lifestyle advice and guidance	AD for Culture, Inclusion and Wellbeing	31.03.2025	
26. Undertake proactive testing to identify undiagnosed conditions	AD for Culture, Inclusion and Wellbeing	31.03.2025	
27. Review reporting on OH	AD for Culture, Inclusion and Wellbeing	31.03.2025	
28. Review opportunities on men's mental health e.g. support groups	AD for Culture, Inclusion and Wellbeing	31.03.2025	

Risk ID 201	A loss of stakeholder confidence that damages the Trust reputation	Date of Review:	11/04/2024	TREND	20 (4x5)
		Date of Next Review:	11/05/2024	➡	

IF	THEN	RESULTING IN
there is an inability of the Trust to deliver its core services because of system or organisational pressures	there will be a loss of stakeholder confidence in the Trust	a lack of stakeholder support for the Trust's long term strategic vision, a failure to deliver its strategic ambition, damage to reputation and increased external scrutiny

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

IMTP Deliverable Numbers:

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

Risk Commentary Q3 2024/25

The risk score remains constant at 20 (highly likely and catastrophic). The organisation's reputational risk is one which is long-standing and entrenched. After initial improvements in risk rating some years ago, the impact of the pandemic, long standing performance and morale issues, coupled with the levels of patient harm and poor patient experience which are being documented all result in limited opportunity to de-escalate the risk. Significant efforts are being made to address all of these factors. However, to date, the issues which contribute to reputation continue to be problematic and, therefore, militate against de-escalation of the risk for the foreseeable future. As part of the mitigation, extensive stakeholder engagement briefing, including with Welsh Government and civil service colleagues, together with politicians, commissioners and partners, media relations work, patient experience and internal communication and engagement continue, in order to build trust and credibility. The day-to-day experience of staff and patients, coupled with the need to further build relationships, mean the risk remains heightened. The lead Director and wider Executive Team discuss matters of reputation on a regular basis and the Trust's approach to stakeholder engagement is regularly reviewed in this context, including as it relates to support for the Trust's longer-term strategy and ambition.

CONTROLS	ASSURANCES
	Internal Management (1st Line of Assurance)
1. CEO and DSP meeting with HB CEOs throughout Q4 to informally discuss strategic ambition	1. Feedback reported via ELT, TSAG etc/
2. Revision of engagement framework delivery plan (approved by Board Jan 2023) to reflect feedback from stakeholders and revised timelines for strategy engagement	2. Will report via strategy programme architecture plus discussion at Board development/PCC etc. Included in 2024/25 IMTP
3. Challenging of media reports to ensure accuracy	3. Programme of daily media engagement documented on digital system
4. Media liaison to ensure relationships developed with key media stakeholders	4. Programme of daily media engagement documented on digital system
5. Routine stakeholder and staff engagement, including the recent round of Executive roadshows and WAST Live.	5. Agendas, minutes, and documents of engagement events. Informal feedback via ELT and reported via Trust Board (CEO update)
6. Engagement governance and reporting structures are in place	6. Relevant information which impacts on reputation is reported and scrutinised via all internal committees e.g., ELT, FPC, PCC, QuEST & Audit Committee – minuted meetings and action logs.
7. Annual deep dives on reputation in place	7. Reported to Committees, documented in minutes, action logs and papers
8. Engagement of the Board on matters of reputation in development sessions. If required, escalation procedure for issues to the Board where circumstances dictate, following discussion at ELT	8. Minuted meetings, action logs and Board papers
9. Regular engagement with senior stakeholders e.g., Ministers, senior Welsh Government officials, commissioners, elected politicians and NHS Wales organisational system leaders	9. Informal feedback reported via ELT and occasionally in formal correspondence (nature of discussion often precludes formal recording)
10. Monitoring external factors that may affect the Trust	10. ELT verbally updated on a regular basis with written notes if appropriate
11. Board oversight, scrutiny and challenge of performance, concerns, quality	11. What is the assurance that this control is effective
12. Internal Quality and Performance monitoring in the Trust and raising system issues	12. What is the assurance that this control is effective - reports at ELT, Finance and Performance Committee, Quality, Safety and Patient Experience Committee, People and Culture Committee, Audit Committee

GAPS IN CONTROLS	GAPS IN ASSURANCE
1. The delivery plan is currently under review and is subject to further agreement	1.
2. Managing the narrative of the media	2.
3. Strategic collaboration – further work needed to formalise opportunities	3.

Actions to reduce risk score or address gaps in controls and assurances	Action Owner	By When/Milestone	Progress Notes:
1. Reputation audit year two planned	Director of Partnerships & Engagement	**April 2024**	**Audit launched on 09 April 2024, and will run until 01 May 2024.**
2. **Agree Stakeholder Influencing** Plan	Director of Partnerships & Engagement	Q1 24/25	**Currently in development.**
3. Roll out of Stakeholder Influencing Plan	**Director of Partnerships & Engagement**	**Q2 24/25 onwards**	

Risk ID 201	A loss of stakeholder confidence that damages the Trust reputation		Date of Review:	11/04/2024	TREND	20 (4x5)
			Date of Next Review:	11/05/2024		

IF there is an inability of the Trust to deliver its core services because of system or organisational pressures	THEN there will be a loss of stakeholder confidence in the Trust	RESULTING IN a lack of stakeholder support for the Trust's long term strategic vision, a failure to deliver its strategic ambition, damage to reputation and increased external scrutiny		Likelihood	Consequence	Score
			Inherent	4	5	20
			Current	4	5	20
			Target	3	5	15

4. Reputation Audit deep dive on findings to be presented at Board Development	Director of Partnerships & Engagement	Q1 2024/25	**Findings will also be presented at the 09 May People and Culture Committee meeting.**

Risk ID 163	Maintaining Effective & Strong Trade Union Partnerships	Date of Review:	16/04/2024	TREND	16 (4x4)
		Date of Next Review:	16/05/2024	➡	

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	4	16
Target	4	3	12

IMTP Deliverable Numbers:

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

Risk Commentary

Proposal to reduce the score because of a tailored bespoke development programme for managers and Trade Union Partners at all levels has been launched to address issues. The programme of engagement and relationship building will continue throughout 2024/25. Also, specific workforce issues related to potential respect and resolution processes have been addressed.

Work is **well** underway to seek to improve partnership working **through the delivery of the action plan.** The engagement structures below WASPT are in place and running. The Deputy Director of P&C **and Head of Culture and OD have delivered workshop sessions** for TU **partners** and managers across the organisation **in senior and local roles**. **Personal** relationships with TUPs are **generally** good. However, there is a further prospective risk as discussions on pay commence for 2024/25 which are out of the gift of WAST but may result in further tension and industrial action if an offer made is not accepted by the trade unions. This is in the context of the current financial pressures for Welsh Government who are seeking to make significant savings. At a local level there are challenging issues to be managed such as EMT 2-3, demand and capacity reviews and changes to the workforce profile. When there are discussions on one area then there appears to be difficulty disengaging different issues.

CONTROLS	ASSURANCES
	Internal Management (1st Line of Assurance)
1. Agreed (Refreshed) TU Facilities Agreement developed in partnership	1. Agreed document which states governance arrangements and the criteria for time off for TU activity etc.
2. Go Together Go Far (GTGF) statement and CEO/TU Partners statement	2. Both parties refer to the documents and are signed up/committed to it
3. IPA Workshops	3. Meetings completed with participation from TUs and senior managers. Attendance lists are available
4. Trade Union representation at Trust Board, Committees	4. Committee or Board ask TU representative for feedback or whether they have been consulted. Big issues items progress as planned because of TU partner buy in
5. Monthly Informal Lead TU representatives and Chief Executive meetings	5. Diarised meetings
6. Staff representative management in Task & Finish Groups	6. Good attendance and commitment are observed at the meetings. TU partners listed as members in terms of reference
7. WASPT re-established post stand down of cell structure post pandemic.	7. Diarised meetings with a formal agenda. Any business needed to be discussed is included in the agenda. Good attendance and commitment observed at meetings.
8. Local Co-Op Forums, and informal monthly meetings between TUs and Senior Operations Team **in place and operating**	8. Consistency of invitation and good attendance/commitment observed at meetings. Trade Union representations on SOT meetings
9. Quarterly Report on TU activity to People and Culture Committee	9. Report at every P& C committee meeting regarding activities TUPs involved with which is noted. Whenever Partnerships are discussed, the value of these is formally minuted in the Board and Committee minutes
10. Structures below WASPT in place from June 2023	10. Triple A reports through to WASPT and to PCC. **Any escalations are appropriately noted**.
11. Project plan in place to support the improvement in relationships based on the ACAS report from 2022.	11.Development of mentoring and training opportunities for TUPs to support their roles.
12. AAA report of formal Partnership Forum (WASPT) reported to PCC or Board in future (return to BAU).	12.Training for local managers and TUPs in development and **diarised delivery for February / March 2024**.
13. AAA from SLT Partnership Forum and Corporate Partnership Forum reported to WASPT	13.**Change in senior TU personnel on a temporary basis meaning new senior TU representative needs to be brought up to speed with work on improving partnership working.**
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. 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 People & Culture	Completed 12/01/23	Rearranged date 24.08.22 due to COVID in ACAS facilitators. First ACAS sessions delivered in June. Joint ACAS session with TUPs and Senior Team delivered on 24.08.22. Awaiting report from ACAS advised they are finalising by 23.09 and will forward week of 26th Sept. Draft plan in

Risk ID 163	Maintaining Effective & Strong Trade Union Partnerships	Date of Review:	16/04/2024	TREND	16 (4x4)
		Date of Next Review:	16/05/2024	➡	

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

	Likelihood	Consequence	Score
Inherent	5	3	15
Current	4	4	16
Target	4	3	12

			development to capture actions from the meeting. Actions from the ACAS recommendations will be added on receipt. Report received in October. Action plan developed and shared with TUs. Implementation underway
2. Refresh of engagement programme post Industrial Action and establish work	Deputy Director of People & Culture	30/08/23 Underway and work ongoing. Plan delivery to be completed in 2024. However, this will be subject to the national picture.	Plan agreed and being monitored via WASPT. Draft training development underway in partnership with TUPs **– list of training needs shared from TUPs.** Principles on engagement being developed (in part from the training) and as a result the partnership statement will be updated.
3. Continue the rollout of partnership training across WAST	Deputy Director of People & Culture	Ongoing	
4. Develop the next round of initiatives based on the output from recent sessions	Deputy Director of People & Culture	30.06.24	
5. Learning and Development opportunities for TU partners e.g. shadowing, digital skills, coaching and mentoring	Deputy Director of People & Culture	30.06.24	
6. Develop consultation guidance for managers	Deputy Director of People & Culture	30.06.24	
7. Consider how we celebrate success and capture the positive learning	Deputy Director of People & Culture	30.09.24	
8. Implement a rhythm of meetings to curate and focus on relationships	Deputy Director of People & Culture	30.06.24	

Risk ID 558	Deterioration of staff health and wellbeing in the face of continued system pressures as a consequence of workplace experiences	Date of Review:	16/04/2024	TREND	15 (3x5)
		Date of Next Review:	16/05/2024	→	

IF	THEN	RESULTING IN		Likelihood	Consequence	Score
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	Inherent	4	5	20
			Current	3	5	15
			Target	2	5	10

IMTP Deliverable Numbers: TBC

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

Risk Commentary

This risk should be considered alongside Risk 160 as the resulting increased sickness levels mentioned above will be addressed by the same controls and assurances. However, the ongoing system pressures including long handover delays, overruns, missed breaks and the perpetuating impact of increased sickness levels continues to mean this risk remains static. WAST continues to work in partnership with the system to pilot viable options for addressing the external factors. Although there has been some success in some areas, we are yet to see these being scaled to an extent that the employee experience has been impacted. Since 2020 we have not seen the previous pattern of easing over the summer months and with the current public health risk of measles and continuing risks of covid this risk remains static. The People and Culture Plan 2023-2026 is a good summary of the controls and actions addressing this risk. The old Health and Wellbeing Strategy and its replacement build on this. Nationally the Health and Wellbeing Framework due for publication in Summer 2024 also addresses the system wide employee experience challenges. The ongoing system challenges remain with long handover delays which are likely to worsen again as we head into winter pressures. Work on reducing shift overruns continues with various pilots being run to test viable options which could be implemented. Front line operations had little respite over the summer months.

CONTROLS	ASSURANCES
	Internal Management (1st Line of Assurance)
1. Health and wellbeing strategy 2020-2024 in place and shared across the Trust. The new Health and Wellbeing Plan 2025-2028 has now been drafted and is out for consultation. The aim of the new plan is to expand on consideration of employee experience to recognise that individual wellbeing interventions are not sufficient in mitigating system wide pressures.	1. New Health and Wellbeing Plan 2025-2028 aligned closely to People and Culture Plan and delivery monitored via the Health and Wellbeing Steering Group, reporting into the People and Culture Business Meetings. New All Wales Framework also in development with an emphasis on workplace experience due for publication in June 2024.
2. Occupational Health & Wellbeing team with range of support options for individual mental health interventions, MSK support, reasonable accommodations and recommendations, supported by mental and physical health expert clinicians.	2. Current waiting times now within SLA of 6 days, self-referrals and self-appointment booking. External providers meet quarterly and provide monthly engagement figures. Reporting into OHW operational team meeting and MIQPR.
3. Wellbeing support and training for line managers a peer support network and TRiM intervention for trauma information.	3. Rolling programme of workshops, attendance at team events when requested, evaluation and numbers trained reported at OHW operational meetings. Diarised meetings, webinars and workshops in place through a rolling programme. Have these happened and what was the benefit? How do we measure it.
4.	4. Tools are available on WAST intranet.
5. TRiM	5. TRiM Coordinator has regular dialogue with TRiM managers and practitioners. Project plan and training schedule in place.
6. Acting on results of staff surveys relating to staff experience, data triangulated with pulse surveys and other cultural metrics as detailed in the People and Culture Plan.	6. Each Directorate has developed their own action plan to address staff surveys. NHS staff survey high level results released 19/02/204 with directorate specific data released in April 2024.
7. HSE stress risk assessments	7. Undertaken by managers and advice is provided on how to use them by Occupational Health and Health and Safety teams.
8. KPIs are reported fortnightly to regarding Occupational Health and Wellbeing activity	8. Received at OHW operational team meeting and reported in MIQPR.
9. Wellbeing drop-in sessions for CCC and 111 staff	9. These sessions are now part of business as usual across services and a user experience form is being designed to collate more formal quantitative feedback for OHW operational team meetings. Data to date has been qualitative and the quantitative has been measured by engagement with the service.
10. Fast track physiotherapy to address MSK issues.	10. Regular review meetings with physiotherapy provider and monthly monitoring information received at People and Culture Business meetings and MIQPR
11. Occupational Health team inclusion in sickness and absence meetings	11. Have the meetings been of benefit and how do we measure it
12. Stress risk assessments	12. These are part of the IOSH Managing Safely Training.
	External - Independent Assurance - Audit Wales – Taking Care of the Carers report in October 2021 – all actions complete
GAPS IN CONTROLS	**GAPS IN ASSURANCE**
	4. Reporting on wellbeing training take up this is now being reported into OHW Operational Team Meetings.
11. Need to increase the education and communication with managers about stress risk assessments. Presentation developed and shared with people services. Delivery dates being agreed in conjunction with Health and Safet. With the arrival of the new OH Manager these discussions have restarted, and	Lack of awareness about staff wellbeing services, this continues to be a challenge due to small team, non-wired colleagues and competing communication messages.

Risk ID 558	Deterioration of staff health and wellbeing in the face of continued system pressures as a consequence of workplace experiences	Date of Review:	16/04/2024	TREND	15 (3x5)
		Date of Next Review:	16/05/2024		

IF significant internal and external system pressures continue	THEN there is a risk of a significant deterioration in staff health and wellbeing within WAST	RESULTING IN increased sickness levels, staff burnout, poor staff and patient experience and patient harm		Likelihood	Consequence	Score
			Inherent	4	5	20
			Current	3	5	15
			Target	2	5	10

colleagues are directed to the stress risk assessment information and education sessions will be started in Q1 & Q2.	
	Effects of elevated reap status affecting the ability of staff to engage with staff health and wellbeing services. Important to recognise the consistent reports of the impact of culture on wellbeing. Attendance at all events by operational staff consistently low due to service pressures.

Actions to reduce risk score or address gaps in controls and assurances	Action Owner	By When/Milestone	Progress Notes:
1. People and Culture Plan 2023-2026 relevant Actions	Assistant Director for Inclusion, culture and wellbeing	Annual Plan	First year due to be reviewed at next People and Culture Committee May 2024
2. Health and Wellbeing Plan 2025-2029	Assistant Director for Inclusion, culture and wellbeing	To be agreed at board autumn 2024.	New plan out for consultation until June 2024 **16/4/2024 Ongoing**

AGENDA ITEM No	**21**
OPEN or CLOSED	**OPEN**
No of ANNEXES	**1**

AUDIT TRACKER 2.0 – JUNE 2024 (Q1)

MEETING	People and Culture Committee
DATE	30 August 2024
EXECUTIVE	Trish Mills, Director of Corporate Governance/Board Secretary
AUTHOR	Trish Mills, Director of Corporate Governance/Board Secretary Alex Payne, Corporate Governance Manager
CONTACT	trish.mills@wales.nhs.uk

EXECUTIVE SUMMARY

1. This paper provides the Committee with the current position with respect to management actions for audits within the purview of the Committee. It is noted that the internal audit reports presented for the Committee's attention will be received by the Audit, Risk and Assurance Committee on the 12 September 2024.

Internal Audit Actions

2. Of those actions relevant to this Committee, ten were due in quarter and none of those actions have been closed in quarter; they have all been given revised dates. Eight of those ten related to the Senior Paramedic Internal Audit. Following a conversation with Andy Swinburn and Greg Lloyd on 12 August, seven of these can now be closed. A further two actions related to the Retention of Staff Internal Audit and have been given new dates, with an expectation they will be closed in September.

3. Action 710 has been added to the tracker as immediately closed (as it was recorded as not accepted). It is noted that 38 (77.6%) of the total actions assigned to this Committee were not due in this reporting period.

External Audit Actions

4. Of those actions relevant to this Committee, five were due in quarter and one has been closed (20%). The remaining four due in quarter have been given revised dates for completion in quarter three of 2024/25 and all relate to the 'Review of Workforce Planning Arrangements' audit completed by Audit Wales.

5. The current version of the tracker is now open for Directorate review for actions due in April, May, and June. These updates will then be reported to the Committee at its meeting in August 2024.

RECOMMENDATION

6. The Committee is requested to:

   (a) Receive and review any Internal Audits and Audit Wales reviews within their remit where relevant. For this meeting these are: -
   - Volunteers Governance (Internal Audit)
   - Disciplinary Case Management (Internal Audit)

   (b) Monitor management actions to address recommendations in the Tracker, noting any revised dates for actions (in blue).

KEY ISSUES/IMPLICATIONS
As set out above.
REPORT APPROVAL ROUTE
Tracker presented to ADLT via email in July 2024.

REPORT APPENDICIES
Annex 1 – Tracker 2.0 – April - June 2024 for Committee Reporting - PCC

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

SITUATION

7. This paper provides the Committee with the current position with respect to management actions for audits within the purview of the Committee. It is noted that the internal audit reports presented for the Committee's attention will be received by the Audit, Risk and Assurance Committee on the 12 September 2024.

BACKGROUND

8. In September 2023 the Audit Committee approved the Audit Process and Reporting Handbook. The Handbook has been further revised since this date to include Audit Wales content.

9. The Handbook includes roles and responsibilities for the various stakeholders including:

   - The Assistant Directors Leadership Team (ADLT) as the forum to agree closure of actions, taking a check and challenge role on the Tracker.

   - Different reporting for the Audit Committee and Executive Leadership Team (ELT) to that provided to Committees, with the latter focused more on individual audits, progress and impact, and Audit Committee and ELT on the broader audit framework, progress, and exposure. This will start when Tracker 3.0 is developed which will draw the agreed reporting from the tracker via Power BI.

   - The introduction of a point of contact in Directorates for audits. This person(s) steers the audit with the Director and Assistant Directors/Deputies, ensuring internal audits feature on the directorate agenda monthly, they update the Tracker, and escalate issues as appropriate.

10. The Tracker has been updated in Quarter one 2024/25 following its complete revision in Quarter two. Members will receive a copy of the Tracker by email and are invited to filter the excel sheet to their particular Committee to view the relevant audit actions. A copy of the Tracker is also reproduced at Annex 1 filtered to the actions assigned to this Committee for oversight.

11. The team continues to work on the development of the SharePoint solution for Tracker 3.0 with colleagues in Digital Health and Care Wales Centre of Excellence. It is intended that this solution will be ready to implement / use early in the 2024/25 financial year, however further work is required to consider the transition from Tracker 2.0 to Tracker 3.0.

ASSESSMENT

12. The Handbook notes that it is the responsibility of a Board Committee (other than Audit Committee) to:

- Receive audits in their remit;
- Monitor management actions to address recommendations; and
- Scrutinise impact of actions in response to audit recommendations in terms of, for example, quality improvement, the provision of more efficient and effective patient care, improved governance, better use of resources etc.

Internal Audit

13. Of those internal audit actions relevant to this Committee, ten actions were due in quarter and none of those actions have been closed in quarter; they have all been given revised dates. Action 710 has been added to the tracker as immediately closed (as it was recorded as not accepted). It is noted that 38 (77.6%) of the total actions assigned to this Committee were not due in this reporting period.

14. The actions given revised dates in quarter relate to two audit reports: the 'Senior Paramedic Role' audit (actions 606-616) and the 'Retention of Staff' audit (actions 655 and 657). All of these actions have been given revised dates for completion in quarter three of 2024/25. Additionally, action 613 in relation to the Senior Paramedic Role audit is on its third revised date.

15. Colleagues in the Corporate Governance Team have met with the clinical team delivering the actions in relation to the 'Senior Paramedic Role' audit since the tracker closed for reporting and are satisfied that all actions - save for action 614 - will be completed in the next reporting period (as indicated on the tracker presented with the revised dates).

External Audit

16. Of those external audit actions relevant to this Committee, one of five due in quarter has been closed in quarter (20%). The remaining four due in quarter have been given revised dates for completion in quarter three of 2024/25 and all relate to the 'Review of Workforce Planning Arrangements' audit completed by Audit Wales.

17. The Corporate Governance Team has met with colleagues from the People and Culture Directorate to discuss the evidence required to support the closure of these actions and provide the required assurance to the Committee, in addition to the Audit, Risk and Assurance Committee.

Management and Development of the Tracker

18. Discussions have also taken place on historical actions and those where management actions may need to be amended in view of the current operating context. There has been some traction with these, and discussions will continue into Quarter two with a view to closing down or revising as many as possible.

19. With respect to the Committee's responsibility to scrutinise the impact of actions, in 2023 the Committee agreed that the most effective way to improve the scrutiny of the impact of actions was by identifying actions within audits as audit reports are reviewed by the Committee, going forward.

20. The current version of the tracker is now open for Directorate review for actions due in July to September 2024/25. These updates will then be reported to the Committee at its meeting in November 2024. The team will work with Directorate contacts to ensure a smooth transition between Tracker 2.0 and 3.0.

21. There continues to be good engagement with the Directorate points of contact to support the management of the actions in the Tracker. The Corporate Governance Team will work closely with the points of contact as the SharePoint Tracker 3.0 develops.

RECOMMENDATION

22. The Committee is requested to:

(a) Receive and review any Internal Audits and Audit Wales reviews within their remit where relevant. For this meeting these are: -

- Volunteers Governance (Internal Audit)
- Disciplinary Case Management (Internal Audit)

(b) Monitor management actions to address recommendations in the Tracker, noting any revised dates for actions (in blue).

Points of Contact, Directors and Owners of Audit Actions - Do Not Amend Any Column With a Red Header
When proposing a revised 1st, 2nd or 3rd date, include the rationale for the movement and any progress on the action to date
ALL FINAL INTERNAL AUDIT REPORTS CAN BE FOUND ON THE CORPORATE GOVERNANCE SIREN PAGE

Trust Ref. No.	Year/ Audit Plan	Committee assigned to	Report Title	Assurance Rating	Responsible Officer	Director	Priority Level	Rec. No.in Audit	Recommendation	Response No.in Audit	Management Response	Agreed Deadline in Report	Status - met or not met agreed deadline in report	1st revised date	2nd revised date	3rd revised date	Closure Status	Where a management action has not met the agreed or revised date, Director must include here: 1. Date (of your update) 2. Proposed revised date 3. Reasons why action is overdue and 4. Progress made if not yet complete. Please add most recent update first
612	22/23	PCC	Trade Union Release Time	Limited	Liz Rogers	Angela Lewis	High	2.1	A standardised process to formally request trade union time should be agreed and appropriate monitoring mechanisms put in place to ensure practices are applied and managed consistently. The process should also incorporate the method of approval and payment / TOIL as well as the management of refusals.	2.1 (c)	The comments of audit colleagues are noted and accepted. Whilst there was a template provided, reps were advised that they needed to maintain a personal record but flexibility was given on how this was to be done. The audit feedback will be shared with TU partners for information and clarification. The current spreadsheet can not be completed on an iPad. Also managers are often not able to respond to a request as soon as it is submitted due to shift patterns and operational pressure **Action:** Engagement with the senior TU partners will be undertaken with the aim of reaching agreement on implementing a standardised simplified approach (in the context of IA within WAST).	Sep-24	Not Yet Due				Open	
613	22/23	PCC	Trade Union Release Time	Limited	Liz Rogers	Angela Lewis	High	3.1	A standardised process to formally record facility time, and in sufficient detail, should be agreed and implemented.	3.1 (a)	WAST do not currently have the systems to record this information centrally and to do this manually will take more administrative support which is not good value for money. Most TU reps are based in Operations and are recorded in GRS. Only a handful are working outside of the GRS system. **Action:** We will review whether the information could be held in ESR effectively and what the maintenance of this would be and the ease of collecting it. It needs to be in one place for ease of reporting and management. If this is not a realistic option (in terms of cost), we will explore options for alternative methods of recording total time.	Nov-23	Not Met	Mar-24	Dec-24		Open	05.06.24 JS Update: Request to extend deadline to December 2024. 20.03.24 LR update - work on electronic timesheets is ongoing. The ESR system is going to be replaced and the current options for recording time are unlikely to work well. Recommend that this is extended in line with the implementation of electronic timesheets and TUPs continue to record time and complete their Ops timesheets in the usual way and record TU activities in diaries etc until then. (Please see comments above re Social Partnership and partnership working as these are very relevant). Propose a change in date to Dec 24 re the electronic timesheet due to the sensitivity regarding negotiations with TU partners. Target date moved in quarter 3 to quarter 4 (to December 2024). Dec 23 - The management response to this item was:- 'We will review whether the information could be held in ESR effectively and what the maintenance of this would be and how easily could be be accessed and collected. It needs to be in one place for ease of reporting and managment. It this is not a realistic option (in terms of cost) , we will explore options for alternative methods of recording total time.' This is wrapped up in the wider challenges in terms of TU relationships and therefore we want to treat with sensitivity. Facility Time is recorded in GRS and Shift Track. We don't have any reps who are not using one or other of those systems. 111 and other areas are likely transferring to GRS so all will be captured in one system. Also the potential work around electronic timesheets will also impact on record keeping. There is a potential option to record TU time in ESR but we are in the early stages of exploring this but we will give it due consideration. Our ESR lead is currently away from work. Propose an extension to March 24 when we will likely have more clarity on electronic timesheets and moving all colleagues on shifts into GRS.
606	22/23	PCC	Senior Paramedic Role	Reasonable	Greg Lloyd	Andy Swinburn	Medium	1.1	Periodic analysis of GRS data should be undertaken to ensure all SPs are adhering to the recommended split of their shifts.	1.1	A GRS report will be generated using a randomised sample of the SP group; and this report will be submitted to the SP Steering Group.	Jan-24	Not Met	May-24	Aug-24		Open	040724: (AP) Revised date of August 2024 added in Q1 24/25. Last Updated 270624: (JL) Report was due to go to SP Steering Group scheduled by May '24 however meetings were cancelled. Chair (Darren Panniers) has scheduled meeting for July '24 and report to be presented then. Request extension of revised due date to Q2 for approved report to be submitted as evidence following Steering Group in July. 04.04.2024 The report has been requested but has not yet been sent to Greg Lloyd but he should get it for the steering group in April - it will likely have to be a manual report run each time as someone has to break down the shifts for the group. Report to be shared as evidence once available. Revised date proposed to May24. Changed in Q4 to May24.
608	22/23	PCC	Senior Paramedic Role	Reasonable	Greg Lloyd	Andy Swinburn	Medium	2.1(b)	A review of allocation of Ps and Ts is undertaken to ensure consistency across Wales.	2.1(b)	A review of options for reducing variances in the size of SP teams will be presented to the quarterly SP Steering Group.	Jan-24	Not Met	May-24	Aug-24		Open	040724: (AP) Revised date of August 2024 added in Q1 24/25. Last updated 270624: (JL) Figures provided to demonstrate change in numbers in operational areas but report required through Steering Group to demonstrate as evidence. Request extension of revised due date to Q2 as above for approved report to be submitted following Steering Group in July. 170424: Action remaining opent until business received at Steering Group. Date revised in Q4 to May24. Last Updated 04.04.2024 Recommended for closure: the main issue was in one particular area that we have now recruited into so that has reduced the team size, the additional four SPs were allocated according to the average size of the team in each of the operational areas so size variance is now at an acceptable level. This will be monitored in the Steering Group (as per updated below) and action taken again should the levels change in future.

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611	22/23	PCC	Senior Paramedic Role	Reasonable	Greg Lloyd	Andy Swinburn	Medium	3.1	Training status for all SPs should be collated and captured with regular reporting within an appropriate forum to monitor progress.	3.1	Updated reports on education progress of the SP cohorts to be brought together into a single progress report. This will be presented through the Clinical Directorate Business meeting and the Senior Operations Team.	Jan-24	Not Met	May-24	Aug-24		Open	040724: (AP) Revised date of August 2024 added in Q1 24/25. Last updated 270624: (JL) Report was due to go to SP Steering Group scheduled by May '24 however meetings were cancelled. Chair (Darren Panniers) has scheduled meeting for July '24 and report to be presented then. Request extension of revised due date to Q2 for approved report to be submitted as evidence following Steering Group in July. 04.04.2024 Report to be pulled together (and shared as evidence for closure) for next steering group. Revised date proposed in Q4 of May24.
612	22/23	PCC	Senior Paramedic Role	Reasonable	Darren Panniers	Andy Swinburn	Medium	3.2	A training plan, and expected timeline for the required clinical skill enhancements should be established.	3.2	An Extended Skills Working Group has been established to deliver four new areas for skill development during 2024. The first meeting is in November 2023 with two priorities already agreed (sedation for post ROSC patients and the management of ABD). The workplan and draft terms of reference have been shared with Audit for information. These skills will initially be for the SP group only until an assessment and audit is completed for further consideration on safety and efficacy.	Dec-23	Not Met	May-24	Aug-24		Open	040724: (AP) Revised date of August 2024 added in Q1 24/25. Last Updated 270624: (JL) ToR for working group shared with training plan timelines to go through Steering Group, Request extension of revised due date to Q2 as above for approved details and timelines to be submitted following Steering Group in July. 04.04.2024 Steve Magee is leading this group with Huw Jackson, a timeline has yet to be identified and Jen Lloyd will pick this up with the team to implement though work has started with the identified skills. Revised date proposed of May24 in Q4. 201223 - update received however further queries raised on training plan by Board Secretary
613	22/23	PCC	Senior Paramedic Role	Reasonable	Darren Panniers	Andy Swinburn	Low	4.1	The terms of reference should be reviewed to: •Include a defined pathway for escalation of issues; •Update membership to ensure representation from each locality; andNov •Define quoracy.	4.1	The SP steering group has changed to a quarterly meeting and the terms of reference are being updated to reflect the audit findings. An Alert/Assure/Advise report will be completed and submitted to the Senior Operations Team	Nov-23	Not Met	Feb-24	May-24	Aug-24	Open	040724: (AP) Revised date of August 2024 added in Q1 24/25. Last Updated 270624: (JL) Report was due to go to SP Steering Group scheduled by May '24 however meetings were repeatedly cancelled. Chair (Darren Panniers) has scheduled meeting for July '24 and report to be presented then. Request extension of revised due date to Q2 for approved report to be submitted as evidence following Steering Group in July. GL following up with DP to confirm presentation at July SG and the following SOT. Confident this will then be completed by end of Q2. AS has given approval at Clinical Business Meeting 28.06.24 04.04.2024 Darren Panniers chairs the group and has seen the ToR but they need approval at SOT which we hope to do after the next meeting in April (and shared for evidence). Revised date proposed of May24 in Q4. Target date moved in quarter 3. 201223 - Meetings to finalise TOR in January
614	22/23	PCC	Senior Paramedic Role	Reasonable	Greg Lloyd	Andy Swinburn	Medium	5.1	The Trust should undertake a lessons learned exercise on the development and evolution of the SP role.	5.1	A review on the evolution of the role will be completed to highlight any lessons that can be learned for future role development.	Feb-24	Not Met	May-24	Aug-24		Open	040724: (AP) Revised date of August 2024 added in Q1 24/25. Last Updated 270624: (JL) Discussion not yet taken place due to postponed Steering Group. Request extension of revised due date to Q2 to allow for discussion at Steering Group in July. 04.04.2024 Not yet commenced. Jen Lloyd to send reminder to Greg Lloyd for discussion at Steering Group. Revised date proposed of May24 in Q4.
615	22/23	PCC	Senior Paramedic Role	Reasonable	Greg Lloyd	Andy Swinburn	Medium	5.2	The Trust should report regularly on the impact and effectiveness of the SP role, including analysis of their utilisation across Wales and the achievement of the wider IMTP objective.	5.2	A report including number of rideouts undertaken and the outcomes (action plans/issues resolved during the shift/documentation/CPD/NQP portfolio reviews) will be developed into a regular report into the SP Steering Group on a quarterly basis.	Jan-24	Not Met	May-24	Aug-24		Open	040724: (AP) Revised date of August 2024 added in Q1 24/25. Last Updated 270624: (JL) Report was due to go to SP Steering Group scheduled by May '24 however meetings were repeatedly cancelled. Chair (Darren Panniers) has scheduled meeting for July '24 and report to be presented then. Request extension of revised due date to Q2 for approved report to be submitted as evidence following Steering Group in July. 04.04.2024 To be done for next Steering Group in April and shared as evidence for closure. Revised date proposed of May24 in Q4.
616	22/23	PCC	Senior Paramedic Role	Reasonable	Greg Lloyd	Andy Swinburn	Medium	5.3	Feedback from Paramedics and Technicians should be included as a standing agenda item on the SP Steering Group for consideration / action as appropriate.	5.3	Feedback through the Power BI reporting process will be included on the SP Steering Group quarterly meeting.	Jan-24	Not Met	May-24	Aug-24		Open	040724: (AP) Revised date of August 2024 added in Q1 24/25. Last updated 270624: (JL) Report was due to go to SP Steering Group scheduled by May '24 however meetings were repeatedly cancelled. Chair (Darren Panniers) has scheduled meeting for July '24 and report to be presented then. Request extension of revised due date to Q2 for approved report to be submitted as evidence following Steering Group in July. 04.04.2024 To be done for next Steering Group in April and shared as evidence for closure. Revised date proposed of May24 in Q4.
655	23/24	PCC	Retention of Staff	Reasonable	Liz Rogers	Angela Lewis	Medium	1.1(b)	The Trust should look to develop an appropriate training package to assist managers in the use of the new Moving on Interview Process.	1.1(b)	The team are still exploring opportunities to generate automatic triggers for managers and staff rather than relying on managers remembering to ask a colleague to complete.	Jun-24	Not Met	Sep-24			Open	050724: Updated due date to September 2024 in Q1 24/25. Update from Hilary Caffrey-Matthews: May 24. Following a pause and discussion with NWSSP colleagues, the Staff Movement Advice App will be rolled out within the organisation in June 24. This app will support the moving on process and specific elements will be included in the bite sized training. It is expected the App will go live in June 24 with a presentation to SOT 26.06.2024 - JS - 26.06.2024. Update March 24 The trigger for an email reminder for managers was to be the exception form. When the exception form is submitted, then this would trigger a reminder email to complete a Moving on Conversation. There is an intermittent fault with the button and not all emails are being generated. However, work on this continues and alongside that,NWSSP have developed a new form which will be implemented which may resolve this problem for us.
657	23/24	PCC	Retention of Staff	Reasonable	Liz Rogers	Angela Lewis	Medium	1.3	The Trust should look to develop an appropriate training package to assist managers in the use of the new Moving on Interview Process.	1.3	Guidance for managers on using the process developed and signed off	Jun-24	Not Met	Sep-24			Open	050724: Updated due date to September 2024 in Q1 24/25. May 2024 - HCM - Following a pause and discussion with NWSSP colleagues, the Staff Movement Advice App will be rolled out across the organisation in June 2024. This app will support the moving on process and specific elements will be included in the bite sized training sessions. Training will be launched once the App is live. - 26.06.2024 - JS Update from Liz Rogers: March 24. Guidance for managers (process document) has been developed. Drop in bite sized sessions will be developed for managers to attend.

