

Bundle People and Culture (Open Session) 10 February 2026

Agenda attachments

- 00 Agenda People and Culture Open
- 09:30 – OPENING ITEMS
- 1 Chair's Welcome, Apologies and Quorum
- 2 Declarations of Interest
 - Item 02 Board Member Register of Interests
- 3 Minutes of the last meeting on 13 November 2025
 - Item 03 2025-11-13 OPEN Unconfirmed Minutes
- 4.1 Action Log and Matters Arising
 - Item 04.1 PCC Action and Decisions Log (Open)
- 4.2 AAA Highlight Report 13 November 2025
 - Item 04.2 People and Culture Committee AAA Highlight Report 13 November 2025
- 4.3 FOR APPROVAL, ASSURANCE AND DISCUSSION
- 5 09:35 – Directors Update
 - Item 05 PCC Director Update
- 6 09:55 – Operations Report Q3 2025/26
 - Item 06 Operations Quarterly Report Q3 2025-2026
- 7 10:10 – Staff Story [Ben Collins – Driving Culture Change – South Central EMS]
South Central EMS has embarked on a transformative cultural journey grounded in the principles of 'Our WAST Way,' aimed at fostering engagement, accountability, and collaboration across all staff levels. Since early 2024, the strategy has combined structured frameworks with practical initiatives such as bi-annual Culture Days, station surgeries, and one-to-one engagement, ensuring visibility and inclusivity. A pivotal milestone was the Management Re-Set Week, which generated 32 actionable improvements spanning leadership, wellbeing, and communication, reinforcing standardized processes and reducing administrative burdens. These efforts have been complemented by Local Delivery Plans co-created with frontline teams, embedding ownership and alignment with Trust-wide objectives.
 - Item 07 Driving Culture Change – South Central EMS
- 8 10:35 – Skills Mix on Emergency Ambulances
 - Item 08 Skills Mix on Emergency Ambulances
 - Item 08 Annex 1 Skills Mix Capacity Options
- 9 11:05 – Staff Story Updates – Essential Skills Tutors
 - Item 09 Essential Skills Tutor's Story Update
- 9.1 11:10 – COMFORT BREAK
- 10.1 11:25 – Cultural Themes and Trends Report
 - Item 10.1 Cultural Themes and Trends Report
 - Item 10.1 Annex 1 Cultural Themes and Trends Slides
- 10.2 PADR Process Review Update January 2026
 - Item 10.2 PADR Review Update
 - Item 10.2 Annex 1 PADR Process Refresh
- 11.1 11:45 – People and Culture Plan Metrics Update and Workforce Scorecard
Annex 2 is available to view in the Reading Room
 - Item 11.1 People and Culture Metrics Update and Workforce Scorecard
 - Item 11.1 Annex 1 Qual Metrics
- 11.2 People and Culture IMPT Objectives and Priorities 2026-29
 - Item 11.2 IMTP Objectives and Priorities
- 12 12:05 – Internal Audit Report: Mandatory In-Service Training (MIST)
 - Item 12 Internal Audit Report Feedback from ARAC to PCC MIST
 - Item 12 Annex 1 Mandatory In-Service Training_Final Internal Audit Report (amended)
- 13 12:15 – Monthly Integrated Quality and Performance Report (MIQPR)
 - Item 13 MIQPR November December 2025
 - Item 13 Annex 1 MIQPR PCC November December 2025
- 14 12:25 – 2025/26 Quality Governance Reviews: Committee Annual Report 2025/26 and Cycle of Business 2026/27

- Item 14 PCC 2025–26 Quality and Governance Review
Item 14 Annex 1 PCC Draft Annual Report 2025–26
Item 14 Annex 2 People and Culture Committee Cycle of Business 2026–27 for approval by PCC
Item 14 Annex 2.1 People and Culture Committee Cycle of Business 2026–27 for approval by PCC Notes Tab
- 15 12:35 – WASPT Highlight Report : 23 September 2025 (revised) and 20 November 2025
Item 15 WASPT AAA Report 23 September 2025
Item 15 WASPT AAA Report 20 November 2025
- 16 12:45 – Health Education and Improvement Wales (HEIW) Education Commissioning Report 2027/28
Item 16 Education Commissioning 2027–2028
Item 16 Annex 1
- 16.1 13:00 – LUNCH
- 17 13:40 – HCPC Registration and NMC Registration and Revalidation 2025
Item 17 HCPC Registration and NMC Registration and Revalidation 2025
- 18 13:50 – Risk Management and Board Assurance Framework
Risk 160 High absence rates impacting on patient safety, staff wellbeing and the trust’s ability to provide a safe and effective service. (16)
Risk 558 Deterioration of staff health and wellbeing in the face of continued system pressures as a consequence of workplace experiences. (15)
Risk 163 Maintaining Effective & Strong Trade Union Partnerships. (12)
Annex 2 is available to view in the Reading Room.
Item 18 Risk Management Report
- 19 14:00 – Audit Tracker Q3 2025/26
Item 19 Audit Tracker 25–26 Q3 Reporting (Oct–Dec25)
Item 19 Annex 1 Audit Tracker 3.0 – 2526 Q3 (Oct–Dec25) Updates
- 20 14:10 – Policies
Policies for approval
20.1 Transfer Policy
20.2 People Development Policy
Policy for noting
20.3 All Wales Reserved Forces Training and Mobilisation Policy
Item 20 Summary of Policies for Committee Approval and Adoption
Item 20.1 Transfer Policy
Item 20.2 People Development Policy
Item 20.3 NHS Wales Reserve Forces Training and Mobilisation Policy
Item 20.3 Polisi Cymru Gyfan ar gyfer Hyfforddiant a Galw i Wasanaethu
- 20.1 CONSENT ITEMS
- 21 Cycle of Business Monitoring Report and Committee Priorities 2025/26
Item 21 Priorities and Cycle Monitoring Report February 2026
Item 21 Tab 1 People and Culture Committee Cycle of Business Monitoring Report 2025–26
Item 21 Tab 2 People and Culture Committee Cycle of Business Monitoring Report 2025–26
- 21.1 CLOSING ITEMS
- 22 Reflections
- 23 Any Other Business
- 24 Date & Time of the Next Meeting: 5 May 2026 at 9:30am

Length of Meeting:	05:00	Agenda Status:	10 February 2026 - OPEN People & Culture Committee				Deadline for Papers: 30 January 2026	Last good practice Exec Review: 28 January 2026			
Time	Mins allotted	Agendum	Title	Format of Item	Item for	Item requested by	Paper prepared by	Item presented by	Colleagues to cc	Scheduled at ELT	Further approval route (if app.)
OPENING ITEMS											
09:30	00:05	1	Chair's Welcome, Apologies and Quorum	n/a	Information	Standing	n/a	Ceri Jackson	n/a		
		2	Declarations of Interest	n/a	To State Conflicts	Standing	n/a	Ceri Jackson	n/a		
		3	Minutes of the last meeting on 13 November 2025	n/a	Approval	Standing	n/a	Ceri Jackson	n/a		
		4	4.1 Action Log and Matters Arising 4.2 AAA Highlight Report 13 November 2025	Paper	Discussion	Standing	n/a	Ceri Jackson	n/a		
FOR APPROVAL, ASSURANCE AND DISCUSSION											
09:35	00:20	5	Directors Update	Paper	Discussion	CoB	P&C	Angie Lewis	Sarah Parry		
09:55	00:15	6	Operations Report Q3 2025/26	Paper	Discussion	CoB	Operations	Lee Brooks	Toni Marie Norman, Sophie Francis		
10:10	00:25	7	Staff Story - [Ben Collins - Culture Reviews]	Presentation	Discussion	CoB	People	Carl Kneeshaw	Sarah Parry		
10:35	00:30	8	Skills Mix on Emergency Ambulances	Paper	Assurance	Forward Planner	People	Carl Kneeshaw	Sarah Parry		
11:05	00:05	9	Staff Story Updates - Essential Skills Tutors	Paper	Information	CoB	People	Carl Kneeshaw	Sarah Parry		
11:10	00:15	COMFORT BREAK									
11:25	00:20	10	10.1 Cultural Themes and Trends Report 10.2 PADR Process Review Update: January 2026	Presentation	Assurance	CoB	People	Angie Lewis	Sarah Parry		
11:45	00:20	11	11.1 People and Culture Plan Metrics Update and Workforce Scorecard 11.2 People and Culture IMPT Objectives and Priorities 2026-29	Paper	Assurance	CoB	People	Angie Lewis, Carl Kneeshaw	Sarah Parry		
12:05	00:10	12	Internal Audit Report: Mandatory In-Service Training (MIST)	Paper	Assurance	CoB	Gov	Angie Lewis, Carl Kneeshaw	Lisa Trounce		
12:15	00:10	13	Monthly Integrated Quality and Performance Report (MIQPR)	Paper	Assurance	CoB	SPP	James Houston	Hugh Bennett, Mark Thomas, Mel O'Connor		
12:25	00:10	14	2025/26 Quality Governance Reviews: Committee Annual Report 2025/26 and Cycle of Business 2026/27	Paper	Approval	CoB	Gov	Trish Mills	Alex Payne		
12:35	00:10	15	WASPT Highlight Report : 23 September 2025 (revised) and 20 November 2025	Paper	Assurance	CoB	Gov	Christian Fox	Trish Mills, Alex Payne		
12:45	00:15	16	Health Education and Improvement Wales (HEIW) Education Commissioning Report 2027/28	Paper	Assurance	CoB	People	Carl Kneeshaw	Jo Kelso		
13:00	00:40	LUNCH									
13:40	00:10	17	HCPC Registration and NMC Registration and Revalidation 2025	Paper	Assurance	Forward Planner	QPSE	Liam Williams, Andy Swinburn	Alison Kelly, Jen Lloyd		
13:50	00:10	18	Risk Management and Board Assurance Framework: Risk 160 High absence rates impacting on patient safety, staff wellbeing and the trust's ability to provide a safe and effective service. (16) Risk 558 Deterioration of staff health and wellbeing in the face of continued system pressures as a consequence of workplace experiences. (15) Risk 163 Maintaining Effective & Strong Trade Union Partnerships. (12)	Paper	Assurance	CoB	Gov	Julie Boalch	Dan King		
14:00	00:10	19	Audit Tracker Q3 2025/26	Paper	Assurance	CoB	Gov	Trish Mills	Lisa Trounce		
13:50	00:10	20	Policies for approval 20.1 Transfer Policy 20.2 People Development Policy Policy for noting 20.3 All Wales Reserved Forces Training and Mobilisation Policy	Paper	Approval	Forward Planner	Gov	Trish Mills	Lisa Trounce Skye Banks		
CONSENT ITEMS											
14:00	00:00	21	Cycle of Business Monitoring Report and Committee Priorities 2025/26	Paper	Information	CoB	Gov	Trish Mills	Sarah Harland		
CLOSING ITEMS											
14:00	00:10	22	Reflections	n/a	Discussion	Standing	n/a	Ceri Jackson	n/a		
		23	Any Other Business	n/a	Discussion	Standing	n/a	Ceri Jackson	n/a		
		24	Date & Time of the Next Meeting: 5 May 2026 at 9:30am	n/a	Information	Standing	n/a	Ceri Jackson	n/a		
14:10	05:00	CLOSE									

LEAD PRESENTERS

Name	Position
Julie Boalch	Assistant Director of Corporate Governance and Risk
Lee Brooks	Executive Director of Operations
Christian Fox	Trade Union Partner
James Houston	Head of Strategy Development
Ceri Jackson	Non Executive and Chair of Committee
Carl Kneeshaw	Director of People
Angie Lewis	Director of Culture Change
Trish Mills	Director of Corporate Governance/Board Secretary
Liz Rogers	Deputy Director of People and Culture
Andy Swinburn	Executive Director of Paramedicine
Liam Williams	Executive Director of Quality and Nursing

Name	Position	Declaration	Interest Type	Date Interest Started	Date Interest Ended	Left Trust
BEAUMONT-WOOD, Rhiannon	Non-Executive Director * Member of the Remuneration Committee * Member of the the Audit, Risk and Assurance Committee * Member of the Quality, Patient Experience and Safety Committee	Dorset Integrated Care Board (NHS Dorset), Non-Executive Director	Financial Interest	May 2023		
		Nursing and Midwifery Council (NMC), Designated Council Member for Wales	Financial Interest	June 2024		
		RBW Executive and Professional Coaching Ltd, Company Director (Company No 14938585) and Shareholder	Financial Interest	June 2023		
		Currently on coaching framework with Health Education and Improvement Wales	Financial Interest	June 2024		
		Registered Nurse (NMC)	Non-Financial Professional	January 1985		
		Registered Specialist Community Public Health Nurse	Non-Financial Professional	September 1996		
BEESLEE, Jayne	Non-Executive Director * Chair of the Finance and Performance Committee * Member of the Remuneration Committee * Member of the Academic Partnership Committee	Member of the Royal College of Nursing	Non-Financial Professional	2007		
		Employment for interim assignments via Public Sector Resourcing (an agency) regarding the review of major UK government programmes (remunerated net of tax via an Umbrella Company - Danbro Employment Umbrella Ltd)	Financial Interest	01 October 2023		
		Member Representative on the UK Civil Service Pension Board	Non-Financial Personal	01 October 2019		
		Governor on the Finance & General Purposes Committee of Cardiff and Vale Further Education College	Non-Financial Personal	01 February 2024		
BROOKS, Lee	Executive Director of Operations	Fellow Chartered Institute of Personnel & Development	Non-Financial Personal	01 April 2006		
		Partner employed by Welsh Ambulance Services NHS Trust	Any Other Interest	July 2019		
		Member of the Order of St John	Any Other Interest	01 March 2023		
		Volunteer – St John's Ambulance Cymru	Any Other Interest	06 April 2023		
		Council Member – St John's Ambulance Cymru Gwent Council	Any Other Interest	06 April 2023		
CURRAN, Peter	Non-Executive Director * Chair of the Audit, Risk and Assurance Committee * Chair of the Charity Committee * Member of the Finance and Performance Committee * Member of the Remuneration Committee	Trustee of Action for Children [1097940]	Position in Charity or Voluntary Organisation	01 February 2021		
		Company Director – Action for Children [04764232]	Directorships	01 February 2021		
		Company Director – Action for Children (Wales) Ltd [10011497]	Directorships	05 April 2022		
		Trustee of National Youth Arts Wales [1170643]	Position in Charity or Voluntary Organisation	06 May 2021		
		Company Director – National Youth Arts Wales [10449512]	Directorships	06 May 2021		
		Non-Executive Director for Taff Housing	Position in Charity or Voluntary Organisation	01 May 2022	17 July 2025	
		Chair - Taff Housing Association	Any Other Interest	17 July 2025		
		Company Director - Team Police Ltd [12518812]	Directorships	01 January 2022	31 October 2024	
		Independent Board Member of the Project Board - National Contemporary Art Gallery for Wales	Any Other Interest	01 January 2024	30 September 2025	
		Interim Finance Director for Torfaen Leisure Trust	Directorships	01 September 2023	29 February 2024	
		Member of Governing Body / Independent Member – Kaplan International Colleges UK Ltd I05268303	Directorships	01 March 2024		
		Independent Member - Kaplan Open Learning (inc member of the Audit & Risk Committee)	Directorships	21 March 2024		
		DENNIS, Colin	Chair of Trust Board and Non-Executive Director * Chair of Remuneration Committee	Chair - Citizen Housing (Charity) (previously WM Housing Group)	Position in Charity or Voluntary Organisation	01 January 2015
Company Director - Citizen Treasury PLC (previously WM Housing Treasury Ltd)	Directorships			29 August 2017		
Company Director – Citizen Treasury Vehicle Ltd	Directorships			04 September 2017		
Chair - North Devon Homes	Position in Charity or Voluntary Organisation			01 October 2021	January 2025	
Company Director - North Devon Homes	Directorships			01 April 2022		
Chair - Green Square Accord (Housing Association)	Position in Charity or Voluntary Organisation			26 March 2024		
Company Director - LowCarbonLiving Homes Ltd [04207671]	Directorships			26 March 2024		
Company Director - Green Square Estates Ltd [8719365]	Directorships			26 March 2024		
EVANS, Bethan	Non-Executive Director * Chair of Quality, Patient Experience & Safety Committee * Member of Finance & Performance Committee * Member of People & Culture Committee * Member of Remuneration Committee	Chief Executive Officer (Employed) at My Choice Healthcare Limited.	Any Other Interest	01 June 2019		
		Non-Executive Board Member at Beacon Housing (Social Housing Organisation - Community Benefit Society)	Position in Charity or Voluntary Organisation	01 November 2019		
		Company Director - My Choice Healthcare South Wales Limited	Directorships	11 March 2020		
		Company Director – Moorlands Rehabilitation (Staffordshire) Limited.	Directorships	20 December 2019		
		Company Director - Moorlands Property Ltd	Directorships	16 August 2022		
		Company Director - Springfield (Bargoed) Limited.	Directorships	12 March 2020		
		Company Director - Springfield Property Lettings Ltd	Directorships	16 August 2022		
		Company Director - Homes of Excellence Limited	Directorships	19 March 2021		
		Company Director - Victoria House Care Property Limited	Directorships	05 March 2020		
		Company Director - My Choice Healthcare (Four) Limited	Directorships	27 April 2022		
		Company Director – Luk Ros Property Limited	Directorships	12 March 2020		
		[Previously called Homes of Excellence Healthcare Limited, Company name changed 12.08.2022 - #12513139]	Directorships	12 March 2020		