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658	23/24	PCC	Retention of Staff	Reasonable	Liz Rogers / Peter Brown	Angela Lewis	Medium	2.1	The Trust should undertake, and report to an appropriate forum, an evaluation of the initiatives introduced to determine their impact and effectiveness in retaining staff.	2.1	An evaluation report will be developed in association with the 111 senior team. It is noted that not all initiatives are appropriate for other areas of the organisation based on role types, culture differences and different pressures.	Sep-24	Not Yet Due				Open	Initial findings used to reshape the final moving on document. Evaluation will be finalised in September 2024.
707	23/24	PCC	Volunteers Governance	Reasonable	Jennifer Wilson	Lee Brooks	Medium	1.1	The Trust should consider options to address volunteers development. This may not be as formal as a PADR process but should demonstrate the consideration of volunteers improvement needs.	1.1	The Trust accepts this recommendation and will consider options to address volunteer development. This will be assessed during the forthcoming financial year.	Mar-25	Not Yet Due				Open	
708	23/24	PCC	Volunteers Governance	Reasonable	Duncan Robertson	Lee Brooks	Medium	1.2	The Trust should undertake a review of outcomes and measures now available through the roll out of ePCR to consider indicators which would complement the current performance activity captured.	1.2	Trust Volunteer leads and clinical leads will review and recommend clinical outcome measures for CFRs as well as recommending where these data items will be reported. This action can be held at the Clinical Intelligence and Assurance Group.	Nov-24	Not Yet Due				Open	
709	23/24	PCC	Volunteers Governance	Reasonable	Jennifer Wilson	Lee Brooks	Medium	2.1	Management should establish a link between the VSG and the Trust Policy review group to allow sight of any relevant policies and allow for volunteer input to be provided, where applicable.	2.1	The Trust agrees that VSG is an appropriate mechanism for the volunteer voice when developing appropriate and relevant policies; We will seek to design a mechanism to support input from VSG for relevant policies.	Nov-24	Not Yet Due				Open	
710	23/24	PCC	Volunteers Governance	Reasonable	Jennifer Wilson	Lee Brooks	Medium	2.2	The regular inclusion of the Strategy action plan within VSG agendas should be accompanied by formal papers including action status and timescales.	2.2	Not accepted - The VSG has no formal accountability, nor is it a decision making group. Whilst the Trust supports the monitoring of the action plan through VSG, it is felt that a more formal approach may be a deterrent to membership.	n/a	Not Yet Due				Closed in Quarter	050624: Action not accepted so added to Tracker as 'closure proposed'.
711	23/24	PCC	Volunteers Governance	Reasonable	Jennifer Wilson	Lee Brooks	Medium	3.1	The Trust should consider addressing the highlighted enhancements to Operations Manuals outlined above. ** Each manual includes an outline of volunteer team structure but not an outline of where volunteer responsibility sits within the Trust. The inclusion of detail relating to executive and volunteer team responsibilities would enhance the robustness of the manuals.* ** Individual volunteer agreements have been developed for each volunteer role. It includes volunteers should 'be aware of, and respectful of applicable WAST policies and procedures.' As a signed agreement there is opportunity to strengthen the wording to include an expectation to comply with Trust policies.* ** The CFR Operations Manual includes a skills matrix for clinical roles. A copy of the dispatch codes which generate CFR deployment are included as an appendix within the CFR Operations Manual, however these are not the latest version in use. It could offer greater clarity to volunteers to include a copy of the skills matrix in place of the deployment codes.* **There are triggers for non-compliance with the mandatory elements of the role, but this is not included within either manual. Inclusion of this may assist in volunteer awareness of their responsibilities and processes in place.* **The Volunteer Problem Solving process for the management of volunteer issues or concerns does not contain a timescale for the completion of any review. Examples of similar procedures identified in use in other Ambulance Trusts specified targets of between 20-28 days. The Trust should introduce a timescale related to the Problem Solving Process.*	3.1	The Operations Manuals were recently published in February 2024. The Trust will review the Operations Manuals and will incorporate any amendments into this review process.	Feb-25	Not Yet Due				Open	
712	23/24	PCC	Volunteers Governance	Reasonable	Jennifer Wilson	Lee Brooks	Medium	4.1	The Trust should ensure the distribution of received guidance in relation to fundraising to the full CFR population.	4.1	On receipt of any guidance on fundraising, the National Volunteer Manager will within one month, convene a Task and Finish Group, under the governance of the Operations Directorate. The T&FG will be tasked with cascade of any guidance to volunteers	Mar-25	Not Yet Due				Open	

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713	23/24	PCC	Volunteers Governance	Reasonable	Jennifer Wilson	Lee Brooks	Medium	4.2	The development of a fundraising standard operating procedure should include consideration of the need for periodic returns on fundraising activity and use of funds.	4.2	The T&FG will be responsible for execution of the actions described at 4.1-4.4. Any issue escalation to be reported through ADLT to ELT, noting it is not yet possible to determine the outputs from the T&FG, including the risk owner.	Mar-25	Not Yet Due				Open	
714	23/24	PCC	Volunteers Governance	Reasonable	Jennifer Wilson	Lee Brooks	Medium	4.3	The Trust should consider the development of good practice documents to support donation fund management, which could be incorporated into CFR team constitutions and processes.	4.3	The T&FG will be responsible for execution of the actions described at 4.1-4.4. Any issue escalation to be reported through ADLT to ELT, noting it is not yet possible to determine the outputs from the T&FG, including the risk owner.	Mar-25	Not Yet Due				Open	
715	23/24	PCC	Volunteers Governance	Reasonable	Jennifer Wilson	Lee Brooks	Medium	4.4	The Trust should prioritise the completion of a Volunteer fundraising risk, including clarifying the ownership of the risk within the Trust.	4.4	The T&FG will be responsible for execution of the actions described at 4.1-4.4. Any issue escalation to be reported through ADLT to ELT, noting it is not yet possible to determine the outputs from the T&FG, including the risk owner.	Mar-25	Not Yet Due				Open	
716	23/24	PCC	Volunteers Governance	Reasonable	Jennifer Wilson	Lee Brooks	Medium	5.1	The Trust should incorporate Safeguarding training compliance within the established one to one reporting template.	5.1	This finding relates to refresher training compliance. The Trust will incorporate safeguarding training compliance into the established one to one reporting template.	Sep-24	Not Yet Due				Open	
717	23/24	PCC	Volunteers Governance	Reasonable	Jennifer Wilson	Lee Brooks	Medium	5.2	Trust management should ensure that gaps in compliance with safeguarding training are addressed for both CFR and VCS roles.	5.2	The Trust will ensure that gaps in safeguarding compliance are addressed for VCS and CFRs.	Sep-24	Not Yet Due				Open	
718	23/24	PCC	Volunteers Governance	Reasonable	Jennifer Wilson	Lee Brooks	Medium	6.1	The Trust should consider mechanisms to monitor the uptake of the mentoring arrangements outlined within the CFR Operational Manual.	6.1	The Trust will consider mechanisms to monitor the uptake of the mentoring arrangements.	Nov-24	Not Yet Due				Open	
719	23/24	PCC	Volunteers Governance	Reasonable	Jennifer Wilson	Lee Brooks	Low	7.1	The Trust should introduce a process which includes responsibility for allocation of calls or timeframes for addressing these [CFR Welfare and Activity Returns].	7.1	The Trust will introduce a process which includes the responsibility to a named individual for allocation of calls and timeframes for addressing these concerns.	Oct-24	Not Yet Due				Open	
720	23/24	PCC	Volunteers Governance	Reasonable	Jennifer Wilson	Lee Brooks	Low	7.2	Where a submission has resulted in discussion of any welfare or performance concerns an entry should be maintained within the CFRs individual record.	7.2	This process will also include the documentation of any follow up action on the CFR individual record.	Mar-25	Not Yet Due				Open	
721	23/24	PCC	Volunteers Governance	Reasonable	Jennifer Wilson	Lee Brooks	Low	7.3	The Trust should consider approaches to encourage the full completion of welfare returns to include a response of thriving, surviving, or struggling.	7.3	The Trust will consider approaches to encourage the full completion of welfare returns.	Oct-24	Not Yet Due				Open	
722	23/24	PCC	Volunteers Governance	Reasonable	Jennifer Wilson	Lee Brooks	Medium	8.1	Management should ensure key dates and stages are completed within the VCS Recruitment spreadsheet. The spreadsheet should be modified to include forecast dates aligned to the six-week recruitment check completion target.	8.1	The Trust will ensure that key dates and stages are completed on the VCS recruitment spreadsheet, including the modification to support forecast dates aligned to the six-week target.	Oct-24	Not Yet Due				Open	
723	23/24	PCC	Volunteers Governance	Reasonable	Jennifer Wilson	Lee Brooks	Medium	8.2	Monitoring arrangements should include the retention of key recruitment dates for a period following recruitment to allow the review of process for any steps which cause delays or blockages.	8.2	The Trust will ensure that monitoring arrangements will include the retention of recruitment dates for a determined period to support the review process.	Oct-24	Not Yet Due				Open	
724	23/24	PCC	Volunteers Governance	Reasonable	Jennifer Wilson	Lee Brooks	Medium	9.1	As part of the migration of VCS records onto Assemble the Trust should undertake a records stocktake, and address any subsequent gaps identified.	9.1	Following the introduction of Assemble, the Trust will undertake a records stock take and address any gaps identified.	Mar-25	Not Yet Due				Open	
725	23/24	PCC	Volunteers Governance	Reasonable	Jennifer Wilson	Lee Brooks	Medium	9.2	Noting the gap in vehicle check records, there should be inclusion of a completion of vehicle check forms as part of MiST course arrangements.	9.2	The Trust will introduce a system to include the completion of vehicle check lists for VCS volunteers.	Mar-25	Not Yet Due				Open	
726	23/24	PCC	Volunteers Governance	Reasonable	Jennifer Wilson	Lee Brooks	Medium	10.1	The Trust should confirm a consistent selection criterion for the selection of claims to be validated which includes risk assessment and adequate coverage of outliers.	10.1	The Trust will agree a consistent selection criterion for validation of checks, to include risk assessment and coverage of outliers.	Oct-24	Not Yet Due				Open	
727	23/24	PCC	Volunteers Governance	Reasonable	Jennifer Wilson	Lee Brooks	Medium	10.2a	Noting the unavailability of summary and validation documents for the Central and West region management should obtain and review documents to confirm the undertaking of checks.	10.2a	The Trust will satisfy itself that Central and West records are subject to appropriate checks and validation.	Jul-24	Not Yet Due				Open	

Trust Ref. No.	Year/ Audit Plan	Committee assigned to	Report Title	Assurance Rating	Responsible Officer	Director	Priority Level	Rec. No.in Audit	Recommendation	Response No.in Audit	Management Response	Agreed Deadline in Report	Status - met or not met agreed deadline in report	1st revised date	2nd revised date	3rd revised date	Closure Status	Where a management action has not met the agreed or revised date, Director must include here: 1. Date (of your update) 2. Proposed revised date 3. Reasons why action is overdue and 4. Progress made if not yet complete. Please add most recent update first
728	23/24	PCC	Volunteers Governance	Reasonable	Jennifer Wilson	Lee Brooks	Medium	10.2b	There should also be periodic checks to ensure documents are saved in a shared accessible location.	10.2b	The Trust will ensure that periodic checks are undertaken to ensure documents are saved in a shared accessible location.	Oct-24	Not Yet Due				Open	
729	23/24	PCC	Disciplinary Case Management	Reasonable	Karen Jones	Angela Lewis	Medium	1.1	The compassionate practices action plan should be reviewed to ensure timescales are reasonable and capture both the planned changes and implementation periods.	1.1	Undertake a review of the action plan with an aim to move to implementation of several of the outstanding actions, closing those that have been completed.	Aug-24	Not Yet Due				Open	
730	23/24	PCC	Disciplinary Case Management	Reasonable	Karen Jones	Angela Lewis	Medium	1.2	Revised timescales should feature within the updates provided to the People and Culture Committee to ensure awareness of any delays to plan implementation.	1.2	Ensure all outstanding actions have a realistic completion date. To provide a regular update on plan to People & Culture Committee.	Aug-24	Not Yet Due				Open	
731	23/24	PCC	Disciplinary Case Management	Reasonable	Karen Jones	Angela Lewis	Medium	2.1	The Trust should review the case management tracker to identify individuals that have previously been involved in undertaking initial assessments as a priority group for attending future compassionate practices training sessions.	2.1	Managers identified requiring training will be contacted with available dates to attend. Training is sourced via HEIW and not internally delivered. Therefore, training dates are limited.	Sep-24	Not Yet Due				Open	
732	23/24	PCC	Disciplinary Case Management	Reasonable	Karen Jones	Angela Lewis	Medium	2.2a	Post training feedback should be sought in line with the original action, to capture attendees learning from the training and identify any changes in practice.	2.2a	Contact will be made with HEIW as the training provider to confirm evaluation process.	Sep-24	Not Yet Due				Open	
733	23/24	PCC	Disciplinary Case Management	Reasonable	Karen Jones	Angela Lewis	Medium	2.2b	*Recommendation as per 2.2a.*	2.2b	Introduce a disclaimer that all investigating Officers complete to ensure they have undertaken all relevant training including compassionate practice.	Sep-24	Not Yet Due				Open	
734	23/24	PCC	Disciplinary Case Management	Reasonable	Karen Jones	Angela Lewis	Low	3.1	To enhance the thematic review of disciplinary case management the Trust should consider the inclusion of the good practice elements of sickness status/periods and reasons for delay.	3.1	Sickness status and reason for delay will be added to the tracker as per recommendation	Aug-24	Not Yet Due				Open	
735	23/24	PCC	Disciplinary Case Management	Reasonable	Karen Jones	Angela Lewis	Low	3.2	For performance management, the case management tracker should incorporate the measurement of timescale compliance within the fields in use.	3.2	Time scales will be added to the tracker as per recommendation.	Aug-24	Not Yet Due				Open	
736	23/24	PCC	Disciplinary Case Management	Reasonable	Karen Jones	Angela Lewis	Medium	4.1	Management should consider approaches to ensure timescales are met as set out within the All-Wales policy, such as provisional appeal dates being agreed at the disciplinary hearing.	4.1	The Trust will continue to monitor compliance against All Wales Policy and ensure any delays are kept to a minimum by proactively securing dates for hearings/appeals etc at the earliest opportunity and note any reason for delays. People Business Leaders will monitor compliance relevant to their Directorates.	Aug-24	Not Yet Due				Open	
737	23/24	PCC	Disciplinary Case Management	Reasonable	Karen Jones	Angela Lewis	Medium	4.2	The Trust should include key timescales for each process to be periodically included within reporting provided to the People and Culture Committee for assurance that cases are being progressed in line with agreed All-Wales timescales.	4.2	ER tracker will include times scale compliance against each case. Any non-compliance will be supported with rationale. This will be monitored by the Deputy Head of People Services and People Business Leaders on a monthly basis.	Aug-24	Not Yet Due				Open	
738	23/24	PCC	Disciplinary Case Management	Reasonable	Karen Jones	Angela Lewis	Medium	4.3	The Trust should establish its own expected timescale for formal investigations to be undertaken and ensure the officers tasked with undertaking these are aware of this.	4.3	With the investment of three full time investigating officer roles (interviews 14/06/2024), when in post will support dedicated investigation with a focus on complexity and agreed time scales.	Aug-24	Not Yet Due				Open	
739	23/24	PCC	Disciplinary Case Management	Reasonable	Karen Jones	Angela Lewis	High	5.1	The Trust should develop a checklist to ensure the completeness of case files for each element of the disciplinary process. This should include end process retention requirements for both People Services and the employee record.	5.1	Implement a checklist to ensure all required documentation is maintained for a disciplinary process. Checklist should be signed off by the People Business Leader/ People Services Business Partner for their directorate on completion of all stages of the process.	Jul-24	Not Yet Due				Open	
740	23/24	PCC	Disciplinary Case Management	Reasonable	Karen Jones	Angela Lewis	High	5.2	Following development of the checklists, the People Services team should incorporate a periodic check of adherence of a sample of recently closed cases.	5.2	Undertake periodic audits on the compliance with checklist.	Jul-24	Not Yet Due				Open	
741	23/24	PCC	Disciplinary Case Management	Reasonable	Karen Jones	Angela Lewis	High	5.3	Any revision to disciplinary toolkit template documentation should retain direction that completed copies should be shared with the People Services team.	5.3	Update as required using version control for disciplinary tool kit available on Siren.	Jul-24	Not Yet Due				Open	
742	23/24	PCC	Disciplinary Case Management	Reasonable	Karen Jones	Angela Lewis	Medium	6.1	The People Services team should ensure that ESR records accurately reflect the outcome of disciplinary processes, and should review the case management tracker to identify any historic records which require amendment.	6.1	On completion of all disciplinary hearings, People Services representative to ensure that ESR accurately reflects the outcome of dismissal. Contact with NWSSP payroll may be required to make the changes to past cases ensuring accurate information is recorded.	Aug-24	Not Yet Due				Open	

Your Ref No	Audit Wales or HIW Report	Year	Committee Assigned to	Report Title	Responsible Officer	Director	Priority Level	Rec No in Audit	Recommendation	Response no. in Audit	Management Response	Agreed Deadline in Report	Status	1st revised date	2nd revised date	3rd revised date	Where a management action has not met the agreed or revised date, Director must inlcude here: 1. Date (of your update) 2. Proposed revised date 3. Reasons why action is overdue and 4. Progress made if not yet complete. **Please add most recent update first**	Closure Status
122	Audit Wales	23/24	PCC	Review of Workforce Planning Arrangements	Hugh Bennett / Liz Rogers	Angela Lewis	Medium	1.1	Terms of Reference We found that the Terms of Reference for both the Integrated Technical Planning Group and the Forecasting and Modelling Group require review. The Trust should review these to ensure they are accurate and up-to-date, particularly to clarify what role they will play in supporting the new People and Culture Plan and developing strategic workforce plan (medium priority).	1.1	Chair and Vice Chair of the ITPG and Forecasting and Modelling Group will update the Terms of Reference within the context of the internal governance structures	Dec-23	Not Met	Feb-24	May-24		210624: (AP) Confirmation that ITPG ToR approved by the ISPG in May. Updated status to closure proposed. 21.05.2024 - Jo Kelso/Hugh Bennett - Propose closure. Evidence - updated ToR For the ITPG and F&M groups. Date moved in Q4 to May-2024 as require approval of the respective ToR formally to close the action. 201223: The ToR for both the ITPG and F&M have been reviewed and are going through the governance approvals route. The ITPG will be revised by the group this week for endorsement and the F&M in January, so the due date has been revised to February 2024 to allow for these approvals to be received. ToR have been reviewed and agreed by the Intergrated Technical Planning Group	Closed in Quarter
123	Audit Wales	23/24	PCC	Review of Workforce Planning Arrangements	Linda Phillips	Angela Lewis	Medium	2.1	Workforce information systems We found that there is scope for the Trust to make better use of its workforce information by ensuring data is consistent, joined up and up to date. The Trust should work to ensure that (medium priority):	2.1	Use of Power BI reporting feeding into the Integrated Technical Planning Group is in development by the workforce planning team. This will be used for reporting and maintenance of the data.	Sep-24	Not Yet Due				30.05.2024 - JK - this work is progressing with its first phase nearing completeion - delivery of an accurate status quo on Staff in Post v Budgetted Establishment. Subsequent phases will include the ablitly to goal seek, post What If analysis and forecast by varailbe manipulation.	Open
124	dit Wales or HIW Rep	23/24	PCC	Review of Workforce Planning Arrangements	Hugh Bennett	Angela Lewis		2.1(a)	Workforce information systems We found that there is scope for the Trust to make better use of its workforce information by ensuring data is consistent, joined up and up to date. The Trust should work to ensure that (medium priority): • Systems that hold workforce information including Electronic Staff Record (ESR), Global Rostering System (GRS) and finance systems interconnect, where possible.	2.1(a)	Alongside this we are working on Integrated Planning Nexus via the Planning and Strategy team which enables our understanding of the interconnection between workforce, fleet, estate etc. *Excel version*	Mar-24	Not Met	Oct-24			26.06.2024 - JK - further development of the PowerBI solution - not yet QA'd for release but being used within the ITPG - will be refined during July 2024 with an ELT specific summary produced highlighting KPIs and any relevant sensitivity analysis. 17.05.2024 - JK - manually generated monthly report created as the forerunner of the PowerBI Monthly Workforce Dashboard - work progressing on this solution with its delivery scheduled for June 2024. 210324 LR The Workforce Transformation and Planning Team now produce a highlight report on key workforce information. Propose an extension to this action as the work on Nexus will be longer than expected. To date the following has been undertaken. Date moved in Q4 to October 2024. Project team established. Initial mapping completed. Currently developing what the end product will look like to work backwards to the requirements Complex exercise meaning timelines are difficult to estimate. Investment in connecting GRS, ESR and Oracle would be needed to build interfaces therefore Nexus is the solution for the time being.	Open
125	Audit Wales	23/24	PCC	Review of Workforce Planning Arrangements		Angela Lewis		2.1(b)	Workforce information systems We found that there is scope for the Trust to make better use of its workforce information by ensuring data is consistent, joined up and up to date. The Trust should work to ensure that (medium priority): • Explore ways to resource the management of a system to ensure an up-to-date establishment model.	2.1(b)	Alongside this we are working on Integrated Planning Nexus via the Planning and Strategy team which enables our understanding of the interconnection between workforce, fleet, estate etc. *Potential PowerB1 version*	Sep-24	Not Yet Due				26.06.2024 - JK - further development of the PowerBI solution - not yet QA'd for release but being used within the ITPG - will be refined during July 2024 with an ELT specific summary produced highlighting KPIs and any relevant sensitivity analysis. 17.05.2024 - JK - manually generated monthly report created as the forerunner of the PowerBI Monthly Workforce Dashboard - work progressing on this solution with its delivery scheduled for June 2024.	Open
126	Audit Wales	23/24	PCC	Review of Workforce Planning Arrangements	Dee Udeze-Chibuzor / Liz Rogers	Angela Lewis	Medium	3.1	Evaluating workforce planning training We found that the Trust is strengthening workforce planning capability through training initiatives, but it will need to evaluate these to ensure they are having the desired impact. The Trust should develop an evaluation framework to measure the success of its training programme (medium priority).	3.1	We will implement an evaluation process to baseline where managers are pre and post training and post 3 months to measure improvement.	Jun-24	Not Met	Aug-24			040724: (AP) Added revised date of August 2024 in Q1 2024/25 in line with narrative provided. 17.05.2024 - JK - Workforce Planning training is being rolled out pan Trust. However, to allow the sufficient time for all areas to receive this training and commence an evaluation, it was requested that the deadline be moved to August 2024.	Open
127	Audit Wales	23/24	PCC	Review of Workforce Planning Arrangements	Dee Udeze-Chibuzor / Liz Rogers	Angela Lewis	Medium	4.1	Recruitment support We found that only the emergency ambulance services department has dedicated support from the central management team for recruitment activity, due to capacity issues. While the central team can provide support on a case-by-case basis, the Trust should review opportunities to increase the corporate support offered to other departments across the organisation (medium priority).	4.1	The recruitment team focus primarily on EMS but do offer support where needed to other services. This would need to be agreed by ELT and the Directorates as resource would need to be moved into the team from elsewhere. Report to be produced and shared with ELT.	May-24	Not Met	Sep-24			050724: Revised date of end of Q2 added in Q1 24/25, and to discuss closure evidence required with Directorate. 21.05.2024 - JK - additional Fixed Term support secured in the function.	Open
128	Audit Wales	23/24	PCC	Review of Workforce Planning Arrangements	Dee Udeze-Chibuzor / Liz Rogers	Angela Lewis	Medium	5.1	Metrics for People and Culture plan monitoring The Trust has recently approved the metrics to enable monitoring progress of the People and Culture Plan, however the metrics do not include targets or milestones. The Trust should work to develop targets and milestones to enable the Committee to understand the progress against the Plan (medium priority).	5.1	Recommendation Accepted. We will build in appropriate targets and milestones into the plan which will be frequently reviewed for delivery and effectiveness of both the plan and the measures	May-24	Not Met	Sep-24			050724: Revised date of end of Q2 added in Q1 24/25, and to discuss closure evidence required with Directorate. 21.03.2024 - Query this action here as it was requested to be removed as it was not relevant to this audit and incorrect. However, the P&C Directorate Plan has milestones and measures for 2023/4 and will have for 2024/25. CGT have further narrative regarding this action.	Open
129	Audit Wales	23/24	PCC	Review of Workforce Planning Arrangements	Liz Rogers / Hugh Bennett	Angela Lewis	Medium	6.1	Benchmarking The Trust does not routinely benchmark its workforce performance metrics with other health bodies in Wales. Its performance benchmarking with other ambulance trusts is infrequent. The Trust should introduce regular workforce benchmarking with similar organisations and use this to inform relevant groups and committees on its performance and efficiency and to identify and share good practice (medium priority	6.1	Recommendation accepted for high level measures and will be based on what other organisations share / make available. Benchmarks need to be with ambulance sector rather than Health Boards	Jun-24	Not Met	Sep-24			050724: Revised date of end of Q2 added in Q1 24/25, and to discuss closure evidence required with Directorate. 26.06.2024 - JK - the AACE HRD Network could be positioned to assist the Trust with this. 26.06.2024 - HB - the Trust has recently received the final 2023 EMS Demand & Capacity Review, which benchmarks the Trust's performance on a range of metrics. This will be reported to F&P Committee on 16.07.2024.	Open

Disciplinary Case Management - Compassionate Practices

Final Internal Audit Report

June 2024

Welsh Ambulance Services University NHS Trust

Partneriaeth Cydwasanaethau
Shared Services Partnership
Audit and Assurance Services

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

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Auditors:	Osian Lloyd, Head of Internal Audit; Felicity Quance, Deputy Head of Internal Audit; Jonathan Jones, Audit Manager
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Committee:	Audit & Risk Assurance Committee

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

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

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

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

Executive Summary

Report Opinion

		Trend
Reasonable	Some matters require management attention in control design or compliance. **Low to moderate impact** on residual risk exposure until resolved.	N/a

Assurance summary[1]

Objectives		Assurance
1	Policies and guidance	Substantial
2	Compassionate practices within the disciplinary process	Limited
3	Disciplinary process compliance	Reasonable
4	Reporting arrangements	Reasonable

Purpose

To assess the adequacy of the arrangements in place for the management of the disciplinary process. To focus on the demonstration of compassionate leadership principles, in addition to compliance with the Trust's defined disciplinary processes.

Overview

We have issued reasonable assurance on this area. We found clear alignment of content between the Trust IMTP, People and Culture Plan, and compassionate practice action plan. We identified good compliance with some All-Wales policy timescales, noted reductions in case length against those of prior years, and that case outcomes indicated appropriate use of Fast-Track and Formal investigations.

The matters requiring management attention include:

- Progress has been made against the compassionate practices action plan, but there are delays in the completion of some actions and timescales require revision.
- Compassionate practices training targeted senior operations managers, but we found gaps against those involved in cases within our sample.
- A document checklist is in place to support formal investigation hearings, however not for other processes, and we identified gaps in case file completeness.
- No appeals were heard within the 28-day target, an All-Wales policy timescale.
- Electronic staff records for employees who resign during an investigation are not updated to reflect the final disciplinary outcome.

Key Matters Arising

		Objective	Control Design or Operation	Recommendation Priority
1	Compassionate practices action plan	*2*	Design	Medium
2	Compassionate practices training	2	Operation	Medium
4	Compliance with All-Wales policy timescales	3,4	Operation	Medium
5	Case management document retention	3	Operation	High
6	Electronic staff record process end status	3	Operation	Medium

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

1. Introduction

1.1 The Welsh Ambulance Services NHS Trust (the 'Trust') adopted the All-Wales Disciplinary Policy in 2017 which provides the mechanism for disciplinary issues, and states that all employees will be treated fairly, and with dignity and respect.

1.2 The Trust's People and Culture Plan 2023-2026 (approved May 2023) contains the objective: '*Improve the effectiveness and safety of our internal disciplinary, capability and resolution processes, learning from Just Culture principles and further embedding Compassionate Practices for All'.* This followed a report presented at the People and Culture Committee in May 2022 highlighting learning taken from recent disciplinary cases, and included recommendations to work within the principles of 'just culture' to improve the timeliness and quality of investigations.

1.3 The Trust has also launched its '*Compassionate Practices for All'* training to managers in November 2022, which focuses on explaining the ethos of compassionate practices and ensuring that colleagues are treated fairly and compassionately, and their best interests are protected during difficult processes such as investigations.

1.4 The risks considered during this review were:

i. Non-compliance with the All-Wales Disciplinary Policy and Procedure, exposing the Trust to the risk of litigation.
ii. Impact on the welfare of those involved in the process, including staff, investigative officers, HR colleagues and witnesses, due to lengthy investigations and/or insufficient support.

1.5 In order to ensure the confidentiality of those involved within the disciplinary process, case file review were undertaken in conjunction with members of the People Services teams, and partial extracts of the case management tracker document were provided to support audit review. Our sample was selected from the 44 cases which had been closed in 2023.

2. Detailed Audit Findings

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

	Recommendation Priority			Total
	High	Medium	Low	
Control Design	-	2	2	4
Operating Effectiveness	3	5	-	8
Total	3	7	2	12

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

Objective 1: There are appropriate policies, guidance and plans in place to support the Trust's disciplinary process.

2.3 As per para 1.1, the Trust adopted the All-Wales Disciplinary Policy ('the policy') in July 2017 following its approval by the Welsh Partnership Forum. A supplementary '*Key Changes Document'*, noted as developed in partnership with Trade Union representatives, was introduced by the Trust alongside the policy. The document included detail on the Trust '*Scheme of Delegation for Disciplinary Policy*', setting out the expected delegation of officers / banding applicable to the relevant stages of disciplinary case progression (informal discussion, initial assessment/fast track, disciplining, and disciplinary officers).

2.4 The policy was due for review in March 2020 and we are informed that the Trust is represented in the All-Wales process currently underway to review this.

2.5 The Trust has a dedicated intranet page, accessible to all staff, which contains a *disciplinary managers toolkit* and includes 23 template process documents and letters to support compliance with the policy.

2.6 Review of the Trust toolkit content against a sample of other NHS Wales organisations found it provides a good range of supporting documentation for the key stages of the process and for any required formal investigation. We did identify those other toolkits reviewed included additional supporting guidance notes for managers, but recognise the Trust has an action to review its toolkit within the compassionate practices plan. At the close of fieldwork, it was reported that there is intention to trial guidance currently in use by another NHS organisation.

2.7 There are three associated IMTP actions to deliver the People and Culture Plan objective as per para 1.2. These include:

> 1). Improve employee experience and avoid unnecessary escalations through the training and support of Trust managers in compassionate practices.
>
> 2). Coach managers on compassionate approaches to reduce the volume of disciplinaries, increasing the speed of cases, and closing cases at an appropriate stage.
>
> 3). Evaluate the impact of compassionate practices in terms of behaviour change, timeframes, and impact on those involved.

2.8 An initial compassionate practices action plan was developed by the People and Culture team in June 2023, and revised into its current version in September 2023, to which additional detail within actions was included and extension applied to some timescales for completion. Review of the content demonstrated alignment with the IMTP actions (para 2.7). Progress in delivering the action plan is considered under ***audit objective 2.***

Conclusion:

2.9 The Trust has adopted the All-Wales Disciplinary policy, with a range of documentation available to support its implementation. Strategic and operational actions have been developed to develop a compassionate practices approach to disciplinary case management. Noting this, we assign this objective **substantial** assurance.

Objective 2: The Trust provides sufficient support, guidance, training, and resources to enable the adoption of compassionate practices within the disciplinary process.

2.10 Representatives from the People Services team who are involved in the development of the compassionate practices action plan, and in the management of employee relations cases, highlighted the key message that compliance with policy and process remains important. However, there is recognition that there needs to be greater consideration of the impact on the person and how those involved within cases can be supported.

2.11 The Compassionate Practices action plan ('the action plan') contains nine objectives with 36 individual corresponding actions, although there are some areas of crossover between these. Timescales (for objectives) within the initial action plan were targeted for 2023 and we note that some have been extended into 2024 when the plan was revised. Individual actions, however, do not have assigned target dates. Review of the action plan identified evidence of actions underway across most objectives:

- 16 actions completed.
- 7 in progress.
- 13 yet to commence (5 related to objective four, see para 2.16).

In addition, the plan does not contain action leads, with ownership sitting with the People Services Partner leading on the area. **See MA1**

2.12 Training is delivered by Health Education and Improvement Wales (HEIW) as part of a national programme on compassionate practices. Supporting materials set out the concept of avoidable employee harm, common themes from employee experiences noting the impact on the individual, organisations, and dangers of failing to learn from these.

2.13 The action plan includes targeting of senior managers from the Operations Directorate to complete compassionate practices training, and we note the use of an ESR report to define these. Over half of the managers identified have attended a session, but the training provision could be extended to also include those involved in undertaking an initial assessment (IA). Additionally, our review of individuals involved in the sample of 23 disciplinary cases tested (for further details refer to ***audit objective 3***) identified around half had yet to attend training. **See MA2** Feedback is sought from attendees at the point of training, but there is not yet a mechanism to capture any learning from practice as set out within the action plan. **See MA2**

2.14 Objective three within the action plan relates to the '*initial assessment to be fair, thorough and unbiased, leading to appropriate outcomes for all and reduced employee harm.*' Actions include the revision of IA documentation, and a revised IA form was being piloted at the time of fieldwork. Our review of content identified additional prompts to consider employee mindset, the applicability of policies and procedures, and generally suggests the adoption of a risk assessment approach. We note a prompt to share the completed IA with the People Services team has been removed; however based on our review of cases (refer to ***audit objective 3***), management should consider retaining its inclusion. **See MA5**

2.15 Outside of the trial of the updated IA form there has also been revision of the letter which accompanies it. Our review of content could identify adjustment of language and a clearer outline of available support within this, but the letter was yet to be piloted. Further changes to the toolkit to reflect the Trust's intent to demonstrate compassionate practices are not yet in place.

2.16 Objective four within the action plan includes review of other key templates, process documents and guidance. Due to capacity within the People Services team this has not commenced, however the target date for completion (28 February 2024) within the action plan was yet to be updated. **See MA1**

2.17 Objectives two and nine include the review of employee relations data to identify trends and themes, and this has been shared with the People and Culture Committee on a six-monthly basis (August 2023 and February 2024). The corresponding report has included high level outline of the actions within the action plan, but this has not included detail on timescales or completion. **See MA1**

Conclusion:

2.18 The Trust has identified key actions to support the adoption of compassionate practices within the disciplinary process. Intent to deliver and enhance the disciplinary process through compassionate practices is clear, however delivery is not in line with the outlined timescale, which will have impacted the extent to which change has been embedded. Roll out of the training has included senior members of the Trust and senior managers of the Operations Directorate, but we identified there could be greater coverage of those involved in case management. We assign this objective **limited** assurance.