Name	Position	Declaration	Interest Type	Date Interest Started	Date Interest Ended	Left Trust
EVANS, Bethan [continued]	Non-Executive Director * Chair of Quality, Patient Experience & Safety Committee * Member of Finance & Performance Committee * Member of People & Culture Committee * Member of Remuneration Committee	Company Director - Hawthorn Court Property Limited	Directorships	27 April 2022		
		[Previously called My Choice Healthcare (Three) Limited, Company name changed 12.08.2022 - #13371375]	Directorships	27 April 2022		
		Company Director - Ocean Living Property Limited	Directorships	22 July 2022		
		Company Director - Hawthorn Court Care Limited	Directorships	22 July 2022		
		Company Director - Glynconel Property Limited	Directorships	01 July 2022		
		Company Director - My Choice Healthcare (Two) Limited	Directorships	01 July 2022		
		Company Director - Carmarthen Care Limited	Directorships	02 January 2024		
		Company Director - Towy Castle Property Limited	Directorships	01 September 2023		
		Company Director - Glamorgan Care Ltd	Directorships	25 October 2024		
		Company Director - The Mountains Care Ltd	Directorships	09 December 2024		
		Company Director - Alexandra House Care Ltd	Directorships	24 June 2024		
		Company Director - Alexandra House Property Ltd	Directorships	24 June 2024		
		Company Director - My Choice Healthcare Seven Ltd	Directorships	22 October 2024		
		Company Director - Danygraig Property Ltd	Directorships	10 December 2024		
		Company Director - The Mountains Property Ltd	Directorships	09 December 2024		
HITCHON, Estelle	Director of Partnerships and Engagement	Member of Academi Wales Expert Panel	Position in Charity or Voluntary Organisation	15 July 2024		
		Independent Governor (Non-Executive Director), Coleg Sir Gar/Coleg Ceredigion	Non-Financial Personal	01 January 2025		
HUTCHINGS, Hayley	Non-Executive Director * Member of the Remuneration Committee * Member of the Academic Partnership Committee * Member of the People and Culture Committee	Employed at Swansea University, Professor of Health Services Research	Financial Interest	17 June 1995	31 May 2025	
		Emeritus Professor, Swansea University	Non-Financial Professional	31 May 2025		
		Consultancy (temporary cover for the Director of Operations - Clinical Trials Unit) at Wolverhampton University	Financial Interest	10 October 2025	31 December 2025	
JACKSON, Ceri	Non-Executive Director & Vice Chair of the Trust Board * Chair of the People and Culture Committee * Member of the Charity Committee * Member of Audit Committee * Member of Quality, Patient Experience & Safety Committee * Member of Remuneration Committee	Management Consultant primarily working in third sector	Interest in Companies and Securities	01 May 2019		
		Associate Director of SamKat Consulting Ltd in my capacity as self-employed management consultant	Directorships	01 June 2021		
		Charity Trustee - Stroke Association Trustee, Chair Wales Advisory Group.	Position in Charity or Voluntary Organisation	08 October 2020		
		Charitable Company - Stroke Association - Company Director	Directorships	08 October 2020		
KNEESHAW, Carl	Director of People	Chartered Fellow of Chartered Institute of Personnel and Development	Personal or Departmental Sponsorship	April 2020		
		Fellow of Institute of Leadership	Personal or Departmental Sponsorship	October 2020		
		Safeguarding Lead for local outreach charity, Brunstad Christian Church - Huntworth, Bridgwater, Somerset	Position in Charity or Voluntary Organisation	September 2018		
LEWIS, Angela	Director of Culture Change	Nil Declaration				
MARSH, Rachel	Executive Director of Strategy, Planning and Performance	Nil Declaration				
MILLS, Patricia (Trish)	Director of Corporate Governance/ Board Secretary	Nil Declaration				
PARRY, Hugh	Trade Union Partner	Nil Declaration				
ROBERTS, Edward	Interim Finance Director (from 09 September 2025)	Nil Declaration				
ROWAN, Hannah	Non-Executive Director * Chair of Academic Partnership Committee * Member of Charity Committee * Member of People & Culture Committee * Member of Remuneration Committee	Director, St Martin's Associates (Business consulting and coaching)	Directorships	04 April 2022		
		Non -Executive Director Qualifications Wales (regulator for all non degree qualifications in Wales)	Any Other Interest	01 April 2021		
		Trustee MAE Cymru (Christian charity which champions gender equality in church of Wales)	Position in Charity or Voluntary Organisation	13 November 2021	November 2023	
		Elected member, The governing body of the church in Wales (Parliament of church in Wales - voting member)	Any Other Interest	01 April 2021		
SAMMUT, Jonathan (Jonny)	Director of Digital Services [appointed 26.09.2023]	Relative (Parent) is a Non-Executive Director for Social Care Wales	Any Other Interest	01 April 2017	31 March 2025	
		Fellow of the British Computer Society - FBCS	Any Other Interest	04 March 2024		
		Panel Member of the UK CIO Advisory Panel - Digital Health	Any Other Interest	05 July 2023	2 June 2025	
		Federation of Informatics Professionals - Leading Practitioner	Any Other Interest	25 April 2024		
		Chair of BCS Hub Wales	Any Other Interest	20 June 2025		
SWINBURN, Andrew (Andy)	Executive Director of Paramedicine	Co-opted into the BCS Community Board	Any Other Interest	12 August 2025	11 August 2026	
		Strategic Advisor to College of Paramedics	Any Other Interest	01 January 2020		
TURLEY, Christopher	Executive Director of Finance and Corporate Resources	Treasurer of Royal Gwent Hospital League of Friends.	Position in Charity or Voluntary Organisation	01 February 2022	05 November 2024	
TURNER, Damon	Trade Union Partner	Nil Declaration				

Name	Position	Declaration	Interest Type	Date Interest Started	Date Interest Ended	Left Trust
WILLIAMS, Liam	Executive Director of Quality and Nursing [from 01 August 2022]	Chair/Director - Thornbury Carnival Community Interest Company Voluntary	Position in Charity or Voluntary Organisation	01 August 2019		
		Member Royal College Nursing	Any Other Interest	01 August 2022		
		Committee member - Royal College Nursing, Nurses in Management and Leadership Forum Steering Committee	Position in Charity or Voluntary Organisation	01 August 2022		
		Vice Chair - Royal College of Nursing, Nurses in Management and Leadership Forum Steering Committee	Position in Charity or Voluntary Organisation	03 February 2025		
WOOD, Emma	Chief Executive (from 01 October 2025)	Chartered Fellow of CIPD (Chartered Institute of Personnel and Development)	Non-Financial Professional	2000		
		External Moderator for HR Masters modules for University West of England	Financial Interest	September 2024		
		Member of Yoga Professional Alliance	Non-Financial Personal	July 2025		
		Sub-Yoga Teacher - Burnham Swim and Leisure Centre	Financial Interest	July 2025		



GIG
CYMRU
NHS
WALES

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

**UNCONFIRMED MINUTES OF THE PEOPLE AND CULTURE COMMITTEE
OPEN MEETING HELD AT CARDIFF MRD AND REMOTELY
VIA MICROSOFT TEAMS ON 13 NOVEMBER 2025**

MEMBERS PRESENT:

Ceri Jackson	Committee Chair
Bethan Evans	Non-Executive Director (<i>left at midday</i>)
Hayley Hutchings	Non-Executive Director
Hannah Rowan	Non-Executive Director

PRESCRIBED ATTENDEES

Lee Brooks	Executive Director of Operations
Penny Durrant	Deputy Director of Nursing, Quality and Governance
Estelle Hitchon	Director of Partnerships and Engagement
Carl Kneeshaw	Director of People
Angela Lewis	Director of Culture Change
Trish Mills	Director of Corporate Governance/Board Secretary
Lizzie O'Shea	Speaking Up Safely Guardian
Andy Swinburn	Executive Director of Paramedicine
Damon Turner	Trade Union Partner
Marcus Viggers	Trade Union Partner (<i>absent between (11:19am and 12:36pm)</i>)

IN ATTENDANCE:

Hugh Bennett	Assistant Director of Commissioning and Performance
Kat Cobley	Head of Inclusion and Engagement
Sarah Davies	Head of Change and People Insights
Colin Dennis	Trust Board Chair (<i>left at midday</i>)
Catherine Goodwin	Assistant Director Inclusion, Culture and Wellbeing
Sarah Harland	Corporate Governance Officer (minutes)
Jo Kelso	Head of Workforce Education and Development (<i>left after Item 15</i>)
Richard Lewis	Essential Skills Tutor
Sara Mills	Head of Culture and OD
Sara Morris	Essential Skills Tutor
Hugh Parry	Trade Union Partner
Sarah Parry	Business Manager, People and Culture
Alex Payne	Corporate Governance Manager
Felicity Quance	Deputy Head of Internal Audit
Liz Rogers	Deputy Director of People
Yvonne Walker	Essential Skills Tutor

OBSERVERS:

Meshack Ezeadim Aspiring Board Member Programme Member
Bev Flood Head of People Services, Workforce & Organisational
Development (*left at midday*)

APOLOGIES:

Julie Boalch Assistant Director of Corporate Governance and Risk
Timoth Cahalane Trade Union Partner
Christian Fox Trade Union Partner
James Houston Assistant Director for Planning and Transformation
Mark Marsden Trade Union Partner / WASPT Co-Chair
Ed Roberts Assistant Director of Finance and Corporate Resources
Chris Turley Executive Director of Finance and Corporate Resources
Emma Wood Chief Executive and Co-Chair of WASPT

1. WELCOME AND APOLOGIES

- 1.1 The Chair welcomed members and apologies were noted. It was confirmed that the meeting met quorum.

- 1.2 The Chair invited everyone to pause and remember colleagues who are no longer with us, especially Paul Hollard, a former non-executive director and Chair of the People and Culture Committee, whose nearly 50 years of dedication to the NHS touched so many lives.

2. DECLARATIONS OF INTEREST

- 2.1 No new declarations of interest were made.

3. MINUTES FROM THE PREVIOUS MEETING

- 3.1 The minutes from the meeting of the People and Culture Committee held on 12 August 2025 were approved as a correct record with no amendments requested.

4. ACTION LOG AND MATTERS ARISING

- 4.1 There were no actions to discuss.

5. DIRECTORS' UPDATE

- 5.1 Angie Lewis and Carl Kneeshaw highlighted the success of the Mastering Diversity Conference, "Speaking Up Safely Month" and WAST Volunteers Conference. The NHS Staff Survey response rate was reported at 34% with two weeks remaining, and confidence expressed in surpassing the 40% target, WAST's rate is already well above other NHS Wales organisations.

- 5.2 Angie and Carl announced several recognitions, including Angie's Culture Pioneers Award, Healthcare People Management Association (HPMA) shortlisting for People Services, and Nursing Times finalist honours. Long service awards were given to Angela Williams (30 years), Sarah Davies and Laura Hurford (20 years). Carl and Angie are also participating in the NHS Tackling Inequalities Leadership Programme.

- 5.3 Continued focus on sharing best practice in cultural change through locality visits and engagement initiatives was highlighted. Apprenticeship programmes are expanding in call handling, patient care, and Emergency Medical Technician roles, with consultation underway to embed staff feedback. Carl also shared news of a £1.2 billion Electronic Staff Record (ESR) contract to Infosys to deliver a new and enhanced workforce management solution for the NHS. The Future NHS Workforce Solution will succeed the ESR and continue to pay 1.9 million NHS employees, which is 5% of the UK workforce, over £55 billion in payroll each year. Consultation is live for the people development policy.
- 5.4 Committee members praised the Directors update. Hayley Hutchings commended the Operations Directorate for an inspiring volunteer conference featuring national speakers. Hannah Rowan congratulated the team, highlighted local culture initiatives, and welcomed the growing apprenticeship offer aligned with organisational goals. Sara Mills outlined the “day in the life” initiative, where Organisational Development staff shadow locality managers to share best practices and challenges. Lizzie O’Shea noted improved visibility, new communications and staff interest in more case studies which is linked to the Trust’s work on Speaking up Safely.
- 5.5 The Chair emphasised the value of triangulation and observing good practice on cultural progress and requested feedback on Speaking Up Safely month.

The Committee noted the Directors Update Report.

6. OPERATIONS REPORT Q2 2025/2026

- 6.1 Lee Brooks reported improved operations, including training senior Emergency Medical Dispatchers (EMDs) as mentors, appointing 10 Call Prioritisation Streaming System (CPSS) auditors, and increased Emergency Ambulance Practitioner (EAP) training uptake despite staffing pressures. Roster review and efforts to reduce overruns continue, with positive feedback from Ambulance Care roadshows. Senior management changes within Integrated Care have been finalised, adding a service improvement role. Quality and Support initiatives are ongoing. Staff feel prepared for phase two of the Clinical Model Transformation (CMT), with positive training feedback and support planned for go-live. Crew feedback showed improved overruns and mixed views on EAP training, prompting a review of course content. Recent visits and leadership events indicate growing staff confidence in operational changes.
- 6.2 Members recognised the success of the Volunteer Conference, the value of the Operations Directorate leadership event, and the strong teamwork within operations. The Chair highlighted the event’s strong focus on culture and commended Angie Lewis and Sara Mills and for their contributions, noting positive team dynamics within Lee’s senior team. The Chair shared observations from Wrexham Emergency Department, where staff worked to get crews home on time despite challenges, demonstrating teamwork and support. Emphasising the value

of direct observation to challenge assumptions, the Chair acknowledged managers efforts to balance staff experience with patient care.

The Committee noted and took assurance from the Operations Report Q2 2025/26.

7.1 STAFF STORY: ESSENTIAL SKILLS TUTORS

- 7.1.1 Carl Kneeshaw introduced the Essential Skills Tutors; Richard Lewis, Sara Morris and Yvonne Walker, emphasising the value of Staff Stories and welcoming the team to share their work. Jo Kelso outlined the Essential Skills programme, explaining that the Emergency Medical Technician (EMT) apprenticeship, launched in 2020, includes literacy, numeracy, and digital skills under a Welsh Government-funded scheme. Digital literacy has been mandatory for all EMTs for five years, and the team's formation now broadens participation, supports social mobility, and helps staff address skill gaps in line with the organisation's commitment to opportunity and the Well-being of Future Generations Act 2015.
- 7.1.2 Richard Lewis, Sara Morris and Yvonne Walker delivered their presentation and explained that the Essential Skills Team supports learners in achieving Level 2 qualifications in communication, numeracy, and digital literacy; which are equivalent to GCSEs. Working with the Ambulance Care Team, they develop induction and progression pathways, incorporating modules such as vehicle familiarisation and conflict resolution. The team also delivers Institute of Leadership and Management (ILM) Level 3 mentoring qualifications through the EAP programme; fostering confidence, resilience and peer support networks. Looking forward, initiatives include Digital Skills for Business for administrative staff, ILM Level 5 coaching and mentoring, and short courses in project management and business administration.
- 7.1.3 Committee members praised the Essential Skills Team for their positive impact on staff development and inclusion, emphasising accessible learning, highlighted recruitment barriers and supported peer mentoring. The Chair thanked them for sharing their lived experience with the committee.

The Committee noted the Staff Story and the work of the Essential Skills Tutors.

7.2 STAFF STORY UPDATE – QUALITY AND SUPPORT DAYS FOLLOW UP

- 7.2.1 Lee Brooks provided an update on the continuation of Quality and Support Days for Operations, noting that this approach may also be adopted by other Directorates, with Andy considering a similar model for clinical teams. The October event was particularly productive, generating 644 completed Microsoft forms that offered a wealth of information to inform ongoing actions and workforce engagement. Efforts are underway to improve coordination so that all departments participate in these days simultaneously.

- 7.2.2 Future Quality and Support Days will focus on key areas such as Overruns, Sexual Safety, Communication, CMT, Non-Emergency Patient Transport Services (NEPTS), Ambulance Care Performance Standards and Infection Prevention and Control (IPC). Overall, the initiative is viewed as valuable and will remain an ongoing part of the organisation's engagement and improvement efforts.

The Committee noted the Staff Story Update.

8. PEOPLE AND CULTURE METRICS UPDATE AND WORKFORCE SCORECARD

- 8.1 Carl Kneeshaw reported positive trends with the metrics in the People and Culture Plan. The People Network has grown to 732 members, demonstrating strong engagement with equality, diversity and inclusion. Disciplinary cases are stable at 41; with a focus on resolving issues compassionately. There are 12 active formal resolution requests. Staff turnover is decreasing, and a target for healthy turnover is being developed. Absence rates are 7.8%, slightly higher than the previous reporting period but lower than last year, with a seasonal increase expected. Training compliance is at 90%, above the Welsh Government's 85% target. PADR compliance is 75.35%, with an emphasis on meaningful conversations over just meeting targets. Carl is confident the organisation is fostering a positive culture and supporting staff wellbeing.
- 8.2 Bethan Evans welcomed the positive trends in turnover and sickness rates but raised concerns about low PADR compliance, stressing its importance for a dispersed, changing organisation. Bethan asked what new actions are planned, Angie Lewis provided assurance that improvements are underway, with a pilot to make the PADR process more accessible and meaningful and focusing on conversation quality. Andy Swinburn suggested including valuable staff touchpoints from paramedic ride-outs in the PADR process and compliance metrics. Andy, Carl and Angie agreed to review this, with Carl reiterating the need for meaningful conversations alongside audit and compliance.

The Committee noted and took assurance from the People and Culture Metrics Update and Workforce Scorecard.

8.1 MONTHLY INTEGRATED QUALITY AND PERFORMANCE REPORT

- 8.1.1 Hugh Bennett presented the MIQPR update, highlighting the upcoming major change to the clinical response model, with a go-live for new categories (orange, yellow, green) and an evaluation led by Edge Hill University in partnership with Swansea Bay University Health Board, including trade union representation. Hugh reported stable 999 performance but flagged that call volumes typically increase in winter, and while 111 performance is stable, abandonment rates remain above target, prompting a demand and capacity review and roster changes with strong staff and union engagement.
- 8.1.2 Hugh reported the successful launch of new clinical categories and a staff survey with over 400 responses. Hugh highlighted ongoing CMT workstreams focused on

people metrics, winter planning and staff support. Improvements were noted in handover delays and overruns, boosting job satisfaction and reducing sickness, though lost hours may increase soon. Ambulance Care performance is stable, but cancellations and major re-rostering projects for 111 and NEPTS remain challenges. Hugh emphasised staff engagement and noted that, despite positive signs, the organisation faces a challenging period ahead.

- 8.1.2 Members noted positive trends but raised questions for improvement. The Chair suggested setting a clearer target for mental health absence rates and requested a dashboard review for metrics specific to this committee over and above the MIQPR, which Carl and Hugh will discuss with their respective teams. Overall, feedback focused on making metrics meaningful and ensuring targets and reporting align with organisational goals.

The Committee noted the August/September 2025 MIQPR and actions being taken and determined:

- 1. The report provided sufficient assurance;**
- 2. No further information, scrutiny or assurance was required other than that referred to above: and**

9. ANTI-RACIST WALES ACTION PLAN UPDATE, INCLUDING THE WORKFORCE RACE EQUALITY STANDARDS REPORT 2025

- 9.1 Kat Copley presented the 2025 Workforce Race Equality Standards Report (WRES), which forms part of the Anti-Racist Wales Action Plan, noting improved workforce diversity, reduced disciplinary disparities and higher ethnicity declaration rates. Equal access to development for minority ethnic staff was highlighted, but challenges remain in board representation and appointment rates. Planned actions include expanding inclusive recruitment, improving ethnicity data, strengthening the Black Asian and Ethnic Minorities (BAEM) Network, and embedding anti-racist training. Progress is overseen by the Anti-Racist Wales Action Plan subgroup, with regular reporting and national recognition. Participants expressed strong support for ongoing improvements, emphasising the importance of staff engagement, representative leadership, and continued review of language and processes. The Chair acknowledged progress but noted the need for more work.

- 9.2 Members strongly supported the progress made, noting improved engagement. Estelle Hitchon emphasised the benefits of a representative workforce. Hayley Hutchings asked about learning from other NHS sectors, Kat Copley explained that while active overseas recruitment is more feasible in health boards, the Trust is focusing on support networks and inclusive recruitment, recognising the need to support staff once recruited. Trish Mills and Colin Dennis both clarified board diversity as far as Non-Executive Director appointments is concerned is partly outside of the Trust's control, being Welsh Government appointments; but initiatives such as the Aspiring Board Members Programme are underway. Hannah Rowan raised questions about disciplinary data and language and terminology use and Angie Lewis advised this will be reviewed and agreed to bring this back to a

future meeting. The Chair concluded that while progress is clear, continued improvement is needed, and thanked staff and the committee for their commitment.

The Committee took assurance from the Anti-Racist Wales Action Plan Update and Workforce Race Equality Standards Report and findings for 2025.

10. PEOPLE AND CULTURE PLAN EXTENSION

- 10.1 A request to extend the People and Culture Plan 2023/26 until April 2027 was endorsed by the committee based on its continued relevance, alignment with strategic priorities, and timeframes to refresh the Trust's Long-Term Strategic Framework. There were no concerns from the committee about this approach, and the Trust Board is asked to approve the request for extension.

The Committee endorsed the proposal to extend the People and Culture plan until April 2027 and recommended this proposal to the Trust Board for approval.

11. ALL-WALES ANTI-SEXUAL HARASSMENT POLICY AND IMPLEMENTATION PLAN

- 11.1 Catherine Goodwin introduced the All-Wales Anti-Sexual Harassment Policy developed, in response to new legal requirements. The WAST Implementation Plan is considered a model for NHS Wales. The committee raised no objections or questions and adopted the All-Wales policy for implementation.

The Committee:

- 1. Adopted the All-Wales Anti-Sexual Harassment Policy for implementation across the Trust (as it has been approved at an All-Wales level): and**
- 2. Took assurance from the provision of the associated Policy Equality Impact Assessment and Policy Implementation Plan.**

12. WASPT HIGHLIGHT REPORT 23 SEPTEMBER 2025

- 12.1 Carl Kneeshaw reported no alerts for escalation and noted that UNISON is balloting for possible industrial action. A recent risk management workshop with trade union partners improved understanding and facilitated open discussion, especially on overruns. Partnership work on the industrial injuries process continues, with a report due soon. Collaborative efforts on concerns regarding overruns and Integrated Care were highlighted, emphasising staff support.

- 12.2 Damon Turner expressed appreciation for the considerable effort invested in addressing overruns and the review of the industrial injury process, highlighting the positive progress made and the value of the recent risk management session. Damon specifically requested that the work undertaken on the industrial injury process is noted as a positive development initiated by the Trade Unions.

The Committee noted the WASPT Highlight Report from 23 September 2025.

13. HEALTH SAFETY & VIOLENCE & AGGRESSION (V&A) BI-ANNUAL REPORT

- 13.1 Graham Stockford reported 1,086 violence and aggression incidents in six months, a decrease, but still significant. Most were verbal and low harm, with improved reporting from control room and NEPTS staff. Progress was made in compliance, training, and Control of Substances Harmful to Health (COSHH) assessments; all vehicle noise levels were below HSE limits. Partnership work with trade unions continues, and a risk tracker is being developed. The focus ahead is on dashboards, targets, and local accountability. Overall, the organisation is in a better position than six months ago, with further improvements expected.
- 13.2 Trish suggested reviewing which metrics are most relevant to the committee after the current review of the MIQPR work, proposing Graham's biannual report shift to a concise quarterly dashboard to avoid duplication. The committee agreed, emphasising alignment with the committee's remit. The committee will keep biannual reporting for now, with an action to revisit the overall metrics for this committee after the MIQPR review.

The Committee noted the content of the Health Safety & Violence & Aggression (V&A) Bi-annual Report

14. REVALIDATION AND REGISTRATION REPORT FOR NMC/HCPU

- 14.1 This paper was deferred.

15. 2025/26 QUALITY GOVERNANCE REVIEWS

- 15.1 Trish Mills presented the first part of the committee's Quality Governance Review (formerly effectiveness review) for 2025/26. The survey of members noted that the committee is valued for its inclusivity, active participation, and high-quality reporting, which foster a collaborative environment and effective assurance. There is a desire for the committee to focus more on strategic priorities and to measure the tangible impact of its work, ensuring that discussions address the most pressing and relevant issues for staff and the organisation. While the current membership and terms of reference remain broadly appropriate, amendments were agreed to include broader education and training, related partnerships and collaboration, and membership changes to reflect these updates.

The Committee:

- 1. Noted the wider board committee framework changes proposed; and**
- 2. Endorsed changes to the Terms of Reference.**

16. RISK MANAGEMENT AND BOARD ASSURANCE FRAMEWORK

- 16.1 The committee discussed four relevant risks, all of which were reviewed during the period and previously presented to the Trust Board in September. Members noted that the risks inform agenda setting and that discussions throughout the meeting aligned with the key areas of each risk:

- Risk 160 (high absence rates) reduced in score from 20 to 16 given the year-on-year reductions in sickness.
- Risk 201 (reputational harm) has been disaggregated into two risks, one related to relationships with stakeholders and another for poor patient experience affecting reputation. These are both scored at 16 with a target score of 12. Given the reach of these risks, it is recommended they are overseen by the board directly, rather than this committee. This was agreed.
- The risks related to Trade Union relationships (Risk 163) and staff health and wellbeing (Risk 558) remain static.

16.2 Members noted some action dates had shifted and sought assurance on progress. Directors confirmed that a deep dive into People and Culture risks will be undertaken in December to ensure they remain fit for purpose, with consideration of combining risks and refreshing actions.

The Committee noted the contents of the Risk Management and Board Assurance Framework Report, including the controls in place against the risks and the actions described to further mitigate the risks, and confirmed agreement for the reputational risks 201a and 201b to be overseen by the Trust Board in future reports.

17. AUDIT TRACKER 2025/26 Q2 REPORTING (July-September 2025)

17.1 Trish Mills reported strong progress on the Audit Tracker, with over 80% of actions closed this quarter. Some deadlines were revised due to dependencies on projects and external suppliers. Lee Brooks and Carl Kneeshaw noted updates were needed for the Resourcing Policy and Occupational Health and Wellbeing Internal audit recommendations. The committee accepted the revised deadlines and were satisfied that risks were being appropriately mitigated in the meantime.

The Committee took assurance from the monitoring of management actions to address recommendations in the Tracker and the rationale for the closure of actions.