Objective 3: Disciplinary actions are undertaken promptly in accordance with policy, in a way that is fair, consistent and without discrimination;

2.19 The People Services team maintain a tracker spreadsheet to manage and monitor progress of disciplinary cases. Review of the tracker identified that it includes key fields for capture of contacts, process dates and timescales relating to suspension length (if applicable), investigation period, and overall case duration. Additional fields have recently been introduced to identify if an allegation is of a sexual nature, in line with the Trust's wider sexual safety programme, or if it is related to protected characteristics. Our review of reporting arrangements (see ***audit objective 4***) has outlined opportunities to enhance the tracker further to capture compliance against key timescales. **See MA3**

2.20 We undertook sample testing of ten fast-track investigations, ten formal investigations, and five appeals to assess compliance with policy and noted the following:

Fast Track investigations

2.21 Fast track cases sampled resulted in either a verbal or first written warning being issued, which is in line with the outcomes defined in the policy for such investigations.

2.22 Good compliance was noted with the required timescales set out within the All-Wales Policy, where cases were generally resolved within a month following IA taking place. Areas of non-compliance have been detailed within Appendix A. **See MA4**

Formal Investigations

2.23 Outcomes could be verified against the detail held within case files; and good compliance was noted against All-Wales timescales. There is no defined target for completion of formal investigations, but the average length of an investigation within our sample was 87 days (length ranged from 34 – 204 days). We note that one NHS Wales organisation has adopted a good practice target of 90 days. Some isolated examples of non-compliance are listed within Appendix A. **See MA4**

2.24 Appointment of Disciplining officers met the requirements of the Trust's local Scheme of Delegation. We also noted investigating officers (IO's) had received relevant training or were suitably experienced (para 2.33 refers to future IO arrangements).

Appeals

2.25 Outcomes could be verified against the detail within case files. However, no appeal was heard within the 28-day timescale set out in the policy, and for two instances, hearing outcomes were not issued within the 7-day target set by the policy.

2.26 Good compliance was noted in relation to the following aspects of the policy:

- intention to appeal which was received in line with timescales (14 days) for all cases;
- all appeal officers met the policy and trust scheme of delegation requirements for seniority and
- circulation of appeal documents ahead of the hearing met the policy timescale (7 days) for all cases.

Case file documentation

2.27 We identified a number of gaps within process documentation when reviewing our sample of case files. Discussion with the People Services team highlighted that formal investigation cases are subject to a checklist review to confirm completeness of the documentation, prior to the disciplinary hearing, but this is not in place for fast-track reviews and does not include the closing stage documentation following the hearing. **See MA5**

Electronic Staff Record (ESR)

2.28 Section 20 of the policy states that *an accurate record of all disciplinary events should be maintained on ESR*. We identified only one instance within our sample where ESR had not been updated with a case outcome. Discussion with the People Services team highlighted that where an employee resigns during a disciplinary process, it would be the resignation rather than the process outcome which would be recorded within ESR. **See MA6**

Internal and External referrals

2.29 The policy contains requirements for referral in relation to the Disclosure and Barring Service (DBS), and Counter Fraud. These had been complied with where identified within our sample.

Conclusion:

2.30 Review of a sample of case files confirmed that the Trust generally manages disciplinary cases in line with the requirements of the All-Wales Policy. However, there is mixed compliance with target timescales contained within the policy, particularly for fast-track investigations; and in the completeness of documentation within case files and employee records. We assign this objective **reasonable** assurance.

Objective 4: Effective reporting arrangements are in place, including actions to understand the impact of compassionate leadership principles on the disciplinary process.

Operational arrangements

2.31 The People Services team schedule fortnightly meetings to monitor case progress through review of content within the case management tracker. We are also informed that this meeting would consider outcomes following case closures and subsequent debriefs of participants which took place, although we note these are not formally documented.

2.32 As part of the compassionate practice action plan (Objective Six - *Support the development of the People Services team*) the People Services team has recently established dedicated reflection time each month, for sharing of learning from internal and external cases; and sexual safety sessions were held during 2023 to align with the Trusts '*Speaking Up Safely"* agenda.

2.33 Discussion with People Service management outlined that both '*Speaking Up Safely*' and the work to establish the Trust's '*Sexual Safety Guiding Principles'* had contributed to increasing the number of concerns reported and resulting in higher disciplinary case numbers. Three fixed term dedicated investigator posts are being introduced, on an initial two-year basis, to assist in managing the increasing caseloads, and focus on cases where allegations are of complex nature. Additionally, the People and Culture Directorate is reviewing its service structure and the resource allocated to managing the employee relations process.

Committee reporting

2.34 Review of People and Culture Committee papers and minutes (September 2022 – February 2024) noted regular reporting of the total disciplinary case within the Workforce Performance Scorecard. The most recent update reported 30 active cases (December 2023) in comparison to a prior high of 49 (September 2021) and low of 12 (January 2023). The in-committee meeting also receives an update at each meeting on the number of employees suspended for over four months, and updates on suspension status are subsequently provided to the Trust Board through the committees highlight report.

2.35 The compassionate practices plan (Objective Two - *Analysis of existing employee relations data, including demographic review, to ensure no unintended bias*) includes an action to review disciplinary data, since 2020, to identify baseline measures. To support this, as per para 2.17, there has been reporting of trends and themes to the People and Culture Committee, initially in August 2023 and followed in February 2024. Indicators within these reports have sought to demonstrate the impact of compassionate practices through comparisons of:

- decreases in number of overall cases and case length,
- allegation type to allow for comparison to other Trust priorities, such as sexual safety, and empowerment of staff to speak up in relation to concerns,
- increase in number of cases closed with no further action.

Noting the above, there could be a corresponding focus on the timescales defined within the policy to demonstrate commitment to meeting these. **See MA4**

2.36 We note other NHS Wales Organisations have recently commenced a best practice review which is to include historic review of employee relations data. Comparison of intended reporting against that in place by the Trust within its themes and trends report highlighted good alignment, however we note there is intention to undertake review of employee banding, length of service and further granular detail in relation to outcomes which the Trust may wish to consider.

Conclusion:

2.37 There is regular reporting of the number of cases to the People and Culture Committee and this has been supplemented by the recent introduction of six-monthly reporting on trends and themes. This should contribute to understanding the impact of compassionate practices, however there could be further sight of policy timescales within reporting. Noting this, we assign this objective **reasonable** assurance.

Appendix A: Management Action Plan

Matter Arising 1: Compassionate Practices Action Plan (Design)	Impact
Action Plan timescales The compassionate practices action plan ('the action plan') contains nine objectives with a corresponding 36 individual actions, although there are some areas of crossover between these. Review of the plan noted: ○ Of the nine objectives listed, 7 include target dates for completion, and five have missed their target dates. Timescales within the initial action plan were targeted for 2023, a revised action plan extended target dates for four objectives into 2024. ○ Individual actions listed under the objectives do not have assigned target dates, so whilst we note actions underway for nearly all objectives, target dates have not been met and the majority of actions were still to be completed. ○ Objective four includes review of other key templates, process documents and guidance for both People Services representatives and Trust managers. The review of documentation was yet to start at the time of fieldwork due to capacity within the People Services team, however the timescale was yet to be updated with a revised target date. Action plan oversight The People and Culture Committee receives a six-monthly report on employee relations trends and themes. As part of this report there has been high level outline of the actions within the action plan, but this has not included detail on proposed timescales or individual action completion.	Potential risk of: • Improvements in case management and associated employee wellbeing may be impacted by lack of resource and delivery of compassionate practices action plan.

Recommendations		Priority
1.1	The compassionate practices action plan should be reviewed to ensure timescales are reasonable and capture both the planned changes and implementation periods.	**Medium**

1.2	Revised timescales should feature within the updates provided to the People and Culture Committee to ensure awareness of any delays to plan implementation.	

Agreed Management Action		Target Date	Responsible Officer
1.1	Undertake a review of the action plan with an aim to move to implementation of several of the outstanding actions, closing those that have been completed.	31/08/2024	Karen Jones, Deputy Head of People Services
1.2	Ensure all outstanding actions have a realistic completion date. To provide a regular update on plan to People & Culture Committee.	31/08/2024	Karen Jones, Deputy Head of People Services

Matter Arising 2: Compassionate practices training (Operation)	**Impact**
Training attendance Objective one within the compassionate practices action plan is to '*deliver compassionate practices training to managers directly involved in undertaking employee investigations*'. Actions to deliver this include targeting of managers from the Operations Directorate through the use of an ESR report to identify those with a senior managerial role. At the date of fieldwork 32/57 (56%) of those within the report had attended. Our own review of individuals involved in the 23 disciplinary cases sampled, during fieldwork, noted circa half had attended the compassionate practices training, but this included only 4/15 individuals who had undertaken the initial assessment. Training feedback The compassionate practices action plan includes '*track learner at 3 and 6 months to review effectiveness of training/learning.*' We were provided with examples of feedback taken from the training session work, rather than post training as detailed within the action plan.	Potential risk of: • Those previously involved in disciplinary cases could lack training in compassionate practices. • Feedback from attendees is not currently captured, resulting in missed opportunities to identify changes in practice.

Recommendations		**Priority**
2.1	The Trust should review the case management tracker to identify individuals that have previously been involved in undertaking initial assessments as a priority group for attending future compassionate practices training sessions.	**Medium**
2.2	Post training feedback should be sought in line with the original action, to capture attendees learning from the training and identify any changes in practice.	

Agreed Management Action		**Target Date**	**Responsible Officer**
2.1	Managers identified requiring training will be contacted with available dates to attend. Training is sourced via HEIW and not internally delivered. Therefore, training dates are limited.	30/09/2024	Karen Jones, Deputy Head of People Services

2.2	Contact will be made with HEIW as the training provider to confirm evaluation process. Introduce a disclaimer that all investigating Officers complete to ensure they have undertaken all relevant training including compassionate practice.	30/09/2024 30/09/2024	Karen Jones, Deputy Head of People Services Karen Jones, Deputy Head of People Services

Matter Arising 3: Disciplinary Case Tracker (Design)	Impact
The People Services team maintain a case tracker spreadsheet for the management of case progression. Review of the tracker identified that there are key fields for capture of contacts, process dates, timescales relating to suspension length (if applicable), investigation length, and overall case duration. Fields have recently been introduced to identify if an allegation has a sexual nature or is related to protected characteristics. Our review of equivalents highlighted some further areas where detail is included in the case notes column but which could be captured separately to enhance the Trust's ability to undertake thematic review. This includes: • Recording employee sickness status/periods • Summary outline of reasons for delay. Additionally, while the current format includes key process dates it does not specifically capture whether the associated timescales have been met for: • Completion of a Fast-Track investigation within one month of an initial assessment, and • 10-day target for a Discipling Officer to make a decision following receipt of an investigation report. • Appeal hearings taking place within 28 days.	Potential risk of: • Opportunities to identify themes and trends in case management may be missed. • Non-compliance with policy exposing the Trust to the risk of litigation.

Recommendations		Priority
3.1	To enhance the thematic review of disciplinary case management the Trust should consider the inclusion of the good practice elements of sickness status/periods and reasons for delay.	**Low**
3.2	For performance management, the case management tracker should incorporate the measurement of timescale compliance within the fields in use.	

Agreed Management Action		Target Date	Responsible Officer
3.1	Sickness status and reason for delay will be added to the tracker as per recommendation	31/08/2024	Karen Jones, Deputy Head of People Services
3.2	Time scales will be added to the tracker as per recommendation	31/08/2024	Karen Jones, Deputy Head of People Services

Matter Arising 4: Compliance with policy timescales (Operation)	Impact
The All-Wales Disciplinary Policy contains a number of timescales for key stages relating to the fast-track investigation, formal investigation, and appeal stages. Our sample testing identified: <u>Fast-track investigations (10 sampled)</u> • The policy states fast-track investigations should be completed within one month of the initial assessment, three of the ten cases did not meet this timescale. • The policy requires that the employee is given as a minimum 7 days written notice of the fast-track hearing, we identified one occasion where the hearing took place the day following the initial assessment. <u>Formal investigations (10 sampled)</u> • Minor non-compliance with policy timescales was noted including: disciplining officers 10-day timescale to decide upon further action (1), 21 day deadline for documentation to be provided to employee ahead of a hearing (1), and 7 day timescale for informing employee of hearing outcome (1). • We noted the period required for formal investigations varied between 34-204 days. The policy does not include a target in this regard, but we have noted some NHS Wales organisations using 90 days as a good practice measure. <u>Appeals (5 sampled)</u> • No appeal was heard within the 28-day timescale set out in the policy, with difficulties noted in agreeing suitable dates for appeals officers and trade union representatives. • Appeal hearing outcomes were not shared in line with policy timescales (7 days) on two occasions. We are informed that on both occasions the delay to issuing outcome letters was communicated with relevant parties, but this was not captured within the content of the letters shared with us. We note that whilst a number of indicators are reported in relation to employee relations and case management, compliance with key timescales listed above do not feature. The case management tracker contains fields for key stages but does not specifically capture whether the associated timescales have been met.	Potential risk of: • Extended case duration could adversely impact the wellbeing of those involved within the process. • Non-compliance with policy exposing the Trust to the risk of litigation.

Recommendations		Priority
4.1	Management should consider approaches to ensure timescales are met as set out within the All-Wales policy, such as provisional appeal dates being agreed at the disciplinary hearing.	**Medium**
4.2	The Trust should include key timescales for each process to be periodically included within reporting provided to the People and Culture Committee for assurance that cases are being progressed in line with agreed All-Wales timescales.	
4.3	The Trust should establish its own expected timescale for formal investigations to be undertaken and ensure the officers tasked with undertaking these are aware of this.	

Agreed Management Action		Target Date	Responsible Officer
4.1	The Trust will continue to monitor compliance against All Wales Policy and ensure any delays are kept to a minimum by proactively securing dates for hearings/appeals etc at the earliest opportunity and note any reason for delays. People Business Leaders will monitor compliance relevant to their Directorates.	31/08/2024	Karen Jones, Deputy Head of People Services
4.2	ER tracker will include times scale compliance against each case. Any non-compliance will be supported with rationale. This will be monitored by the Deputy Head of People Services and People Business Leaders on a monthly basis.	31/08/2024	Karen Jones, Deputy Head of People Services
4.3	With the investment of three full time investigating officer roles (interviews 14/06/2024), when in post will support dedicated investigation with a focus on complexity and agreed time scales.	31/08/2024	Karen Jones, Deputy Head of People Services

Matter Arising 5: Case Management documentation (Operation)	Impact
When undertaking our review of a sample of case files, there were a number of gaps noted within the process documentation maintained. Discussion with the People Services team highlighted that formal investigation cases are subject to a checklist review prior to the disciplinary hearing, but this is not in place for fast-track reviews; and would not include the closing stage documentation following the hearing.	Potential risk of: • Gaps in documentation could compromise the Trust's defence in any internal or external review of outcomes.

Gaps in document retention	Fast-Track	Formal Investigation	Appeal
Initial Assessment copy retained	5/10	10/10	
Initial Assessment outcome letter retained	5/10*	8/10	
Hearing outcome letter retained within People Services case file	6/10	1/9**	6/6*
Hearing outcome letter retained within employee personal file	0/10	1/9**	0/6

*total includes dated draft copy

** one sampled formal investigation did not proceed to a hearing.

A revised IA form was being piloted at the time of fieldwork, review of content noted a prompt to share the completed IA with the People Services team has been removed.

Recommendations		Priority
5.1	The Trust should develop a checklist to ensure the completeness of case files for each element of the disciplinary process. This should include end process retention requirements for both People Services and the employee record.	High

5.2	Following development of the checklists, the People Services team should incorporate a periodic check of adherence of a sample of recently closed cases.	
5.3	Any revision to disciplinary toolkit template documentation should retain direction that completed copies should be shared with the People Services team.	

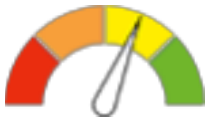
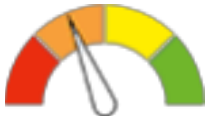
Agreed Management Action		Target Date	Responsible Officer
5.1	Implement a checklist to ensure all required documentation is maintained for a disciplinary process. Checklist should be signed off by the People Business Leader/ People Services Business Partner for their directorate on completion of all stages of the process.	31/07/2024	Karen Jones, Deputy Head of People Services
5.2	Undertake periodic audits on the compliance with checklist.	31/07/2024	Karen Jones, Deputy Head of People Services
5.3	Update as required using version control for disciplinary tool kit available on Siren.	31/07/2024	Karen Jones, Deputy Head of People Services

Matter Arising 6: Electronic staff record end process (Operation)			Impact
Section 20 of the policy states that *an accurate record of all disciplinary events should be maintained on the electronic staff record (ESR)*. Discussion with the People Services team highlighted that where an employee resigns during a disciplinary process it would be the resignation, rather than the disciplinary process outcome, recorded within ESR. One example of this was identified within our sample. This could limit the effectiveness of any subsequent check against an application should the individual apply for an NHS post.			Potential risk of: • Incorrect status within ESR could result in previously dismissals being missed in future application checks.
Recommendations			**Priority**
6.1	The People Services team should ensure that ESR records accurately reflect the outcome of disciplinary processes, and should review the case management tracker to identify any historic records which require amendment.		**Medium**
Agreed Management Action		**Target Date**	**Responsible Officer**
6.1	On completion of all disciplinary hearings, People Services representative to ensure that ESR accurately reflects the outcome of dismissal. Contact with NWSSP payroll may be required to make the changes to past cases ensuring accurate information is recorded.	31/08/2024	Karen Jones, Deputy Head of People Services

Appendix B: Assurance opinion and action plan risk rating

Audit Assurance Ratings

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

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

Prioritisation of Recommendations

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

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

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

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Volunteers Governance

Final Internal Audit Report

June 2024

Welsh Ambulance Services University NHS Trust

Partneriaeth Cydwasanaethau
Shared Services Partnership
Audit and Assurance Services

GIG CYMRU NHS WALES
Ymddiriedolaeth Brifysgol GIG Gwasanaethau Ambiwlans Cymru
Welsh Ambulance Services University NHS Trust

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Executive sign-off:	Lee Brooks, Executive Director of Operations
Distribution:	Judith Bryce, Assistant Director of Operations; Jennifer Wilson, National Volunteer Manager; Jonathan Johnston, National Volunteer Manager (Interim); Trish Mills, Director of Corporate Governance/Board Secretary, Duncan Robertson, Assistant Director Clinical Development
Committee:	Audit Risk & Assurance Committee

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

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

Disclaimer notice - please note:
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Executive Summary

Report Opinion

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

Assurance summary[1]

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

Purpose

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

Overview

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

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

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

Key Matters Arising

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

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

1. Introduction

1.1 The Welsh Ambulance Services NHS Trust (the 'Trust') approved its Strategy for Volunteering 2021-2026 ('the Strategy') in September 2021. Recognising the important contribution volunteers make in enhancing the service provided to and experience of patients, in roles such as Community First Responders (CFRs) who attend appropriate 999 calls within their own community, and Volunteer Car Service Drivers (VCSs), who use their own vehicles to support the Non-Emergency Patient Transport Service (NEPTS) in transporting patients to and from hospital appointments.

1.2 The Strategy sets out the Trust's vision and key priorities for volunteering:

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

1.3 A paper was presented to the Trust Charitable Funds Committee (now Charity Committee) in June 2021 which highlighted the lack of oversight of the receipt and use of donations in relation to CFRs. In 2020, a Trust Local Counter Fraud Specialists (LCFS) investigation highlighted similar themes. The Strategy action plan includes '*Review governance arrangements for Volunteer Fundraising and independent Community First Responders (CFR) charities, support the WAST Charity team to ensure funds are raised and spent in accordance with charitable purpose'* for completion by / in year three.

1.4 This review did not include review of the Trust Charity/Charitable Fund accounts noting the return to independent examination by Audit Wales for 2022/23, provided to the Trust in December 2023.

1.5 The risks considered during the review were:

- Poor volunteer experience resulting in a reduction in their contribution to the Trust;
- Impact on patient care and experience; and
- Fraudulent use of charitable funds.

2. Detailed Audit Findings

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Conclusion:

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

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

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

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

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

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

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

Key area	Content Summary
Recruitment	• Both Operations Manuals contain ○ high level flowcharts relating to the recruitment stages that volunteers would progress through and use of TRAC.

	○ reference role specific training or eLearning requirements. ○ include internal team tasks against the recruitment stages and the training /e-learning requirements.
Onboarding & Training	• Access provided via eLearning Wales website to complete the 14 topics set by the UK Core Skills Training Framework. • CFR recruitment is aligned to its training schedule developed on an annual basis (2023-24 - 17 training courses, increasing to 23 courses for 2024-25). • CFR - 5-day initial training course aligns with the good practice syllabus referenced in AACE's CFR Governance Framework alongside additional provision of Penthrox and Paracetamol training. • VCS - driving assessment and highway code check, recently introduced face to face induction training comprising training and administrative requirements.
Clinical Oversight	• Inclusion of the Trust *Scope of Practice & Clinical Standards Guideline for Ambulance Staff Grades* setting out the boundaries of practice for CFRs and a skills matrix of CFR approved practice. Due to the format of inclusion as a pdf file the skill matrix document is not accessible to CFRs. **See MA3** • AACE *CFR Governance Framework* guidance lists some situations or environments which CFRs should not be knowingly sent to. The CFR Operations Manual (Section 13.3) includes only that deployment is *via auto allocation of the Computer Aided Dispatch* system. Dispatch codes are included as an appendix, these were last reviewed in conjunction with the Clinical Directorate and the Trust Clinical Prioritisation Assessment Software Group (CPAS) in June 2023. There has since been an update following a recent technical change in categorisation which has resulted in code amendments. **See MA3**
Fundraising & Financial Guidance	• Guidance provided for the areas of gifts, gratuities and hospitality with a copy of the Trust Standards of Business Conduct policy within the appendices of both manuals. • Expenses information varies between the two manuals, the CFR Operations Manual provides an expenses form and the validation process in use by the team. Whilst the VCS manual does not reference either, we note such is covered during induction. • As per para 1.3, there has been concern at the lack of oversight for CFR fundraising and use of donations. Further detail on action undertaken by the Trust can be found within **audit objective four**, however our review noted that the Operations Manuals contained no content in relation to these areas. **See MA4**

Alternative Responders

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

Criteria/Timescales

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

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

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

Communications

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

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

2.24 The VCS Operations Manager has undertaken a number of 'meet the manager' sessions, which has provided an opportunity to address areas highlighted within an online survey of drivers in autumn 2023. The Team has addressed concerns through establishment of central email addresses and phone numbers, a uniform audit to ensure standardisation, user guidance for electronic devices, and the introduction of MiST.

2.25 Discussion with the Alternative Responder Operations Manager noted that feedback from CWRs was captured as the pilot progressed. Changes were made to address issues highlighted in rotas and communication with the Clinical Service Desk, both during the pilot and within longer term actions.

Conclusion:

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

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

CFR – Recruitment & Onboarding

2.27 CFR recruitment is aligned to a training schedule developed on an annual basis. Discussion with management, and review of the schedule, confirmed an approach which considered red call performance, established CFR team locations/resilience and service development.

2.28 We selected a sample of 15 CFRs (recruited during 2023) and reviewed documentation retained within the CFR database. All reviewed contained valid onboarding requirements of ID checks, DBS clearance, occupational health screening outcomes, and information on driver's license validity/points, and insurance details. We note that the team process checks as a cohort and, as such, volunteer applications may not progress to checking until the cohort is filled. However, review of key dates within the process did not identify significant delays linked to any individual step.

2.29 We reviewed a sample of 25 CFRs (expanded from the sample in 2.28 to include additional longstanding CFRs) confirming retention of training records. Penthrox and Paracetamol, which were rolled out to CFRs in 2023, feature within initial training and MiST (Penthrox only). Noting this there were four entries within the database that did not include evidence to demonstrate that an assessment had been completed as required by the Trust Methoxyflurane Protocol. No recommendation raised noting the internal audit plan for 2024/25 includes a review to assess the roll out of Penthrox.

CFR - Oversight

2.30 In May 2022, an internal review of processes identified 8 active CFRs where the Trust did not have any record of DBS clearance, and a further 40 which had expired. The same review identified 34 CFRs non-compliant with safeguarding training. Actions taken to address this resulted in all CFRs undergoing DBS checks; and a reduction of safeguarding non-compliance to 7 CFRs by July 2022.

2.31 DBS clearance features within quarterly compliance reports produced for the CFR Team and review of the CFR database in February 2024 did not identify any CFR with expired DBS clearance.

2.32 Review of a February 2024 eLearning report identified 30 CFRs with safeguarding competency which had expired (*note: this reflects lapsed competencies and not a gap in training linked to recruitment*). Entries within CFR database included notes of prompts to individuals, and a bulletin had been issued in February 2024 to highlight the key areas where compliance is required, indicating ongoing management action to address this area. **See MA5**

2.33 The CFR Operations Manual sets out the Trust's recommended approach to mentoring for new CFRs. This includes a 'buddying' period for newly trained CFRs, and completion of an Emergency Medical Services Rideout shift within three months of completing training. Discussion with management outlined that the arranging of buddy shifts is through CFR co-ordinators, and no rideout records could be provided for the sample of 15 CFRs recruited in 2023, suggesting this approach is yet to be embedded. **See MA6**

2.34 At the completion of each volunteer shift CFRs are encouraged to complete an 'Activity and Welfare' submission through a Microsoft Form link. This return includes date of activity, number of hours provided, if the CFR attended a cardiac response; and to indicate their mindset at shift completion with the options of '*thriving, surviving or struggling*.' Any cardiac response or struggling response should prompt a welfare contact from the CFR team.

2.35 Review of the 2,200 forms returned during the period September 2023 – March 2024 noted 870 did not complete the mindset field. We note of the responses submitted, 59% responded as thriving, and only 126 responses listed a cardiac response (66)/surviving(52)/struggling(6). Review of a sample of 10 entries where the response registered either a concern for welfare or raised a query, noted:

- Seven could be evidenced through a related TEAMS entry or CFR file note, although one was as a result of contact for another issue; and
- Three held no evidence of contact. **See MA7**

CFR - Fundraising/expenses

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

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

VCS – Recruitment & onboarding

2.37 There have been two previous internal audit reports issued in respect of VCS Governance Arrangements (2018/29: Limited Assurance and 2019/20: Follow Up, Reasonable Assurance) with the latter noting some of the changes recommended would require time to embed.

2.38 Discussion with the VCS Operations Manager highlighted the current focus was to increase VCS numbers and raise the profile of the service. Our previous internal audit report had noted the development of a Communication and Engagement Plan to assist in recruitment. There is no current equivalent in place, however we were informed the team's recent focus has been supporting recruitment in the North and South Central regions, to pilot a scheme of pairing VCSD with oncology patients. We were also informed of agreement to use Trust social media channels to raise awareness of the VCS role, which had recently commenced.

2.39 There have also been some recent changes to VCS recruitment through the adoption of the NHS TRAC system which automates some of the previous employment checks. Internal process documents have been updated to reflect these changes and to outline responsibilities between the VCS Administrative Team and the training co-ordinator who liaises with the Trust driving school to coordinate assessments. As per para 2.17 there has been a new standardised induction introduced as part of this process.

2.40 We were informed that a 6-week target has been set within the team to process recruitment checks. A revised monitoring spreadsheet was introduced in 2023, and this captures the various recruitment stages, but does not capture all the elements outlined within the process document. **See MA8**

VCS - Oversight

2.41 The VCS Team are in the process of moving away from paper records, and will use a combination of the Ambulance Care electronic Cleric system and spreadsheets to monitor driver status, and recruitment. The introduction of a new volunteer electronic management system 'Assemble' will provide the team with a single system for maintaining volunteer records. Assemble was originally expected to be introduced in September 2023, and a phased rollout is planned to take place during 2024.

2.42 The internal review undertaken in May 2022 (see para 2.30) identified 68 VCS with expired DBS clearance, and 54 drivers out of compliance with safeguarding training. Action had been taken to address this, improving the position to two drivers requiring DBS clearance, and 13 to complete training by July 2022.

2.43 Cleric is currently used to capture VCS volunteer information, including in relation to DBS clearance, MOT, drivers licence and insurance. Additionally, Cleric includes road tax details, but this has only recently been populated January 2024, and does not feature within current reporting.

2.44 On a monthly basis the VCS Administrative Team and Volunteer Compliance officer review a Cleric extract report against driver status from the VCS active driver spreadsheet to produce a VCS Dashboard report on driver compliance. There are data quality issues within the Cleric report i.e. inclusion of inactive drivers duplicate entries etc; therefore validation checks are required. The migration of VCS records to Assemble should address the data quality issues identified with reporting intended to be solely based upon returns from that system.

2.45 An exercise undertaken in April 2023, prior to the introduction of validation processes, had indicated around 60% of DBS entries within Cleric were out of date or blank. Compliance has improved significantly within the following period, and this has been sustained since.

2.46 There has been the introduction of MiST training for VCS, which we are informed has been welcomed by longer serving volunteers, and review of the course content shows alignment with the areas within the induction training day for new recruits (para 2.17). The VCS Driver database is used to monitor attendance, however no record of attendance or confirmation documentation could be provided for a sample of 7 records requested. **See MA9**

2.47 We were informed there have been challenges in the introduction of eLearning for VCS, with some volunteers unfamiliar with accessing the system. The team has also experienced delays in gaining access to the systems reporting functionality, and was required to undertake quality assurance checks of the data at the time of fieldwork due to discrepancies being highlighted by volunteers. A bulletin has been issued to prioritise the completion of an initial seven modules by April 2024, with the remaining to be completed by June 2024. **See MA5**

2.48 As detailed in the VCS Operations Manual, it is the responsibility of the respective volunteer to maintain their vehicle in a safe and road legal condition with a 'Vehicle Checklist Review' form to be completed. However, within a sample of 10 drivers from the North region, only 3 vehicle check forms could be provided. **See MA9**

<u>VCS Expenses</u>

2.49 Processing of expenses includes the comparison of submitted mileage to journey reports produced from the Cleric system:

- mileage summary papers are compiled listing each driver and a percentage variance from the Cleric report; and
- a further validation paper is completed where individual journeys are reviewed to establish variance in mileage against the Cleric total.

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

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

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

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

Conclusion:

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

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

Directorate Performance Reporting

2.53 Compliance reports are prepared internally within the team for both CFRs (quarterly), and VCS (monthly) outlining status against DBS clearance, driver's license, insurance, and MOT. The service also compiles activity information to inform the monthly meetings held between the Assistant Director, National Operations and Support and the Executive Director of Operations.

2.54 Review of CFR activity data reported noted inclusion of number of responses, stand downs, red response performance against 8/9/10 minute targets, red and amber median times, non-conveyance rates and average and longest time spend on scene.

Table 1 – CFR Activity Reporting Comparison

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

2.55 Discussion with the CFR Operations Manager advised that following the recent roll out of ePCR to CFRs, the Trust now has a wider range of clinical data relating to CFR attended calls. Noting the intention of AACE to develop volunteer quality assurance framework, the Trust should consider the quality or outcome measures applicable to the CFR role to complement current activity reporting. **See MA1**

2.56 VCS activity reported includes number of journeys completed, mileage, and the services percentage contribution to the Trust overall patient transportation.

Table 2 – VCS Activity Reporting Comparison

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

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

Reporting to Committee

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

Risk and actions related to internal and external reports

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

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

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

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

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

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

2.63 The Board Secretary confirmed that the Charity Committees view was that CFR fundraising was a Trust, rather than a Charity, responsibility. Following Executive Leadership Team discussion in February 2024, the Trust is currently seeking advice from an external legal provider. Discussion with the interim National Volunteer Manager indicated once received a further task and finish group would be established to develop a volunteer fundraising Standard Operating Procedure. **See MA4**

2.64 Audit Wales review of WAST Charitable Funds for 2021-2022 was the first full audit of accounts undertaken since 2014-15 and raised four recommendations. Review of the latest version of the audit recommendation tracker confirmed two recommendations are closed, and timescales are included for the remaining outstanding actions.

Conclusion:

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

Appendix A: Management Action Plan

Matter Arising 1: Trust alignment with AACE National Strategy (Design)	Impact
The Association of Ambulance Chief Executives (AACE) developed a National Strategy for Volunteering in 2023. Review and comparison of the national strategy against that of the Trust's highlighted alignment across the key themes of recruitment, recognition, training, and volunteer experience. The national strategy also suggests the requirement for a one-to-one Development & Wellbeing template and a Quality Assurance Framework, and their inclusion could further enhance the Trust's alignment with national good practice. Discussion with the CFR Operations Manager advised that following the recent roll out of ePCR to CFRs, the Trust now has a wider range of clinical data relating to CFR attended calls. Noting the intention of AACE to develop volunteer quality assurance framework, the Trust should consider the quality or outcome measures applicable to the CFR role to complement current activity reporting.	Potential risk of: • Potential to ensure fuller alignment between the Trust and national strategies

Recommendations		Priority
1.1	The Trust should consider options to address volunteers development. This may not be as formal as a PADR process but should demonstrate the consideration of volunteers improvement needs.	**Medium**
1.2	The Trust should undertake a review of outcomes and measures now available through the roll out of ePCR to consider indicators which would complement the current performance activity captured.	

Agreed Management Action		Target Date	Responsible Officer
1.1	The Trust accepts this recommendation and will consider options to address volunteer development. This will be assessed during the forthcoming financial year.	March 2025	Jennifer Wilson, National Volunteer Manager

1.2	Trust Volunteer leads and clinical leads will review and recommend clinical outcome measures for CFRs as well as recommending where these data items will be reported. This action can be held at the Clinical Intelligence and Assurance Group.	Nov 2024	Duncan Robertson, Assistant Director, Clinical Development

Matter Arising 2: Volunteer Steering Group Compliance with Terms of Reference (Operation)			**Impact**
The Volunteer Strategy actions included the re-establishment of a Volunteer Steering Group, for which the terms of reference (ToR) were approved in August 2022. The ToR outline purpose, objectives, membership and quorum. Meetings have been held on quarterly basis, in line with its ToR, and meetings reviewed (June 2023 – November 2023) were quorate. However, review of the meeting agendas did not identify the purpose of '*advise and recommend to VMT changes required to Trust wide policies*'. Further, '*the monitoring of delivery of strategic priorities*' – whilst it is clear this could have featured within the January 2024 VSG meeting, there could be use of the highlight report to support formal monitoring. This would also provide a balance to the discussion of operational issues which have predominantly featured within the group meeting minutes reviewed.			Potential risk of: • Group failure to operate in line with agreed objectives.
Recommendations			**Priority**
2.1	Management should establish a link between the VSG and the Trust Policy review group to allow sight of any relevant policies and allow for volunteer input to be provided, where applicable.		**Medium**
2.2	The regular inclusion of the Strategy action plan within VSG agendas should be accompanied by formal papers including action status and timescales.		
Agreed Management Action		**Target Date**	**Responsible Officer**
2.1	The Trust agrees that VSG is an appropriate mechanism for the volunteer voice when developing appropriate and relevant policies; We will seek to design a mechanism to support input from VSG for relevant policies.	Nov 2024	Jennifer Wilson, National Volunteer Manager

2.2	Not accepted - The VSG has no formal accountability, nor is it a decision making group. Whilst the Trust supports the monitoring of the action plan through VSG, it is felt that a more formal approach may be a deterrent to membership.		

Matter Arising 3: Operations Manuals Content (Design)	Impact
Review of the CFR and VCS Operations Manuals and associated documents highlighted the following points for enhancement:	Potential risk of: • The robustness of the governance framework could be impacted by gaps within its design.