18. INTERNAL AUDIT REPORT: ORGANISATIONAL CHANGE (Reasonable Assurance)

18.1 The committee received the Internal Audit Report on Organisational Change and noted the discussion held at the Audit, Risk and Assurance Committee on the 02 September. Carl Kneeshaw confirmed audit findings were accepted, and actions are progressing with realistic deadlines.

18.2 Data from post change reviews and staff surveys will be used to assess impact and drive improvement. Angie Lewis noted ongoing staff support.

The Committee took assurance from report and the discussion on this at the meeting of the Audit Risk and Assurance Committee on 2 September 2025.

19. POLICIES FOR APPROVAL

19.1 The following policies were approved and adopted:

- All-Wales Anti-Sexual Harassment Policy (*Item 11*)
- Lone Working Policy
- Carers Policy
- All-Wales Flexible Working Policy

20. CYCLE OF BUSINESS MONITORING REPORT&COMMITTEE PRIORITIES 2025/26

20.1 Trish Mills clarified that the Monitoring Report incorrectly stated the Speaking Up Safely report was deferred, however the Speaking Up Safely Annual Report was received at the last meeting on 12 August 2025 therefore the regular update was taken out of cycle. The Monitoring Report will be updated accordingly.

The Committee noted the Cycle of Business Monitoring Report and Committee Priorities 2025/26 and acknowledged the correction relating to the Speaking Up Safety Report.

21. WASPT MINUTES: 24 JULY 2025

21.1 The committee received the WASPT Minutes from the meeting on 24 July 2025.

22. REFLECTIONS

22.1 Reflections on the meeting included an appreciation for the focus on culture and the respect shown within senior teams; as well as recognition of the efforts made to improve staff experience, a focus on training initiatives as heard through the Staff Story, and a demonstrable focus on improving the position with overruns and handover delays. The feedback from staff indicated a growing confidence in ongoing changes, and the importance of triangulating information from various sources was emphasised.

23. ANY OTHER BUSINESS

23.1 None declared.

24. DATE OF THE NEXT MEETING

24.1 The next meeting is scheduled for the 10 February 2026.

The meeting closed at 13:50

Ref	Date	Agenda Item	Action Note	Responsible	Due Date	Progress/Comment	Status
13/13112025	13 November 2025	Health Safety and Violence and Aggression (V&A) Bi-Annual Report	<p>Health and Safety & Violence and Aggression Reporting Review</p> <p>Once the MIQPR is settled, a review is to be conducted with Penny, Angie, and Carl to determine which metrics should be brought to the committee, aiming to reduce duplication and ensure clarity. This would allow Graham Stockford's biannual report to potentially become a more succinct quarterly dashboard, aligned with the committee's needs.</p>	Penny Durrant (Carl Kneeshaw, Angie Lewis, Hugh Bennett, Trish Mills)	10 February 2025	<p>Penny Durrant Update 27 January 2026</p> <p>The MIQPR is currently under review and will settle in Quarter 1, following which a review of the metrics to be brought to be Committee will be undertaken</p>	Open



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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	27 November 2025
Committee Meeting Date	13 November 2025
Chair	Ceri Jackson

KEY ESCALATION AND DISCUSSION POINTS

ALERT

(Alert the Board to areas of attention)

1. A request to **extend the People and Culture Plan 2023-26 until April 2027** was endorsed by the committee based on its continued relevance, alignment with strategic priorities, and timeframes to refresh the Trust's Long-Term Strategic Framework. There were no concerns from the committee about this approach, and the Trust Board is asked to approve the request for extension.

ADVISE

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

2. The committee heard from three tutors in the recently formed **Essential Skills Team: Richard Lewis, Sara Morris, and Yvonne Walker** who showcased their work in supporting staff development across the Trust. The team outlined their role in delivering personalised learning in literacy, numeracy, and digital skills, enabling staff to achieve qualifications equivalent to GCSEs and fostering career progression, confidence, and resilience. They highlighted collaborative curriculum development with operational teams, the successful integration of mentoring qualifications for Emergency Ambulance Practitioners, and the positive impact of peer support networks. The presentation included feedback from staff who benefited from these programmes, emphasising increased confidence and motivation.
3. The team described ongoing and future initiatives, such as digital skills for business, higher level apprenticeships, and tailored support for diverse and rural communities, demonstrating a commitment to widening participation and supporting the Trust's well-being and inclusion objectives. Members expressed strong support for the programme, recognising its value in



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promoting inclusive staff development and widening participation across the Trust. The discussion emphasised the need for flexible learning opportunities, clarity on abstraction and funding, and ongoing review of training metrics, with a shared commitment to further enhancing the programme's reach and impact. Members thanked the tutors for their presentation and commented that it brought the initiative to life and provided valuable insight into its benefits for staff development and organisational goals.

4. The **report from the Director of Culture Change** and the **Director of People** was received with the following of particular note for the board:

- NHS Staff Survey response rate is 34% with two weeks remaining, and confidence expressed in surpassing the 40% target. WAST's rate is already well above other NHS Wales organisations.
- The Mastering Diversity Conference was positively received, bringing people networks together and reinforcing commitment to inclusivity.
- Speaking Up Safely Month saw strong leadership support, raising awareness and encouraging staff to speak up.
- A powerful story from the Volunteer Conference illustrated the profound impact of volunteer contributions.
- Continued focus on sharing best practice in cultural change through locality visits and engagement initiatives.
- National recognition included the Culture Pioneers Award (for Angie Lewis) and HPMA shortlist for work on compassionate practice and employee safety.
- Long-serving staff were honoured, and senior leaders are engaged in the NHS Tackling Inequalities Leadership Programme.
- Apprenticeship programmes are expanding in call handling, patient care, and Emergency Medical Technician roles, with consultation underway to embed staff feedback.

5. The **Q2 Operational Update** highlighted the following people and culture related issues:

- The update reported investment in training for new senior Emergency Medical Dispatch roles, progress in operations quality with more auditors in post, and ongoing Emergency Ambulance Practitioner training, although abstraction for training has created staffing challenges. It also noted a review of the Advanced Practice Paramedic roster and changes to Integrated Care management roles.
- A task and finish group is working to reduce overruns, with improvements seen in cases exceeding 60 minutes. Staff and ambulance care roadshows received positive feedback, and the collaborative approach with Trade Unions was highlighted.
- Members recognised the success of the Volunteer Conference, the value of the Operations Directorate leadership event, and the strong teamwork within operations. They noted improvements in staff experience, particularly efforts to get crews home on time and the supportive culture among staff and managers.



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- The committee discussed the upcoming phase 2 go-live of the clinical model transformation, focusing on staff readiness, particularly for those most affected in Control Rooms and Integrated Care. Extensive training has boosted staff confidence, supported by toolkits for managers and additional resources during implementation. Positive feedback was attributed to effective communication and involvement throughout the process.
6. The following **policies were approved**:
- Anti-sexual harassment policy is an All-Wales policy. The implementation plan accompanied the policy and demonstrated a genuine commitment to embed the policy across the organisation.
 - Lone working policy
 - Carers Policy
 - All-Wales Flexible Working Policy
7. **Reflections** on the meeting included an appreciation for the focus on culture and the respect shown within senior teams; as well as recognition of the efforts made to improve staff experience, a focus on training initiatives as heard through the Staff Story, and a demonstrable focus on improving the position with overruns and handover delays. The feedback from staff indicated a growing confidence in ongoing changes, and the importance of triangulating information from various sources was emphasised.

ASSURE

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

8. The Committee scrutinises performance across several metrics within its remit. Whilst the Board receives the **Monthly Integrated Quality and Performance Report (MIQPR)**, there are a range of additional metrics this committee receives, including wider **People and Culture Plan Metrics** (focusing on quantitative measures this quarter), **Workforce Scorecard** metrics and those related to **Health and Safety**. Given this, the following areas of assurance will be of interest to the Board:
- Membership of people networks continues to grow, showing strong engagement with Equality, Diversity and Inclusion initiatives and peer support, and actively promoting participation in the NHS staff survey.
 - Disciplinary cases and formal resolution requests remain stable. Members noted this may be an early indication that embedding the WAST Way and promoting early, constructive conversations is having an impact on reducing formal processes and supporting a positive culture.
 - Staff turnover is trending downward, and absence rates, while slightly higher, remain improved compared to last year, reflecting the impact of well-being initiatives. The RSV and flu season coming early this Winter will have an effect on sickness absence in the coming months.
 - Statutory and mandatory compliance has reached 90%, exceeding Welsh Government requirements and demonstrating commitment to learning and standards.
 - PADR compliance remains below target, with members emphasising the need for meaningful, regular check-ins rather than a compliance-driven approach. Feedback from staff and managers



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is shaping a more accessible PADR process, with a pilot planned in selected areas to make reviews more relevant for a dispersed workforce. Members also explored recognising other touchpoints, such as ride-outs with senior paramedics, as part of PADRs and agreed to review how these could be incorporated.

- With respect to health and safety, members received assurance on progress with compliance and training, particularly around violence and aggression incidents, which remain the main reported risk but are mostly verbal and low harm. Reporting has increased among control room and NEPTS (Non-Emergency Patient Transport Service) staff due to greater confidence in follow-up. Improvements were seen in COSHH (control of substances hazardous to health) compliance, and noise levels in new electric vehicles were confirmed as safe.
 - Health and safety plans have been reprioritised to focus on high priority actions and essential business as usual given reduced capacity in the team, and these now align with IMTP objectives, supported by a new risk assessment tracker. Staff absence has had an impact on RIDDOR reporting, which is down in Q2 to 72%.
 - Three re-rosters will start in quarter four – NEPTS, 111 and Advance Practice Paramedics affecting c.1,000 staff .
9. Members received the **2025 Workforce Race Equality Standards Report (WRES)** which forms part of the Anti-Racist Wales Action Plan. The board will see from the attached paper and WRES data that WAST has low ethnic workforce diversity, with only 1.63% of the workforce (70 staff members) declaring on ESR that they are Black, Asian or Minority Ethnic. The committee discussed the actions implemented since the last WRES report that are set out in the attached paper, noting the actions underway include replicating successful inclusive recruitment initiatives in other departments, embedding allyship and active bystander training in induction programmes, enhancing data quality, expanding the BEAM staff network, and increasing community engagement. The Welsh Government has recognised WAST's progress and invited Angela Lewis, Director of Culture Change, to share best practices at a national leadership symposium. The committee commended the progress made and recommended continued focus on board representation, recruitment outcomes, and data quality to further advance equality, diversity, and inclusion across the organisation.
10. The reasonable assurance **Organisational Change Internal Audit Report** focused on the OCP (Organisational Change Process), with actions underway and deadlines considered realistic given current resources. Lessons learned will be captured through three-month post-OCP reviews, assessing achievement of objectives and identifying areas for improvement. Assurance will be provided via regular people and culture metrics, including turnover, absence, and staff survey feedback on change management. Recent roadshows have focused on understanding change from an individual's perspective, and the Trust is working to embed people-focused change practices beyond the OCP process.
11. The Welsh Ambulance Services Partnership Team (WASPT) is the Board's local partnership advisory forum. The **WASPT highlight report** sets out the ongoing projects, upcoming challenges, and the steps being taken to address them in partnership. The following was noted from the 23 September



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2025 WASPT meeting, nothing there is another meeting on 20 November:

- The Welsh Government has accepted the 2025/26 NHS Pay Review Body recommendations, confirming a 3.6% consolidated pay increase for Agenda for Change staff from 1 April 2025. Trade Union partners updated the meeting on the position of their respective unions on potential industrial action over the pay award, with further updates at the upcoming meeting.
- A risk management workshop was held after the meeting which was well received; however, the meeting also raised a number of risks in discussion on overruns and the impacts to both patients and our people.
- The group discussed issues with regards to the industrial injuries process and received assurance that the Executive Leadership Team would review the process and return it to WASPT for further consideration.
- The issue of overruns was thoroughly discussed, with acknowledgement that the issue continues to affect operational hours, increase TOIL accruals and contribute to a very poor working experience. It was noted at our meeting today that the urgent action agreed at this WASPT meeting have positively prioritised the issue.
- The pace of change within Integrated Care was discussed. Specific concerns were followed up with the Executive Director of Operations to ensure they are taken holistically with those closely impacted.

12. The Committee held the first part of its **Quality Governance Review** (formerly effectiveness review) for 2025/26. The committee is valued for its inclusivity, active participation, and high-quality reporting, which foster a collaborative environment and effective assurance. There is a desire for the committee to focus more on strategic priorities and to measure the tangible impact of its work, ensuring that discussions address the most pressing and relevant issues for staff and the organisation. While the current membership and terms of reference remain broadly appropriate, amendments were agreed to include broader education and training, related partnerships and collaboration, and membership changes to reflect these updates.
13. The **Q2 Audit Tracker** was reviewed and the Committee noted good progress with no escalations to board. There are two actions on their final revised date and the Audit, Risk and Assurance Committee will review these also.
14. In the private session the committee reviewed progress against four **suspensions over four months**, which is a decrease from the eight reported in the last quarter. Three cases are with the **Employment Tribunal**. Four staff members have been on alternative duties for over four months under the Disciplinary Policy, a decrease from three cases since the last report. Members were assured of actions in place to manage these cases.
15. The committee received the **cycle of business monitoring and committee priority report**. The Revalidation and Registration reports have been further deferred to January 2025. Committee priorities around equality, diversity and inclusion, and people development were evident throughout the meeting.



RISKS

Risks Discussed:

The committee discussed four relevant risks, all of which were reviewed during the period and previously presented to the Trust Board in September. Members noted that the risks inform agenda setting and that discussions throughout the meeting aligned with the key areas of each risk:

- Risk 160 (high absence rates) reduced in score from 20 to 16 given the year on year reductions in sickness.
- Risk 201 (reputational harm) has been disaggregated into two risks, one related to relationships with stakeholders and another for poor patient experience affecting reputation. These are both scored at 16 with a target score of 12. Given the reach of these risks, it is recommended they are overseen by the board directly, rather than this committee.
- The risks related to Trade Union relationships (Risk 163) and staff health and wellbeing (Risk 558) remain static.

Members noted some action dates had shifted and sought assurance on progress. Directors confirmed a December deep dive into People and Culture risks to ensure they remain fit for purpose, with consideration of combining risks and refreshing actions.