Subject area	Content
Executive Responsibility	Each manual includes an outline of volunteer team structure but not an outline of where volunteer responsibility sits within the Trust. *The inclusion of detail relating to executive and volunteer team responsibilities would enhance the robustness of the manuals.*
Volunteer agreement	Individual volunteer agreements have been developed for each volunteer role. It includes volunteers should 'be aware of, and respectful of applicable WAST policies and procedures.' *As a signed agreement there is opportunity to strengthen the wording to include an expectation to comply with Trust policies.*
CFR Clinical Guidance	The CFR Operations Manual includes a skills matrix for clinical roles. A copy of the dispatch codes which generate CFR deployment are included as an appendix within the CFR Operations Manual, however these are not the latest version in use. *It could offer greater clarity to volunteers to include a copy of the skills matrix in place of the deployment codes.*
Compliance process	There are triggers for non-compliance with the mandatory elements of the role, but this is not included within either manual. *Inclusion of this may assist in volunteer awareness of their responsibilities and processes in place.*
Problem Solving Process	The Volunteer Problem Solving process for the management of volunteer issues or concerns does not contain a timescale for the completion of any review. Examples of similar procedures identified in use in other Ambulance Trusts specified targets of between 20-28 days. *The Trust should introduce a timescale related to the Problem Solving Process.*

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

Agreed Management Action		Target Date	Responsible Officer
3.1	The Operations Manuals were recently published in February 2024. The Trust will review the Operations Manuals and will incorporate any amendments into this review process.	February 2025	Jennifer Wilson, National Volunteer Manager

Matter Arising 4: Volunteer Fundraising and Financial guidance (Design)	Impact
Concerns relating to the lack of oversight in relation to CFR fundraising and use of donations have been noted within a Trust LCFS investigation in 2020 and a Charity Committee report in June 2021. In late 2023, CFR team co-ordinators were contacted to establish the extent of fundraising activities, balances, and account arrangements. Responses were received from 86 of 204 CFR teams which included, circa£60k being held in funds (with circa £10k having been raised within the previous 12 months). Responses also set out variations in arrangements including: • Type of account in use for donations/fundraising – business (1), personal (1) and joint team (20) • Teams with a constitution which references fundraising (11), those who do not (24), and those unsure (27) • Teams with a process to apply to spend funds (14), those responding unknown (28) • Teams who provide updates internally on purchases/use of funds (21), those responding unknown (17). The CFR and VCS Operations Manuals currently contain no guidance in relation to fundraising or donation fund management. The Board Secretary confirmed that following Executive Leadership Team discussion in February 2024, the Trust is currently seeking advice from an external legal provider with intention to inform further communication to CFRs. Discussion with the interim National Volunteer Manager indicated once received a further task and finish group would be established to develop a volunteer fundraising Standard Operating Procedure. A Charity Committee task and finish group in place between 2022-2023 with a remit to review wider Trust charitable fund management had identified that a corporate risk relating to fundraising should be developed. An initial populated risk template was provided to us with some detail around controls and gaps, but the finalising of the risk has been paused awaiting the outcome of the legal advice above. Discussions also highlighted that while it has been agreed that CFR fundraising is a Trust rather than Trust Charity risk, the risk holder within the Trust is still to be agreed.	Potential risk of: • Misuse of charitable donations and reputational risk to the Trust.
Recommendations	**Priority**

4.1	The Trust should ensure the distribution of received guidance in relation to fundraising to the full CFR population.	**Medium**
4.2	The development of a fundraising standard operating procedure should include consideration of the need for periodic returns on fundraising activity and use of funds.	
4.3	The Trust should consider the development of good practice documents to support donation fund management, which could be incorporated into CFR team constitutions and processes.	
4.4	The Trust should prioritise the completion of a Volunteer fundraising risk, including clarifying the ownership of the risk within the Trust.	

Agreed Management Action		**Target Date**	**Responsible Officer**
4.1	On receipt of any guidance on fundraising, the National Volunteer Manager will within one month, convene a Task and Finish Group, under the governance of the Operations Directorate. The T&FG will be tasked with cascade of any guidance to volunteers	March 2025	Jennifer Wilson, National Volunteer Manager
4.2 - 4.3 - 4.4	The T&FG will be responsible for execution of the actions described at 4.1-4.4. Any issue escalation to be reported through ADLT to ELT, noting it is not yet possible to determine the outputs from the T&FG, including the risk owner.	March 2025	Jennifer Wilson, National Volunteer Manager

Matter Arising 5: Safeguarding Training compliance (Operation)	Impact
Non-compliance with safeguarding training by CFR and VCS had been identified within an internal review of processes in 2022 with subsequent action to address this. CFR Review of a February 2024 eLearning report identified 30 CFRs with an expired safeguarding competency. Entries within CFR database included notes of prompts to individuals, and a bulletin had been issued in February 2024 to highlight the key areas where compliance is required. VCS Review of an April 2024 eLearning report identified only 7/32 North region drivers had safeguarding compliance listed. A further 21 drivers were confirmed to be in compliance based upon the 2022 internal review which had required the submission of paper returns. We were informed there have been challenges in the introduction of eLearning for VCS, with some volunteers unfamiliar with accessing the system. The team has also experienced delays in gaining access to the systems reporting functionality, and was required to undertake quality assurance checks of the data at the time of fieldwork due to discrepancies being highlighted by volunteers. A bulletin has been issued to prioritise the completion of an initial seven modules by April 2024, with the remaining to be completed by June 2024. 2022 returns for Central and West and South East were not available for comparison.	Potential risk of: • Volunteers lack of awareness of safeguarding practice and procedures.

Recommendations		Priority
5.1	The Trust should incorporate Safeguarding training compliance within the established one to one reporting template.	**Medium**
5.2	Trust management should ensure that gaps in compliance with safeguarding training are addressed for both CFR and VCS roles.	

Agreed Management Action	Target Date	Responsible Officer

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

Matter Arising 6: CFR Mentoring Arrangements (Operation)			Impact
The CFR Operations Manual sets out the Trust's recommended approach to mentoring for new CFRs. This includes a 'buddying' period for newly trained CFRs, and completion of an Emergency Medical Services Rideout shift within three months of completing training. Discussion with management outlined that the arranging of buddy shifts is through CFR co-ordinators, and no rideout records could be provided for the sample of 15 CFRs recruited in 2023, suggesting this approach is yet to be embedded.			Potential risk of: • New volunteers may not receive adequate support impacting confidence and experience.
Recommendations			**Priority**
6.1	The Trust should consider mechanisms to monitor the uptake of the mentoring arrangements outlined within the CFR Operational Manual.		**Medium**
Agreed Management Action		**Target Date**	**Responsible Officer**
6.1	The Trust will consider mechanisms to monitor the uptake of the mentoring arrangements.	November 2024	Jennifer Wilson, National Volunteer Manager

Matter Arising 7: CFR Welfare and Activity Returns (Operation)	Impact
At the completion of each volunteer shift CFRs are encouraged to complete an 'Activity and Welfare' submission through a Microsoft Form link. This return includes date of activity, number of hours provided, if the CFR attended a cardiac response; and to indicate their mindset at shift completion with the options of 'thriving, surviving or struggling.' Any cardiac response or struggling response should prompt a welfare contact from the CFR team. Review of the 2,200 forms returned during the period September 2023 – March 2024 noted 870 did not complete the mindset field. We note of the responses submitted, 59% responded as thriving, and only 126 responses listed a cardiac response (66)/surviving(52)/struggling(6). Review of a sample of 10 entries where the response registered either a concern for welfare or raised a query, noted: • Seven could be evidenced through a related TEAMS entry or CFR file note, although one was as a result of contact for another issue; and • Three held no evidence of contact. At present the team divides the response to completed forms across the operations assistant, manager, and trainer roles.	Potential risk of: • Volunteer concerns and welfare may not be addressed where returns are missed

Recommendations		Priority
7.1	The Trust should introduce a process which includes responsibility for allocation of calls or timeframes for addressing these.	**Low**
7.2	Where a submission has resulted in discussion of any welfare or performance concerns an entry should be maintained within the CFRs individual record.	

7.3	The Trust should consider approaches to encourage the full completion of welfare returns to include a response of thriving, surviving, or struggling.	

Agreed Management Action		Target Date	Responsible Officer
7.1	The Trust will introduce a process which includes the responsibility to a named individual for allocation of calls and timeframes for addressing these concerns.	October 2024	Jennifer Wilson, National Volunteer Manager
7.2	This process will also include the documentation of any follow up action on the CFR individual record.	March 2025	Jennifer Wilson, National Volunteer Manager
7.3	The Trust will consider approaches to encourage the full completion of welfare returns.	October 2024	Jennifer Wilson, National Volunteer Manager

Matter Arising 8: VCS Recruitment Oversight and Monitoring (Operation)	Impact
VCS recruitment has recently included the adoption of the NHS TRAC system which automates some of the previous employment checks. Internal process documents have been updated to reflect these changes and to outline responsibilities between the VCS Administrative Team and the training co-ordinator who liaises with the Trust driving school to coordinate assessments. We were informed that there has recently been adoption of an internal 6-week target set within the team for the processing of recruitment checks. A revised monitoring spreadsheet was introduced in 2023, and this provides coverage of the recruitment stages, but we did note some variation in the completeness of data entry across the regions. Following induction the volunteer is transferred to a 'recruited' tab which holds additional key dates between recruitment and the driver activation, but this includes removal of prior data entered against the process. There is currently little opportunity to review the process over an extended period and identify any common issues and compliance with the new six-week target.	Potential risk of: • Issues in recruitment may not be identified; • Prolonged recruitment process impacting number of volunteers available.

Recommendations		Priority
8.1	Management should ensure key dates and stages are completed within the VCS Recruitment spreadsheet. The spreadsheet should be modified to include forecast dates aligned to the six-week recruitment check completion target.	**Medium**
8.2	Monitoring arrangements should include the retention of key recruitment dates for a period following recruitment to allow the review of process for any steps which cause delays or blockages.	

Agreed Management Action	Target Date	Responsible Officer

8.1	The Trust will ensure that key dates and stages are completed on the VCS recruitment spreadsheet, including the modification to support forecast dates aligned to the six-week target.	October 2024	Jennifer Wilson, National Volunteer Manager
8.2	The Trust will ensure that monitoring arrangements will include the retention of recruitment dates for a determined period to support the review process.	October 2024	Jennifer Wilson, National Volunteer Manager

Matter Arising 9: VCS Record Completeness (Operation)	Impact
The VCS team are in the process of moving from the retention of paper records, to combined use of the Ambulance Care electronic Cleric system alongside their own spreadsheets. The introduction of a new volunteer electronic management system 'Assemble' will provide the team with a single system for maintaining volunteer records. Assemble was originally expected to be introduced in September 2023, and a phased rollout was imminently expected as fieldwork closed in April 2024. There has been the introduction of MiST training for VCS, which we are informed has been welcomed by longer serving volunteers, and review of the course content shows alignment with the areas within the induction training day for new recruits. The VCS Driver database is used to monitor attendance, however no record of attendance or confirmation documentation could be provided for a sample of 7 records requested. As detailed in the VCS Operations Manual, it is the responsibility of the respective volunteer to maintain their vehicle in a safe and road legal condition with a 'Vehicle Checklist Review' form to be completed. However, within a sample of 10 drivers from the North region, only 3 vehicle check forms could be provided.	Potential risk of: • Unchecked vehicles may not meet or be maintained to Trust standards, resulting in poor patient experience or harm.

Recommendations		Priority
9.1	As part of the migration of VCS records onto Assemble the Trust should undertake a records stocktake, and address any subsequent gaps identified.	**Medium**
9.2	Noting the gap in vehicle check records, there should be inclusion of a completion of vehicle check forms as part of MiST course arrangements.	

Agreed Management Action		Target Date	Responsible Officer
9.1	Following the introduction of Assemble, the Trust will undertake a records stock take and address any gaps identified.	March 2025	Jennifer Wilson, National Volunteer Manager

9.2	The Trust will introduce a system to include the completion of vehicle check lists for VCS volunteers.	September 2024	Jennifer Wilson, National Volunteer Manager

Matter Arising 10: VCS Expenses validation (Operation)	Impact
Processing of expenses includes the comparison of submitted mileage to journey reports produced from the Cleric system: • mileage summary papers are compiled listing each driver and a percentage variance from the Cleric report; and • a further validation paper is completed where individual journeys are reviewed to establish variance in mileage against the Cleric total. It was outlined that variations in totals are inevitable due to ad hoc additional jobs, diversions to routes, and drivers returning home due to gaps in allocated jobs, therefore a 10% tolerance level has been adopted. Expense payment schedules, mileage summary working papers, and validation papers were requested for all regions for the period October 2023 – December 2023. No summary or validation papers could be provided for the Central and West region as the staff member responsible was absent and the documents were not saved centrally. Review of documents provided for the North and South East regions confirmed validation had been undertaken, however there was inconsistencies of approach noted between each region, and with the level of check set out within a guidance document supplied by the VCS Manager.	Potential risk of: • Non-compliance with process, inconsistent approaches across regions.

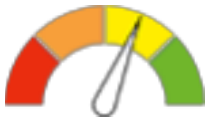
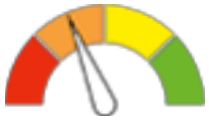
Recommendations		Priority
10.1	The Trust should confirm a consistent selection criterion for the selection of claims to be validated which includes risk assessment and adequate coverage of outliers.	**Medium**
10.2a	Noting the unavailability of summary and validation documents for the Central and West region management should obtain and review documents to confirm the undertaking of checks.	
10.2b	There should also be periodic checks to ensure documents are saved in a shared accessible location.	

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

Appendix B: Assurance opinion and action plan risk rating

Audit Assurance Ratings

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

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

Prioritisation of Recommendations

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

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

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

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Website: Audit & Assurance Services - NHS Wales Shared Services Partnership

POLICIES RECOMMENDED FOR COMMITTEE APPROVAL AND ADOPTION

Committee	People and Culture Committee	**Date of Meeting**	30/08/2024

Presenting Officer	Julie Boalch, Head of Risk/Deputy Board Secretary [Chair of Policy Group]

Policy Name	Directorate	EqIA	Date of Policy Group	Date of ELT	Points of Note
Professional Regulation Policy	People and Culture	Completed No issues	21/05/2024	07/08/2024	Copy of policy attached for approval.
HR Starting Salary Policy	People and Culture	N/A	21/05/2024	07/08/2024	Update for noting only. Policy being reclassified as a SOP. Rationale approved by Policy Group and ELT.
NHS Wales Respect & Resolution Policy	People & Culture	N/A	19/08/2024	28/08/2024	For adoption – an all Wales Policy

Professional Regulation Policy
Paramedic Staff

Policy Number:	048	**Version No:**	0.15	**Supersedes:**	0.14
Date of Approval:	TBA	**Review Date:**	3 years from date of approval	**Impact Assessments Completed:**	30.01.2024
Classification of Document:	Employment	**Type of Document:**	Policy	**Approved by:**	People and Culture Committee
Brief Summary of Document:	The Policy will set out the Welsh Ambulance Service NHS Trust (WAST) process for ensuring that all paramedic staff (temporary, permanent, voluntary and those with secondary contracts) continue to maintain their professional registration obligations to the Health and Care Professions Council (HCPC).				
Scope:	The Policy will aim to cover the processes for undertaking checks of regulatory body (HCPC) actions against Paramedics registrants employed on behalf of WAST (struck off, suspended, etc.) and the process for referral of clinical staff to regulatory bodies.				
To be read in conjunction with:	WAST Recruitment and selection policy HCPC Standards of conduct, performance and ethics HCPC Standards of proficiency HCPC Standards of continuing professional development				
Owning Committee	People and Culture Committee				
Policy Lead: **Trade Union Lead:**	Greg Lloyd Hugh Parry	**Job Title:**	Assistant Director of Clinical Delivery Trade Union Partner		
Executive Director:	Andy Swinburn	**Job Title:**	Executive Director of Paramedicine		

Version Control Sheet

Version	Date	Author	Summary of Changes
For earlier changes made to the policy please refer to version 0.6 published in January 2019			
0.6	10/01/2019	Julie Boalch	Approved policy published on Siren
0.7	May 2022	Andy Swinburn	Comments received and incorporated following discussion
0.8	August 2023	Greg Lloyd	Change in roles throughout the policy to reflect current structure, change to responsibilities for monitoring compliance, introduction of a technical solution for improved compliance checks with the HCPC and removal of requirement for locality managers and administration staff to complete manual checks. Strengthened guidance and support when self referral is being considered
0.9	January 2024	Greg Lloyd	Additions to CPD responsibilities
0.10	12/02/2024	Julie Boalch / Lisa Trounce	Review and formatting in readiness for presentation to Policy Group on 27/02/2024
0.11	09/04/2024	Greg Lloyd	As discussed and agreed at March 2024 Policy Group, amendment made to phrasing of point 13.1 re: potential action in the event of non-compliance.
0.12	15/04/2024	Julie Boalch	Minor formatting amends
0.13	10/05/2024	Greg Lloyd	Updates to reflect consultation feedback (total of 3 comments received all of which were helpful) made on pages 1, 7 and 10: • Front Page Brief Summary - included secondary contracts so managers who work as a paramedic are included • 5.1 Monitoring – Extra point added to table to align with scheme of delegation in standing orders • 8.2 Referral to Registrants - included the CoP advice line for staff
0.14	13/05/2024	Lisa Trounce	Formatting, version control updated
0.15	21/05/2024	Lisa Trounce	Following discussion at Policy Group (21/05/2024): • Front cover and Version Control Sheet updated • Header amended to reflect university status • Section 8.1 amended to reflect that there are other organisations which provide similar services rather than advocate just one (CoP) •

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Keywords	Paramedic, registration, health care profession, professionals, council, HCPC, CPD, Continued Professional Development

Impact Assessment Reviews

Area	Date of Review	Name of Reviewer
Education and Development	01/02/2024	Jo Kelso
Counter Fraud	09/02/2024	Carl Window
Information Governance	08/02/2024	Kelly Holden
Records Management	23/05/2018	Judith Birkett
Regional Clinical Lead – BCU	02/07/2018	Bryn Thomas
Regional Clinical Lead – C&W	09/06/2022	Steve Magee
Regional Clinical Lead - SE	02/07/2018	Mike Jenkins

Task and Finish Group Members

Name	Job Title
Greg Lloyd	Assistant Director of Clinical Delivery
Mike Jenkins	Regional Clinical Lead, Consultant Paramedic
Paula Jeffery	Consultant Clinician for Integrated Care
Hugh Parry	Trade Union Partner
Jo Kelso	Head of Workforce Education & Development
Anna Stein	People Services Partner
Kerry Robertshaw	Professional Development Lead – Advanced Practice
Mark Marsden	Trade Union Partner
Bryn Thomas	Regional Clinical Lead, Consultant Paramedic
Steven Magee	Regional Clinical Lead, Consultant Paramedic

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Policy Approval Route

Where	When	Why
EPSG Meeting	13/08/2018	Review prior to consultation
EPSG Meeting	15/10/2018	Review post consultation
Trade Union Partners Team Meeting	09/11/2018	For WASPT Agenda
WASPT	26/11/2018	Recommend for Approval
EMT	12/12/2018	Recommend for Approval
FRC	10/01/2019	Approval
Clinical Directorate Business Meeting	26/04/2024	Review Updates / Recommend for Approval
CQGG	30/04/2024	Review Updates / Recommend for Approval
Policy Group	27/02/2024	Review Updates > Approval / Recommend for Approval
Trust-wide Consultation	15/04/2024 - 10/05/2024	28-day Consultation Period
Policy Group	21/05/2024	Approval Post Consultation
ELT	05/06/2024	Recommend for Approval
People and Culture Committee	15/08/2024	Approval and Adoption

Disclaimer: If the review date of this document has passed please ensure that the version you are using is the most up to date either by contacting AMB_policies@wales.nhs.uk

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1. INTRODUCTION

This Policy sets out the Welsh Ambulance Service NHS Trust (WAST) processes for ensuring that all paramedic staff (temporary, permanent, bank and voluntary) continue to maintain their professional registration obligations to the Health and Care Professions Council (HCPC).

The professional status of Paramedics is protected under the Health Professions Order 2001. This means that Paramedics are recognised as independent professionals and have responsibilities to maintain standards of professional conduct and maintain their own levels of competency through Continuing Professional Development (CPD). The granting of professional status has been followed by closure of employment, which means that any Paramedic who wishes to work in the NHS or as a contractor must be Health and Care Professions Council (HCPC) registered. Anyone using the title or practising as a Paramedic without being registered is subject to prosecution and a fine.

Paramedic re-registration takes place every two years. From 2009 a sample of Paramedic registrants have been asked by the HCPC to provide evidence of CPD.

A fundamental tenet of professional registration is the maintenance of appropriate clinical and professional competencies to ensure fitness to practise aligned to the HCPC Standards of Proficiency, Standards of Conduct Performance and Ethics and Standards of Continual Professional Development. This Policy details these obligations and the responsibilities for WAST Paramedic staff.

The Trust's Recruitment and Selection Policy, Process and Guidance October 2018 covers the procedures for checking registration of clinical staff on initial appointment. This procedure also covers the processes for ensuring the ongoing registration of staff. It can be viewed here WAST Recruitment and Selection Policy.

This Policy will be reviewed every three years or sooner if there are any changes in regulatory body requirements.

2. POLICY STATEMENT

As a large employer of professionally regulated healthcare professionals, WAST is committed to ensuring that all clinicians understand their professional responsibilities and ensure compliance with published clinical standards at all times.

3. SCOPE

This Policy covers the processes for undertaking checks of regulatory body actions against paramedic registrants employed on behalf of WAST and the process for referral (self-referral or employer referral) of clinical staff to regulatory bodies for fitness to practice, conduct, revalidation etc.

4. AIM

To ensure that all WAST staff are fully conversant with the processes for ensuring that all paramedic staff (temporary, permanent, bank and voluntary) continue to maintain their professional registration obligations to the Health and Care Professions Council (HCPC).

5. OBJECTIVES

5.1 Monitoring Compliance of this Policy

Areas for Monitoring	Monitoring Responsibility/ Process
Professional registration on initial appointment	Recruiting Manager
Professionals, recruitment agencies etc. and for Complimentary Resources (Merit and Basics Schemes) used by the organisation in respect of all temporary and voluntary clinical staff	Recruiting Manager
Process in place for following up those permanent, temporary and bank clinical staff who fail to satisfy the validation of registration process	Regional Clinical Leads and Consultant Clinicians
Process for monitoring/receiving assurance that registration checks are being carried out by all external agencies	Contracting Manager
Process in place for the monitoring of CPD attendance of registrant employees.	Locality Manager/ Education & Development Department
Professional standards of registration are maintained through annual reports into PCC	Executive Director of Paramedicine

6. PARAMEDICS

6.1 Duties

Individuals seeking employment as a Paramedic must register or be registered with the Health and Care Professions Council. The link for the Paramedic Register can be viewed here http://www.hcpc-uk.org/

Under the Health Professions Order 2001 it is the responsibility of the Paramedic to maintain their registration. In practice this means that a Paramedic must:

- Ensure that the appropriate fees and documents reach the HCPC prior to the re-registration date of 1st September in the registration year (Paramedics re-register every two years);
- Advise the HCPC of any changes to registered address or the name under which he/she practices;
- Maintain levels of competency through Continuing Professional Development;
- Provide evidence of CPD if requested for re-registration (from 2009 the HCPC have requested evidence of CPD from a cross-section of registrants);
- Comply with the Standards of Proficiency which can be viewed here: HCPC Standards of Proficiency for Paramedics and the Standards of Conduct Performance and Ethics which can be viewed here Standards of Conduct Performance and Ethics.

Although the responsibilities for maintaining competence lay with the individual, WAST will ensure that there are processes in place to appropriately train new Paramedics to professional standards and to support CPD requirements. This includes the presence of suitable CPD opportunities (including the attendance at statutory and mandatory training).

WAST has a responsibility to ensure that it only employs registered Paramedics and closure of title means that there is no option but to make HCPC Registration a requirement of continuing employment as a Paramedic.

Likewise, there is an accompanying obligation on the registrant employee to actively pursue the completion of CPD activities, more especially those promoted and mandated by the employer, in this case WAST.

6.2 Process for the ongoing confirmation of registration

The HCPC does not produce daily interface files for the Electronic Staff Record (ESR) currently. Updates are created by a process which checks the HCPC public register held online by submitting API calls. There are approximately. 150,000 HCPC registration records within ESR. To limit the impact on the HCPC online Register, between 20,000 and 30,000 records are checked each day of the week. Consequently, each HCPC record is checked and updated once per week.

The Business Intelligence reporting is produced based on matching requirements WAST set of each positions. For example: when a position number is created in ESR, we identify the staff group from the person specification and the clinical registration requirements of the post. Any position requiring HCPC will then flag anyone sitting in it that doesn't meet the requirement.

Update Notification – Where a full match is made on the relevant matching criteria when comparing the ESR person record with the Professional Body details, the ESR Professional Body record is automatically updated and a notification is sent to the role holder highlighting the new details.

Monthly returns from the ESR data team pick up registrations recorded in ESR and their matching status against the HCPC and NMC register. The three Regional Clinical Leads and Consultant Clinicians are notified of any RAG issues highlighted from the ESR/HCPC update as soon as they are detected. Any de-registered staff are not entitled to practice as Paramedics and therefore the local People Services Partner, will arrange for their immediate re-deployment, in keeping with the needs of the service, pending the outcome of the investigation and/or re-registration. The individual will be paid according to the terms and conditions of the post to which they are redeployed.

6.3 Checking for Re-Registration (Biannually)

Under the terms of the Order, Paramedics must pay their registration fee and return the signed documentation, confirming that they are still engaged in professional practice, to the HCPC every two years by the re-registration date of 1st September. In the event the registrant fails to reregister after that point they are de-registered and their name is deleted from the HCPC online register.

During the re-registration year, the HCPC will send out a notice and a subsequent reminder to the Paramedics registered address warning that his/her retention fee is due by 1st August.

During the re-registration year, individual Paramedics are responsible for ensuring that payment is received and cleared at the HCPC by 31st August. The safest way of achieving this without risking de-registration is through direct debit. Staff sending late payment may incur additional administrative charges, which must be met by the individual. Registration may also lapse if there are subsequent problems with direct debit payments or direct debit payments are cancelled. In these circumstances staff must advise their manager immediately.

Paramedic registration will lapse even if payment has been made by direct debit if the necessary declaration of professional practice has not been received by the HCPC by the 31st August.

Registration with the HCPC is a condition of employment for Paramedics and failure to renew registration is a breach of contract. Wilful or negligent failure to register will be subject to the disciplinary procedure. As registration is a requirement of the employment contract for a Paramedic, a failure to maintain registration could result in dismissal but each case will be considered on its merits.

Staff who can demonstrate that they are registered will have their cases reviewed. Under the HCPC standards anyone de-registered will have to demonstrate competency as a Paramedic and this will become increasingly difficult to achieve for anyone who is not practising as a Paramedic.

The HCPC will communicate via email with all registrants to inform them of the date of registration, the trust will also publish a clinical notice informing staff of the registration date. Staff on long term absence should also be informed by their line manager during routine welfare conversations.

6.4 Responsibilities

It is the responsibility of the individual **Paramedic** to inform the HCPC of any change in address, so as to ensure correspondence is delivered promptly. It is also the responsibility of the individual paramedic to engage with the registration process and ensure all documents are returned within a timely manner.

The **Health Board Clinical Lead**, is responsible for ensuring that individuals who have not re-registered are contacted as soon as practically possible to discuss their omission from the register, the potential impact of this and to determine whether there are any mitigating circumstances, whether it is a mistake, and they have evidence of re-registration, etc. The date and outcome of the discussion with the individual must be notified to the responsible HR team.

The **Line Manager** is responsible for ensuring that all Paramedics that are not on the register at the times of checking (outlined in the process) are formally notified of their omission from the register and the next stages of action.

6.5 Monitoring and Review

The Regional Clinical Leads/ Consultant Clinicians will monitor paramedic re-registration and ensure that appropriate managers and People Services Partners are informed of lapses in registration.

7. MONITORING OF HEALTH AND CARE PROFESSIONS FITNESS TO PRACTICE HEARINGS

7.1 Overview

Regulatory bodies are set up to protect the public and they maintain public records of hearings held against registrants in matters of fitness to practice, conduct, etc.
It is normal practice for regulatory bodies to notify employers of outcomes of hearings where the registrant's continued registration is subject to an interim order or a fitness to practice.

This does not remove the duty from the employer to undertake regular checks of regulatory body hearing and sanctions.

There is a risk to WAST where employees may fail to notify of a sanction received, and potentially this could be considered under offences within the Fraud Act 2006.

8. REFERRAL OF REGISTRANTS TO REGULATORY BODIES

8.1 Overview

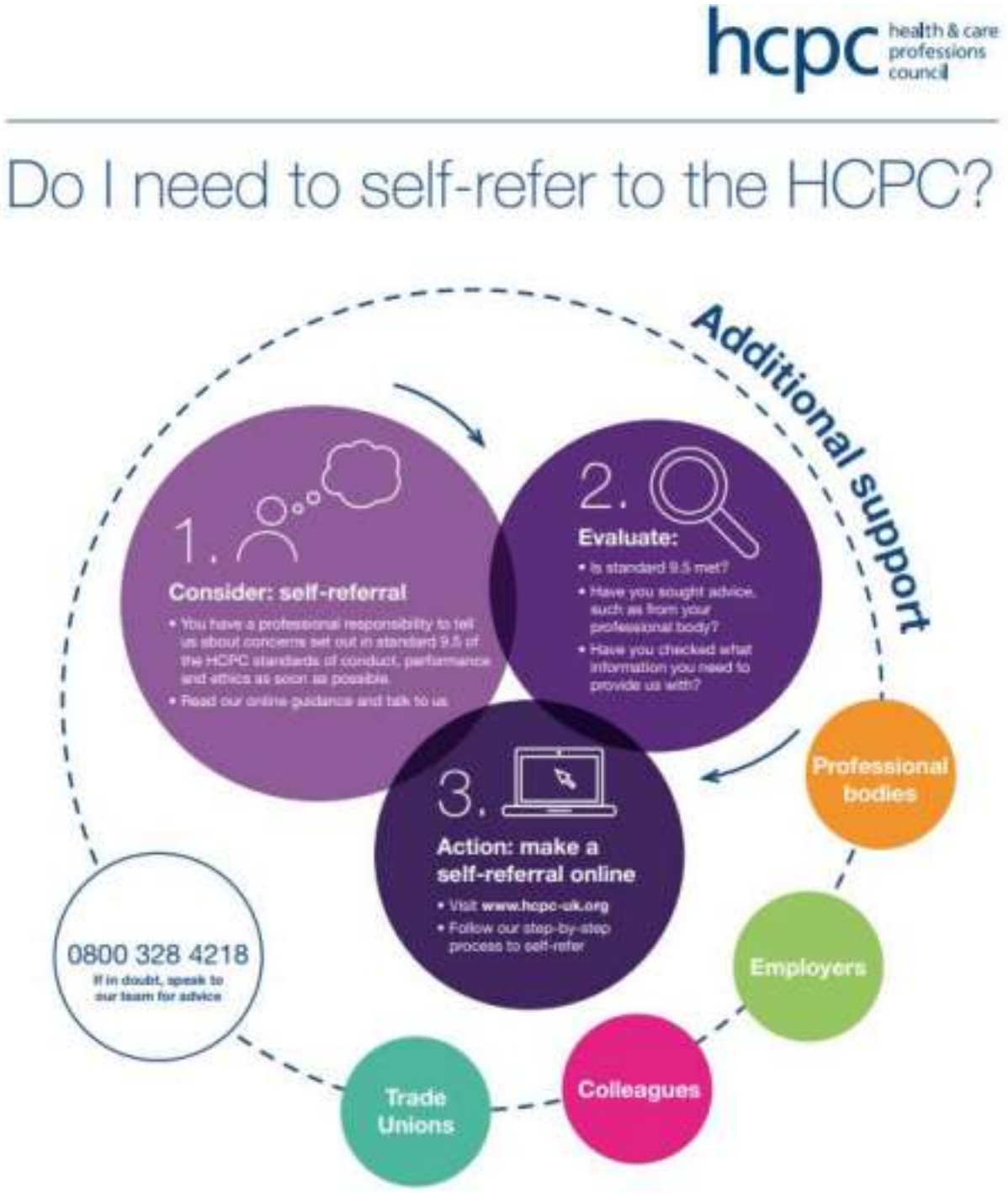
Regulatory bodies are set up to protect the public and they place a responsibility on employers to inform the body of any fitness to practice, conduct or other issues with individuals on their registers.

Additionally, Standard 9.5 of the HCPC Standards of Conduct Performance and Ethics states, that a registrant must inform the HCPC if they have had any restriction placed upon their practice, been suspended or dismissed by an employer, because of concerns around their conduct and competence.

Events relating to fitness to practise also cover conduct performance and behaviour. Whilst it is the responsibility of the individual registrant to notify the regulatory body if any action has been taken against them, the employer should also bring concerns to the regulator's attention. Responsibility for decisions and employer referral in this regard rests with the respective Consultant Paramedic and where required in consultation with the Assistant Director of Clinical Delivery.

It is important that paramedics undertaking a self-referral to the HCPC consult with their Consultant Paramedic prior to making their referral. Consultant Paramedics advising registrants to undertake a self-referral **MUST** reinforce the importance of speaking to their representative/advocate in the first instance. Some profession-related organisations have 24 hour legal advice lines for initial advice and to establish whether the circumstances warrant self-referral.

The following infographic created by the HCPC provides advice on self-referral and the additional support available to individuals when making this decision.



Any paramedic who has been advised to or has made the decision to self-refer, must forward their fitness to practice number to their respective Consultant Paramedic.

The Welsh Ambulance Service NHS Trust is committed to taking all necessary steps to counter fraud, bribery and corruption within the trust. Staff should report suspected incidents of fraud and corruption to the trusts Local Counter Fraud specialist who will be happy to discuss any issues or concerns. Alternatively, reports can be made confidentially to the NHS Fraud and Corruption Reporting line 0800 028 40 60; or on-line reporting facility https://cfa.nhs.uk/report-fraud. Fraud investigations may lead to prosecution and civil recovery procedures, alongside

internal disciplinary action. The LCFS' work closely with professional and regulatory bodies should any of their registrants be found to have engaged in fraudulent conduct.

9. OBLIGATIONS TO UNDERTAKE CONTINUAL PROFESSIONAL DEVELOPMENT

9.1 Overview

The HCPC Standards of Continual Professional Development place specific obligations on registrants. The obligations are as follows:

1. Maintain a continuous, up-to-date and accurate record of their CPD activities;

2. Demonstrate that their CPD activities are a mixture of learning activities relevant to current or future practice;

3. Seek to ensure that their CPD has contributed to the quality of their practice and service delivery;

4. Seek to ensure that their CPD benefits the service user; and

5. Upon request, present a written profile (which must be their own work and supported by evidence) explaining how they have met the Standards for CPD.

As a responsible employer WAST recognises the need to ensure all employees, including registered employees, are afforded opportunity to undertake appropriate education in line with their role, including statutory and mandatory learning (MIST).

By the very nature of this statutory and mandatory learning and the accompanying professional obligations, it is imperative that all staff actively pursue these opportunities and ensure they are booked onto the first available programme.

Standard 3.3 of the HCPC Standards of Conduct, Performance and Ethics stipulates you must keep your knowledge and skills up to date and relevant to your scope of practice through continuing professional development.

Failure to undertake maintenance of practice and CPD activities places a registrants current registration status at risk and has the potential to call their professionalism into question. Moreover, this failure to undertake CPD commitments for which the employee has received payment also places them in a potential position of fraudulently claiming for hours worked.

Paramedics are required to compile and present evidence of their ongoing CPD and maintenance of practice this may be required by respective clinical leads or service delivery managers. This could be benchmarked against the following guidance at https://www.hcpc-uk.org/cpd/what-is-cpd/ The document in this link confirms patient confidentiality should be adhered to and personal details of service users should be redacted.

10. CONSULTATION

10.1 Summary of consultation methods

Consultation has been well received with comments from many areas of work and have been incorporated into the Policy.

11. OUTCOMES OF CONSULTATION

All consultation outcomes have been recorded and logged in the comments log checklist.

12. EQUALITY

In accordance with the Equality Act 2010 this Policy has been subjected to an Equality Impact Assessment (EqIA).

This has enabled resources to be targeted effectively and where required help to reduce inequalities. The EqIA is a process to find out whether a Policy will affect people differently on the basis of their 'protected characteristics': age, disability, gender re-assignment, marriage or civil partnership, pregnancy or maternity, race, religion, sex or sexual orientation and if it will affect their human rights.

Evidence gathered at the initial stages, by undertaking an initial screening, has determined the relevance of the policy and how it affects people as service users, members of the public and as employees of the Trust and has indicated that a full EqIA is not required. The Policy will have a positive effect on all relevant groups.

13. RESPONSIBILITIES

If the individual concerned was not already identified through the procedures set out in Section 8, it is the responsibility of the People Services Partner and the relevant Regional Clinical Lead – Consultant Paramedic, to review the case and outcome and consider the need to take appropriate actions where required if the individual's registration status has changed.

13.1 Paramedic

It is the responsibility of the individual Paramedic to actively engage, including scheduled attendance where necessary, with the statutory and mandatory continual professional development process. Failure to participate may lead to investigation of the individual's actions and remedial action being taken.

13.2 People Services Partner

It is the responsibility of the People Services Partner to notify the respective Regional Clinical Lead – Consultant Paramedic of any cases resulting in formal action against registered clinical staff for conduct, competence, or absence. It is the responsibility of the People Services Partner to compile the appropriate paperwork to support the referral and for managers involved in the case to provide appropriate witness testimony on request.

13.3 Regional Clinical Leads/Consultant Clinicians

It is the responsibility of the Regional Clinical Lead/Consultant Clinician, in consultation with the Assistant Director of Clinical Delivery where required to review the case and determine whether referral to the relevant regulatory body is appropriate.

It is the responsibility of the Regional Clinical Lead/Consultant Clinician to report individuals considered for referral and those referred to regulatory bodies, to the Clinical Directorate Business Meeting (chaired by the Executive Director of Paramedicine Director) on a biannual basis.

13.4 Health Board Clinical Leads and Senior Paramedics

It is the responsibility of the Health Board Clinical Leads, in conjunction with the Senior Paramedics to work with the locality management teams to actively promote the uptake of these CPD opportunities and ensure staff are made aware of their professional responsibilities.

13.5 Executive Director of Paramedicine / Director of People and Culture

It is the responsibility of the Executive Director of Paramedicine to work with the Director of People and Culture to approve the content of the WAST annual CPD programme.

13.6 Head of Workforce Education and Development

It is the responsibility of the Head of Workforce Education and Development to provide sufficient CPD opportunities, aligned to organisational need, to allow for all clinical staff to attend.

13.7 Assistant Director of Clinical Delivery

The Assistant Director of Clinical Delivery is responsible for providing assurance to the Executive Leadership Team that all Paramedics employed are appropriately registered.

13.8 Locality Management Team or equivalent

It is the responsibility of the locality management team or equivalent to ensure that all employees are actively encouraged onto the CPD programme, with specific focus being placed upon the statutory and mandatory elements.

14. DISSEMINATION AND IMPLEMENTATION

14.1 Dissemination

Once ratified this policy will be added to the Trusts Policy Section on the Intranet site to which all staff have access.

15. FURTHER INFORMATION

Further advice or information is available from:

- The Trusts People Services Hub 0300 123 23 14
- Health Care Professions Council - 020 7582 0866 - www.hcpc-uk.org

DRAFT

AGENDA ITEM No	
OPEN or CLOSED	**Open**
No of ANNEXES ATTACHED	**4**

NHS Wales Respect and Resolution Policy

MEETING	People and Culture Committee
DATE	30 August 2024
EXECUTIVE	Angela Lewis, Director of People and Culture
AUTHOR	Sara Williams, Workforce Policy and Governance Lead
CONTACT	Sara.Williams5@wales.nhs.uk

EXECUTIVE SUMMARY

This report outlines the revision of the NHS Wales Respect and Resolution Policy, intended for formal adoption by the Welsh Ambulance Services University NHS Trust. It is presented to the People and Culture Committee for formal adoption.

KEY ISSUES/IMPLICATIONS

Not applicable.

REPORT APPROVAL ROUTE

People and Culture Committee on 30 August 2024 – for adoption.

REPORT APPENDICES

Appendix 1 – NHS Wales Respect and Resolution Policy (ENG)
Appendix 2 – NHS Wales Respect and Resolution Policy (CYM)
Appendix 3 – NHS Wales Respect and Resolution Policy FAQs (ENG)
Appendix 4 – NHS Wales Respect and Resolution Policy FAQs (CYM)

REPORT CHECKLIST

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

Health Improvement	Y	Socio Economic Duty	NA
Health and Safety	Y	TU Partner Consultation	Y

SITUATION

1. This report outlines revisions to the NHS Wales Respect and Resolution Policy and FAQs. The Policy is intended for formal adoption by the Welsh Ambulance Services NHS Trust.

2. The revised policy and FAQs have been distributed by to all Health Boards and Trusts in Wales for adoption and implementation at the earliest opportunity.

BACKGROUND

3. The revised NHS Wales Respect and Resolution Policy was agreed by the Welsh Partnership Forum at its meeting held on 21 March and the Medical and Dental Business Group meeting held on 22 May and applies to all employees.

4. The policy has now been translated into Welsh and formally issued to the Service for noting and implementation.

5. The revised NHS Wales Respect and Resolution Policy is a collaborative initiative between the Welsh Government, NHS Wales, and trade union representatives, and applies to all employees. It is intended to help deal with any requests for resolution relating to employee's employment fairly, constructively and without unreasonable delay.

6. There are only minor changes to the policy itself with additional text included at paragraphs 2.2 and 2.4. However, the FAQs have been significantly updated.

7. The attached PDF plain version of the policy (English and Welsh) is in place for the time being, whilst a new approach to policy design and production is considered, as agreed at the WPF Business Committee held on 26 June 2024.

ASSESSMENT

8. The following key changes to the FAQs document are noted:

9. Question 4, *"What constitutes an accurate record?"*

The additional examples of *"…contemporaneous letter or email"* are referenced as examples of an accurate record.

10. Question 5, *"Are there any instances when status quo would not apply?"*.

This has been amended as follows:

Question 5, *"Are there any instances when status quo would not apply?"*. Former version	Question 5, *"Are there any instances when status quo would not apply?"*. Revised version
Status quo means that the existing state of affairs remains unchanged. The status quo will normally continue until the request for resolution has been resolved or the formal procedure has been exhausted. There may be exceptional circumstances such as (but not limited to) a breach of legal requirements or clinical safety issues which may impact upon the status quo. In such exceptional circumstances early dialogue with the employee(s) and/or representative(s) should take place.	Status quo means that the existing state of affairs remains unchanged. The status quo at the time you make your request for resolution will normally remain in place throughout the policy. The status quo will continue until the request for resolution has been resolved or the formal procedure has been exhausted, other than in exceptional circumstances where it would be a breach of legal requirements or safety issues which may impact upon the status quo. In such exceptional circumstances early dialogue with the employee(s) and/or representative(s) should take place.

11. Question 7 *"Does this policy replace the Dignity at Work Policy and Grievance Policy?"* The following sentence has been removed:

> *"We appreciate that this may be difficult in cases of bullying and harassment, where employees may not wish to 'tackle' the issues head on with the other individuals involved."*

12. Question 8 "*I don't believe informal resolution is possible can I go straight to the formal part of the policy?"*.

    The latest version of the FAQs states that toolkits for informal resolution are used *"…if possible"*.

    There is also reference made to the following, summarised below:

- Staff who have experienced bullying, harassment or discrimination (such as racism), the impact this may have on the individual, and how this will be managed.
- Providing staff with a reasonable expectation that their concerns will be taken seriously, and that behaviour inconsistent with NHS Wales values will be actively identified and addressed.
- Compassionate leadership principles.
- Raising experiences of racism.

13. Question 9 *"Can witnesses be called to resolution meetings?";* the following sentence has been added:

    "Whilst the focus at resolution meetings should be on finding and achieving a resolution, it is understood that arbitration between conflicting evidence is sometimes necessary to achieve resolution (especially if the member of staff feels they have not been supported, believed, or taken seriously."

14. Question 10 *"The time scales set out in the policy have been missed. What are the implications of this?"*

    Further detail has been added regarding missing the timescales set out in the policy and how this should be managed:

    - In addition to the complex nature of some of the issues raised, resource issues may also be a reason for why there is non-compliance with timescales.
    - If it is not possible to meet the timescales which are set out in the policy then *"…a realistic timeframe should be agreed."*
    - *"It is expected that the employer will have a mechanism for recording and auditing the reasons for delays."*

15. Question 16 *"Are the informal steps (e.g. using the toolkits) mandatory?"*

    The following paragraphs have been added:

    "Use of the toolkits to informally resolve any issues is strongly encouraged and is fundamental to developing healthy working relationships in the long term. We believe that you will be able to resolve your issues far better if the informal steps are pursued in a sincere manner. In circumstances where this is not possible or appropriate the formal process will be followed.

    It is recognised that our aim is to move the culture of NHS Wales organisations from individuals feeling blamed for their experiences (often

unintentionally) to one of hearing and supporting individuals who experience discrimination due to race or other protected characteristics."

16. Question 20 *"What should I do if I feel like I am being bullied or harassed?"*

    The revised version expands on why someone may find it too difficult or uncomfortable to raise the problem informally with the person responsible, e.g. an imbalance of power, or some other reasons. The revised version no longer includes the word "embarrassing" as a reason for why someone may not raise the issue informally.

17. Question 22 *"How will I be protected during this process?"*

    The following paragraph has been added:

    "Moving the person who has raised a complaint after that complaint has been upheld is not always appropriate and may have a negative impact on their career and wellbeing. It is vital to ask individuals what they want to happen and if they or the other person should be moved."

18. Question 24 *"Is it possible to go through the process through the medium of Welsh?"*

    The response refers to raising a concern or complaint through the medium of the Welsh language both verbally and in writing, and signposts to the specific standards within the Welsh Language Standards.

    This replaces questions 23a, 23b, 23c, and 23d in the former FAQs:

    "Yes, it is possible for you to raise a concern or complaint through the medium of the Welsh language both verbally and in writing, you are also have a right to have meetings conducted through the medium of Welsh. In some instances, when English speaking staff attend any meetings, you or your employer can request that an interpreter be present to translate from Welsh to English, and this can be arranged by following local arrangements by the organisation that you work for.

    These are specific rights for Welsh speaking staff working in any NHS organisation in Wales, as per the Welsh Language Standards the specific standards that cover this specific process are standards 82, 83, 84, 85, 86, 87."

RECOMMENDED

19. The NHS Wales Respect and Resolution Policy is presented to the People and Culture Committee for formal adoption.

NHS WALES

RESPECT AND RESOLUTION POLICY

Version 2.0 09/07/2024

CONTENTS

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1. ABOUT THIS POLICY

1.1 We seek to ensure that all employees have access to a policy to help deal with any requests for resolution relating to their employment fairly, constructively and without unreasonable delay.

1.2 We aim to encourage fairness and positive relationships within the workplace. We aim to prevent bullying, harassment and any form of unacceptable behaviour.

1.3 We recognise that a positive working environment and good working relationships have a beneficial impact on employee wellbeing, engagement and patient experience. A positive working environment can also lead to better performance, improved employee retention and reduced stress related sickness absence. Focusing on resolution is good for our organisation, it is good for you and it is good for our patients and service users.

1.4 We recognise conflict and disagreements in the workplace happens but should not always be viewed negatively. When conflict is managed well it leads to healthy, resilient and positive working relationships. We strive for a workplace where everyone can engage with each other constructively and use the toolkit available to seek their own resolution as far as possible.

1.5 If this happens, we will support employees and managers to work together to resolve any issues and conflict constructively and quickly.

1.6 We commit to resolving issues at the earliest opportunity without resorting to a formal policy. As a last resort it may be necessary to use the formal part of this policy to resolve disputes or issues. This policy sets out our commitment to helping you seek a resolution.

1.7 This policy applies to all employees.

1.8 This policy has been agreed by the Wales Partnership Forum.

1.9 This policy constitutes the formal grievance policy.

1.10 The Core Principles of NHS Wales are central to this policy and apply throughout.

2. USING THIS POLICY

2.1 This Resolution Policy is aimed at securing constructive and lasting solutions to workplace disagreements, conflicts and complaints. Issues that could cause disagreements, conflicts or complaints may include but are not limited to:

(a) terms and conditions of employment;
(b) health and safety;
(c) work relations;

(d) bullying and harassment;
(e) new working practices;
(f) working environment;
(g) organisational change; and
(h) discrimination.

2.2 The status quo at the time you make your request for resolution will normally remain in place throughout the policy.

The status quo will continue until the request for resolution has been resolved or the formal procedure has been exhausted, other than in exceptional circumstances where it would be a breach of legal requirements or safety issues which may impact upon the status quo.

2.3 Everyone should ensure that issues are dealt with in a fair and consistent way and dealt with quickly and supportively.

2.4 Every workplace in the NHS in Wales should be free from bullying and harassment. We are committed to ensure all staff are treated, and treat others, with dignity and respect. This policy covers harassment or bullying which occurs at work and out of the workplace, such as on business trips, at work-related events, social functions or online. It covers bullying and harassment by staff (which may include contractors and agency workers) and also by third parties such as patients and visitors to our premises.

Conversely, staff who have experienced bullying, harassment or discrimination (such as racism) may have experiences not being believed, not taken seriously, or not having issues addressed. They may feel discouraged from raising issues, poorly treated or revictimized through the process, resulting in significant detrimental mental health impacts on individuals. Such allegations should come in at the formal stage of the respect and resolution process, where appropriate, and if there was evidence in line with initial assessment we would move to disciplinary or capability processes.

Whilst it would not be appropriate for an employee to specify a pre-determined sanction (such as disciplinary action) as a potential resolution, staff must be given a reasonable expectation that their concerns will be taken seriously, and that behaviour inconsistent with NHS Wales values will be actively identified and addressed, particularly in situations where there is evidence of repeated patterns of behaviour or causing relationship breakdown, balancing confidentiality with the need to keep the individual updated.

Compassionate leadership principles and approaches should be applied throughout, supported by training in applying the policy in an anti-discriminatory and culturally competent manner.

In particular, the culture of blaming those who have raised experiences of racism, whilst denying NHS Wales organisations are systemically racist, needs to be actively acknowledged and addressed.

3. INFORMAL RESOLUTION

3.1 It is our aim that we each take ownership of our relationships so that they are as healthy as possible. To help this, a toolkit has been developed which includes these useful approaches:

(a) Reflecting Tips on how we can have healthy relationships

(b) Having a Cuppa Conversation

(c) Discussing with an appropriate leader/manager

(d) Taking part in an independently Facilitated Conversation

(e) Accessing accredited Mediation.

3.2 It is expected that the variety of tools and resources available are used to help resolve the issue(s) prior to raising a formal request for resolution. This can be done with the support of your line manager though this may not always be necessary.

3.3 Most disagreements can be resolved quickly and informally through discussion with your colleagues or line manager. If you feel unable to speak to your manager, for example, because the issue involves them, then you should speak informally to a more senior manager, your Trade Union Representative or a member of Human Resources. If this does not resolve the issue, you should follow the formal part of the policy below.

4. FORMAL REQUEST FOR RESOLUTION

4.1 This step of the policy constitutes a formal grievance.

4.2 If your issues cannot be resolved informally by using the resources outlined in the toolkit, you should put your request for resolution in writing and submit it to your line manager (or a more senior manager if the issue involves your line manager) or a member of Human Resources.

4.3 Human Resources will appoint someone impartial, of sufficient seniority to consider the request. This appointment usually takes place within seven days of receiving the request. This person will be known as the Chair and will decide on the outcome of your request.

4.4 Your written request for resolution should contain a description of the nature of your issue, including any relevant facts, dates, names of individuals involved and the desired resolution you hope to achieve. In some situations, we may ask you to provide more information.

4.5 An employee may make a complaint or raise an issue in Welsh and may also respond in Welsh to any allegations made against them and they should be advised of this at the beginning of any proceedings. Any subsequent proceedings should be conducted in Welsh or a simultaneous translation service provided.

5. FORMAL RESOLUTION MEETINGS

5.1 The Chair will meet with you to discuss your request for resolution. This should happen within 14 days of the chair being appointed. The purpose of this meeting is to allow you to explain your issue, explain how you think it should be resolved, enabling a decision to be reached based on the available evidence and representations you have made. The focus of this meeting will be seeking a resolution.

5.2 Depending on the detail included within your request for resolution the Chair will either explore the issues with you at this meeting and decide on an outcome or will initiate an investigation to enable your request to be considered further.

5.3 If a detailed investigation is necessary, the Chair will appoint an investigator. This will normally be an employee of the organisation who is impartial. At this stage, the terms of reference and the timescales will be agreed.

5.4 The level of any investigation required will depend on the nature of the issues involved and will vary from case to case. It may involve interviewing and taking statements from you and any witnesses, and/or reviewing relevant documents.

5.5 The Chair will make a decision based on the information gathered at the formal resolution meeting(s) and with reference to any investigation, if appropriate.

5.6 If it is possible the Chair will provide you with a verbal decision at the end of the meeting. In any event, we will write to you, usually within seven days of the formal resolution meeting, to inform you of the outcome and any further action that is intended to resolve the issues. We will also remind you of your right of appeal.

5.7 An accurate record of the meeting will be made and will be available upon request.

6. APPEALS

6.1 If your issue has not been resolved to your satisfaction you may appeal in writing within 14 days of the date on which the decision was communicated to you in writing.

6.2 We will hold an appeal meeting, normally within one month of receiving your written appeal. This will be dealt with impartially by a more senior person than the Chair who has not previously been involved in the case (although they may ask anyone previously involved to be present where relevant for points of clarification).

6.3 This person will be known as the Appeal Chair. The Appeal Chair will be appointed by Human Resources and will usually be appointed within seven days of the appeal being received. The focus of this meeting, again, will be on seeking a resolution.

6.4 We will confirm our final decision in writing within seven days of the appeal meeting. This is the end of the procedure and there is no further appeal.

7. RIGHT TO BE ACCOMPANIED

7.1 You may bring a companion to any investigatory meeting, resolution meeting or appeal meeting to help and support you. The companion may be either a Trade Union Representative or a work colleague.

7.2 At the resolution and appeal meetings your companion may address the meeting to put and sum up your case, respond on your behalf to any views expressed, ask questions and confer with you during the meeting. Your companion should not answer questions on your behalf. You may adjourn and talk privately with them at any time during the meeting.

7.3 All witnesses will also have the right to be accompanied.

8. COLLECTIVE REQUEST FOR RESOLUTION

8.1 This part of the policy applies where more than one employee wishes to invoke the policy on the same issue. This would constitute a formal collective grievance.

8.2 If resolution is required for a collective issue the stages of this policy will be followed in accordance with sections 3 to 7 above. All employees who are in support of the collective request for resolution will need to be identified on the submission.

8.3 The number of employees attending the formal meeting to represent the collective group will be agreed at the outset (but should not normally exceed three employees plus their companion).

8.4 Where this policy fails to reach a resolution to the collective issue, either side may refer the matter to the Advisory Conciliation & Arbitration Service (ACAS) for advice or conciliation.

9. OVERLAPPING REQUESTS FOR RESOLUTION AND DISCIPLINARY PROCESSES

9.1 Where you raise a request for resolution during a disciplinary process, the manager will discuss with you and your representative before a decision is made on whether the disciplinary policy should be temporarily suspended in order to deal with the request for resolution. Where the request for resolution and disciplinary cases are related it may be appropriate to deal with both issues concurrently.

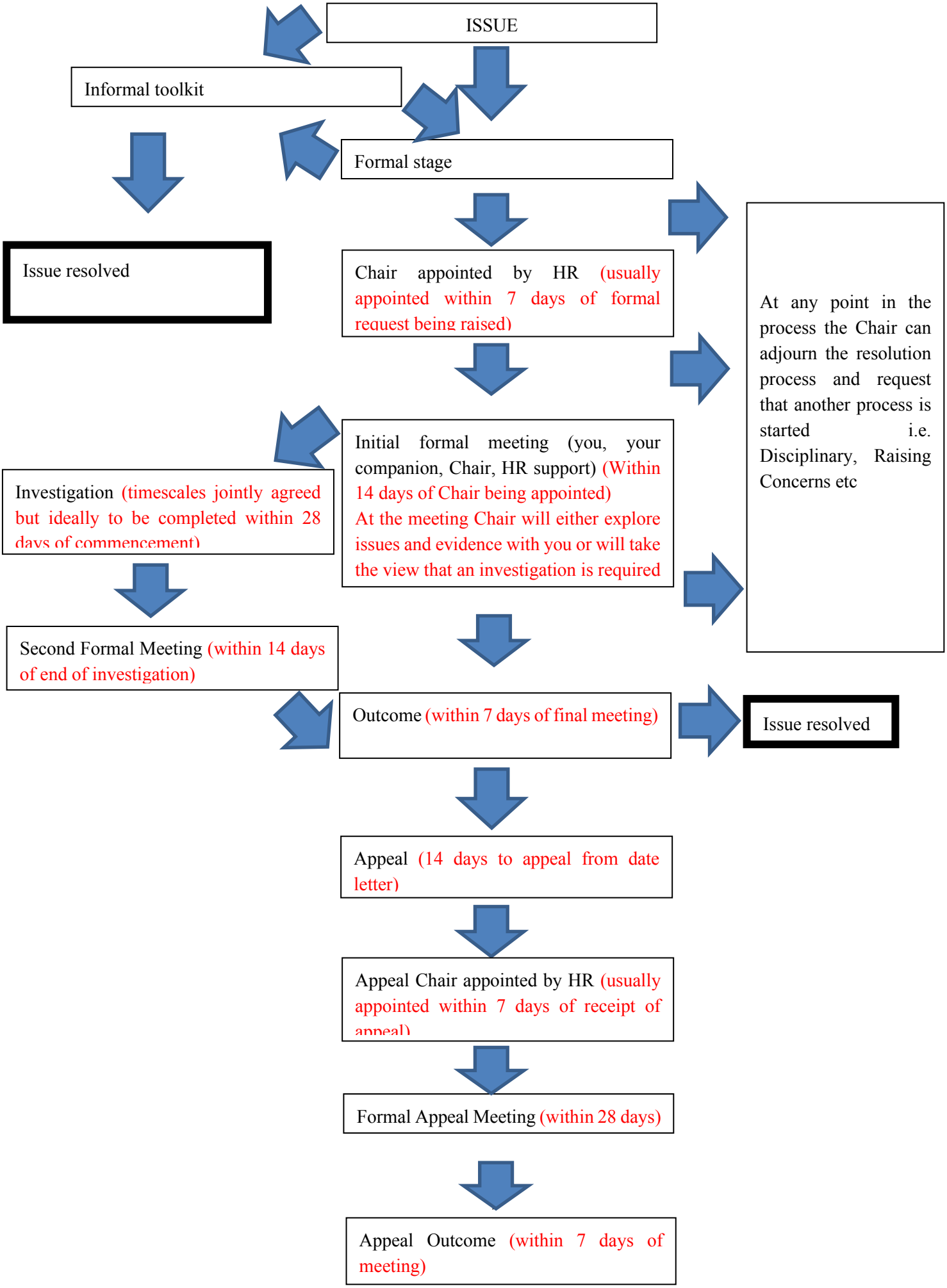
9.2 There may be occasions when disagreements or conflict have been resolved using the toolkit however the organisation may feel that a disciplinary process is required where core values or standards have been breached.

9.3 In some circumstances, such as in cases of harassment or discrimination, it may be decided by the Chair that it is more appropriate to suspend the resolution process and progress the matter under the appropriate disciplinary policy.

10. LEARNING FROM EVENTS

10.1 Where appropriate we will reflect and learn from the resolution process. This stage is not a requirement but is encouraged and may be useful in helping develop healthier working environments and relationships.

10.2 This review should be conducted in partnership where appropriate, with a view to developing and supporting a healthy working culture. These discussions should be focused on positive outcomes and change (see toolkit).


ISSUE
Informal toolkit
Formal stage
Issue resolved
Chair appointed by HR (usually appointed within 7 days of formal request being raised)
At any point in the process the Chair can adjourn the resolution process and request that another process is started i.e. Disciplinary, Raising Concerns etc
Initial formal meeting (you, your companion, Chair, HR support) (Within 14 days of Chair being appointed)
At the meeting Chair will either explore issues and evidence with you or will take the view that an investigation is required
Investigation (timescales jointly agreed but ideally to be completed within 28 days of commencement)
Second Formal Meeting (within 14 days of end of investigation)
Outcome (within 7 days of final meeting)
Issue resolved
Appeal (14 days to appeal from date letter)
Appeal Chair appointed by HR (usually appointed within 7 days of receipt of appeal)
Formal Appeal Meeting (within 28 days)
Appeal Outcome (within 7 days of meeting)

GIG CYMRU

POLISI PARCH A DATRYS

Fersiwn 2.0 09/07/2024

CYNNWYS

1. Ynglŷn â'r polisi hwn 1
2. Defnyddio'r polisi hwn 1
3. Datrysiad Anffurfiol 3
4. Cais Ffurfiol am Ddatrysiad 3
5. Cyfarfodydd Datrys Ffurfiol 4
6. Apeliadau 4
7. Yr hawl i gael rhywun gyda chi 5
8. Cais ar y Cyd am Ddatrysiad 5
9. Ceisiadau am Ddatrysiad a Phrosesau Disgyblu sy'n gorgyffwrdd. 5
10. Dysgu o Ddigwyddiadau 6

1. YNGLŶN Â'R POLISI HWN

1.1 Rydym yn ceisio sicrhau bod gan bob cyflogai fynediad at bolisi i helpu i ymdrin ag unrhyw geisiadau am ddatrysiad yn ymwneud â'i gyflogaeth yn deg, yn adeiladol a heb oedi afresymol.

1.2 Ein nod yw annog tegwch a pherthnasoedd cadarnhaol yn y gweithle. Ein nod yw atal bwlio, aflonyddu ac unrhyw fath o ymddygiad annerbyniol.

1.3 Rydym yn cydnabod bod amgylchedd gwaith cadarnhaol a pherthnasoedd gwaith da yn cael effaith gadarnhaol ar lesiant ac ymgysylltiad y cyflogai ac ar brofiad cleifion. Gall amgylchedd gwaith cadarnhaol hefyd arwain at berfformiad gwell, cadw mwy o gyflogai a llai o absenoldeb salwch sy'n gysylltiedig â straen. Mae canolbwyntio ar ddatrys yn dda i'n sefydliad, mae'n dda i chi ac mae'n dda i'n cleifion a'n defnyddwyr gwasanaeth.

1.4 Rydym yn cydnabod bod gwrthdaro ac anghydfodau yn digwydd yn y gweithle, ond ni ddylid eu hystyried yn negyddol bob amser. Pan fydd gwrthdaro yn cael ei reoli'n dda, mae'n creu perthnasoedd gwaith iach, cydnerth a chadarnhaol. Rydym yn ymdrechu i gael gweithle lle gall pawb ymwneud â'i gilydd yn adeiladol a defnyddio'r pecyn cymorth sydd ar gael i ddod o hyd i'w datrysiadau eu hunain cyn belled ag y bo modd.

1.5 Os bydd hyn yn digwydd, byddwn yn cefnogi cyflogeion a rheolwyr i gydweithio i ddatrys unrhyw faterion a gwrthdaro yn adeiladol ac yn gyflym.

1.6 Rydym yn ymrwymo i ddatrys materion ar y cyfle cyntaf heb ddefnyddio polisi ffurfiol. Os bydd popeth arall yn methu, efallai y bydd angen defnyddio rhan ffurfiol y polisi hwn i ddatrys anghydfodau neu faterion. Mae'r polisi hwn yn amlinellu ein hymrwymiad i'ch helpu chi i ddod o hyd i ddatrysiad.

1.7 Mae'r polisi hwn yn berthnasol i'r holl gyflogeion.

1.8 Mae Fforwm Partneriaeth Cymru wedi cytuno ar y polisi hwn.

1.9 Mae'r polisi hwn yn ffurfio'r polisi cwynion ffurfiol.

1.10 Mae Egwyddorion Craidd GIG Cymru yn ganolog i'r polisi hwn ac maent yn berthnasol drwyddi draw.

2. DEFNYDDIO'R POLISI HWN

2.1 Nod y Polisi Datrys hwn yw sicrhau datrysiadau adeiladol a pharhaol i anghytundebau, gwrthdaro a chwynion yn y gweithle. Gall materion sy'n achosi anghytundebau, gwrthdaro a chwynion gynnwys, ond nid ydynt yn gyfyngedig i'r canlynol:

(a) telerau ac amodau cyflogaeth;

(b) iechyd a diogelwch;
(c) perthnasoedd gwaith;
(d) bwlio ac aflonyddu;
(e) arferion gwaith newydd;
(f) amgylchedd gwaith;
(g) newid sefydliadol; a
(h) gwahaniaethu.

2.2 Bydd y status quo ar yr adeg y byddwch yn gwneud eich cais am ddatrysiad fel arfer yn parhau ar waith trwy gydol y polisi.

Bydd y *status quo* yn parhau hyd nes y bydd y cais am benderfyniad wedi'i ddatrys neu hyd nes y bydd y weithdrefn ffurfiol wedi'i dihysbyddu, ac eithrio mewn amgylchiadau eithriadol lle byddai'n torri gofynion cyfreithiol neu faterion diogelwch a allai effeithio ar y *status quo*.

2.3 Dylai pawb sicrhau yr ymdrinnir â materion mewn ffordd deg a chyson a hynny'n gyflym a chyda chefnogaeth.

2.4 Dylai pob gweithle yn GIG Cymru fod yn rhydd rhag bwlio ac aflonyddu. Rydym wedi ymrwymo i sicrhau bod yr holl staff yn cael eu trin, ac yn trin pobl eraill, ag urddas a pharch. Mae'r polisi hwn yn cynnwys aflonyddu a bwlio sy'n digwydd yn y gwaith a'r tu allan i'r gweithle, megis ar dripiau gwaith, mewn digwyddiadau sy'n gysylltiedig â'r gwaith, digwyddiadau cymdeithasol neu ar-lein. Mae'n cynnwys bwlio ac aflonyddu gan staff (a all gynnwys contractwyr a gweithwyr asiantaeth) a hefyd gan drydydd partïon megis cleifion ac ymwelwyr â'n hadeiladau.

I'r gwrthwyneb, mae'n bosibl y bydd gan staff sydd wedi profi bwlio, aflonyddu neu wahaniaethu (megis hiliaeth) brofiadau o beidio â chael eu credu, peidio â chael eu cymryd o ddifrif, neu beidio â mynd i'r afael â'u problemau. Mae'n bosibl y byddant yn teimlo eu bod yn cael eu hannog i beidio â chodi materion, yn cael eu trin yn wael neu eu bod yn cael eu hail-erlid trwy'r broses, gan arwain at effeithiau iechyd meddwl niweidiol sylweddol ar unigolion. Dylai honiadau o'r fath gael eu cyflwyno yn ystod cam ffurfiol y broses parch a datrys, lle bo'n briodol, a phe bai tystiolaeth yn unol ag asesiad cychwynnol, byddem yn symud i brosesau disgyblu neu alluogrwydd.

Er na fyddai'n briodol i gyflogai nodi cosb a bennwyd ymlaen llaw (megis camau disgyblu) fel datrysiad posibl, rhaid rhoi disgwyliad rhesymol i staff y bydd eu pryderon yn cael eu cymryd o ddifrif, a bod ymddygiad sy'n anghyson â gwerthoedd GIG Cymru yn cael eu nodi'n weithredol ac yn cael sylw, yn enwedig mewn sefyllfaoedd lle mae tystiolaeth o batrymau ymddygiad mynych neu rai sy'n achosi tor-perthynas, gan gydbwyso cyfrinachedd â'r angen i roi'r wybodaeth ddiweddaraf i'r unigolyn.

Dylid cymhwyso egwyddorion a dulliau arwain tosturiol drwyddi draw, wedi'u hategu gan hyfforddiant ar gymhwyso'r polisi mewn modd gwrth-wahaniaethol a diwylliannol gymwys.

Yn benodol, mae angen cydnabod a mynd i'r afael â'r diwylliant o feio'r rhai sydd wedi codi profiadau o hiliaeth a dylid cydnabod a mynd i'r afael â gwadu bod sefydliadau GIG Cymru yn hiliol yn systemig.

3. DATRYSIAD ANFFURFIOL

3.1 Ein nod yw bod pob un ohonom yn cymryd cyfrifoldeb am ein perthnasoedd fel eu bod mor iach â phosibl. I helpu hyn, mae pecyn cymorth wedi'i ddatblygu sy'n cynnwys y dulliau defnyddiol hyn:

(a) Defnyddio ein disgwyliadau/addewidion a rennir
(b) Awgrymiadau Myfyrio ar sut y gallwn gael perthnasoedd iach
(c) Cael Sgwrs dros Baned
(d) Trafod ag arweinydd/rheolwr priodol
(e) Ennill cefnogaeth (a her) gan gydweithiwr *Resolution Network*
(f) Cymryd rhan mewn Sgwrs wedi'i Hwyluso'n annibynnol
(g) Cael mynediad at Gyfryngu achrededig

3.2 Disgwylir bod yr amrywiaeth o offer ac adnoddau sydd ar gael yn cael eu defnyddio i helpu i ddatrys y mater(ion) cyn gwneud cais ffurfiol am ddatrysiad. Gellir gwneud hyn gyda chefnogaeth eich rheolwr llinell, er efallai na fydd hyn yn angenrheidiol bob tro.

3.3 Gellir datrys y rhan fwyaf o anghytundebau yn gyflym ac yn anffurfiol drwy drafod â'ch cydweithwyr neu reolwr llinell. Os nad ydych yn teimlo eich bod yn gallu siarad â'ch rheolwr, er enghraifft, oherwydd bod y mater yn ei gynnwys, yna dylech gael sgwrs anffurfiol ag uwch reolwr, eich Cynrychiolydd Undeb Llafur neu aelod o Adnoddau Dynol. Os nad yw hyn yn datrys y mater, dylech ddilyn rhan ffurfiol y polisi isod.

4. CAIS FFURFIOL AM DDATRYSIAD

4.1 Mae'r cam hwn o'r polisi yn gŵyn ffurfiol.

4.2 Os na ellir datrys eich materion yn anffurfiol trwy ddefnyddio'r adnoddau a amlinellir yn y pecyn cymorth, dylech wneud eich cais am ddatrysiad yn ysgrifenedig a'i gyflwyno i'ch rheolwr llinell (neu uwch reolwr os yw'r mater yn cynnwys eich rheolwr llinell) neu aelod o Adnoddau Dynol.

4.3 Bydd Adnoddau Dynol yn penodi rhywun diduedd, o brofiad digonol i ystyried y cais. Mae'r penodiad hwn fel arfer yn digwydd cyn pen saith diwrnod ar ôl derbyn y cais. Caiff yr unigolyn hwn ei adnabod fel y Cadeirydd a bydd yn penderfynu ar ganlyniad eich cais.

4.4 Dylai eich cais ysgrifenedig am ddatrysiad gynnwys disgrifiad o natur eich mater, gan gynnwys unrhyw ffeithiau, dyddiadau, enwau unigolion dan sylw perthnasol a'r datrysiad rydych yn gobeithio ei gael. Mewn rhai sefyllfaoedd, efallai y byddwn yn gofyn i chi roi mwy o wybodaeth.

4.5 Gall cyflogai wneud cwyn neu godi mater yn Gymraeg a gall hefyd ymateb yn Gymraeg i unrhyw honiadau a wneir yn ei erbyn a dylid ei hysbysu o hyn ar ddechrau unrhyw achos. Dylai unrhyw achos dilynol gael ei gynnal yn Gymraeg neu dylid darparu gwasanaeth cyfieithu ar y pryd.

5. CYFARFODYDD DATRYS FFURFIOL

5.1 Bydd y Cadeirydd yn cwrdd â chi i drafod eich cais am ddatrysiad. Dylai hyn ddigwydd cyn pen 14 diwrnod ar ôl penodi'r cadeirydd. Diben y cyfarfod hwn yw caniatáu i chi egluro'ch mater, egluro sut rydych yn meddwl y dylid ei ddatrys, gan alluogi dod i benderfyniad yn seiliedig ar y dystiolaeth sydd ar gael a'r sylwadau rydych chi wedi'u gwneud. Dod o hyd i ddatrysiad fydd ffocws y cyfarfod hwn.

5.2 Yn dibynnu ar y manylion sydd wedi'u cynnwys yn eich cais am ddatrysiad, bydd y Cadeirydd naill ai'n edrych ar y materion gyda chi yn y cyfarfod hwn ac yn penderfynu ar ganlyniad neu bydd yn cychwyn ymchwiliad i alluogi ystyried eich cais ymhellach.

5.3 Os bydd angen ymchwiliad manwl, bydd y Cadeirydd yn penodi ymchwilydd. Cyflogai diduedd yn y sefydliad fydd hwn fel rheol. Ar y cam hwn, cytunir ar y cylch gorchwyl a'r amserlen.