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

COMMITTEE AGENDA FOR MEETING		
Directors update	Operations quarterly report Q2	Staff story and staff story update
People and Culture metrics	MIQPR	Anti-Racist Wales Action Plan update, including WRES
People and Culture Plan extension	All-Wales Anti-Sexual Harassment Policy and Implementation Plan	WASPT AAA Highlight Report
Health and safety, and violence and aggression bi-annual report	2025/26 quality and governance review and terms of reference	Risk management and BAF
Audit tracker Q2	Organisational Change Internal Audit report	Policies for approval
Cycle of Business and Monitoring Reports		

COMMITTEE ATTENDANCE				
Name	15 May 2025	12 August 2025	13 November 2025	10 February 2026
Ceri Jackson				
Bethan Evans				
Hayley Hutchings				
Hannah Rowan				
Angela Lewis				



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COMMITTEE ATTENDANCE

Name	15 May 2025	12 August 2025	13 November 2025	10 February 2026
Carl Kneeshaw				
Chris Turley				
Lee Brooks	From item 6	Sonia Thompson	From item 5	
Penny Durrant				
Estelle Hitchon				
Andy Swinburn		Greg Lloyd		
Alex Crawford		James Houston	Hugh Bennett	
Trish Mills				
Lizzie O'Shea				
Damon Turner				
Marcus Viggers			Left for items 9-13	
Christian Fox			Hugh Parry	
Tim Cahalane				

	Attended
	Deputy attended
	Apologies received
	No longer member

Director Update: *People & Culture*

PEOPLE AND CULTURE
COMMITTEE
10 FEBRUARY 2026



CARL KNEESHAW
DIRECTOR OF
PEOPLE

ANGIE LEWIS
DIRECTOR OF
CULTURE CHANGE

Culture

In December, our CEO, Emma Wood, met with the Chairs of our People Networks to gain deeper insight into their work. To strengthen the connection between our People Networks and the Board, **Executive Sponsors have now been assigned to each network.** This will help ensure their perspectives are represented at Board-level discussions, embedding the voices of our colleagues and communities into our strategic decision-making.

Kat Cobby, Head of Inclusion and Engagement has been appointed Vice Chair of the **NHS Wales People Networks Group**, playing a key role in shaping an all-Wales approach to preventing and responding to sexual harassment in the workplace. Drawing on our Trust's experience and established best practice, we will be leading the development of **Sexual Safety Principles for NHS Wales**, helping to set a consistent and robust standard across the system.

In November, Angie represented the Trust on a leadership panel at the Academi Wales Conference: **Driving Forward Anti-Racist Leadership – A Symposium for Change.** This provided WAST with a valuable platform to share best practice on our inclusive recruitment initiatives, enhancements to disciplinary processes, mentorship through the Aspiring Board Member Programme, and the success of our new Black, Asian and Minority People Network.

Our People Services Team was shortlisted for the first **Avoidable Employee Harm Award** at the HPMA Conference and Annual Awards, and we are delighted to announce that we were the overall winners. The award recognises the work undertaken clearly articulating the need for change, embedding the approach as a way of working rather than a discrete project, and placing individual people at the centre of practice. This has resulted in reductions in case numbers and timelines, alongside increased understanding and awareness across the organisation.



*Carl, Liz and Angie receiving the first
Avoidable Employee Harm HPMA Award*

The **NHS WAST Staff Survey** has now closed, achieving a 43.2% response rate, an encouraging indication of growing participation across the organisation. Analysis of the survey results will begin in March, and findings will be shared to inform both organisational and local action planning.

Capacity

We are pleased to introduce our **Warm WAST Welcome Digital Handbook**, a bite-size digital onboarding resource for all new starters, providing accessible and engaging content that helps colleagues understand WAST's culture, support offers, and expectations from day one.

We have launched our **Essential Conversations Winter Guide** to support managers in navigating the increased challenges brought by winter pressures. During this period, regular and meaningful check-ins are more vital than ever to help us support our people and sustain a positive culture. The guide aligns with the **WAST Winter Wellbeing Campaign**, launched in January in recognition of the cumulative impact of ongoing change, seasonal pressures, and increased operational demand over the festive period. Building on insights gathered from the CEO Roadshows, along with our broader focus on how change affects colleagues, the campaign aims to support staff to stay well, prioritise self-care, and access available wellbeing resources during what can be a particularly challenging time of year.

Capability

We are delighted to share a short introduction to the **Health and Wellbeing Passport** and Manager's Handbook, two resources that work together to support clear, practical health and wellbeing conversations between staff and line managers.

Education & Development have successfully delivered the development programme for a new **Remote Clinical Decision Making Level 7** module. We will be welcoming its first learners in January 2027.

In addition, our Education & Development team have been invited to contribute to the global development of **Coaching & Mentoring and Leadership & Management** qualifications under the ILM brand of City & Guilds. This follows the success of the Level 3 Award in Effective Mentoring, a key component of the EAP Upskilling Induction Programme. Our innovative delivery and application of the qualification prompted the request for involvement.

We continue to strengthen organisational **change leadership** in partnership with the CMT Programme. As part of this, we are arranging accredited Change Management training designed to equip SROs and Executive Sponsors with the skills, confidence and practical tools needed to fulfil their roles effectively and consistently.

Key Milestones

IMTP 2026/29 Proposals submitted
2026 Financial Savings Plan developed
Interactive Engagement Session: Shaping Recognition in WAST
Industrial Injury Process Digitised
Piloting the Refreshed PADR Process: Making Conversations Count
Purple Space Network for a Winter Warmer
TRIM Network Growth (26 responders)
Sleep Workshops

Coming Up

Aspiring Board Member Programme
Celebration Event
Ambulance Leadership Forum Conference
Skills Academy Wales Award Ceremony
CEO Roadshows

Risks & Challenges

Pace of change and activity across the Trust
2026/27 Financial Constraints
Outcome of EA Skills Mix
Winter Pressures impacting on wellbeing
Flu Season



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OPERATIONS DIRECTORATE QUARTERLY REPORT FOR COMMITTEES 2024-25 Q3 (October – December 2025)

National Operations & Support

General Update

Covid Inquiry - Public Accounts and Public Administration Committee (PAPAC)

The Trust was invited to appear at the PAPAC to provide evidence on 10 December. The Executive Director of Operations and Executive Director of Paramedicine appeared at the Senedd's Committee alongside representatives from two Fire and Rescue Services to respond to Module 1 of the Covid Inquiry. The Committee replaces the former Special Purpose Committee and will focus on Welsh Government's preparedness, response structures and progress since the Covid19 Pandemic. Considerable work was undertaken in preparation for the Committee with a written submission presented ahead of the session.

Exercise Pegasus

A unit debrief was conducted concerning the national tier 1 exercise 'Pegasus.' The goal of Exercise Pegasus was to assess our preparedness for a pandemic situation. While the exercise successfully showcased multi-agency collaboration and overall emergency response capabilities, it did not necessarily test our internal Pandemic Response Plan. The most critical finding was that the exercise did not trigger or validate WAST's Pandemic Response Plan, indicating a gap in assurance concerning pandemic-specific processes, structures, and decision-making. To address this and provided there is capacity, WAST will implement a series of targeted objectives and an exercise in Autumn 2026 to test the Pandemic Response Plan. Additionally, training and familiarisation sessions will reinforce awareness and usage of action cards, SOPs, and pandemic-specific documentation across all relevant teams.

SORT Uplift

Following the release of funding from Welsh Government, training is now complete for 222 SORT operatives of the 290 required. Training is now paused during the winter pressure period, resuming in Q1/2 of the next financial year to reach full complement of 290 operatives.

HART Drone

Our HART drone capability is now live from 23 December. This is the Trust's first drone capability and a great advancement for our HART and incident management capability. Live streaming accounts have been set up for the ODU and NILOs for incidents with accounts for commanders to follow. Our first deployment of the drone was very soon after go live – on 26 December. The drone was deployed at the scene of a high velocity road traffic collision to search a large, wooded area for other occupants of the vehicle who could have been at risk of major trauma or deterioration. The drone was successfully deployed in this multi-agency incident and a large area searched, making full use of the drone's thermal imaging capability to establish no further occupants from the vehicle. Each deployment will be monitored and reported in line with other KPIs.

Resourcing, EMS Coordination and Quality

Challenges

Go Live 2nd December

EMSC played a pivotal role in the successful launch of the new Ambulance Performance Framework on 2nd December. This included the implementation of revised protocols, processes and coordination mechanisms to enhance service delivery and resilience during a period of increased demand. The transition was managed collaboratively, ensuring minimal disruption to operations. Revisions of the Clinical Safety Plan, training and various SOPs have been undertaken to compliment Go Live across the EMSC service area.

Business Continuity Plan

Following changes introduced by the Clinical Model Transformation (CMT), EMSC reviewed and updated their Business Continuity Plan. The main focus on this review was addressing scenarios involving a total loss of staffing within the clinical navigator team. The team ensured that contingency measures were robust and actionable.

Texting

EMSC, with key internal stakeholders, implemented and facilitated the integration of texting solutions from Computer Aided Dispatch direct to our 999 callers and patients to enhance communication and manage expectations once the call had been assessed by the Clinical Navigator following Rapid Clinical Screening. This initiative supported real-time updates and improved coordination especially during operational surges, when benefits of less duplicate calls being presented and managed by the organisation, which releases the call handlers to answer new incoming 999 calls, and increase the Clinical Navigators capacity.

Socialised a proposed dispatch framework

EMSC Leadership team socialised a proposed dispatch framework, ensuring that staff were informed and engaged in the development of a proposed new deployment approach. This collaborative approach supported the teams being involved and engaged from the onset and gauging their appetite for this change going forward.

Revision of the Powys and other boundary works

EMSC contributed to the revision of operational boundaries, including Powys and other areas. This work aimed to optimise coverage and resource allocation, addressing cross-boundary challenges and supporting equitable service provision. This work continues to progress, with engagement with EMS colleagues.

IMTP

E-Timesheets & GRS Cloud

During this quarter, the E-Timesheet groups merged and held workshops to develop the timesheet SOP and technical specifications for implementing WAST Agenda for Change payments for unsocial hours and overtime. The technical specification is expected to be submitted to the February Project Board in quarter four. Progress continues on updating the timesheet SOP, with TU colleagues agreeing to revise the current Excel timesheet and publish the SOP before implementing E-Timesheet.

111 to GRS

Weekly meetings are underway to review and align processes with new rostering methods from the Optashift project and updates to self-rostering through GRS. The group will produce an Integrated Care Resourcing SOP and training materials for the transition. Staff engagement briefings to share a high-level overview of these changes are scheduled for January 2026.

General Update

Resourcing Christmas production

Focus by the team during this quarter are the collation and updates subsequent publication of Christmas rosters from across the operations directorate.

Resourcing Culture

During this quarter, the OD team facilitated listening sessions with full participation from the team. A Teams feedback session was held to discuss key themes, and a team away day workshop is being planned for quarter four.

Emergency Medical Service

Challenges

Performance

Following the introduction of phase 1 of the Ambulance Performance Framework, the median and 90th percentile have mostly been within required ranges. Further rural work is required to consolidate response and availability of community resources. Phase 2 commenced on 02nd December, and it is too early to directly feedback on response elements which have initially been impacted by elevated call demand.

45 Minute Release

The Welsh Government 45MR initiative commenced on 01st October 2025 and since then there have generally been improvements in the lost time at hospital EDs. However, BCU have remained an outlier with only a very recent improvement towards the end of December with the introduction of actions that have made a difference in line with the Winter Sprint Metrics exercise. Aneurin Bevan HB compliance with 45MR has been inconsistent but mostly continuing to experience handover delays. NHS Wales has provided direction to health boards that in January, they must return to their best position from either October, November or December and they have also set out that an approach to 45MR is to be activated come the end of January.

IMTP

APP roster review

OMDA have now been awarded the tender to produce modelling data for APP rosters. APP response codes, demand data and core principles have been shared with ODMA with weekly touchpoints introduced. Cardiff and Vale will be the first Health Board to receive the modelled data with estimated timescales of December/early January, with subsequent Health Boards receiving data monthly thereafter.

Increasing Capacity in Rural Areas

A Task & Finish Group is focussed on an action plan to work through short-, medium- and long-term actions to increase capacity in rural areas. Focus on staffing levels and specifically recruitment and retention are key drivers.

Fleet Review T&F Group

A request for volunteers to support the Fleet Review was placed on Siren in November, with an overwhelming number of volunteers coming forward. 16 staff from all grades and all service areas across Wales were selected to support the workshop in January.

TUP's, Quality, Health and Safety and Clinical Logistics will also support the work alongside Fleet colleagues. The aim of the piece of work is to review the layout and equipment within

the rear of the ambulances for both EMS and Ambulance Care, and to identify if any changes can be made to support clinicians, improve patient care and enhance patient experience.

General Update

Quality and Support Day November 25

Questions in relation to overruns were incorporated across all areas to ensure information is captured from all staff who experience a shift overrun whether frontline staff or contact centre based capturing feedback, lessons learnt and additional actions which may help reduce overruns. The group will then consider these responses which will feed into the program of work to reduce overruns.

Smart tethering

This initiative can utilise a tool to calculate the total job cycle time which compares to the remaining shift time to predict if a resource will overrun. A dashboard will display resources in order of least to most likely to overrun, supporting real-time allocation decisions within EMSC. First iteration of smart tethering is currently being developed for use.

Alternative Dispatch Arrangement Framework: Clinical and Operational Considerations

The framework is being developed to support non-clinical response coordinators in making out-of-time deployment decisions with clinical backing. The group is expanding to include more clinical and quality input to ensure a robust and safe process.

Ambulance Care

Challenges

Discharge and Transfer

Throughout the quarter we have continued to see sustained pressure in discharge & transfers. The level of completed journeys in October was higher than any other recorded month as Health Boards worked to attain 45MR standards. December also saw the busiest day of the year both in terms of demand and output. The service has also been working with system partners as part of a system reset process with the aim of increasing the volume of early discharges and activity on a weekend. Indications from this process were that some progress has been made, but this has not been consistent. The period has provided some learning with a number of process changes which will be implemented to support wider system awareness and efficiency.

IMTP

NEPTS Roster Review

The service has continued to progress its work on the implementation of new rosters and will recommence working parties in January 2026. The proposal, which is modelled to improve output by upto 300 additional journeys per week to be worked through involves an extension of the original proposed shift times and a reduction in weekend working, which should improve the work life balance of colleagues.

A number of pre-engagement events have been held with managers, TU partners, support teams and working party representatives to feedback on the adjustments made and the process to be adopted. These have been overwhelmingly positive and should support a more efficient and expeditious process. This is now a good example of taking on board feedback from our people.

General Update

Waiting List Initiative Contract Delivery

The service has continued to support the provision of an additional 200,000 outpatient appointments across Wales through the provision of additional transport provision at weekends and evenings. Despite significant weekly variation to demand both in terms of volume and geography, delivery has been overwhelmingly positive with no issues of note and patients receiving the transport they require to attend their appointments. The service has achieved this using the support of our plurality of external providers, volunteers and additional WAST employees and continues to deliver within the provided budget.

Culture Review

This year, WAST commissioned an external Culture Review to address the need for improvements in the working environment and morale within the NEPTS team. Resolution at Work led the review, providing staff with a confidential space to share their honest perspectives on critical issues such as workplace culture, leadership, management, communication, behaviours, training, and current practices.