5.4 Bydd lefel unrhyw ymchwiliad sy'n ofynnol yn dibynnu ar natur y materion dan sylw a bydd yn amrywio o achos i achos. Gall gynnwys cyfweliadau a chymryd datganiadau gennych chi ac unrhyw dystion, a/neu adolygu dogfennau perthnasol.

5.5 Bydd y Cadeirydd yn gwneud penderfyniad yn seiliedig ar yr wybodaeth a gasglwyd yn y cyfarfod(ydd) datrys ffurfiol a chan gyfeirio at unrhyw ymchwiliad, os yw'n briodol.

5.6 Os yw'n bosibl, bydd y Cadeirydd yn rhoi penderfyniad ar lafar i chi ar ddiwedd y cyfarfod. Beth bynnag, byddwn yn ysgrifennu atoch, cyn pen saith diwrnod ar ôl y cyfarfod datrys ffurfiol fel rheol, i'ch hysbysu o'r canlyniad ac unrhyw gamau pellach y bwriedir iddynt ddatrys y materion. Byddwn yn eich atgoffa hefyd o'ch hawl i apelio.

5.7 Gwneir cofnod cywir o'r cyfarfod a bydd ar gael ar gais.

6. APELIADAU

6.1 Os na chafodd eich mater ei ddatrys yn foddhaol, gallwch wneud apêl ysgrifenedig cyn pen 14 diwrnod ar ôl y dyddiad y mynegwyd y penderfyniad i chi yn ysgrifenedig.

6.2 Byddwn yn cynnal cyfarfod apêl, fel rheol cyn pen mis ar ôl derbyn eich apêl ysgrifenedig. Ymdrinnir â hwn yn ddiduedd gan unigolyn ar lefel uwch na'r Cadeirydd nad yw wedi bod yn rhan o'r achos o'r blaen (er y gallant ofyn i rywun sydd wedi bod yn rhan o'r achos o'r blaen i fod yn bresennol lle bo hynny'n berthnasol i egluro rhai pwyntiau).

6.3 Bydd y person hwn yn cael ei adnabod fel Cadeirydd yr Apêl. Bydd Adnoddau Dynol yn penodi Cadeirydd yr Apêl a bydd yn cael ei benodi fel rheol cyn pen saith diwrnod ar ôl derbyn yr apêl. Unwaith eto, bydd y cyfarfod yn canolbwyntio ar ddod o hyd i ddatrysiad.

6.4 Byddwn yn cadarnhau ein penderfyniad terfynol yn ysgrifenedig cyn pen saith diwrnod ar ôl y cyfarfod apêl. Dyma ddiwedd y weithdrefn ac nid oes apêl bellach.

7. YR HAWL I GAEL RHYWUN GYDA CHI

7.1 Gallwch ddod â chydymaith i unrhyw gyfarfod ymchwilio, cyfarfod datrys neu gyfarfod apêl i'ch helpu a'ch cefnogi. Gall y cydymaith fod yn Gynrychiolydd Undeb Llafur neu'n gydweithiwr.

7.2 Yn y cyfarfodydd datrys ac apêl, gall y cydymaith annerch y cyfarfod i gyflwyno a chrynhoi'ch achos, ymateb ar eich rhan i unrhyw safbwyntiau a fynegir, gofyn cwestiynau a thrafod â chi yn ystod y cyfarfod. Ni ddylai eich cydymaith ateb cwestiynau ar eich rhan. Gallwch adael i siarad â'ch cydymaith yn breifat ar unrhyw adeg yn ystod y cyfarfod.

7.3 Bydd gan dystion yr hawl i gael rhywun gyda nhw.

8. CAIS AR Y CYD AM DDATRYSIAD

8.1 Mae'r rhan hon o'r polisi yn berthnasol pan fydd mwy nag un cyflogai yn dymuno gweithredu'r polisi ar yr un mater. Byddai hyn yn gŵyn ffurfiol ar y cyd.

8.2 Os oes angen datrysiad ar gyfer mater ar y cyd, dilynir camau'r polisi hwn yn unol ag adrannau 3 i 7 uchod. Bydd angen nodi'r holl gyflogeion sy'n cefnogi'r cais ar y cyd am ddatrysiad yn y cyflwyniad.

8.3 Bydd nifer y cyflogeion sy'n mynd i'r cyfarfod ffurfiol i gynrychioli'r grŵp ar y cyd yn cael ei gytuno ar y cychwyn (ond, fel rheol, ni ddylai'r nifer fod yn fwy na thri chyflogai ynghyd â'u cymdeithion).

8.4 Lle bo'r polisi hwn yn methu â sicrhau datrysiad i'r gŵyn a gyflwynwyd ar y cyd, gall y naill ochr gyfeirio'r mater i'r Gwasanaeth Cynghori, Cymodi a Chyflafareddu (ACAS) am gyngor neu gymodi.

9. CEISIADAU AM DDATRYSIAD A PHROSESAU DISGYBLU SY'N GORGYFFWRDD.

9.1 Pan fyddwch yn gwneud cais am ddatrysiad yn ystod proses ddisgyblu, bydd y rheolwr yn trafod â chi a'ch cynrychiolydd cyn gwneud penderfyniad ynghylch a ddylid atal y broses ddisgyblu dros dro er mwyn delio â'r cais am ddatrysiad. Lle bo cais am ddatrysiad ac achosion disgyblu'n gysylltiedig, gallai fod yn briodol ymdrin â'r ddau fater ar yr un pryd.

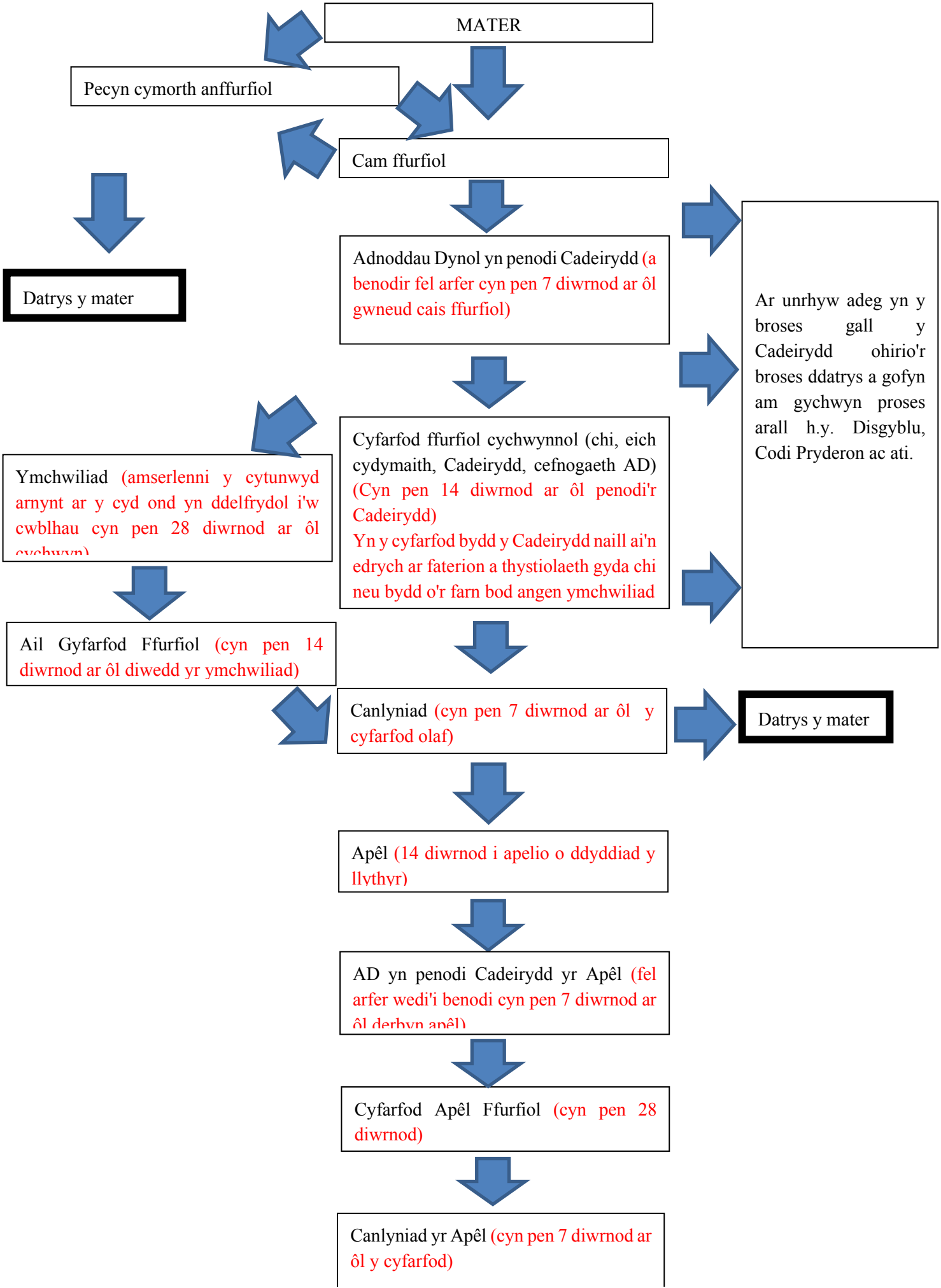
9.2 Efallai y bydd adegau pan fydd anghytundebau neu wrthdaro wedi'u datrys gan ddefnyddio'r pecyn cymorth, ond gall y sefydliad deimlo bod angen proses ddisgyblu pan fydd gwerthoedd neu safonau craidd wedi'u torri.

9.3 Mewn rhai amgylchiadau, megis mewn achosion o aflonyddu neu wahaniaethu, gall y Cadeirydd benderfynu ei bod yn fwy priodol atal y broses ddatrys a symud y mater ymlaen o dan y polisi disgyblu priodol.

10. DYSGU O DDIGWYDDIADAU

10.1 Lle y bo'n briodol, byddwn yn myfyrio ar y broses ddatrys ac yn dysgu ohoni. Nid yw'r cam hwn yn ofyniad ond mae'n cael ei annog a gallai fod yn ddefnyddiol wrth helpu i ddatblygu amgylcheddau a pherthnasoedd gwaith iachach.

10.2 Dylai'r adolygiad hwn gael ei gynnal mewn partneriaeth lle bo hynny'n briodol, gyda'r bwriad o ddatblygu a chefnogi diwylliant gwaith iach. Dylai'r trafodaethau hyn ganolbwyntio ar ganlyniadau cadarnhaol a newid (gweler y pecyn cymorth).


MATER
Pecyn cymorth anffurfiol
Cam ffurfiol
Datrys y mater
Adnoddau Dynol yn penodi Cadeirydd (a benodir fel arfer cyn pen 7 diwrnod ar ôl gwneud cais ffurfiol)
Ar unrhyw adeg yn y broses gall y Cadeirydd ohirio'r broses ddatrys a gofyn am gychwyn proses arall h.y. Disgyblu, Codi Pryderon ac ati.
Cyfarfod ffurfiol cychwynnol (chi, eich cydymaith, Cadeirydd, cefnogaeth AD) (Cyn pen 14 diwrnod ar ôl penodi'r Cadeirydd)
Yn y cyfarfod bydd y Cadeirydd naill ai'n edrych ar faterion a thystiolaeth gyda chi neu bydd o'r farn bod angen ymchwiliad
Ymchwiliad (amserlenni y cytunwyd arnynt ar y cyd ond yn ddelfrydol i'w cwblhau cyn pen 28 diwrnod ar ôl
Ail Gyfarfod Ffurfiol (cyn pen 14 diwrnod ar ôl diwedd yr ymchwiliad)
Canlyniad (cyn pen 7 diwrnod ar ôl y cyfarfod olaf)
Datrys y mater
Apêl (14 diwrnod i apelio o ddyddiad y llythyr)
AD yn penodi Cadeirydd yr Apêl (fel arfer wedi'i benodi cyn pen 7 diwrnod ar
Cyfarfod Apêl Ffurfiol (cyn pen 28 diwrnod)
Canlyniad yr Apêl (cyn pen 7 diwrnod ar ôl y cyfarfod)

Respect and Resolution Policy FAQs

1. Who is “we” and who is “you”?

“You” refers to you; i.e. the employee making the request for resolution. “We” refers to the employer as a corporate entity; i.e. the organisation. “We” should not be confused with the manager who is conducting the meeting(s) i.e. the Chair.

2. Who is covered by this policy?

Only employees are covered by the formal resolution policy. Workers (either agency or bank) do not have recourse to the formal part of this policy. However, all staff (substantive employees and bank and agency workers) have recourse to the informal resolution stages and should be supported and encouraged to seek resolution using the various tools. Workers will have a separate right to raise issues via their contractual terms of engagement.

3. Does this policy apply after employment has ended?

This policy applies to employees only, and therefore would not ordinarily apply after employment has ended. There may be some circumstances where the employer may want to explore/investigate issues raised after the employment has ended such as if there is a concern over unpaid wages or unused annual leave. If there is such a request for resolution it may be that the matter can be resolved without the need to use the formal part of the policy. Best practice would be to consider each issue on a case-by-case basis and to try to seek a resolution that means that the matter is not escalated externally.

4. What constitutes an accurate record?

Depending on the employer’s normal practice an accurate record can be minutes taken by a note taker (supplied by the employer), an audio recording, contemporaneous letter or email.

The employee raising the request for resolution should have an opportunity to comment on the accuracy of the record and access a copy of the record.

It is good practice to keep a written record of all stages in the process including investigation and meetings.

5. Are there any instances when status quo would not apply?

Status quo means that the existing state of affairs remains unchanged. The status quo at the time you make your request for resolution will normally remain in place throughout the policy.

The status quo will continue until the request for resolution has been resolved or the formal procedure has been exhausted, other than in exceptional circumstances where it would be a breach of legal requirements or safety issues which may impact upon the status quo.

In such exceptional circumstances early dialogue with the employee(s) and/or representative(s) should take place.

6. Does this policy apply if my complaint is about terms and conditions or working practices for instance?

Yes, this policy is the framework for any disagreement or issues at work. Some examples are provided in 2.1 of the policy. We would encourage and expect you to use discretion in deciding which is the most appropriate part of the toolkit to use to resolve your issue. You can seek advice from your Trade Union Representative or Human Resources should you require assistance in determining where to start with your particular issue.

7. Does this policy replace the Dignity at Work Policy and the Grievance Policy?

Yes, this policy is the framework for any workplace dispute. This policy replaces the previous Dignity at Work policy and the Grievance Policy. The aim of this approach is to encourage and support employees to use informal tools to resolve their workplace disagreements early and effectively in the first instance whilst still providing a clear formal procedure to follow if informal resolution is not possible.

Trade Union Representatives and Human Resources staff are able to assist should the issues involved be too sensitive to address directly.

8. I don't believe informal resolution is possible can I go straight to the formal part of the policy?

There may be circumstances where there is no other option than to go straight to the formal part of the policy however, we would expect and encourage that the toolkits for informal resolution are used if possible.

We recognise that a positive working environment and good working relationships have a beneficial impact on employee wellbeing, engagement and patient experience.

Conversely, staff who have experienced bullying, harassment or discrimination (such as racism) may have experiences not being believed, not taken seriously, or not having issues addressed. They may feel discouraged from raising issues, poorly treated or revictimized through the process, resulting in significant detrimental mental health impacts on individuals. Such allegations should come in at the formal stage of the respect and resolution process, where appropriate, and if there was evidence in line with initial assessment we would move to disciplinary or capability processes.

Whilst it would not be appropriate for an employee to specify a pre-determined sanction (such as disciplinary action) as a potential resolution, staff must be given a reasonable expectation that their concerns will be taken seriously, and that behaviour inconsistent with NHS Wales values will be actively identified and addressed, particularly in situations where there is evidence of repeated patterns of behaviour or causing relationship breakdown, balancing confidentiality with the need to keep the individual updated.

Compassionate leadership principles and approaches should be applied throughout, supported by training in applying the policy in an anti-discriminatory and culturally competent manner.

In particular, the culture of blaming those who have raised experiences of racism, whilst denying NHS Wales organisations are systemically racist needs to be actively acknowledged and addressed.

9. Can witnesses be called to resolution meetings?

Witnesses can be called to resolution meetings but there is not an automatic right to this. Discussions should take place between you and the Chair depending on the issues involved and the particular relevance of a specific witness. Witnesses should be allowed where their evidence is specific to the events on which the request for resolution is based. Where appropriate written witness statements should be encouraged.

Whilst the focus at resolution meetings should be on finding and achieving a resolution, it is understood that arbitration between conflicting evidence is sometimes necessary to achieve resolution (especially if the member of staff feels they have not been supported, believed, or taken seriously).

10. The time scales set out in the policy have been missed. What are the implications of this?

We will always try to comply with the time scales set out in the policy however there may be circumstances where this is not possible due to resource issues, or the complex nature of some of the issues raised. If it appears likely that timescales set out in the policy will not be met, then a realistic timeframe should be agreed and communicated to all parties. It is expected that the employer will have a mechanism for recording and auditing the reasons for delays.

11. How long should an investigation take to complete?

The length of an investigation will vary depending on the facts and nature of the circumstances. It is expected that an investigation should be completed within 28 days. In accordance with 5.3 of the policy, the parties should agree timescales and keep each other informed where possible.

12. What could happen if a malicious request for resolution is raised?

In circumstances where it becomes apparent that a request for resolution has been raised in a malicious manner the employer may decide to invoke disciplinary procedures against the employee raising the issue in a malicious manner. This is unlikely to occur very often however it is important to recognise that accusations made against individuals can be very upsetting and cause distress. Where it becomes apparent that the accusations are either malicious, have no basis or are in effect a form of bullying then the employer reserves the right to take the appropriate course of action.

13. Should all documentation be fully disclosed?

An open and transparent approach is important with regards to resolving conflicts and therefore ordinarily it would be expected that all parties receive all the documentation related to the case. There may be certain circumstances where information about patients or third parties will need to be redacted or that the nature of the complaint (i.e. sexual harassment) requires a greater degree of discretion. In circumstances where full disclosure is not possible, employers will be expected to explain why.

14. Is the resolution process confidential?

Individual resolution processes should be regarded as strictly confidential by all parties

involved. Details should only be shared with the parties involved which includes Trade Union Representatives. Breaching confidentiality will be treated very seriously and could result in disciplinary action.

15. What happens if there is an existing contractual process to resolve my complaint?

Where such processes exist, they should be followed. Example of such situations include but is not limited to processes like Agenda for Change job re-evaluation, or Junior Doctor banding appeals. If such processes exist, the appropriate processes should be followed. The decision in those processes will be final. If an issue arises with the process, however, then the resolution policy can be used.

16. Are the informal steps (i.e. using the toolkits) mandatory?

Use of the toolkits to informally resolve any issues is strongly encouraged and is fundamental to developing healthy working relationships in the long term. There will of course be circumstances where this is not appropriate but in the majority of cases we believe that you will be able to resolve your issues far better if the informal steps are pursued in a sincere manner.

Use of the toolkits to informally resolve any issues is strongly encouraged and is fundamental to developing healthy working relationships in the long term. We believe that you will be able to resolve your issues far better if the informal steps are pursued in a sincere manner. In circumstances where this is not possible or appropriate the formal process will be followed.

It is recognised that our aim is to move the culture of NHS Wales organisations from individuals feeling blamed for their experiences (often unintentionally) to one of hearing and supporting individuals who experience discrimination due to race or other protected characteristics.

17. How long should the file relating to the process be kept for?

The significant documents and records of this process should be kept on your personnel file indefinitely. This includes the minutes of the meetings or the audio files (or the transcripts of the audio files). A record should be made on the relevant employees' files providing a

summary of the process. This too should be kept indefinitely. No sanctions arise from the resolution process and in no way should this record be viewed as having negative connotations. By having accurate records, it will allow us to identify where the process has been successful (or not) and identify patterns and trends that potentially warrant more work in order to build healthy working relationships.

18. What is harassment?

Harassment is any unwanted physical, verbal or non-verbal conduct that has the purpose or effect of violating a person's dignity or creating an intimidating, hostile, degrading, humiliating or offensive environment for them. A single incident can amount to harassment. It also includes treating someone less favourably because they have submitted or refused to submit to such behaviour in the past.

Unlawful harassment may involve conduct of a sexual nature (sexual harassment), or it may be related to age, disability, gender reassignment, marital or civil partner status, pregnancy or maternity, race, colour, nationality, ethnic or national origin, religion or belief, sex or sexual orientation. Harassment is unacceptable even if it does not fall within any of these categories.

Harassment may include, for example:

(a)unwanted physical conduct or "horseplay", including touching, pinching, pushing and grabbing;

(b)continued suggestions for social activity after it has been made clear that such suggestions are unwelcome;

(c)sending or displaying material that is pornographic or that some people may find offensive (including e-mails, text messages, video clips and images sent by mobile phone or posted on the internet);

(d)unwelcome sexual advances or suggestive behaviour (which the harasser may perceive as harmless);

(e)racist, sexist, homophobic or ageist jokes, or derogatory or stereotypical remarks about a particular ethnic or religious group or gender;

(f)outing or threatening to out someone as gay or lesbian;

(g)offensive e-mails, text messages or social media content; or

(h)mocking, mimicking or belittling a person's disability.

A person may be harassed even if they were not the intended "target". For example, a person may be harassed by racist jokes about a different ethnic group if the jokes create an offensive environment.

19. What is bullying?

Bullying is offensive, intimidating, malicious or insulting behaviour involving the misuse of power that can make a person feel vulnerable, upset, humiliated, undermined or threatened. Power does not always mean being in a position of authority but can include both personal strength and the power to coerce through fear or intimidation.

Bullying can take the form of physical, verbal and non-verbal conduct. Bullying may include, by way of example:

(a)physical or psychological threats;

(b)overbearing and intimidating levels of supervision;

(c)inappropriate derogatory remarks about someone's performance;

Legitimate, reasonable and constructive criticism of a worker's performance or behaviour, or reasonable instructions given to workers in the course of their employment, will not amount to bullying on their own.

Bullying and harassment can happen face-to-face, by letter, by email or online (i.e. social media) and by phone or text.

20. What should I do if I feel like I am being bullied or harassed?

If you are being harassed or bullied, with reference to the toolkit, consider whether you feel able to raise the problem informally with the person responsible. You could start by explaining clearly to them that their behaviour is not welcome or makes you uncomfortable.

However, if there is an imbalance of power, or some other reason that this is too difficult or uncomfortable you should speak to your line manager, your Trade Union Representative or a member of Human Resources, who can provide confidential advice and assistance about both informal and formal methods of resolution.

21. I want to make a formal complaint about bullying and harassment – how?

If informal steps are not appropriate, or have been unsuccessful, you should follow the formal request for resolution procedure set out at clause 4 onwards in the policy. If you wish to make a formal complaint about bullying or harassment, you should submit your request for resolution in writing in accordance with clause 4.2 so that it can be fully investigated.

As a general principle, the decision whether to progress a complaint is up to you. However, we have a duty to protect all staff and may pursue the matter independently if, in all the circumstances, we consider it appropriate to do so.

22. How will I be protected during this process?

Where your complaint is about another person, such as a colleague, patient or visitor, we will consider what action may be appropriate to protect you and anyone involved pending the outcome of the investigation, bearing in mind the reasonable needs of the organisation and the rights of that person. Where appropriate, we will attempt to discuss the matter with the third party.

We will also seriously consider any request that you make for changes to your own working arrangements during the investigation. For example, you may ask for changes to your duties or working hours so as to avoid or minimise contact with the alleged harasser or bully.

Moving the person who has raised a complaint after that complaint has been upheld is not always appropriate and may have a negative impact on their career and wellbeing. It is vital to ask individuals what they want to happen and if they or the other person should be moved.

23. Who would be at a formal meeting and who would be at a formal appeal?

Attendance should be limited to those who are required to attend. Ordinarily this means the person making the request for resolution, their representative (or colleague), the Chair and the Chair's HR support. Minute takers may be required. Additional attendees such as subject matter experts may also be invited but this will be agreed on a case-by-case basis by the parties. Observers are permitted for learning and development again if there is agreement by the parties. With regards to witnesses please see FAQ 9 and 5.4 of the policy.

24. Is it possible to go through the process through the medium of Welsh?

Yes, it is possible for you to raise a concern or complaint through the medium of the Welsh language both verbally and in writing, you are also have a right to have meetings conducted through the medium of Welsh. In some instances, when English speaking staff attend any meetings, you or your employer can request that an interpreter be present to translate from Welsh to English, and this can be arranged by following local arrangements by the organisation that you work for.

These are specific rights for Welsh speaking staff working in any NHS organisation in Wales, as per the Welsh Language Standards the specific standards that cover this specific process are

standards 82, 83, 84, 85, 86, 87.

Cwestiynau Cyffredin am y Polisi Parch a Datrys

1. Pwy yw “ni” a phwy yw “chi”?

Mae "chi" yn cyfeirio atoch chi; h.y. y cyflogai sy'n gwneud y cais am ddatrysiad. Mae "ni" yn cyfeirio at y cyflogwr fel endid corfforaethol; h.y. y sefydliad. Rhaid peidio â drysu rhwng "ni" a'r rheolwr sy'n cynnal y cyfarfod(ydd) h.y. y Cadeirydd.

2. Pwy sy'n cael ei gynnwys yn y polisi hwn?

Dim ond cyflogeion sy'n cael eu cynnwys yn y polisi datrys ffurfiol. Does gan weithwyr (asiantaeth neu fanc) ddim hawl i ran ffurfiol y polisi hwn. Fodd bynnag, mae gan yr holl staff (cyflogeion parhaol a gweithwyr banc ac asiantaeth) hawl i'r camau datrys anffurfiol a dylent gael eu cefnogi a'u hannog i geisio datrysiad gan ddefnyddio'r amrywiol adnoddau. Bydd gan weithwyr hawl ar wahân i godi materion drwy gyfrwng telerau contractiol eu swydd.

3. A yw'r polisi hwn yn berthnasol ar ôl i gyflogaeth ddod i ben?

Mae'r polisi hwn yn berthnasol i gyflogeion yn unig, ac felly ni fyddai'n berthnasol fel rheol ar ôl i'r gyflogaeth ddod i ben. Efallai y bydd rhai amgylchiadau lle bydd y cyflogwr eisiau archwilio/ymchwilio i faterion a godwyd ar ôl i'r gyflogaeth ddod i ben, megis os oes pryder ynghylch cyflogau nas talwyd neu wyliau blynyddol nas defnyddiwyd. Os oes cais o'r fath am ddatrysiad, efallai y gellir datrys y mater heb fod angen defnyddio rhan ffurfiol y polisi. Arfer gorau fyddai ystyried pob mater ar sail achosion unigol a cheisio dod o hyd i ddatrysiad sy’n golygu nad yw’r mater yn cael ei uwchgyfeirio’n allanol.

4. Beth yw cofnod cywir?

Yn dibynnu ar drefn arferol y cyflogwr, gall cofnod cywir fod yn gofnodion a gymerir gan y sawl sy'n cymryd nodiadau (a ddarperir gan y cyflogwr), recordiad sain, llythyr cyfoes neu e-bost.

Dylai'r cyflogai sy'n gwneud y cais am ddatrysiad gael cyfle i roi sylwadau ar gywirdeb y cofnod a chael copi o'r cofnod.

Mae'n arfer da cadw cofnod ysgrifenedig o bob cam yn y broses gan gynnwys yr ymchwilio a chyfarfodydd.

5. Oes unrhyw adegau lle na fyddai'r status quo yn berthnasol?

Mae'r status quo yn golygu nad yw'r sefyllfa bresennol wedi newid. Bydd y status quo ar yr adeg y byddwch yn gwneud eich cais am ddatrysiad fel arfer yn parhau ar waith trwy gydol y polisi.

Bydd y *status quo* yn parhau hyd nes y bydd y cais am benderfyniad wedi’i ddatrys neu hyd nes y bydd y weithdrefn ffurfiol wedi’i dihysbyddu, ac eithrio mewn amgylchiadau eithriadol lle byddai’n torri gofynion cyfreithiol neu faterion diogelwch a allai effeithio ar y *status quo*”.

Mewn amgylchiadau eithriadol o'r fath, dylid cynnal trafodaethau cynnar â'r cyflogai/cyflogeion a/neu'r cynrychiolydd/cynrychiolwyr.

6. Ydy'r polisi hwn yn berthnasol os yw fy nghwyn ynghylch telerau ac amodau neu arferion gwaith er enghraifft?

Ydy, y polisi hwn yw'r fframwaith ar gyfer unrhyw anghytundeb neu faterion yn y gwaith. Mae rhai enghreifftiau i'w gweld yn adran 2.1 y polisi. Byddem yn eich annog ac yn disgwyl i chi ddefnyddio eich disgresiwn wrth benderfynu pa un yw'r rhan fwyaf priodol o'r pecyn cymorth i chi ei defnyddio er mwyn datrys eich mater. Gallwch ofyn am gyngor gan eich Cynrychiolydd Undeb Llafur neu Adnoddau Dynol os bydd angen cymorth arnoch i benderfynu ble i ddechrau gyda'ch mater penodol.

7. Ydy'r polisi hwn yn disodli'r Polisi Urddas yn y Gwaith a'r Polisi Cwynion?

Ydy, y polisi hwn yw'r fframwaith ar gyfer unrhyw anghydfod yn y gweithle. Mae'r polisi hwn yn disodli'r hen bolisi Urddas yn y Gwaith a'r Polisi Cwynion. Nod y dull hwn yw annog a chefnogi cyflogeion i ddefnyddio adnoddau anffurfiol i ddatrys eu hanghytundebau yn y gweithle yn gynnar ac yn effeithiol yn y lle cyntaf, gan barhau i ddarparu gweithdrefn ffurfiol glir i'w dilyn os nad yw datrysiad anffurfiol yn bosibl.

Gall Cynrychiolwyr Undebau Llafur a staff Adnoddau Dynol gynorthwyo os bydd y materion dan sylw yn rhy sensitif i fynd i'r afael â hwy'n uniongyrchol.

8. Dydw i ddim yn credu bod datrysiad anffurfiol yn bosibl, a oes modd i mi fynd yn syth at ran ffurfiol y polisi?

Efallai y bydd amgylchiadau lle nad oes dewis arall ond mynd yn syth at ran ffurfiol y polisi, ond yn y rhan fwyaf o achosion byddem yn disgwyl ac yn annog defnyddio'r pecynnau cymorth ar gyfer datrysiad anffurfiol, os yw'n bosibl.

Rydym yn cydnabod bod amgylchedd gwaith cadarnhaol a pherthnasoedd gwaith da yn cael effaith gadarnhaol ar lesiant ac ymgysylltiad y cyflogai ac ar brofiad cleifion.

I'r gwrthwyneb, mae'n bosibl y bydd gan staff sydd wedi profi bwlio, aflonyddu neu wahaniaethu (megis hiliaeth) brofiadau o beidio â chael eu credu, peidio â chael eu cymryd o ddifrif, neu beidio â mynd i'r afael â'u problemau. Mae'n bosibl y byddant yn teimlo eu bod yn cael eu hannog i beidio â chodi materion, yn cael eu trin yn wael neu eu bod yn cael eu hail-erlid trwy'r broses, gan arwain at effeithiau iechyd meddwl niweidiol sylweddol ar unigolion. Dylai honiadau o'r fath gael eu cyflwyno yn ystod cam ffurfiol y broses parch a datrys, lle bo'n briodol, a phe bai tystiolaeth yn unol ag asesiad cychwynnol, byddem yn symud i brosesau disgyblu neu alluogrwydd.

Er na fyddai'n briodol i gyflogai nodi cosb a bennwyd ymlaen llaw (megis camau disgyblu) fel datrysiad posibl, rhaid rhoi disgwyliad rhesymol i staff y bydd eu pryderon yn cael eu cymryd o ddifrif, a bod ymddygiad sy'n anghyson â gwerthoedd GIG Cymru yn cael eu nodi'n weithredol ac yn cael sylw, yn enwedig mewn sefyllfaoedd lle mae tystiolaeth o batrymau ymddygiad mynych neu rai sy'n achosi tor-perthynas, gan gydbwyso cyfrinachedd â'r angen i roi'r wybodaeth ddiweddaraf i'r unigolyn.

Dylid cymhwyso egwyddorion a dulliau arwain tosturiol drwyddi draw, wedi'u hategu gan hyfforddiant ar gymhwyso'r polisi mewn modd gwrth-wahaniaethol a diwylliannol gymwys.

Yn benodol, mae angen cydnabod a mynd i'r afael â'r diwylliant o feio'r rhai sydd wedi codi profiadau o hiliaeth a dylid cydnabod a mynd i'r afael â gwadu bod sefydliadau GIG Cymru yn hiliol yn systemig.

9. A ellir galw tystion i gyfarfodydd datrys?

Gellir galw tystion i gyfarfodydd datrys, ond nid oes hawl awtomatig i hyn. Dylid cynnal trafodaethau rhyngoch chi a'r Cadeirydd yn dibynnu ar y materion dan sylw a pherthnasedd neilltuol tyst penodol. Dylid caniatáu tystion pan fo eu tystiolaeth yn benodol i'r digwyddiadau y mae'r cais am ddatrysiad yn seiliedig arnynt. Lle y bo'n briodol, dylid annog cael datganiadau ysgrifenedig gan dystion.

Er y dylai'r ffocws mewn cyfarfodydd datrys fod ar ganfod a chyflawni datrysiad, deellir bod cymrodeddu rhwng tystiolaeth sy'n gwrthdaro weithiau'n angenrheidiol i sicrhau datrysiad (yn enwedig os yw'r aelod o staff yn teimlo nad yw wedi cael ei gefnogi, ei gredu neu ei gymryd o ddifrif).

10. Mae'r amserlenni a nodir yn y polisi wedi'u methu. Beth yw goblygiadau hyn?

Byddwn bob amser yn ceisio cydymffurfio â'r amserlenni a nodir yn y polisi. Fodd bynnag, efallai y bydd amgylchiadau lle nad yw hyn yn bosibl oherwydd natur gymhleth rhai o'r materion a godwyd. Os yw'n ymddangos yn debygol na fydd yr amserlenni a nodir yn y polisi yn cael eu bodloni, yna dylid cytuno ar amserlen realistig a'i chyfleu i bob parti. Disgwylir y bydd gan y cyflogwr fecanwaith ar gyfer cofnodi ac archwilio'r rhesymau dros oedi.

11. Pa mor hir ddylai ymchwiliad ei gymryd i'w gwblhau?

Bydd hyd ymchwiliad yn amrywio yn dibynnu ar y ffeithiau a natur yr amgylchiadau. Disgwylir y dylid cwblhau ymchwiliad cyn pen 28 diwrnod. Yn unol ag adran 5.3 o'r polisi, dylai'r partïon gytuno ar amserlenni a rhoi'r wybodaeth ddiweddaraf i'w gilydd lle bo hynny'n bosibl.

12. Beth allai ddigwydd os bydd cais maleisus am ddatrysiad yn cael ei godi?

Mewn amgylchiadau lle daw hi'n amlwg bod cais am ddatrysiad wedi'i wneud yn faleisus, gall y cyflogwr benderfynu defnyddio gweithdrefnau disgyblu yn erbyn y cyflogai sy'n codi'r mater yn faleisus. Mae hyn yn annhebygol o ddigwydd yn aml iawn, ond mae'n bwysig cydnabod y gall cyhuddiadau a wneir yn erbyn unigolion achosi gofid mawr. Pan ddaw hi'n amlwg bod y cyhuddiadau naill ai'n faleisus, yn ddi-sail neu eu bod mewn gwirionedd yn fath o fwlio, mae'r cyflogwr yn cadw'r hawl i gymryd y camau priodol.

13. A ddylai'r holl ddogfennaeth gael ei datgelu'n llawn?

Mae dull agored a thryloyw yn bwysig o ran datrys gwrthdaro ac felly, fel arfer, disgwylir y bydd pob parti yn cael yr holl ddogfennau sy'n gysylltiedig â'r achos. Efallai y bydd rhai

amgylchiadau lle bydd angen golygu gwybodaeth am gleifion neu drydydd partïon neu fod natur y gŵyn (h.y. aflonyddu rhywiol) yn galw am fwy o ddisgresiwn. Mewn amgylchiadau lle nad yw datgeliad llawn yn bosibl, bydd disgwyl i gyflogwyr egluro pam.

14. A yw'r broses ddatrys yn gyfrinachol?

Dylai prosesau datrys unigol gael eu hystyried yn gwbl gyfrinachol gan bob parti yn yr achos.

Dim ond gyda'r partïon dan sylw sy'n cynnwys Cynrychiolwyr Undebau Llafur y dylid rhannu manylion. Bydd torri cyfrinachedd yn cael ei drin o ddifrif a gallai arwain at gamau disgyblu.

15. Beth sy'n digwydd os oes proses gytundebol yn bodoli i ddatrys fy nghwyn?

Lle bo prosesau o'r fath yn bodoli dylid eu dilyn. Mae enghraifft o sefyllfaoedd o'r fath yn cynnwys prosesau fel ail-werthuso swyddi Agenda ar gyfer Newid neu apeliadau bandio Meddygon Iau, ond nid yw'n gyfyngedig i'r rhain. Os oes prosesau o'r fath yn bodoli, dylid dilyn y prosesau priodol. Bydd y penderfyniad yn y prosesau hynny'n derfynol. Fodd bynnag, os bydd problem yn codi gyda'r broses, yna gellir defnyddio'r polisi datrys.

16. A yw'r camau anffurfiol (h.y. defnyddio'r pecynnau cymorth) yn orfodol?

Rhoddir anogaeth gref i'r defnydd o'r pecynnau cymorth i ddatrys unrhyw faterion yn anffurfiol ac mae'n hanfodol i ddatblygu perthnasoedd gwaith iach yn y tymor hir.

Wrth gwrs, bydd amgylchiadau lle nad yw hyn yn briodol ond yn y rhan fwyaf o achosion credwn y byddwch yn gallu datrys eich materion yn llawer gwell os dilynir y camau anffurfiol mewn modd diffuant.

Mae defnyddio'r pecynnau cymorth i ddatrys unrhyw faterion yn anffurfiol yn cael ei annog yn gryf ac mae'n hanfodol i ddatblygu perthnasoedd gwaith iach yn y tymor hir. Credwn y byddwch yn gallu datrys eich problemau yn llawer gwell os cymerir y camau anffurfiol mewn modd didwyll. Mewn amgylchiadau lle nad yw hyn yn bosibl neu'n briodol dilynir y broses ffurfiol.

Cydnabyddir mai ein nod yw symud diwylliant sefydliadau GIG Cymru o unigolion yn teimlo eu bod yn cael eu beio am eu profiadau (yn anfwriadol yn aml) i un o wrando ar a chefnogi unigolion sy'n profi gwahaniaethu ar sail hil neu nodweddion gwarchodedig eraill.

17. Am ba mor hir y dylid cadw'r ffeil sy'n ymwneud â'r broses?

Dylid cadw dogfennau a chofnodion arwyddocaol sy'n ymwneud â'r broses hon yn eich ffeil personél am gyfnod amhenodol. Mae hyn yn cynnwys cofnodion y cyfarfodydd neu'r ffeiliau sain (neu drawsgrifiadau o'r ffeiliau sain). Dylid gwneud cofnod yn ffeiliau'r cyflogeion perthnasol a chynnwys crynodeb o'r broses. Dylid cadw hwn hefyd am gyfnod amhenodol. Nid oes unrhyw sancsiynau'n codi o'r broses ddatrys ac ni ddylid ystyried bod gan y cofnod hwn arwyddocâd negyddol mewn unrhyw ffordd. Drwy gael cofnodion cywir bydd yn ein galluogi i nodi lle mae'r broses wedi bod yn llwyddiannus (neu beidio) a nodi patrymau a thueddiadau a allai gyfiawnhau mwy o waith er mwyn meithrin perthnasoedd gwaith iach.

18. Beth yw aflonyddu?

Aflonyddu yw unrhyw ymddygiad corfforol, geiriol neu ddi-eiriau diangen sydd â'r diben neu'r effaith o darfu ar urddas person neu greu amgylchedd brawychus, gelyniaethus, diraddiol, bychanol neu sarhaus iddynt. Gall un digwyddiad fod yn gyfystyr ag aflonyddu. Mae hefyd yn cynnwys trin rhywun yn llai ffafriol am ei fod wedi ildio neu wrthod ildio i ymddygiad o'r fath yn y gorffennol.

Gallai aflonyddu anghyfreithlon gynnwys ymddygiad o natur rywiol (aflonyddu rhywiol), neu gall fod yn gysylltiedig ag oedran, anabledd, ailbennu rhywedd, statws priodasol neu bartneriaeth sifil, beichiogrwydd neu famolaeth, hil, lliw, cenedligrwydd, tras ethnig neu genedlaethol, crefydd neu gred, rhyw neu gyfeiriadedd rhywiol. Mae aflonyddu yn annerbyniol hyd yn oed os nad yw'n perthyn i un o'r categorïau hyn.

Gall aflonyddu gynnwys, er enghraifft:

(a) ymddygiad corfforol digroeso neu "chwarae gwirion", gan gynnwys cyffwrdd, pinsio, gwthio a cheisio cydio yn rhywun;

(b) awgrymiadau parhaus am weithgarwch cymdeithasol ar ôl ei gwneud hi'n gwbl glir nad oes croeso i awgrymiadau o'r fath;

(c) anfon neu ddangos deunydd sy'n bornograffig neu sy'n dramgwyddus i rai (gan gynnwys negeseuon e-bost, negeseuon testun, darnau fideo a delweddau a anfonir ar ffôn symudol neu a bostir ar y rhyngrwyd);

(d) ymddygiad awgrymog neu awgrymiadau rhywiol digroeso (y gall yr aflonyddwr eu hystyried yn ddiniwed);

(e) dweud jôcs hiliol, rhywiaethol, homoffobig neu sy'n gwneud hwyl am oedran, neu sylwadau sy'n difrïo neu'n stereoteipio grŵp crefyddol neu ethnig penodol neu rywedd;

(f) datgelu neu fygwth datgelu bod rhywun yn hoyw neu'n lesbiad;

(g) negeseuon e-bost, negeseuon testun neu gynnwys sarhaus ar y cyfryngau cymdeithasol; neu

(h) gwatwar, bychanu neu wneud hwyl am anabledd rhywun.

Gall rhywun gael ei aflonyddu hyd yn oed os nad ef/hi oedd y "targed" bwriadedig. Er enghraifft, gallai unigolyn gael ei aflonyddu gan jôcs hiliol am grŵp ethnig gwahanol os yw'r jôcs yn creu amgylchedd sarhaus.

19. Beth yw bwlio?

Mae bwlio yn ymddygiad atgas, bygythiol, maleisus neu sarhaus sy'n ymwneud â chamddefnyddio grym, sy'n gallu gwneud i unigolyn deimlo'n agored i niwed, yn llawn trallod, wedi'i fychanu, wedi'i danseilio neu wedi'i fygwth. Nid yw grym bob amser yn golygu bod mewn swydd ag awdurdod, ond gall gynnwys cryfder personol a'r grym i orfodi trwy ofn neu fygwth.

Gall bwlio fod ar ffurf ymddygiad corfforol, geiriol a dieiriau. Gall bwlio gynnwys, er enghraifft:

(a) bygythiadau corfforol neu seicolegol;

(b) lefelau gormesol a bygythiol o oruchwyliaeth;

(c) sylwadau difrïol amhriodol am berfformiad unigolyn;

Ni fydd beirniadaeth ddilys, resymol ac adeiladol o berfformiad neu ymddygiad gweithiwr, neu gyfarwyddiadau rhesymol a roddir i weithwyr wrth iddynt gyflawni'u cyflogaeth, yn gyfystyr â bwlio ar eu pen eu hunain.

Gall bwlio ac aflonyddu ddigwydd wyneb yn wyneb, drwy lythyr, drwy e-bost neu ar-lein (h.y. y cyfryngau cymdeithasol) a dros y ffôn neu drwy negeseuon testun.

20. Beth ddylwn i ei wneud os ydw i'n teimlo fy mod yn cael fy mwlio neu fy aflonyddu?

Os ydych chi'n cael eich aflonyddu neu eich bwlio, gan gyfeirio at y pecyn cymorth, ystyriwch a ydych chi'n teimlo y gallwch godi'r broblem yn anffurfiol gyda'r person sy'n gyfrifol. Gallech ddechrau drwy esbonio'n glir iddo/iddi nad oes croeso i'w (h)ymddygiad neu ei fod yn gwneud i chi deimlo'n anghyfforddus.

Fodd bynnag, os oes anghydbwysedd pŵer, neu ryw reswm arall pam fod hyn yn rhy anodd neu anghyfforddus, dylech siarad â'ch rheolwr llinell, eich Cynrychiolydd Undeb Llafur neu aelod o'r tîm Adnoddau Dynol, a all roi cyngor a chymorth cyfrinachol am ddulliau datrys ffurfiol ac anffurfiol.

21. Rwyf eisiau gwneud cwyn ffurfiol am fwlio ac aflonyddu – sut alla i wneud hyn?

Os nad yw camau anffurfiol yn briodol, neu os ydynt wedi bod yn aflwyddiannus, dylech ddilyn y weithdrefn ffurfiol i wneud cais am ddatrysiad a nodir yng nghymal 4 ymlaen yn y polisi. Os hoffech wneud cwyn ffurfiol am fwlio neu aflonyddu, dylech gyflwyno eich cais am ddatrysiad yn ysgrifenedig yn unol â chymal 4.2 er mwyn galluogi ymchwilio'n llawn iddo.

Fel egwyddor gyffredinol, chi sy'n penderfynu a ddylid symud cwyn ymlaen ai peidio. Fodd bynnag, mae gennym ddyletswydd i amddiffyn yr holl staff a gallwn fynd ar drywydd y mater yn annibynnol os ystyriwn, o dan yr holl amgylchiadau, ei bod yn briodol gwneud hynny.

22. Sut byddaf yn cael fy amddiffyn yn ystod y broses hon?

Os yw eich cwyn yn ymwneud ag unigolyn arall, megis cydweithiwr, claf neu ymwelydd, byddwn yn ystyried pa gamau a allai fod yn briodol i'ch amddiffyn chi ac unrhyw un sy'n gysylltiedig wrth aros am ganlyniad yr ymchwiliad, o gofio anghenion rhesymol y sefydliad a hawliau'r unigolyn hwnnw. Lle bo'n briodol, byddwn yn ceisio trafod y mater gyda'r trydydd parti.

Byddwn hefyd yn ystyried o ddifrif unrhyw gais a wnewch am newidiadau i'ch trefniadau gwaith eich hun yn ystod yr ymchwiliad. Er enghraifft, gallwch ofyn am newidiadau i'ch dyletswyddau neu oriau gwaith er mwyn osgoi neu leihau cyswllt â'r unigolyn yr honnir sy'n aflonyddu arnoch neu'n eich bwlio.

Nid yw symud yr unigolyn sydd wedi gwneud cwyn ar ôl i'r gŵyn honno gael ei chadarnhau bob amser yn briodol a gallai gael effaith negyddol ar ei yrfa a'i lesiant. Mae'n hanfodol gofyn i unigolion beth maent am ei weld yn digwydd ac a ddylid eu symud hwy neu'r unigolyn arall.

23. Pwy fyddai mewn cyfarfod ffurfiol a phwy fyddai mewn apêl ffurfiol?

Dylai presenoldeb fod yn gyfyngedig i'r rhai y mae'n ofynnol iddynt fod yn bresennol. Fel rheol, mae hyn yn golygu'r unigolyn sy'n gwneud y cais am ddatrysiad, ei gynrychiolydd (neu gydweithiwr), y Cadeirydd a chefnogaeth Adnoddau Dynol y Cadeirydd. Efallai y bydd angen rhywun i gymryd cofnodion. Gellir gwahodd pobl ychwanegol megis arbenigwyr pwnc hefyd ond bydd y partïon yn cytuno ar hyn ar sail achos unigol. Caniateir arsylwyr at ddibenion dysgu a datblygu eto os bydd y partïon yn cytuno. O ran tystion, gweler Cwestiynau Cyffredin 9 a 5.4 am y polisi.

24. A oes modd mynd drwy'r broses drwy gyfrwng y Gymraeg?

Oes, mae'n bosibl i chi godi pryder neu gŵyn drwy gyfrwng y Gymraeg ar lafar ac yn ysgrifenedig. Mae gennych hefyd hawl i gael cyfarfodydd drwy gyfrwng y Gymraeg. Mewn rhai achosion, pan fydd staff sy'n siarad Saesneg yn mynd i unrhyw gyfarfodydd, gallwch chi neu'ch cyflogwr ofyn i gyfieithydd ar y pryd fod yn bresennol i gyfieithu o'r Gymraeg i'r Saesneg. Gellir trefnu hyn trwy ddilyn trefniadau lleol y sefydliad yr ydych yn gweithio iddo.

Mae'r rhain yn hawliau penodol i staff sy'n siarad Cymraeg sy'n gweithio mewn unrhyw sefydliad GIG yng Nghymru, yn unol â Safonau'r Gymraeg. Y safonau penodol sy'n cwmpasu'r broses benodol hon yw:

Safonau 82, 83, 84, 85, 86, 87

AGENDA ITEM No	**23**
OPEN or CLOSED	**Open**
No of ANNEXES	**1**

Committee Priorities and Cycle Monitoring Report

MEETING	People and Culture Committee
DATE	30 August 2024
EXECUTIVE	Trish Mills, Director of Corporate Governance/Board Secretary
AUTHOR	Trish Mills, Director of Corporate Governance/Board Secretary
CONTACT	Trish.mills@wales.nhs.uk

EXECUTIVE SUMMARY

1. This report updates the Committee on progress against the priorities it set for 2024/25 and progress against the agreed Cycle of Business for the Committee. There are no matters to escalate with respect to the Priorities.

2. One item of business programmed for quarter two has been deferred to quarter three; receipt of the annual 'Revalidation and Registration Report'. Narrative has been included in the paper regarding the rationale for deferral.

RECOMMENDATION: -

3. **The Committee is asked to note the update.**

KEY ISSUES/IMPLICATIONS

No issues to raise.

REPORT APPROVAL ROUTE

Not applicable.

REPORT APPENDICES
Annex 1: Cycle of Business 2024/25 Monitoring Report

REPORT CHECKLIST			
Confirm that the issues below have been considered and addressed		**Confirm that the issues below have been considered and addressed**	
EQIA (Inc. Welsh language)	Yes	Financial Implications	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 2024/25 AND CYCLE MONITORING REPORT

SITUATION

4. This report updates the Committee on progress against the priorities it set for 2024/25 and progress against the agreed Cycle of business. There are no matters to escalate with respect to the Priorities.

BACKGROUND

5. During the course of the effectiveness reviews, it was agreed that it is good practice for Committees to set priorities for the forthcoming year. The Committee's priorities, which are set out below, were agreed by the Trust Board in May 2024 and will be tracked quarterly.

6. The Committee's cycle of business was approved by the Committee in May 2024. The agenda is set with reference to that cycle, together with the forward planner, action log and highest rated principal risks.

7. The monitoring report is at Annex 1. The 'pre-agenda setting' key indicates that items in green show where they are cycled for a particular meeting. Items in beige indicate they are a prompt at agenda setting as they may be ad hoc items such as business cases or external reports.

8. The 'post-agenda setting' key indicates that items in blue were either on the agenda as scheduled or is an *ad hoc* item which was discussed in agenda setting and scheduled. The orange indicates where an item was programmed for receipt but has been deferred to a future meeting.

ASSESSMENT

9. The Committee priorities, and progress against them is as follows:

Priority	Progress
• Impact of wellbeing initiatives on our people.	- The Committee regularly receives the People and Culture Plan Metrics, the Workforce Scorecard, and the MIQPR, through which it will understand the impact of various wellbeing initiatives on our people.

	- Additionally, the Committee receives the output of the regular 'Pulse Surveys' and annual NHS Staff Survey, with the associated actions plans – both of which are programmed in the Committee's Cycle of Business.
• Culture of conversations with a focus on communication and conversations with managers and their people.	- The Committee continues to have a focus on the organisational culture, with 'Cultural Themes and Trends' reports being brought forward regularly. One such report is programmed for the Committee at its meeting in August 2024.
• A continued focus on equality, diversity and inclusion and the implementation of the strategic equality objectives.	- The Committee has an ongoing focus on equality, diversity and inclusion – with the relevant business having been incorporated into its annual Cycle of Business. - At the August 2024 meeting the Committee will receive the Strategic Equality Plan Annual Report for 2023/24, the Annual Workforce Equality Monitoring Report for 2023/24, the Annual Gender Pay Gap Report for 2023/24 and the Workforce Race Equality Standards Report for 2023/24, and the Welsh Language Annual Report for 2023/24.
• The Trust's approach to development of our people.	- At its meeting in May 2024 the Committee received the 'Staff Development Outline Plan' which is a deliverable of the People & Culture Plan. The aim of this is to provide equity in development opportunities for our people to undertake their roles and benefit from progression opportunities. - At this meeting the Committee were assured that mapping was underway on professions and roles, which will define skills and competencies. An update will be given to the Committee at a future date. It is noted that the 'Learning and Development' reporting is still in development.

10. There remain areas of reporting that are being developed which include:

    (a) Learning and development reporting;
    (b) The Committee elements of the revised Health and Care Standards;
    (c) The Speaking Up Safely Report;
    (d) The report on Anti-racist Wales Action Plan;
    (e) The reporting on the Welsh Language Standards.

11. One item of business programmed for quarter two has been deferred to quarter three; receipt of the annual 'Revalidation and Registration Report'. The rationale for this treatment is as follows:

    11.1 It has been agreed with the Executive Director of Quality and Nursing that the Nursing and Midwifery Council element of the 'Revalidation and Registration Report' registration report will be received in quarter three (in line with the respective revalidation schedule).

    11.2 It has been agreed with the Executive Director of Paramedicine that the Health and Care Professions Council element of the 'Revalidation and Registration Report' will be deferred in 2024/25 as it is not due until Autumn 2025 (in line with the respective revalidation schedule).

RECOMMENDATION

12 The Committee is asked to note the update.

PAPER	PRE C'EE FORUM	FREQUENCY	Q1	Q2	Q3	Q4	LEAD	PURPOSE	COMMENT
PEOPLE AND CULTURE COMMITTEE - CYCLE OF BUSINESS 2024/25									
TERMS OF REFERENCE NOTED IN RED TEXT									
People and Culture C'ee elements of IMTP	STB	Annually					DPC	Endorsement	
IMTP exception reporting	STB	Ad Hoc					Relevant Director	Assurance	
Strategic Workforce Plan	TBC	Bi-annually	→				DPC	Endorsement	Q1: Programmed for Q1 but deferred and proposed Q2/Q4 programming for 24/25. Programmed for Q2.
Cultural themes and trends report	TBC	Bi-annually					DPC	Assurance	
Learning and development reporting	TBC	TBC					DPC	Assurance	
People and culture metrics annual review	TBC	Annually	→				DPC	Approval	Programmed for Q2.
MIQPR review for people and culture metrics	FPC	Annually					EDSPP	Endorsement	
People and culture metrics report	TBC	Quarterly					DPC	Assurance	Q1: Inc deep dive on disciplinary case management and cultural themes.
Workforce Scorecard	TBC	Quarterly					DPC	Assurance	
MIQPR	ELT	Quarterly					EDSPP	Assurance	
Suspensions over 4 months report	TBC	Quarterly					DPC	Assurance	*Closed session*
End of Season Flu Campaign Report	CQGG	Annually					DP	Assurance	
Health and Safety Report [Note 3]	NH&S C'ee	Bi-annually					EDQN	Assurance	
Annual Health & Safety Report	NH&S C'ee	Annually					EDQN	Assurance	Q2: To include related item of 'violence and aggression report'.
Revalidation and registration report [Note 4]	N/A	Annually		→			EDQN & EDP	Assurance	Q2: NMC deferred to November 2024; EDoP advised that HCPC registration report not due until Autumn 2025.
Gender pay gap report	TBC	Annually					DPC	Assurance	
Annual Equality Report [Note 11]	TBC	Annually	→				DPC	Assurance	Timing tbc going forward.
Health and care standards	TBC	TBC					DPC	Assurance	
Staff Story	N/A	Quarterly					DPC	Discussion	
Staff Story updates [Note 5]	None	Quarterly					DPC	Assurance	
NHS Staff survey and action plan [Note 6]	ELT	Annually					DPC	Assurance	Q1: Programmed for, as deferred from Feb 2024.
WAST pulse surveys and action plans	ELT	Ad Hoc					DPC	Assurance	Q2: To be included in the P&C metrics update should results be available.
Speaking Up Safely Report [Note 7]	TBC	TBC					DPC	Assurance	
Report on Anti-racist Wales Action Plan [Note 8]	TBC	TBC					DPC	Assurance	
Reporting on Welsh Language Standards	WLAG	Bi-annually					BS	Assurance	
Welsh Language Annual Report	WLAG/ELT	Annually					BS	Endorsement	
WASPT AAA report [See note re placement]	WASPT	Quarterly					DPC	Assure/Escalate	
Partnership Agreements [Note 9]	WASPT	Ad Hoc					DPC	Endorsement	
Partnerships & Engagement Report	TBC	Bi-annually					DPE	Assurance	
Partnership Agreements [Note 9]	ELT	Ad Hoc					DPE	Review	
NHS Workforce Model	Workforce Planning Grp	TBC					DPC	Endorse	
Workforce Plan aligned to IMTP	Workforce Planning Grp	Annually					DPC	Endorse	
Report from policy group	Policy Group	Annually					BS	Assurance	
Policies for review and approval	Policy Group/ELT	Ad Hoc					Various	Approval	
Board Assurance Framework	Board	Quarterly					BS	Assurance	
Corporate Risk Register - People and culture	Board	Quarterly					BS	Assurance	Q1: Deep Dive on Reputational Risk 201 programmed.
Audit Recommendation Tracker	ADLT	Quarterly					BS	Assurance	
Audits within purview of Committee	Audit Committee	Ad Hoc					Relevant Director	Assurance	
Operational Update	N/A	Quarterly					EDO	Information	
Director of P&C Update	N/A	Quarterly					DPC	Information	Including spotlight on TUP successes and challenges from 1 April 2025
GOVERNANCE									
Committee effectiveness review annual report	Audit/Board	Annually					BS	Approval	
Review of Terms of Reference	Audit/Board	Annually					BS	Approval	
Committee Cycle of Business annual refresh	N/A	Annually					BS	Approval	
Committee Cycle of Business monthly review	N/A	Quarterly					BS	Review	
Committee Review of Annual Priorities	N/A	Quarterly					BS	Review	
SUB-GROUPS									
Where applicable	N/A	Ad Hoc					N/A	N/A	
PROMPTS									
Relevant External Reports	N/A	Ad Hoc					Various	Assurance	

DPP = Director of People & Culture
EDO = Executive Director of Operations
EDQN = Executive Director of Quality and Nursing
DPE = Director of Partnerships and Engagement
EDP = Director of Paramedicine
BS = Board Secretary

Key: Pre-agenda setting
- Cycled for each meeting
- Ad hoc item - prompt for agenda setting
- Reporting developing

Key: Post-agenda setting
- Presented as cycled
- Ah hoc / item considered - not programmed
- → Item deferred
- Reporting developing

1	**Health and wellbeing**	TOR 3.5 - health and wellbeing offer will be included in the People and Culture Plan and reported via the IMTP
2	**Flu Vaccine**	Not mandatory; WG have a target for patient facing staff
3	**Health and Safety**	Delivery on the Working Safely Programme is via IMTP however bi-annual updates on working safely programme to maintain visibility over 23/24 Health and Safety Internal Audit Report July 2023 - *There is good oversight over the Programme with regular reporting to the Programme Board and to the People and Culture Committee (PCC) but could be enhanced by noting progress against the programme's deliverables*
4	**Revalidation**	RNC every 3 years; HCPC every 2 years; GMC every 3 years
5	**Staff story updates**	Advisory Internal Audit on learning organisation - 3.1 'We recommend that staff stories are evaluated to identify and deliver actions to address the issues they raise. Agreed to be completed by person curating story. To be on agenda for the following meeting.
6	**Staff survey**	Staff survey goes out [Sept?] and reports end [March].
7	**Speaking Up Safely**	DPC will develop reporting on Speaking Up Safely through 24/25 as FTSU Guardians embed; in the meantime the cultural themes and trends captures some of this reporting
8	**Anti-racist Wales Action plan**	Wider public, third sector and Government funded private sector In relation to the leadership responsibility we hold for public, third and those private sector organisations we fund. 5 core actions identified WG will expect and will hold them to account, via our Accountability Group: 1. A strong commitment to lead from the front and demonstrate it in terms of anti-racist values, behaviours, representation at all levels of your organisations and accountability measures. 2. Participation in all decision making and senior leadership groups in a way that enables lived experiences of ethnic minority people to be heard and acted upon. 3. Achieve, at the very least, minimum requirements of the Equality Act 2010 and publish your results in an open and accessible forum/platform. 4. Ensure minimum standards and provision of culturally sensitive and appropriate services, including provision of translation and interpretation. 5. Ensure robust complaints policies and processes for racial harassment that are validated to the satisfaction of ethnic minority groups.
9	**Working in Partnership**	Standing Orders 6.0.4 says 'the Board shall keep under review its partnership arrangements to ensure continued clarity around purpose, desired outcomes and partners responsibilities. It must ensure timely action to change, adapt or end partnerships where they no longer serve a useful purpose, in accordance with its statutory duties; any specific requirements or directions made by the Welsh Ministers; and the agreed terms and conditions for the partnership'.
10	**EDI Networks**	Promote the networks and Committee involvement including NED champion roles
11	**Annual Equality Report (S)**	SEP 2024-2028 approved March 24. 22/23 report presented in February (Q4) 24. TBC timing of this going forward. WRES reporting (national WRES report being coorindated by HEIW. WRES data will help provide baseline for future actions on ARWAP. This should be a group of reports to be received in August: the SEP Annual Report, the Annual Workforce Equality Monitoring Report and the Workforce Race Standards report.
	General	These cycles are developed with reference to the specific lines of the TOR for this Committee. This methodology seeks to ensure that all responsibilities in the TOR are discharged by the Committee on behalf of the Board

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

Required Action

1. Continue to tackle sickness absence where appropriate, currently reducing further as it **reaches 6.5%**.
2. Discuss progress with Head of People Services in relation to **Sickness Absence Management** for the Trust.
3. Share story and progress with Locality Managers, specifically through **National Locality Manager forum**.
4. Continue to strive to **improve the working environment** for all staff in the Pembrokeshire area.
5. Process positive feedback received from presenting at People and Culture Committee.

Themes

- Managers using **leadership** and **compassionate practice** can make a real difference
- Honesty and service delivery
- **Internal career progression** can be beneficial but also present challenges.

Matthew's Story

Matthew has been a Locality Manager since May 2023, following a promotion from his previous role as Duty Operations Manager. During the initial period as a new Locality Manager, there were a number of operational, leadership, management and cultural problems that Matthew experienced.

At the time of his appointment to Locality Manager, sickness absence had reached 25-26% including over a dozen members of staff who were on Long Term Sickness. As well as redeployment, where most had extended a number of years, with little evidence of support or plans in place. Matthew's background had been as an operational Paramedic for the Trust, whilst working towards the Clinical Team Leader / Duty Operations Manager role.

Matthew had sought further training during this time and had been supported by WAST to undertake a Masters in Healthcare Management alongside a number of leadership qualifications including ILM. He has been committed to leading by example, thinking compassionately to employees and also being focused on organisational objectives, managing to reduce sickness absence to 7.5% in under 12 months, putting in new procedure and new ways of thinking and working in place.

Next Steps

Matthew sets his sights on the next steps he can take, which include looking at some improvements in Estates to embed the changes made with wellbeing spaces to brighten and improve the working environment for staff.
It doesn't stop there, as Matthew seeks advancement to a Service Manager role. He has begun applying for further roles, gaining valuable interview experience as he waits to hear regarding a job opportunity in 111 as a Service Manager.
Matthew has also been sharing with the other Locality Managers, mainly through the National Locality Managers forum, and so far the software has been implemented in multiple Localities in EMS. Matthew has also been in discussion with the Head of People Services as the lead for Sickness Absence Management for the Trust and agreed to share at Senior Operations Team for further discussion around rolling this out more widely

PEOPLE AND CULTURE COMMITTEE
HIGHLIGHT REPORT TO BOARD

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

The papers for this meeting can be found by following this link to the Committee page on the Trust website.

Trust Board Meeting Date	30 May 2024
Committee Meeting Date	09 May 2024
Chair	Ceri Jackson

KEY ESCALATION AND DISCUSSION POINTS

ALERT

(Alert the Board to areas of attention)

1. N/A

ADVISE

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

2. Key progress was noted as part of the **Director of People and Culture** update including:

- Continued progress of the Culture Champions Network and the positive impact on shaping Trust culture; an increased focus on visibility, programme of support and opportunities to empower CCs in their roles.
- Positive engagement and interactions across the Trust.
- Attended the CIPD Awards with the Voices Advocates.
- Time with TU colleagues and a road trip to North Wales for the partnership sessions "walking in each other's shoes".
- Executive Leadership Team 360 process undertaken demonstrating to continuous learning and development.
- Clinical transformation workshops with focus on change management and building the change management capability.
- Commitment and endorsement on investigation team to move forward – ready to go to advert for those posts.
- Assurance given on Occupational Health work plan.
- Members assured about the roadshows as well as the positive engagement balanced with realism in relation to the level of change taking place across the Trust.
- Counselling sessions being offered by the EAP providers has increased to 8 sessions.

- Appointed to full time, dedicated guardian role from next month.
- Implementation of a dedicated investigation team.

3. The Committee received the **Operational Update**, highlighting key areas including:

- Relief planning has been extended following a successful first stage pilot from 5 to 6 weeks' notice. The move is expected to improve the working experience of our people.
- The EMSC restructure has been agreed in principle to increase management, leadership support capacity and career development opportunities.
- Quality and Support days have been held promoting culture and behaviours in key areas such as seat belt and safety harness use, process, and policy; all providing opportunities to have conversations with operational managers. Themes and trends data gathered from these sessions.
- End of Shift Overruns (EoS) – Good progress noted with a reduced average EoS overrun length reducing to a lower level than the last 15 months. The holding area has been lost at the Grange University Hospital which was highlighted as an issue. New premises are being sought.
- Operations staff encouraged to drop into culture workshops which utilise the CEWS tools to facilitate feedback from staff on their experiences and expectations.
- CAS replacement project for NHS 111 went live successfully on 30 April 2024 and a major achievement for the Trust and all involved.

4. **Staff Story - A View of Front Line Leadership** – Matthew T Jones, Locality Manager in Pembrokeshire, attended the meeting to share his learning on the work he has undertaken on attendance and sickness absence. Matt started as a student paramedic in 2010 and worked in Surrey for a year before returning to WAST in Pembrokeshire in 2013. He became a clinical team leader in 2019 and then acted up as a locality manager during the pandemic. He was appointed permanently in May 2020 and transitioned into the Duty Operations Manager (DOM) role and then substantively as a Locality Manager.

5. Matt has faced some challenges in leading a team that he used to work within as a colleague, in dealing with high sickness rates and outdated stations and had concerns regarding the support available to colleagues off long term. 'Chat with Matt' sessions were set up to discuss key issues such as sexual safety, sickness, handover delays, overruns, and an opportunity to explain things to staff. For example, the national Managing Attendance at Work Policy and delivering it local, making the most of the People and Culture Plan as a guide to support staff and to have open and honest conversations with them. There was a clear need for change with abstraction rates.

6. Matt adopted a new system on O365 Microsoft planner to track and manage staff absences and other operational matters. He said it was very intuitive and visual and helped him and the DOMs to provide timely and appropriate support to staff, linking in with Information Governance and ensuring confidentiality. A year on from using the system, it is clear when staff have received welfare calls, occupational health referrals etc and it intuitively tracks staff to enable customisation in the way absence is managed. The capability to attach long term sick records, e-files, staff information, time and date stamp of actions, letters to be sent out or supportive actions due, is invaluable. The results and benefits have been realised as a whole system change building a team back from 25% sickness to 7% and PADR rates. Angie Lewis and Jason Killens visited Pembrokeshire station and saw this in action, acknowledging that a lot has been achieved in a short space of time and most of it done in house by Matt and his team Station facilities were improved by creating quiet rooms for staff to reflect and relax. He said he did this with very little money and with the help of the estates team and the staff themselves.

7. Matt's reflections included: having a safe space to learn from mistakes in the beginning of the project, linking into the People & Culture (P&C) Plan, an excellent example of how a whole team in EMS has been involved in supporting staff back into work following a period of absence, the work that has been done to support staff in complex cases and the innovation and creative thinking.

8. Committee reflected how impressed they were with the progress, Matt's innovation and creative thinking resulting in whole scale support for staff and managing absence and how this approach could impact staff nationally. Matt could provide a podcast on this topic and forge connections with the north to roll the concept out across the whole service and delve into the issues with moving from buddy to boss and supporting that transition, considering the WAST way and experience for future leadership development sessions. One point is to ensure that staff records on the planner are linked back centrally to main personnel files.

9. Angie commended Matt for his great leadership from the front line, noting that the system and tools are great; however, it is the passion, commitment, and desire to help staff have a positive working experience which came through. Being keen to keep shining a light where we see great practice happening, learning, and evolving, failing fast and moving on and scaling up of successful projects.

10. The Committee received insights from **NHS Staff Survey** focussing on stress and burnout in the workplace and discussed the links between addressing these issues with our overarching People & Culture ambitions and the Health and Wellbeing Plan. The results will increase awareness of these issues and develop meaningful actions against the cultural transformation work.

11. **The Staff Development Outline Plan** was presented acknowledging it is a deliverable of the P&C plan aiming to provide equity in development opportunities for our people to undertake their roles and benefit from progression opportunities. Mapping is underway on professions and roles and will define skills and competencies and create a progression diagram tapping into external best practice in this area.

12. The Committee were pleased to approve the **Homeworking Policy** and acknowledged that the **Exit Interview Policy** has been reclassified as a Standard Operating Procedure.

13. **Reflections** on the meeting were that it worked positively as a hybrid meeting; however, there is a structural challenge in considering all the items on the agenda ensuring energy and full input towards the end of the meeting. More breaks and consent items will be considered. Attendees thanked Ceri Jackson as her first time in the Chair and commended Angie Lewis on winning the International Culture Award.

ASSURE

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

14. The Committee received a paper on the **People and Culture plan Metrics**, including quantitative data that highlighted achievements and challenges related to the plan, such as the international award for culture, the work on change management, and the dedicated investigation team. She also mentioned positive trends, such as reduced turnover, sick absence, and missed compliance capability, as well as areas of concern, such as stress and burnout. More detailed information will be shared in the next

meeting.

15. A deep dive on the disciplinary processes and the compassionate practices approach was presented to Committee. The highlights included the increase in workload due to the rise in cases related to sexual safety and inappropriate behaviour, and the efforts to reduce the duration and harm of disciplinary cases. The introduction of three independent investigators and the importance of decision making officers having the capacity and pace to deal with cases. Concern was raised regarding the harm caused by suspensions and the need to improve in that area.

16. The **Monthly Integrated Quality and Performance Report** ("MIQPR") and the **Q4 Workforce Scorecard** show that continued system pressures including handover delays remain a significant pressure on our people. Demand in NHS 111 coupled with the decrease in the number of call handlers commissioned will have an impact on staff wellbeing. There was acknowledgement on the sustained improvement made on sickness absence; however, there is work to do. Committee were assured that there is a dynamic plan in place on areas such as Muscular Skeletal issues, Manual Handling and Mental Health that remain a priority given the challenging 6% sickness absence target.

17. **Committee were assured on the Health & Safety (H&S) Report** which several positive aspects such as high compliance rates for RIDDOR reporting which demonstrates a grip of control and flows of work in the Trust. A low number of RIDDOR incidents were reported in Quarter 4. There remain areas of concern in relation to mandatory training and increasing instances of violence and aggression. There is ongoing work and initiatives to address these issues such as the Right Care Right Person with the Police in the coming 12-24 months on the association of Mental Health with incidents of violence and aggression. Several highlights included:
    - An IOSH article on H&S in December 2023 on the Trust's efforts.
    - The Head of H&S has been invited to join an editorial board.
    - The CEO has been invited to discuss learning with Blue Light partners across the UK.
    - The H&S Annual report will be presented to the next meeting.