The analysis from the review has now been returned and shared with staff. The management team will use this feedback and the resulting recommendations to develop a structured plan for service improvement, which will be communicated and implemented in the new year.

Integrated Care

Challenges

111 Online Outage

On 20th of October, 111 Online experienced a major outage from around 07:30, making the service unavailable. The incident response process was activated immediately, with technical teams working closely with the web host, providing updates through strategic on-call channels and hourly incident calls. Core systems such as CAD remained fully operational,

and although minor Microsoft 365 issues were noted, no direct link to the outage was identified. Cyber security monitoring was increased due to wider global service instability. Call demand on 20th of October was noticeably higher, with a 20–25% rise in peak morning activity, particularly between 07:00 and 10:00. Although the data does not conclusively demonstrate causation, this pattern suggests the outage may have diverted more users to the phone service, adding pressure to operations. The Integrated Care team managed the impact through CSP oversight and normal escalation processes.

IMTP

First Line OCP

As part of the consultation process, 1:1 meetings were held in October and November to address staff queries and capture first and second role/location preferences. On 25 November, it was confirmed that all colleagues will receive their first-choice role and location, with no competitive selection required. Formal confirmations have been issued. In early December, a small number of colleagues requested changes to their preferences. To accommodate this, the deadline for any further changes was extended to 18th December. Adjustments will be made where vacancies allow; a competitive process may apply if multiple requests target the same role.

Working groups will be established in Q4 to progress roster planning and confirm the revised go-live date, currently anticipated for February.

General Update

Phase 2 Training and Engagement

Training and engagement sessions were delivered in October and November for all Integrated Care teams to prepare for Phase 2 of the Clinical Model Transformation (CMT), implemented on the 2nd of December. The Ambulance Performance Framework Phase 2 engagement session complemented planned training by introducing new categories, providing an overview of Time, Purpose, and Skill, outlining role implications, and detailing available support. Over three weeks, 170 staff attended these sessions. Additional drop-ins were offered for further queries, but minimal attendance indicated the effectiveness of initial training and engagement.

Care Planning Desk

The Care Planning Desk was relaunched on the 7th of October with a redefined structure to improve workload management. The service was reorganised into three distinct queues to support Care Planners, as follows:

- Remote Community Monitoring
- Falls Desk
- Extended Waits

As part of the relaunch, a new Assessment Quality Module (AQM) for remote monitoring was also introduced into the Care Planning function. The new AQM allows for more efficient patient touchpoints without requiring a full clinical assessment if the patient's condition is unchanged. CWR utilisation has shown improvement, increasing from 42% in July to 60% in November and 63% (as of 15th December). In real terms, July saw 162 verified incidents attended with 140 on-scene rate, compared to November's 261 verified incidents and 231 on-scene rate, enhancing service capacity and response

Falls Desk Trial

Following a successful bid for Welsh Government funding, a dedicated Falls Desk resourced with Integrated Care Clinicians, and a Response Coordinator (from EMSC) was launched on the 12th of November as a trial. The service operates 7 days a week from 07:00 to 19:00.

As of the 12th November, the Falls Desk:

- Managed care for 782 patients, ensuring rapid clinical assessment, remote management, and prompt allocation of a Falls Responder.
- Assisted 102 patients off the floor prior to face-to-face response, preventing prolonged time on the floor that would otherwise have occurred.

Falls Responder utilisation has improved significantly, rising from 52% in June/July to 65% as of 12th of November, and has remained consistently at this level since. We have however been engaging with St John Ambulance to fulfil the falls responder requirements.

Single Point of Access

Single Point of Access (SPoA) commenced in Hywel Dda University Health Board, Swansea Bay University Health Board and Cwm Taff Morgannwg Health Board on the the 1st of October focussing on 'consult before dispatch'. This process enables WAST remote clinicians to collaborate directly with Health Board clinicians for patient referrals, reducing the need for ambulance dispatch. As of the 12th of December, 279 calls have been jointly assessed, with 28% resulting in a consult-and-close outcome.

Datix Backlog

On 11 September 2025, the Datix Lead presented the Operations Datix incident backlog to the Senior Leadership Team (SLT). The review highlighted a significant accumulation of unresolved incidents, requiring urgent intervention. A strategic response plan was implemented to address the backlog and prevent recurrence through improved incident management processes. Progress continues to be monitored and reported via the Senior Operations Team (SOT).

The backlog position as of 1 September 2025 stood at 3,205 incidents. The largest areas were:

- EMSC: approximately 55% of the backlog
- EMS: approximately 23% of the backlog

A total of 39 actions were identified to address the backlog. To date 26% of actions have been completed, 44% are in progress, and 33% are yet to start. Toward the end of November and into December, a small number of planned activities were cancelled due to the increase in winter pressures, with rescheduling planned for January to maintain momentum and ensure delivery of key improvements.

As of the week commencing 8th December, 49% of the backlog was closed. Closures peaked during September and October, showing strong early momentum; however, there has since been a decline in November and December, which correlates with increased winter pressures.

The next phase will focus on completing all outstanding actions and rescheduled activities to maintain progress. In addition, the implementation of the Datix Dashboard to provide real-time compliance monitoring, with a particular emphasis on ensuring new incidents are closed within 30 days, will also be critical to preventing future reoccurrence of a backlog. Regular reporting to both the Senior Leadership Team (SLT) and the Senior Operations Team (SOT) will continue to ensure accountability and sustained improvement.

Quality and Support Days

Quality and Support Days were delivered across Operations during October and November, with sessions held on 22nd and 23rd of October and on the 19th and 20th of November for Integrated Care only. These sessions were paused in December due to anticipated winter pressures. Across October and November, a total of 1,123 MS Forms were completed, demonstrating strong engagement from staff.

The purpose of these days was to prioritise staff wellbeing while addressing both Trust-wide themes and local service priorities. Key areas of focus included:

- Emotional wellbeing status

- NHS Wales Staff Survey
- Clinical Model Transformation Programme
- Infection Prevention and Control
- Ambulance Care Capacity Management Plan and Performance Standards
- Overruns and Shift Start and Finish SOP
- Statutory and Mandatory Training including MIST
- Compliance
- Communication

Feedback gathered during these sessions is actively shaping local action plans and informing national programmes, driving meaningful improvements. Among the actions taken are:

- Engaging in supportive conversations with staff who may benefit from additional support
- Increasing PADR compliance
- Supporting staff in accessing ESR training through iPads
- Influencing MIST training to ensure consistency and relevance across roles,
- Contributing to work aimed at reducing overruns.

Additional priorities include reinforcing understanding of guidance and legal requirements such as seatbelt use and Shift Start and Finish SOP, promoting completion of the NHS Staff Survey, and offering support to encourage participation.

Feedback also highlighted communication challenges, particularly difficulties navigating Siren to locate essential information and documents. This insight is being considered to guide improvements in communication channels and accessibility.

Staff Survey

At the close of the NHS Wales Staff Survey 2025, the Operations Directorate achieved a closing response rate of 43.1% (1,931 responses), marking a significant improvement from last year's 35.2% and reflecting strong engagement across teams. It is also highly likely that Operations staff contributed to the rates exceeding 100% for the Clinical Directorate. Weekly updates and targeted communications, including the use of Teams backgrounds and reassurances about anonymity, steadily increased participation. Notably, EMS South East (54.1%) and Integrated Care North (54.9%) led response rates, while incentives such as prize draws for teams reaching 50% further motivated staff. This improved engagement ensures that the directorate's feedback will more accurately inform future actions on culture, leadership, development, and wellbeing, with final validated figures and prize arrangements set for early December and full results expected in Spring 2026.

Welsh Ambulance Services University NHS Trust

Driving Culture Change – South Central EMS



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Version 1.0
Released: November 2025

by Ben Collins
Head of Service, EMS South Central

MY JOURNEY TO DATE

- Joined WAST in 2003
 - Call Handler/Allocator within EMS-C - 2003
 - EMT - 2005
 - Paramedic – 2007

Formal Management/Leadership roles:

- HART Team Leader - 2011
- HART/SORT Locality Manager - 2015
- Powys Locality Manager - 2018
- Interim AOM, Powys - 2020
- Service Manager, South Central - 2021
- Head of Service, South Central - 2024
- Interim Head of Service, EPRR - 2025

ILM level 3 – Leadership in Management

ILM Level 5 – Leadership in Management

MSc Leadership for Healthcare Professionals

For me, academic knowledge doesn't replace experience — it gives it direction” – Edwards Deming

LEADERSHIP

Reflection:

Leadership isn't something I switched on later in my career. From sport through to professional life, I've always been drawn to responsibility, teamwork and encouraging the best out of others.

What's evolved over time is my understanding of how to lead.

Motivation:

What motivates me is improving care and outcomes while looking after our people—because those two things are inseparable.

Style:

No single style.

Grounded, visible and approachable especially when things are difficult.

Compassion and accountability are dependent on each other. Used together they provide clarity and direction.

Capacity and Reflection

EMS SOUTH CENTRAL

- **Foundations:**

- Identified a need for change.
- Started in early 2024 with a framework aligned to Our WAST Way principles.
- The goal was to create an environment where staff, of all levels and roles, felt supported, and engaged.

- **Engagement Activities:**

- Focus on visibility, station surgeries, 1:1s and bespoke culture days.
- Culture days are bi-annual and offered to all South Central managers, frontline staff, culture champions and TUPs. Attendance has ranged between 30-50 per event.
- Progressive and adaptive sessions.
- LDPs developed in collaboration and owned by Locality Managers.

- **Re-Set Week Impact:**

- An opportunity to pause, reflect, and collectively discuss improvement across the service area.
- 32 actions logged across Leadership & Inclusion, Staff Wellbeing, Communication.
- Outcomes: standardised processes, reduced admin burden, improved team cohesion & visibility.

CEWS Results

Indicators of Culture Health:		Please rate:
Culture	Informal/formal concerns regarding culture	MEDIUM
	Lack of engagement with Pulse Surveys/feedback mechanisms	HIGH
	Relationship breakdowns between team members	MEDIUM
	Allegations of Bullying and Harassment	LOW
	Traumatic events affecting team / individuals*1	LOW
	Ongoing Serious Adverse Incidents*2	LOW
	Negative attitudes towards Datix submissions	MEDIUM
	Formal R&Rs	LOW
	Formal Disciplinarys	LOW
	Sickness absence*3	MEDIUM
Capacity	Number of staff currently suspended	LOW
	Concerns for individual/team wellbeing	MEDIUM
	Requests for flexible working rejected / denied	NONE
	Handover delays	HIGH
	Resource gaps*4	LOW
	Change initiatives directly affecting / involving team*5	LOW
	Performance issues within the team*6	LOW
Capability	Shift overruns	LOW
	PADR non-compliance	LOW
	Statutory and mandatory training non-compliance	HIGH
	MIST non-compliance	MEDIUM
	Number of staff being managed under Capability Policy	LOW
	New starters (managerial)	LOW
	New starters (non-managerial)	NONE
Turnover within the team	LOW	
		CEWScore: 34

Indicators of Culture Health:		Please rate:
Culture	Informal/formal concerns regarding culture	MEDIUM
	Lack of engagement with Pulse Surveys/feedback mechanisms	HIGH
	Relationship breakdowns between team members	HIGH
	Allegations of Bullying and Harassment	HIGH
	Traumatic events affecting team / individuals*1	HIGH
	Ongoing Serious Adverse Incidents*2	LOW
	Negative attitudes towards Datix submissions	HIGH
	Formal R&Rs	MEDIUM
	Formal Disciplinarys	LOW
	Sickness absence*3	MEDIUM
Capacity	Number of staff currently suspended	NONE
	Concerns for individual/team wellbeing	MEDIUM
	Requests for flexible working rejected / denied	NONE
	Handover delays	HIGH
	Resource gaps*4	LOW
	Change initiatives directly affecting / involving team*5	LOW
	Performance issues within the team*6	LOW
Capability	Shift overruns	HIGH
	PADR non-compliance	LOW
	Statutory and mandatory training non-compliance	MEDIUM
	MIST non-compliance	LOW
	Number of staff being managed under Capability Policy	LOW
	New starters (managerial)	HIGH
	New starters (non-managerial)	LOW
Turnover within the team	MEDIUM	
		CEWScore: 43

CEWS Results



Cultural Early Warning Score (CEWS) Tool

	Indicators of Culture Health:	Please rate:
Culture	Informal/formal concerns regarding culture	LOW
	Lack of engagement with Pulse Surveys/feedback mechanisms	MEDIUM
	Relationship breakdowns between team members	LOW
	Allegations of Bullying and Harassment	NONE
	Traumatic events affecting team / individuals*1	LOW
	Ongoing Serious Adverse Incidents*2	NONE
	Level of Datix submissions	LOW
	Formal R&Rs	NONE
	Formal Disciplinarys	LOW
	Capacity	Sickness absence*3
Number of staff currently suspended		LOW
OH and Wellbeing referrals		LOW
Requests for flexible working rejected / denied		NONE
Handover delays		LOW
Resource gaps*4		LOW
Change initiatives directly affecting / involving team*5		LOW
Performance issues within the team*6		LOW
Capability	Shift overruns	MEDIUM
	PADR non-compliance	LOW
	Statutory and mandatory training non-compliance	LOW
	MIST non-compliance	LOW
	Number of staff being managed under Capability Policy	NONE
	New starters (managerial)	NONE
	New starters (non-managerial)	NONE
Turnover within the team	LOW	
		CEWScore: 19

- *1 e.g. actual or potential injury, misdiagnosis, equipment failure, damage, loss, abuse or near misses (may or may not be clinical)
- *2 e.g. bereavement, assault/violence, injury or exposure to serious incidents involving fatalities
- *3 In line with agreed trajectory
- *4 e.g. vacancies, alternative duties, maternity / paternity leave, secondments
- *5 e.g. changes in leadership, systems, processes, structures, reskilling, strategy, staffing
- *6 May be formal or informal

Thriving - Monitor and Maintain



Thank you for listening



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Agenda Item No.