18. The Health & Safety Committee (H&SC) will continue discussions in relation to diesel fumes and key monitoring within the next quarter as a priority area for the Trust. This will continue to be monitor at Committee through the H&SC AAA report. New fleet solutions are being explored.

19. **WASPT highlight report** was received following their meeting on 19 February 2024, with no specific issues escalated. A verbal update noted from the 2 May 2024 meeting was provided acknowledging that whilst there were open and constructive discussions it was a challenging meeting. Focus on the nature of the issued being raised and ensuring this is done in the right forum was a key issue with a resolution to meet and progress this. The committee members praised the work of the WASPT team, expressed their support for the partnership approach, and asked questions about the data quality, the feedback mechanisms, and the future plans for the WASPT.

20. In private session the Committee reviewed progress against four **suspensions over four months** which is the same number as reported in the last quarter. Each of these cases have police involvement which increases the time taken to close the investigations noting the impact on individuals. Four cases were lodged with the **Employment Tribunal** (an increase of two from the previous quarter). Members were assured on actions in place to manage these cases.

21. The **Audit Tracker** was reviewed, and the Committee noted the update with 14 internal audit actions related to Committee were closed in quarter.

22. The reasonable assurance **Retention of Staff Internal Audit** report was received, with key matters arising including finalisation and ratification of the 'Moving on Interview' process, with a clear timetable for its roll out; and evaluation of the effectiveness of the initiatives that have recently been introduced to improve staff retention. The roll out of moving on interviews was welcomed. The **Seatbelt Action Plan**

23. Members received the **Committee Cycle of Business (CoB)** updated following the effectiveness review conducted in Q4 along with the Q1 **Monitoring Report**. The CoB for 2024/25 was approved.

RISKS

Risks Discussed: The four risks within the remit of this Committee were reviewed as below:

160 – High absence rates impacting on patient safety, staff wellbeing and the Trust's ability to provide a safe and effective service remains at a rating of 20 (5x4). Committee acknowledged that elements of the risk had been discussed throughout the Agenda including controls, mitigations and additional actions being taken.

201 – Committee received a deep dive on this risk - Damage to the Trust's reputation following a loss of stakeholder confidence which remains at a score of 20 (4x5). The risk is inextricably linked to several of the metrics measured at PCC and is not solely related to performance and will include key issues such as the impact of diesel fumes, for example, that was discussed at length during the meeting. The latest reputation audit closed in May 2024 and evidence there is more work to do to understand our service offer. The qualitative feedback is being thematically reviewed and triangulated against intelligence from the ELT 360 and stakeholder engagement. This will inform the revised influencing plan. To continue to mitigate the risk is to position and promote WAST as a credible 'system voice', shape the media narrative and political engagement; formal and informal engagement with key stakeholders, internal communications in light of the strategy, engaging the Board, senior leaders and TUPs on their influencing role. Building confidence, improving performance and patient experience will lead to enhanced morale and improved cultural climate.

163 – Maintaining effective and strong Trade Union partnerships remains at a score of 16 (4x4). The risk was presented in detail to the Welsh Ambulance Services Partnership Forum for the first time in May 2024 recognising this is a dynamic risk.

Risk **558** (deterioration of staff health and wellbeing in the face of continued system pressures as a consequence of workplace experiences) remains unchanged at a score of 15 (3x5).

The Committee acknowledged risks **223 and 224** overseen by the Quality, Safety & Patient Experience Committee; however, considered at each of the Board Committees given they impact every area of the Trust.

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

Director of People and Culture Update	Operations Quarterly Report Q4	Staff Story – A View of Front Line Leadership
NHS Staff Survey	People and Culture Plan metrics update	Workforce scorecard and MIQPR
Health & Safety Report	Staff Development Outline Plan	Risk management and BAF
Deep Dive on Risk 201	Audit tracker and Retention of staff and Seatbelt Action Plan internal audit	Policies for Approval • Homeworking Policy • Exit Interview Policy - reclassified SOP
Cycle of business 2024/25 and monitoring report	WASPT Highlight report	

COMMITTEE ATTENDANCE				
Name	**9 MAY 2024**	**8 AUGUST 2023**	**16 NOVEMBER 2023**	**20 FEBRUARY 2024**
Ceri Jackson				
Bethan Evans				
Joga Singh				
Hannah Rowan				
Angela Lewis				
Chris Turley				
Lee Brooks	Sonia Thompson			
Liam Williams	Jonathan Turnbull-Ross			
Estelle Hitchon				
Andy Swinburn				
Rachel Marsh	Alex Crawford			
Trish Mills	Julie Boalch			
Damon Turner				
Mark Marsden				
Christian Fox	Hugh Parry			
Tim Cahalane				

	Attended
	Deputy attended
	Apologies received
	No longer member

PEOPLE AND CULTURE COMMITTEE

TERMS OF REFERENCE AND OPERATING ARRANGEMENTS 2024/25

1. INTRODUCTION

1.1. The Trust's Standing Orders provide that "*The Board may and, where directed by the Welsh Government must, appoint Committees of the Trust either to undertake specific functions on the Board's behalf or to provide advice and assurance to the Board in the exercise of its functions. The Board's commitment to openness and transparency in the conduct of all its business extends equally to the work carried out on its behalf by committees*".

1.2. In line with Standing Orders and the Trust's Scheme of Delegation, the Board shall nominate annually a committee to be known as the **People and Culture Committee**. The detailed terms of reference and operating arrangements set by the Board in respect of this committee are set out below.

1.3. The Board Committees play an important role in supporting the Board in fulfilling its responsibilities by:

- providing advice on strategic development and performance within the terms of reference;
- undertaking scrutiny and gaining assurance on key aspects of organisational performance, and supporting achievement of the Trust's strategic goals;
- carrying out specific responsibilities on the Board's behalf; and
- providing a forum where ideas can be explored in greater detail than Board meetings are able to allow, providing time and space to consider issues in greater depth.

Regular and timely reporting and escalations to the Board on the issues within the Committee's remit allow for more focused discussions by the Board.

2. PURPOSE

2.1 The purpose of the People and Culture Committee ('the Committee') is to enable scrutiny and review of the Trust's arrangements for all matters pertaining to its workforce, both paid and volunteer, and organisational culture and behaviour to a level of depth and detail not possible in Board

meetings. The Committee will provide assurance to the Board of the Trust's leadership arrangements; behaviours and culture; training, education and development; equality, diversity and inclusion; health, safety and welfare; people and culture related partnerships and engagement; the Welsh Ambulance Services Partnership Team (advisory group); and Welsh Language, in accordance with its stated objectives and the requirements and standards determined by the Welsh Government, the NHS in Wales and other regulatory bodies.

2.2 The Committee will provide evidence based and timely advice to the Board to assist it in discharging its functions and meeting its responsibilities with regard to all matters relating to staff and staffing of the Trust.

2.3 The Committee will approve on behalf of the Board, relevant Directorate policies, procedures, and other written control documents in accordance with the Trust's scheme of delegation.

2.4 The committee shall, in carrying out its functions and responsibilities, consider how their decisions secure an improvement in the quality of health services (the duty of quality) as outlined in The Health and Social Care (Quality and Engagement) (Wales) Act 2020. This includes but is not limited to ensuring the provision of high-quality, safe, and effective healthcare services that meet the needs of patients, service users, and their families.

2.5 The committee shall demonstrate the duty of quality through its own operating arrangements, ensuring that its processes, procedures, and decision-making mechanisms uphold the highest standards of transparency, accountability, and governance. It shall regularly review and refine its operating procedures to align with best practices and legal requirements, fostering an environment of continuous improvement. Furthermore, the committee shall monitor, assess, and report on the implementation of Health and Care Quality Standards, outcomes, and performance indicators where relevant within their remit.

3. DELEGATED POWERS AND AUTHORITY

The Committee will, in respect of its role in providing advice and assurance to the Board: -

3.1 Oversee and contribute to the development of the Trust's People and Culture Plan aligned to the 2030 Delivering Excellence Long Term Plan.

3.2 Noting that the Finance and Performance Committee oversees delivery of the Integrated Medium Term Plan (IMTP), this Committee will conduct any required deep dives into aspects of the people and culture elements of the IMTP and monitor delivery of other strategic people and culture priorities which may not be included in the IMTP.

3.3 Receive and consider projects of major strategic organisational change where there is a significant impact on our people's health and wellbeing, and cultural change.

3.4 Monitor progress and seek assurance of arrangements in place to embed the Trust's behaviours, ensuring a continued journey of positive culture change.

3.5 Receive assurance that there is a robust plan in place for the health and wellbeing of our people and monitor the effectiveness of arrangements in place to support and protect the mental, physical, and financial wellbeing of staff.

3.6 Consider the experience of our people, including volunteers, and seek assurance of the effectiveness of mechanisms used for measuring, and for hearing and acting upon their experiences.

3.7 Receive assurance that arrangements are in place to allow staff to raise concerns in confidence, and that those processes allow any such concerns to be investigated proportionately and independently and that the learning from such concerns is considered and applied.

3.8 Oversee and contribute to the development of the Trust's equality, diversity and inclusion plan and be assured its implementation is monitored; champion and support the plan and the work of the equality, diversity, and inclusion networks.

3.9 Receive assurance on the development and implementation of the Trust's recruitment and retention plans.

3.10 Receive assurance that Trust management and Trade Union Partners continue to develop and build a shared understanding and common purpose through formal and informal consultative partnership working to ensure the efficiency and success of the Trust for the benefit of all.

3.11 Receive assurance that the Trust has in place appropriate policies and procedures for its people; approve people and culture policies.

3.12 Monitor the effectiveness of the Trust's leadership and management development and succession planning arrangements.

3.13 Monitor performance against key people and culture indicators including but not limited to sickness absence, performance appraisal reviews, statutory and mandatory training, incidents of violence and aggression, disciplinaries and suspensions, turnover and recruitment; enabling deep dives to take place into specific areas of concern.

3.14 Monitor progress and seek assurance that arrangements are in place to meet the Welsh Language Standards and that the culture of Wales and the Welsh language is promoted within the Trust.

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

3.16 All matters relating to partnerships and engagement relevant to our people and cultural change.

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

Corporate Risks and Audit Recommendation Tracker

3.18 The Committee will monitor the principal risks relevant to its remit and consider the controls and mitigations of related risks and provide assurance to the Board that such risks are being effectively controlled and managed.

3.19 The Committee will receive and gain assurance from internal and external audits in their remit. It will also monitor management actions to address recommendations via the audit tracker and where appropriate scrutinise the impact of actions in response to audit recommendations.

Authority

3.20 The Committee is authorised by the Trust Board to investigate, or have investigated, any activity within its terms of reference. In doing so, it will have the right to seek any information it requires from any employee or inspect any books, records, or documents relevant to its remit, ensuring patient/client and staff confidentiality as appropriate. All employees are directed to cooperate with any reasonable request made by the Committee.

3.21 The Committee is authorised by the Board to obtain outside legal advice or other independent professional advice and to secure the attendance of outsiders with relevant experience and expertise if it considers it necessary, in accordance with the Trust's procurement, budgetary and other requirements.

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

Chair's Action

3.23 There may, occasionally, be circumstances where decisions which would normally be made by the Committee need to be taken between scheduled meetings, and it is not practicable to call a meeting of the Committee. This is most likely, but not exclusively, to arise with respect to approval of policies particularly given the current backlog.

3.24 In these circumstances, the Chair and the Lead Executive (Director of People and Culture), supported by the Board Secretary as appropriate, may deal with the matter on behalf of the Committee after first consulting with at least two other Members (Non-Executive Directors).

3.25 The Board Secretary must ensure that any such action is formally recorded and reported to the next meeting of the Committee for consideration and ratification.

Sub-Committees

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

3.27 The Welsh Ambulance Services Partnership Team (WASPT) is an advisory group of the Board and was re-constituted in November 2022 following the pandemic. The Board has agreed that WASPT is a sub-committee of this Committee and as such reports regularly by way of a AAA highlight report. Similarly, issues raised are reported, and where necessary escalated, to the Board by way of this Committee's AAA highlight report.

4. MEMBERSHIP

Members

4.1 The membership of the Committee will comprise:

Chair	Non Executive Director
Members	Three further Non Executive Directors of the Board.

Attendees

4.2 The membership will be supported routinely by the following core attendees:

- Director of People and Culture
- Executive Director of Finance and Corporate Resources
- Executive Director of Operations
- Director of Partnerships and Engagement
- Executive Director of Paramedicine
- Assistant Director of Quality and Nursing (TBC)
- Assistant Director of Planning and Transformation
- Freedom to Speak Up Guardian
- Trade Union Partners (x4)
- Chairs of Sub-Committees (or their nominee)
- Board Secretary

4.3 The Trust Chair and Chief Executive will have a permanent standing invite to attend the Committee. Where the Executive Director of Operations nominates a Deputy/Assistant Director to attend meetings, that individual will be approved by the Chair and must be a regular and consistent attendee.

4.4 The Committee Chair may extend invitations to attend committee meetings to other Directors and/or Senior Managers, and to officials from within or outside the organisation to attend all or part of the meeting to assist with its

discussions on any particular matter.

4.5 Members may send deputies in their absence who will act with their full authority. To instigate a substitution arrangement, the member of the Committee must notify the Board Secretary before the day of the meeting that he/she is unable to attend and the name of the member who will attend as the substitute.

Member Appointments

4.6 The membership of the Committee shall be determined by the Board, based on the recommendation of the Trust Chair, taking account of the balance of skills and expertise necessary to deliver the committee's remit, and, subject to any specific requirements or directions made by the Welsh Government.

4.7 Non Executive Members shall be appointed to hold office for a period of one year at a time, (Membership being reviewed by the Chairman of the Board on an annual basis) up to a maximum of their term of office. During this time a member may resign or be removed by the Board.

4.8 Terms and conditions of appointment, (including any remuneration and reimbursement) in respect of co-opted independent external members are determined by the Board, based upon the recommendation of the Trust Chair and, where appropriate, on the basis of advice from the Trust's Remuneration Committee.

Secretariat and Support to Committee Members

4.9 The Board Secretary, on behalf of the Committee Chair, shall:

(a) arrange the provision of advice and support to committee members on any aspect related to the conduct of their role; and

(b) ensure the provision of a programme of organisational development for committee members, as part of the Trust's overall board development programme developed by the Director of People and Culture.

5. COMMITTEE MEETINGS

Quorum

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

Frequency of Meetings

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

Withdrawal of individuals in attendance

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

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

6.1 The Committee is directly accountable to the Board for its performance in exercising the functions set out in these terms of reference.

6.2 The Committee, through its Chair and members, shall work closely with the Board's other committees and groups to provide advice and assurance to the Board through the:

(a) joint planning and co-ordination of Board and Committee business; and

(b) sharing of appropriate information;

in doing so, contributing to the integration of good governance across the organisation, ensuring that all sources of assurance are incorporated into the Board's overall assurance framework.

6.3 The Committee will consider the assurance provided through the work of the Board's other committees and sub groups to meet its responsibilities for advising the Board on the adequacy of the Trust's overall framework of assurance.

6.4 The Committee shall embed the Trust's corporate standards, priorities and requirements, e.g. equality and human rights through the conduct of its business.

7. REPORTING AND ASSURANCE ARRANGEMENTS

7.1 The Committee Chair shall:

(a) report formally, regularly and on a timely basis to the Board and the Chief Executive (Accountable Officer) on the Committee's activities. This includes verbal updates on activity, the submission of Committee minutes and written reports where appropriate throughout the year;
(b) bring to the Board and the Chief Executive (Accountable Officer's) specific attention any significant matter under consideration by the Committee; and
(c) ensure appropriate escalation arrangements are in place to alert the Trust Chair, Chief Executive (and Accountable Officer) or Chairs of other relevant committees of any urgent/critical matters that may affect the operation and/or reputation of the Trust.

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

8. APPLICABILITY OF STANDING ORDERS TO COMMITTEE BUSINESS

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

- Quorum (as set out in section 5)

9. REVIEW

9.1 These terms of reference and operating arrangements shall be reviewed at

least annually but more frequently if required.

PEOPLE AND CULTURE COMMITTEE
ANNUAL REPORT 2023/24

INTRODUCTION

1. The Trust's Standing Orders and Committee Terms of Reference require that Board Committees evaluate their effectiveness annually and present an annual report to the Trust Board.

2. As the factors underpinning effective governance can change, for example as people leave, organisations restructure, or strategy shifts, regular reviews of Board Committees ensure governance remains fit for purpose.

3. Standing Orders, Committee terms of reference, and Codes of Governance provide that Boards should routinely assess the effectiveness of their governance arrangements, of which the Board's Committees form an integral part.

4. The Committee met on 20 February 2024 and reviewed its terms of reference, responses to questionnaires completed by members and attendees, and its operating arrangements. Discussions were also held with the Committee Chair and Executive Lead ahead of that meeting. This Annual Report reflects on the effectiveness of the Committee in 2023/24 and proposes changes to terms of reference.

PURPOSE OF THE COMMITTEE

5. The Committee is established to enable scrutiny and review of the Trust's arrangements for all matters pertaining to its workforce, both paid and volunteer, and organisational culture and behaviour to a level of depth and detail not possible in Board meetings. The Committee will provide assurance to the Board of the Trust's leadership arrangements; behaviours and culture; training, education and development ; equality, diversity and inclusion; health, safety and welfare; people

and culture related partnerships and engagement; the Welsh Ambulance Services Partnership Team (advisory group); and Welsh Language, in accordance with its stated objectives and the requirements and standards determined by the Welsh Government, the NHS in Wales and other regulatory bodies.

MEMBERSHIP AND ATTENDANCE

6. The Committee met four times as scheduled in 2023/24 and was quorate on each occasion.

7. The Committee is supported by the Chair and three Non-Executive Directors as members, and several core attendees with good attendance.

8. The chart below illustrates attendance of members and prescribed attendees as listed in the terms of reference for 2023/24. The Committee welcomed non prescribed attendees at various meetings as well as external guests.

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

	Attended
	Deputy attended
	Apologies received
	No longer member

9. The Chair of the Committee, Paul Hollard, completed his eight year tenure on the Board on 31 March 2024. This Chair of this Committee will be Ceri Jackson from 1 April 2024.

10. The survey results indicated that the Committee meetings were well led with the Chair coordinating meetings with exemplary style.

COMMITTEE'S VIEWS ON EFFECTIVENESS

11. The Committee's effectiveness was assessed through a review of its terms of reference, responses to a questionnaire, discussion with the Chair and Executive Lead, and at the 20 February Committee meeting.

12. The questionnaires provided an opportunity to gauge opinion on areas of good practice and areas that require improvement. Twenty questionnaires were sent out with seven responses being returned (a 35% return rate which is slightly lower than 2022/23). This survey was sent out in December which may have affected the return rate.

13. Respondents were asked 27 questions and were encouraged to provide free text answers to explain or expand on their choices. It is often difficult to pinpoint the exact issue or example in mind when reviewing the free text, however all responses were discussed with the Chair and Executive Lead. The responses were also reviewed by the Committee on 20 February against the same questions from last year.

14. On the themes of the Committee's focus and quality of information there were several comments on the length of the agenda, meetings and papers. These included that this felt unmanageable and impacted the ability of members to have appropriate discussion, and that more focus was required to address this at agenda setting. This was discussed with the Chair and Executive Lead and the terms of reference were reviewed to see where reductions in remit could be accommodated. It was felt this was not appropriate but that the next iteration of the cycle of business would need to reflect any attempts to combine assurance reporting, particularly as it relates to the MIQPR and people and culture metrics which respondents felt were duplicative and needed to be more concise for the remit of the Committee. Agenda setting meeting take place with the Chair and Executive Lead well in advance of the next meeting to ensure that papers are commissioned in a way that focuses the agenda on risks and priorities. The length of the meeting is reviewed at that time as well as a separate meeting with the Executive lead a week before papers close to revisit timing, focus and flow.

15. There was also a comment that not all members contribute to discussion or provide challenge. Whilst that could relate to the issue above on length of papers and agenda, the results relating to the leadership of the Committee indicates that those surveyed feel that Chair allows debate to flow freely without inhibiting contributions.

16. On the theme of Committee team working, whilst scores increased from last year, there was one comment that key risks are not discussed and that assurances providers are not necessarily held to account for late or missing assurances. Without understanding more about this comment, it is difficult to pinpoint the exact issue; however, the agenda is set with the highest rated risks set out on the draft agenda and the cycle of business prioritised around those risks, with relevant deep dives where required as can be seen from the work programme below. There is a risk management and BAF paper at each meeting with the detailed risk description, controls, assurances against controls, gaps, actions and progress against these. In that respect members and attendees have information before them to challenge progress and understand more fully the context of the risks and mitigations. Regular monitoring of the cycle of business, the action log and forward planner are in place to capture matters carried over. There is more work to be done on the monitoring report to make it clearer for 2024/25.

17. As with other Board Committees, the question related to visibility of Committee members scored poorly. Given that there is a Board visits Standard Operating Procedure in place which illustrates members visibility, it is anticipated that this question will be omitted from the 2024/25 survey. The rationale being that it is unlikely, no matter how visible a Non-Executive or Executive Director may be, that that will always resonate with each Committee.

18. Each meeting hears a lived experience of our people however there was a comment that these need to be more balanced on what went well and what did not go so well. A Trade Union Partner report was suggested to provide further context of partnership successes and challenges. The Director of People and Culture has recommended that a Trade Union 'spotlight' be included in her report to draw this out, and in addition to the WASPT AAA report, the approved minutes will also be part of the pack of papers for the Committee.

19. Good practice drawn out in responses included:

- Meetings are very well Chaired and run effectively.
- Chair is visible across the Trust.
- Reports / information given to the Committee are of high quality.
- Clear reporting and escalations to the Board via AAA report.
- Strong focus on appropriate business and activities which affect staff well-being, e.g. staff stories.

20. Areas to strengthen include:
    - Reduce the volume and length of papers to give more focused content.
    - Clarification for members ref role / expectations on Trade Union Partners.
    - Reporting on Trade Union successes and challenges.
    - Understanding and resolving duplicative reporting around performance metrics.
    - Greater balance for the Committee where things haven't gone well.
    - Improving visibility – more visits / publication of visits to relevant stakeholders.

21. The Committee has a cycle of business that is aligned to its terms of reference. All matters scheduled for oversight and review have been brought to the Committee and in this respect it has discharged its responsibilities in providing assurance to the Board. The Committee's business in 2023/24 included:

    21.1. The Committee welcomed the **change of name of the Workforce and Organisational Development Directorate** to the People and Culture Directorate, with Angie Lewis now known as the Director of People and Culture. This aligns to the Committee's remit and reflects the commitment of putting our people first and creating a positive workplace culture.

    21.2. The **People and Culture Plan** was presented in May and subsequently approved by the Board. The year one priorities and the communications strategy to accompany it was discussed. Metrics, both quantitative and qualitative, have been shared with the Committee throughout the year as have cultural themes and trends.

    21.3. The **culture review tool** was presented as a practical tool to deliver cultural change. It was thought to be particularly helpful for local managers.

    21.4. **The lived experiences of our people** were shared at the meetings:

- In May the Committee heard from **Fatehullah Tahir** as a follow-up from the experiences he shared in November 2022 of the challenges working at an organisation lacking in diversity in terms of ethnicity and faith. Members heard that Fatehullah, who is our Organisational Development Manager, felt that whilst it was helpful to share his story, fundamentally nothing had changed, although he recognised that culture change can be slow to take effect and that several initiatives were in place and are planned under the people and culture plan.

- In August **Ian Cross**, Voluntary Car Service Driver joined the meeting. Ian has been volunteering for 40 years, more recently with his dog Buddy accompanying him, was recently awarded the British Empire Medal for services to WAST. Members heard of the regular runs Ian has in South Wales and his trips further afield to support patients to receive treatment. Improvements which could improve the experience of volunteers such as ease of access to PPE, in car communication methods and signage were discussed and the Committee will review progress on these at the November meeting. Members thanks Ian for his service and the comfort and support he and Buddy give to our patients and their families.

- In November rather than hearing from individual, **feedback** was presented that had been collected from our people after recent CEO Roadshow.

- In February **Darren Anthony** joined the meeting to share his story. Darren is a newly qualified EMT 2 who joined WAST in September 2020 after working in various private and public sector jobs, including the leisure industry. Darren completed the Level 4 diploma for Associate Ambulance Practitioners, which is an accredited education program for EMT 2 roles. He was determined to excel on the course and achieved the highest marks. He also won the Skills for Health Apprentice of the Year Award for his achievement.

21.5. The February 2024 the meeting had a deliberate focus on equality, diversity and inclusion, with the first part of the meeting exclusively given over to this important topic. The Chair welcomed other Board members to the meeting for this spotlight which included the endorsement of the **Strategic Equality Plan 2024-28**, the **Annual Workforce Equality Monitoring Report for 2022/23** and the annual **Gender Pay Gap Report 2022/23.**

21.6. A deep dive was conducted regarding **recruitment outcomes for Black, Asian and Minority Ethnic communities** with a review undertaken of applications from April 2022 to March 2023. WAST receives a positive level of applications at circa 9% of all those received, against census data of 5%, but a significant number are not successful at shortlisting. There is recognition of the need to get upstream with some roles e.g. paramedics, and work with university partners on attracting a more diverse range of students or look at opportunities to link into other providers with a more diverse student population.

21.7. Members were assured on progress against the **Anti-Racist Wales Action Plan** in year, and were presented with the Welsh Government **LGPTQ+ Action Plan** published by Welsh Government in February 2023. The plan sets out an overarching vision to improve the lives of, and outcomes for, LGBTQ+ people. Whilst some elements await further direction from Welsh Government, the Committee was assured on progress.

21.8. The **Speaking Up Safely** Task and Finish Group completed its work, recommending the Trust adopt a speaking up safely guardian model and a confidential third-party platform to provide an alternative avenue to staff. This was a focus during the year with the All Wales speaking up safely framework adopted in November, and a self-assessment to Welsh Government demonstrating the work done in this area and links to wider culture work.

21.9. The **NHS Staff Survey** was released as was a **Pulse Survey** via the new tool Hive. A 'you said we did' will be collated to share with our people at CEO Roadshows.

21.10. The people and culture elements of the **IMTP 2024-27** were reviewed. Members welcomed the ambition of the people and culture team but sought to ensure that these were focused on key activities and priorities, align to our principal risks, financial envelope, and capacity.

21.11. An approach was endorsed to assess concerns over **skills development/skill fade of clinicians** due to handover delays and number of patients attended. This was communicated on picket lines during industrial action and whilst there is no clear clinical evidence of this, the work will enable the Trust to gain insight and intelligence on the impact handover delays have on clinical skills.

21.12. **Health and Safety updates** were received with a focus on RIDDOR compliance, risk assessment compliance, manual handling, the effects of diesel fumes on our people (which was also the subject of the advisory group WASPT discussions), and violence and aggression. Risk 199 was able to be closed off the corporate risk register, with the Committee noting an improvement in the cultural journey of the organisation regarding health and safety.

21.13. The **draft Health and Well-being Plan 2025-2029** was received in February 2024 for comment.

21.14. The Committee noted that the **Engagement Framework Delivery Plan** was paused earlier in the year due to realignment of timescales. Notwithstanding this, the Trust continued extensive engagement externally including with Llais (the new Citizens Voice Body). A presentation was provided on the **Reputation Audit** conducted of our stakeholders in Q3 2022/23 and it was agreed that more time will be devoted to the responses and the next steps at a Board development session.

21.15. The August meeting had a spotlight on volunteers, celebrating the successes and illustrating the ambition of the **Volunteer Strategy.** Members heard of the extent of the successful schemes introduced for volunteers and commended the team for the exemplar work. The benefit of volunteers in the challenging financial climate was emphasized and the Committee welcomed a further focus on volunteers at the Trust's Annual General Meeting on 27 September where the full extent of the advances was showcased.

21.16. The **Seasonal Influenza Campaign 2023/23** report was received following the close of the flu vaccination programme in March 2023.

21.17. The Committee received assurance on the processes in place for 2023 **registration and revalidation** with respect to the Health and Care Professional Council and Nursing and Midwifery Council.

21.18. **Updates are received from the Director of People and Culture** at each Committee, and these were changed in year to reflect a new look and a balanced view on both successes and challenges.

21.19. **Operational updates** are received at each meeting and often generate a good deal of discussion, particularly related to system pressures.

21.20. An update was received on the **Welsh Language Framework** which is included in the Integrated Medium Term Plan 2023-26 (IMTP). Members were assured that it included a combination of compliance with Welsh language standards, centralisation of translation, and the Welsh Government mwy na geiriau/More than just words action plan. In September the **Welsh Language Standards Annual Report 2022-23** was presented bilingually for the first time by the Welsh Language Manager, Melfyn Hughes which was welcomed. In February 2024 the Welsh Government's annual report on the **More Than Just Words Action Plan for 2022/23** was presented to the Committee. Updates were also received on the Welsh Language plan for the IMTP 2024-27 and progress on initiatives in 2023/24. Members commended the work and the focus on Welsh language

21.21. The **MIQPR** and **Quarterly Workforce KPIs** were received at each meeting, with a particular focus on sickness absence levels, recruitment, PADRs, statutory and mandatory training, moving on interviews, and shift overruns.

21.22. A **deep dive into absences** due to anxiety, stress, depression/other mental health illness was presented. Identifying a source of stress within this absence code is highly subjective however potential drivers include missed meal breaks, overruns and hand over delays, and Datix reporting would support this. Support at WAST for colleagues with stress related issues include a range of in person and online options ranging from occupational health and clinical psychology to REACT training.

21.23. The **backlog of policies** – particularly those relevant to this Committee - was reviewed and escalated to the Board as an alert. A priority order of policies for review in 2023/24 was endorsed. The following policies were approved in 2023/24:

- Health and Safety Policy
- All Wales Speaking Up Safely Framework
- All Wales Flexible Working Policy
- Homeworking Policy

21.24. In private session the Committee looks at **suspensions** over four months and **Employment Tribunal** cases.

21.25. **Reflections** are taken at the end of meetings and included:

- The volume of papers and consequently the length meetings.
- The desire to better link and align performance reporting and deep dives on the agenda.
- Positive discussion on additional actions in response to the feedback on Fatehullah's experience.
- The hybrid meeting (November) was well managed and there was a desire to replicate this more often across all Committees.
- Post meeting review of the volume of papers with the continued intention to look at reducing these and consolidating, particularly performance reporting, wherever possible.
- In February [insert]

21.26. **Audit Wales** joined the November meeting to present the NHS Workforce Data Briefing and the Workforce Planning Audit, both of which were also presented to the Board also. Overall, this was a positive outcome with WAST demonstrating areas of good improvement and responding to some of the immediate operational challenges and diversity and recruitment challenges.

21.27. The Committee **cycle of business** was approved.

21.28. **Risks** relevant to this Committee are reviewed at each meeting and the agenda is driven by these risks. The highest rated risks, sickness absence (160), reputation (201) and latterly Trade Union relationships (163) were the focus and drive agenda setting

21.29. The **annual effectiveness review** was conducted in the February 2024 meeting.

21.30. The revised **Audit** tracker and process was reviewed, and good progress is being made to close management recommendations.

21.31. **The Senior Paramedic Role internal audit** (reasonable assurance) was presented.

21.32. The limited assurance **Trade Union Release Time internal audit** was received by the Committee and actions will be tracked in the audit tracker. The Director of People and Culture confirmed the outcome of audit was shared with Trade Union colleagues and realistic timeframes for management actions agreed.

21.33. The reasonable assurance **Health and Safety internal audit** was received with the Auditors recognising the Trust's commitment to improving health and safety and the work undertaken to date.

21.34. The reasonable assurance **Retention of Staff Internal Audit** report was received.

21.35. The **Committee's priorities for 2023/24** are reviewed at each meeting and a more detailed update appears later in this report. The Committee also reviews progress against its cycle of business at each meeting.

22. The Board received a highlight (AAA) report from this Committee by email circulation following each meeting which included alerts, advice, and areas of assurance. In November that report was provided verbally due to the proximity of the meeting and the Board meeting.

23. The Committee is serviced by one Sub-Committees, which is the Welsh Ambulance Service Partnership Team (WASPT). WASPT held its first meeting in April 2023 and the AAA Highlight Reports provided to each meeting set out the work of this advisory forum in the year which included:

23.1. The operational and corporate sub-structures that feed into WASPT, including local partnership forums were formed in 2023. These forums will provide opportunities for resolution and escalation at a more local level, focusing WASPT on strategic issues.

23.2. Discussion regarding portering of patients and diesel fumes were the subject of several meetings. Both were also discussed by the Committee in that report but also in the Health and Safety updates.

23.3. Meetings were constructive.

23.4. The joint Executive and Trade Union Partner Insights Training Day was well received.

23.5. Despite industrial action there is a lot of good work to celebrate and capture.

PROPOSED CHANGES TO THE TERMS OF REFERENCE

24. Extensive changes to the Terms of Reference for this Committee were made during the effectiveness reviews held in 2022. The changes this year are therefore minimal and include feedback from the Committee following the survey and the meeting on 20 February. The changes in the Terms of Reference are marked up in [Annex 1] and include:

    - A change in the narrative on assurance to provide clarity on approach.
    - Changes in the narrative on risk and audit to streamline responsibilities.
    - Specific chair's action provision inserted, particularly given the significant number of policies which are due for approval in 2024/25.

25. Changes in operating arrangements in 2024/25 will include:
    - Reflections targeted more on what went well/not so well rather than what was discussed during the meeting.
    - WASPT approved minutes to be included in meeting bundle as well as the AAA report.
    - Next iteration of the cycle of business would need to reflect any attempts to combine assurance reporting, particularly as it relates to the MIQPR and people and culture metrics which respondents felt were duplicative and needed to be more concise for the remit of the Committee.
    - Revised monitoring report for the cycle of business.
    - Trade Union Partner and Committee Chair induction session to be held.

COMMITTEE PRIORITIES

26. The Committee received an update on progress against its priorities at each meeting. The 2023/24 priorities were:

Priority	Progress
Carry over the Committee priority from 2022/23 to support the implementation and championing of the strategic equality objectives, including Welsh Language, to promote an inclusive organisation.	As set out above focus on this priority during the year has been good. Consideration of equality, diversity, and inclusion (EDI) matters are the golden thread throughout all discussions held at the Committee. Diversity metrics were included within the 'culture' theme of the 'People and Culture Plan Metrics and Success Factors', which the Committee received at its meeting in August. The Strategic Equality Objectives have been in development throughout the year and the final version was endorsed by the Committee in February. In August, the Committee received the Welsh Language Annual Report for 2022-23 (before its progression to Trust Board for approval in September), and they also received an update on the More Than Just Words action plan
Development and implementation of the Speaking Up Safely Framework.	The Cultural Trends and Themes Learning Report was received by the Committee at its meeting in August. This included an update on Speaking Up Safely and other cultural indicators identified. The revised Speaking Up Safely Framework, the All-Wales Speaking Up Safely Policy was received by the Committee in November for endorsement (subsequently ratified for adoption by the Trust Board).
Development and Progress of the People and Culture Plan	The People and Culture Plan was approved by the Trust Board at its meeting in May 2023, and the Committee received an update by way of 'metrics and success factors' at its meeting in August. The Committee are receive qualitative and quantitative updates against the Plan.

27. It is good practice for Committees to set priorities for the forthcoming year when they review their effectiveness. Accordingly, the Committee has agreed the following priorities for 2024/25:
    (a) Impact of wellbeing initiatives on our people.
    (b) Culture of conversations with a focus on communication and conversations with managers and their people.
    (c) A continued focus on equality, diversity and inclusion and the implementation of the strategic equality objectives.
    The Trust's approach to development of our people.

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

NEXT STEPS

29. The next steps are as follows:
    (a) Ensure changes to operating arrangements are cycled into work programme for review in 2024/25
    (b) Update the cycle of business with revised terms of reference

RECOMMENDATION

30. The Trust Board is requested to
    (a) Receive and note the contents of the Committee Annual Report for 2023/24 and analysis of its effectiveness; and
    (b) Approve the changes to the Terms of Reference and operating arrangements.