8

REPORT TITLE

Skills Mix on Emergency Ambulances

MEETING

Name of meeting	People and Culture Committee
Date of meeting	10 February 2026
Public or Private	Public
If private - rationale	n/a

REPORT SPONSOR

Executive sponsor	Carl Kneeshaw, Director of People
Author(s) of report	Liz Rogers, Deputy Director of People

PURPOSE OF REPORT

<input type="checkbox"/> Approval	<input type="checkbox"/> Endorsement
<input checked="" type="checkbox"/> Assurance	<input type="checkbox"/> Discussion
<input type="checkbox"/> Information (goes in consent items)	<input checked="" type="checkbox"/> Noting



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REPORT SUMMARY:

[See writing and presentation guidance [here](#) to inform this section]

1. Our clinical service model is evolving which will inform how we use our people and resources most effectively to get the best outcomes for patients. Our EA skill mix needs to be right to meet the future patient demand.
2. The overall financial outlook for next year is challenging and the implementation of the Emergency Ambulance Practitioner Band 5 post has added £5 million to the 2025/26 operational salary budget, £8.5 million to the 2026/27 budget and £10 million to the 2027/28 budget. This has not been funded by Welsh Government. These costs are additional to the organisational savings WAST are expected to deliver in 2026/27.
3. In November 2024, as a result of a UK national job profile change, the new EAP job role was created. The Trust has seen a large shift in its emergency ambulance workforce from a crewing skills mix that was essentially Paramedic/Emergency Medical Technician (EMT) to one that is now (based on current establishment) Paramedic/Emergency Ambulance Practitioner (EAP) /EMT. It was acknowledged that there may be a need to make some difficult decisions as a result of this change, including the need to review longer term skill mix.
4. Executives and Trade Union Partners agreed to work in partnership on considering skills mix options. A task and finish group was established in March 2025 with a management team and TU partners from UNITE, UNISON and GMB.
5. Nine options were developed and considered by the Skills Mix Task & Finish Group. Further options were discussed in the group but not agreed collectively to pursue. The options were informed by clinical demand with patient safety front and centre. The preferred management option (Option 3) which was a 75%/25% skills mix, 75% Para/EMT crew and 25% EAP/EMT crew, based on the demand modelling by OMDA (Optima Predict).
6. The outcome of the decision is that the numbers of posts in paramedic and EAP roles will reduce and EMT posts will increase. To achieve this, there would be no recruitment to the Band 5 EAP role until the target headcount is reached and reduced recruitment into paramedic roles.
7. There is a direct impact on Newly Qualified Paramedic (NQP) recruitment which will mean that the Trust will need to decide whether or not to invest in additional NQPs over the next 3 years or choose to fund other investments. Should the funding for the NQP investment be secured, it is recommended that only one cohort of 21 rising to a maximum of 30 NQPs be recruited. It is accepted that closing or severely limiting NQP recruitment is likely to be controversial with HEIW and University partners and may have negative reputational



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implications for the Trust. It would not fit with the Trust's strategic people intentions and People Development Plan or wider government intentions regarding the Wellbeing of Future Generations legislation. Alongside this, consideration is needed on the investment from HEIW and Welsh Government into funded student cohorts. We would, however, look to restrict applications to students from the funded cohorts.

8. Discussions have taken place within People and Culture and Operational SLT to identify and discuss other possible actions to correct skills mix over-establishment. Full details of all options are provided within Appendix 1. The ELT approved recommended options are being implemented or further explored with the aim to reach the desired establishment numbers as soon as possible. However, this is likely to be 2031/32.

RECOMMENDATION(S)

See writing and presentation guidance [here](#) to inform this section

The People and Culture Committee is requested to:

1. To note the report

ADDITIONAL PAPER(S)

Set out here any annexes. See writing and presentation guidance [here](#) regarding materiality and use of the Reading Room

Annex 1 Skills Mix Turnover Options



Governance and assurance checks to support decision-making and demonstrate alignment and risk mitigation

STRATEGIC OBJECTIVE(S) THIS REPORT SUPPORTS

Narrative here (select all that apply) [link to objectives and what good looks like]	
<input checked="" type="checkbox"/> SO1: Providing the right care or advice, in the right place, every time	<input checked="" type="checkbox"/> SO2: Enabling our people to be the best they can be
<input type="checkbox"/> SO3: Being at the forefront of innovation and technology	<input type="checkbox"/> SO4: Developing services in collaboration
<input checked="" type="checkbox"/> SO5: Being quality driven and clinically led	<input checked="" type="checkbox"/> SO6: Delivering exceptional value

RISK(S) THIS REPORT MITIGATES

Where relevant note the local, directorate, corporate or BAF risk number
Risk 139 Failure to deliver our Statutory Financial Duties in accordance with legislation

HEALTH & CARE QUALITY STANDARD(S) THIS REPORT SUPPORTS

Quality Domains (select all that apply) [link to standards]		
<input checked="" type="checkbox"/> Safe	<input type="checkbox"/> Timely	<input checked="" type="checkbox"/> Effective
<input checked="" type="checkbox"/> Efficient	<input type="checkbox"/> Equitable	<input type="checkbox"/> Person Centred
Quality Enablers (select all that apply) [link to standards]		
<input type="checkbox"/> Leadership	<input checked="" type="checkbox"/> Workforce	<input type="checkbox"/> Culture
<input type="checkbox"/> Information	<input type="checkbox"/> Learning Improvement & Research	<input type="checkbox"/> Whole Systems Approach

WAST WELLBEING OBJECTIVE(S) THIS REPORT SUPPORTS

Narrative here (select all that apply) [link to goals]		
<input type="checkbox"/> A socially responsible and inclusive employer	<input checked="" type="checkbox"/> An innovative and sustainable organisation	<input type="checkbox"/> A pro-active, accessible and equitable care provider
<input checked="" type="checkbox"/> n/a	<input type="checkbox"/> n/a	<input checked="" type="checkbox"/> n/a

IMPACT ASSESSMENTS FOR CONSIDERATION

Where a strategic decision is being sought, an Equality Impact Assessment must accompany this paper. You may need to do other impact assessments also so please refer to this signpost document [here](#) for further details.

Does this paper require an impact assessment	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
If yes, what impact assessment is attached	EQIAs and QIAs have been completed and presented to ELT

APPROVAL/SCRUTINY ROUTE

Date	Person/Group/Committee



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SITUATION

1. Our clinical service model is evolving which will inform how we use our people and resources most effectively to get the best outcomes for patients. Our EA skill mix needs to be right to meet the future patient demand. The introduction of the Band 5 Emergency Ambulance Practitioner (EAP) has led to a review of how we best use our EMS workforce.
2. There is a significant financial implication of the current establishment. The joint agreement with TUs to introduce the EAP role has created a cost pressure as Commissioners and Welsh Government have not funded the uplift. This financial pressure is in addition to the usual savings expectations and other pressures. The cost is £5 million in 2025/26, £8.5 million in 2026/27 and £10 million in 2027/28.

BACKGROUND

3. In November 2024, as a result of a UK national job profile change, the new EAP job role was created. The Trust has seen a large shift in its emergency ambulance workforce from a crewing skills mix that was essentially Paramedic/Emergency Medical Technician (EMT) to one that is now (based on current establishment) Paramedic/Emergency Ambulance Practitioner (EAP) /EMT.
4. It was acknowledged when the agreement was reached that there may be a need to make some difficult decisions as a result, including the need to review longer term skill mix.
5. Executives and Trade Union Partners agreed to work in partnership on considering skill mix options. A task and finish group was established in March 2025 with a management team and TU partners from UNITE, UNISON and GMB.

ASSESSMENT

6. Based on the job descriptions, both Paramedics and EAPs are regarded as lead clinicians on an EA which, based on current establishment, gives a crew mix (lead clinician/second clinician) of 86%/14%. The modelled ideal EA skills mix was 55%/45% Para/EMT (as per the 2019 and 2023 demand and capacity reviews), but this has never been achieved in practice.
7. The AD Clinical Services identified which MPDS codes required a Paramedic led EA and which MPDS codes required an EAP led EA. The mix was 75%/25%. Using this mix OMDA (Optima Predict) modelled a 3 to 1 mix of the existing 134 EAs.



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8. Nine options were developed and considered by the Skills Mix Task & Finish Group. Further options were discussed in the group but not agreed collectively to pursue. The options were informed by clinical demand with patient safety front and centre. The preferred management option (Option 3) is a 75%/25% skills mix, 75% Para/EMT crew and 25% EAP/EMT crew, based on the demand modelling by OMDA (Optima Predict).
9. The impact of the decision means that there are changes to headcount numbers in each EA role. The table below outlines the current establishment numbers for EMTs, EAPs and Paramedics and the required numbers for the new skill mix. There is a requirement to significantly reduce the numbers of EAPs and increase EMTs and reduce the number of paramedics.

	B6 Para FTE	B5 EAP FTE	B4 EMT FTE
Current Establishment	672.2	561.6	193.6
Option 3 Establishment	588.8	196.3	624.3
Movement	(83.4)	(365.3)	430.7

10. To achieve this, a range of options to increase turnover have been presented for consideration, alongside reviewing the numbers of Newly Qualified Paramedics who are offered posts.
11. The cost of an NQP including shift allowances and on costs is £49036 pa. Therefore, a cohort of 21 NQPs will be £1,029,756 pa. ELT are considering this within the context of investment requests and organisational cost pressures. There will be a political implication to the decision with regard to the views and expectations of WG and HEIW. However, there is a need to have a balanced financial plan.
12. A range of 25 options with recommendations to support increasing turnover have been developed. This is attached at Annex 1. Some options such as redundancy and Voluntary Early Release Scheme have not been recommended, others, such as all vacancies being internal only first, withdrawing like for like retire and return options, promotion of flexible working and job share arrangements were supported. The People and Culture team are working through these with a view to implement as soon as possible.



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13. Four management briefing sessions have been delivered to managers in EMS and some wider Operations Directorate colleagues in January to share the work undertaken and support managers in being able to respond to questions from their teams. WG and HEIW have also been updated as to our current position and intended next steps. A WAST Live session was held on 30th January to share information with the wider organisation. FAQs have been developed and shared with managers and colleagues to respond to initial queries which may arise from colleagues working on EAs.

RECOMMENDATION

14. The recommendation(s) are as set out in the front cover above.

NEXT STEPS

15. Committee and Board will be kept informed on progress and implementation.

Suggestion	Headlines	Consequences / Considerations	Actions Required	Recommended Y/N	ELT support Y/N
Financial incentives					
Voluntary Redundancy	Consider offering voluntary redundancy to EAPs to reduce SIP headcount at Band 5.	WG/NHSP&I view Cost implications for WAST Demand Pay back considerations Colleagues may hold off for a package rather than leave of own accord	ELT agreement ID budget WG/NHSP&I engagement TUP engagement	No	No
Voluntary Early Release Scheme (VERS)	Consider offering VERS to enable staff to leave over-established roles in return for a severance payment.	WG/NHSP&I view Cost implications for WAST (1 month salary per year of service, max 12 months) Costs must be recovered through payback period of no more than 1 year, cannot backfill role.	ELT agreement ID budget WG/NHSP&I engagement TUP engagement	No	No
Payment in lieu of notice (PILON) offer - 3 months pay	Incentive to encourage eligible/appropriate colleagues who may be considering retiring or leaving WAST to go with a PILON.	May increase turnover Can only offer to EAPs and Paras - fairness/equity question Budget scope to deliver Currently 89 FTE Para and 67 FTE EAP deemed "near retirement" or "retirement ready".	ELT agreement to explore TUP engagement Legal advice WG approval	Yes if feasible	Yes if feasible
Flexible working					
Limit Retire and Return	No longer offer Retire and Return on same grade in EMS - Band 5/6 can R&R but to a Band 4 EMT role.	Fairness and equity - requirement for EQA Potential for opposite effect meaning people don't leave if can't R&R on same grade Based on forecasting - likely R&R for next year of 11 Para and 8 EAP	ELT agreement Check with Legal Inform WG TUP engagement	Yes	Yes
Increase offer of flexible working, particularly reduced hours and job share arrangements	Publicise flexible working opportunities for EA staff, with emphasis on part-time working and providing a job share platform to enable EA job shares, reducing FTE.	Fairness and equity - requirement for QAE/QA Ensure requests are dealt with legally Creation of platform to facilitate job share requests/matching will need to be created and administered - budget required	ELT agreement Comms engagement TUP engagement Options to set up a model or platform to join up colleagues interested in job sharing	Yes	Yes
Changes to assignment					
Performance Management	Ensure structured performance management approach is consistently applied across the organisation, may result in some turnover of EA staff	Policies already exist, are clear and utilised - not new activity, but ensuring structured implementation of existing policies Likely require development and support for managers regarding how to effectively manage capability May not be seen as a positive and supportive intervention by TU partners Requirement of additional time and energy for line managers, people services and TUP to implement and support	ELT agreement to explore TUP engagement	Yes if feasible	Yes if feasible
Increase rate of EAP to Para conversion	Offer opportunity for all ready, willing and able EAPs to undertake conversion course to Para, providing more flexibility.	More flexible deployment opportunities for Paras than EAPs (eg. APP, EA, Remote Care etc) Assists with reduction of EAP establishment Financial implications of move from B5 to B6 and funding of conversion courses University partners' views and ability to provide necessary number of conversion courses	ELT agreement TUP engagement HEW engagement University partners' engagement	Yes if feasible	Yes if feasible
OCP for Band 5 EAPs to Band 4 EMT	Undertake an OCP process to reduce the number of Band 5 EAPs to Band 4 EMT positions, closing the B5 EAP role and ensuring correct Para/EMT skills mix.	Fairness and equity - EQA required Significant Trade Union opposition Pay protection will be required (duration TBC) Will correct skills mix establishment at EMT	ELT agreement to explore ID budget TUP engagement Legal advice	No	No
Advertise opportunities to step down to EMT roles for those nearing retirement or who want to explore a different work life balance for a variety of reasons.	Publicise open opportunity for Paras/EAPs to step down into EMT roles should it fit their personal circumstances.	Fairness and equity Unlikely to be large uptake May undermine flexible working reputation if staff feel they must step down due to responsibilities	ELT agreement TUP engagement Check with Legal	Yes	Yes
Recruitment					
No external recruitment to Para, CHARU, APP and operational leadership roles	Prioritise internal recruitment for all operational roles to facilitate movement from over-established Para and EAP roles.	Fairness and equity Provides opportunities for movement from over-established roles into Para, CHARU, APP, operational leadership roles Supports move to appropriate skills mix Limited potential reputational impact of no external opportunities at WAST Decreased opportunities to widen representation within WAST	ELT agreement TUP engagement	Yes	Yes
Pause nursing and AHP recruitment for Remote Care	Pause nursing and AHP recruitment into Remote Care roles, prioritising movement from existing EAPs and Paras.	Provides opportunities for movement from over-established roles into Remote Care roles Impact on range of skills and specialities within Remote Care team Need to make Remote Care roles attractive to EA staff to ensure required engagement	ELT agreement Ops agreement TUP engagement	No	No
Hold EMT vacancies to account for Para/EAP overestablishment	Pause EMT recruitment until Para/EAP FTE is at establishment.	Fairness and equity Limits entry into the organisation for local people, impacting representation and social mobility Limits financial impact of overestablishment Will likely lead to increase of B6/B5 crewed EAs	ELT agreement Ops agreement TUP engagement	Yes	Yes
Review future graduate commissioning	Review and reduce future graduate commissioning to required levels for WAST.	Possibility to reduce or remove the graduate paramedic pipeline to only forecasted numbers required by WAST - impacted by minimum contract numbers agreed between HEW/HEIs Priority could be given to training internal staff through conversion courses where Para numbers required To protect the NQP pipeline and utilise the payback of the WG bursary, request HEW/WG to fund 2 year FTC for any additional graduates we are asked to take above our requirement Significant opposition expected from HEW and University partners Potential reputational impact Significant contributor to Para overestablishment	ELT agreement WG/HEW engagement and agreement TUP engagement University partners engagement	Yes if feasible	Yes if feasible
New NQP curriculum programme - modules to cover EA and Remote Care	Create specific NQP development track across EA and Remote Care, to enable future generation of multi-skilled clinicians.	New programme will need to be created - development of specific module, remote portfolio etc Sets expectations of our future ways of working, increases knowledge and skills Decrease B6 Para overestablishment in the long term Difficulty with access to clinical supervisors in IC - only 8 FTE currently	ELT agreement HEW/University partners engagement Ops agreement TUP engagement Education team engagement	Yes	Yes
Increase APP establishment	Increase APP establishment to previously modelled pan-Wales requirement of 210 FTE, providing opportunities for movement of Band 6 Paras.	Current APP establishment of 130 FTE Modelling indicated demand pan Wales for 210 FTE Will provide opportunities for movement from B6 Para roles Possibility to increase HART teams No funding beyond current establishment so additional budget will be required Para to APP movement will decrease Para SIP only once, so non-recurrent impact	ELT agreement ID budget TUP engagement	Yes if feasible	Yes if feasible
Rotational IC/Para roles	Design and provision of rotational Remote Care/EA Para roles to reduce overall Band 6 EA Para FTE.	Provides rotational opportunities contributing to fall in B6 Para overestablishment IC turnover has fallen recently, so limited vacancies to implement within current budget Need to make Remote Care roles attractive to EA staff to ensure required engagement	ELT agreement Ops agreement TUP engagement	Yes	Yes
Requirement for Remote Care experience for Clinical Leadership roles	Any operational staff applying for clinical leadership roles must have 2 years' service working in a remote care environment.	Encourages high-quality EMS staff into Remote Care roles, impacting EMS overestablishment Broadens knowledge and skills of clinical leadership teams EQA required	ELT agreement Ops agreement TUP engagement	Yes	Yes
External opportunities					
EA staff and APPs to work within system partner organisations	Offer opportunities for EA staff and APPs to work in system partner organisations, such as HbS - EDs, Primary Care, Prisons	Require agreement and available budget/roles from Health Boards Broadens knowledge of our staff Supports staffing requirements of wider system Over-establishment of nurses across Wales may negate need	ELT agreement HEW engagement Health Board engagement and agreement TUP engagement	Yes - already being explored	Yes
Commercial opportunities for staff	Promote use of EA staff within commercial settings, reducing FTE and providing commercial income stream for WAST.	Utilise Para/NQP/EAP skills within and beyond NHS, for example delivering clinical training to other organisations Opportunity for income generation for WAST Will require resource to promote offer, source opportunities, prepare bids/tenders etc.	ELT agreement Ops agreement ID budget/resource	Yes	Yes



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Themes

- **New Bilingual EST appointed** with a focus on supporting apprentices who wish to learn and complete assessments through the medium of Welsh.
- **Increase in self-referrals** for Essential Skills Wales qualifications across the Trust
- **Digital Literacy achievements rising**, with more learners successfully completing qualifications and building confidence in key digital systems
- **ILM Newsletter** published on Siren, celebrating learner successes, raising visibility of the leadership offer, and inspiring further engagement in development opportunities.
- **WAST Education Programme Achievement** by a Learning & Development Manager who has successfully completed the intensive 12-month Programme, gaining the CET, CAVA and IQA qualifications. This achievement provides dual registrant status as both Paramedic and Educator, strengthens the Trust's internal training capability, and supports compliance with the Health & Social Care Act (2014) and Education Act (Wales) (2014) by ensuring a suitably qualified Educator workforce.



Required Action

1. Continue to strengthen engagement and **supporting staff development** across the Trust, we ask all teams and leaders to **help promote** our learning and development offer including personalised support available, celebrating recent learner achievements and highlighting how our programmes can **unlock career opportunities and build confidence** in essential and leadership skills.
2. Encourage colleagues to signpost staff to the range of development pathways on offer, ensuring individuals can **access a learning experience tailored to their needs**, goals and preferred way of working. Our aim is to continue to create a welcoming, inclusive and safe environment where everyone feels comfortable to learn, ask questions, and grow at their own pace.
3. Championing ongoing development and **sharing success stories**, we can inspire others to take the next step in their learning journey and continue building a skilled, confident and empowered workforce.



Next Steps

The team are focused on expanding development opportunities and strengthening progression pathways across the Trust.

- A **Digital Skills for Business programme** will launch in January, supporting staff to build practical digital capabilities and work more efficiently.
- A structured **Call Handler Progression Pathway** is being developed to clarify required skills, behaviours and development routes, supporting recruitment, retention and career progression.
- Plans are progressing to deliver the **ILM Level 5 Effective Coaching and Mentoring qualification**, enhancing coaching capacity, reflective practice and learner-centred support across the Trust.

Essential Skills Team's Story

The Essential Skills Team combines a wide range of expertise to create an inclusive, collaborative learning environment that supports the development of colleagues across WAST. Each team member brings unique professional strengths that contribute to shared goals and the continuous improvement of the workforce.

Sara has over seven years' experience in further education as a qualified IQA and assessor, specialising in Education and recently completing an MSc. She has delivered vocational and academic programmes, including Initial Teacher Training – also known as PGCE, and supported teaching staff through mentoring. Since joining WAST five months ago, Sara has focused on learner and colleague development through tailored support and reflective practice, helping individuals progress and grow in confidence.

Richard brings more than 20 years of experience in post-compulsory education, covering business development, employability coaching, apprenticeships, and tutoring. Before joining WAST, he led an education programme for Llamau, supporting marginalised young adults to achieve Essential Skills Wales and employability qualifications. His career has centred on inclusive learning for adults facing barriers. Since joining WAST in March, he has been encouraged by the team's welcoming nature and shared commitment to improving people's lives.

Yvonne joined WAST in March 2025 with a background in work-based learning and a degree in Education. Passionate about adult education and professional development, she has been instrumental in supporting colleagues, particularly through her work on the ILM Level 3 Mentoring initiative with EAPs. Her expertise in designing impactful adult learning programmes contributes to a culture of continuous improvement, collaboration, and personal growth within the service.



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Agenda Item No. 10.1

REPORT TITLE

Cultural Themes and Trends Report

MEETING

Name of meeting	People and Culture Committee
Date of meeting	10 February 2026
Public or Private	Public
If private - rationale	Choose item from below

REPORT SPONSOR

Executive sponsor	Carl Kneeshaw, Director of People Angie Lewis, Director of Culture Change
Author(s) of report	Liz Rogers, Deputy Director of People

PURPOSE OF REPORT

- | | |
|--|--|
| <input type="checkbox"/> Approval | <input type="checkbox"/> Endorsement |
| <input checked="" type="checkbox"/> Assurance | <input type="checkbox"/> Discussion |
| <input type="checkbox"/> Information (goes in consent items) | <input checked="" type="checkbox"/> Noting |

REPORT SUMMARY:

- The purpose of this report and supporting presentation is to provide Committee members with a high-level overview of key employee relations data, workforce insights and the impact of strategic initiatives such as Moving on Conversations and Speaking Up Safely.



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2. Between July and December 2025, 74 new disciplinary cases were opened. It is noted that this is the highest total for this period in three years. During the period there were two dismissals. Less than 12% of cases related to sexual safety concerns. 14% of current disciplinary cases feature a sexual safety element.
3. In the last period January to July 2025, 88% of the new Respect and Resolution cases submitted in the period remained open. In this period 13% of the new cases submitted between July and December remain open.
4. Turnover fell from 8.36% to 7.98%, (0.38%) which demonstrates a stable position. EMSC and IC roles show higher turnover despite some improvement.
5. Moving on Conversations response rates remain at one-third of leavers with the intention to seek to increase this to 50% for the next reporting period.
6. Speaking Up Safely concerns have been raised during the period. 45% of those concerns have come through via the Working in Confidence platform. 74% concerns are linked to incivility, around 10% include sexual safety issues. 7 of the 13 cases open are linked to HR processes.

RECOMMENDATION(S)

See writing and presentation guidance [here](#) to inform this section

The People and Culture Committee is requested to:

1. Accept and note the contents of this report and the supporting presentation.

ADDITIONAL PAPER(S)

Set out here any annexes. See writing and presentation guidance [here](#) regarding materiality and use of the Reading Room

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

Annex 1 Cultural Themes and Trends PowerPoint Deck



Governance and assurance checks to support decision-making and demonstrate alignment and risk mitigation

STRATEGIC OBJECTIVE(S) THIS REPORT SUPPORTS

Narrative here (select all that apply) [[link to objectives and what good looks like](#)]

<input type="checkbox"/> SO1: Providing the right care or advice, in the right place, every time	<input checked="" type="checkbox"/> SO2: Enabling our people to be the best they can be
<input type="checkbox"/> SO3: Being at the forefront of innovation and technology	<input type="checkbox"/> SO4: Developing services in collaboration
<input type="checkbox"/> SO5: Being quality driven and clinically led	<input type="checkbox"/> SO6: Delivering exceptional value

RISK(S) THIS REPORT MITIGATES

Where relevant note the local, directorate, corporate or BAF risk number

Risk 160 - High absence rates impacting on patient safety, staff wellbeing and the Trust's ability to provide a safe and effective service.

Risk 558 – Deterioration of staff health and wellbeing in the face of continued system pressure as a consequence of workplace experiences.

HEALTH & CARE QUALITY STANDARD(S) THIS REPORT SUPPORTS

Quality Domains (select all that apply) [[link to standards](#)]

<input checked="" type="checkbox"/> Safe	<input type="checkbox"/> Timely	<input type="checkbox"/> Effective
<input type="checkbox"/> Efficient	<input type="checkbox"/> Equitable	<input type="checkbox"/> Person Centred

Quality Enablers (select all that apply) [[link to standards](#)]

<input type="checkbox"/> Leadership	<input checked="" type="checkbox"/> Workforce	<input checked="" type="checkbox"/> Culture
<input type="checkbox"/> Information	<input type="checkbox"/> Learning Improvement & Research	<input type="checkbox"/> Whole Systems Approach

WAST WELLBEING OBJECTIVE(S) THIS REPORT SUPPORTS

Narrative here (select all that apply) [[link to goals](#)]

<input checked="" type="checkbox"/> A socially responsible and inclusive employer	<input type="checkbox"/> An innovative and sustainable organisation	<input type="checkbox"/> A pro-active, accessible and equitable care provider
<input type="checkbox"/> n/a	<input checked="" type="checkbox"/> n/a	<input checked="" type="checkbox"/> n/a

IMPACT ASSESSMENTS FOR CONSIDERATION

Where a strategic decision is being sought, an Equality Impact Assessment must accompany this paper. You may need to do other impact assessments also so please refer to this signpost document [here](#) for further details.

Does this paper require an impact assessment	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
If yes, what impact assessment is attached	

APPROVAL/SCRUTINY ROUTE

Date	Person/Group/Committee
27 January 2026	Carl Kneeshaw, Director of People Angie Lewis, Director of Culture Change



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SITUATION

1. The purpose of this report and supporting presentation is to provide Committee members with a high-level overview of key employee relations data, workforce insights, disciplinary themes and the impact of strategic initiatives such as Moving on Conversations and Speaking Up Safely.
2. The findings provide insight aligned with the Trust's 2030 Strategy, focusing on creating an exceptional place to work, developing an agile, capable workforce, and embedding compassionate leadership.

BACKGROUND

3. The People & Culture Plan envisions the Welsh Ambulance Services University NHS Trust as an exceptional place to work, with a strong emphasis on culture, capability, and compassionate leadership. Key initiatives supporting this vision include:
 - Trust-wide rollout of Moving on Conversations from January 2025
 - Embedding Speaking Up Safely as a core mechanism for raising concerns
 - Ongoing analysis of disciplinary cases, Requests for Resolution (R&Rs), and leaver feedback to inform cultural development and improvement
 - Further development of questionnaires for Moving on Conversations
 - Further development of dashboards for reporting.

ASSESSMENT

Employee Relations

4. Between July and December 2025, 74 new disciplinary cases were opened. It is noted that this is the highest total for this period in three years. This could be for a range of reasons such as increased reporting e.g. by colleagues or manager confidence to address issues or less positively, managers taking a formal approach where it was not required this would be supported by noting that of the cases in train, 26% concluded through informal discussion which is positive but there is an opportunity to look at where this could be done pre-initial assessment. Inappropriate behaviour remains the greatest proportion of case types. The average duration of cases closed during the period July to December was 32 days compared to 33 days last year.
5. During the period there were two dismissals. Less than 12% of cases related to sexual safety concerns. 14% of current disciplinary cases feature a sexual safety element.



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6. In the last period January to July 2025, 88% of the new Respect and Resolution cases submitted in the period remained open. In this period 13% of the new cases submitted between July and December remain open. Higher number of R&Rs in the previous period relate to concerns raised in Ambulance Care on the roster review which have been resolved.

Workforce Insights

7. Turnover fell from 8.36% to 7.98%, (0.38%) which demonstrates a stable position. EMSC and IC roles show higher turnover despite some improvement. Conversations with the team suggest an opportunity to look at recruitment practice and the need to redevelop this, for example, ensuring candidates appreciate the reality of the role, rather than portrayal of the role in the media. The slide has a different look to previous presentations as we are working on our dashboard reporting and automating where we can. The version in the deck is a work in progress for PCC members to see.
8. Moving on survey response levels remain at one-third of leavers with the intention to increase this to 50% for the next reporting period. Via promotion and further development of the questionnaire. It is interesting to note in the wellbeing data that whilst around 85% of colleagues note feeling stressed at work, they are aware of the support available and that workloads are generally manageable. In terms of workforce relationships there are good outcomes for how approachable managers and colleagues are and it is easy to ask for help and guidance.

Speaking Up Safely

9. Speaking Up Safely concerns have been raised during the period. 45% of those concerns have come through via the Working in Confidence platform. Most approaches are initially submitted anonymously but this is reduced as the Guardian gains the confidence of the colleague raising the concern.
10. 74% concerns are linked to incivility, around 10% include sexual safety issues. The Operations Directorate awayday in March for managers will concentrate on incivility. Of the cases which remain open, 7 of the 13 are subject to HR processes.

RECOMMENDATION

11. The recommendation is set out in the front cover above.

NEXT STEPS

12. A further report to update Committee is due in 6 months' time.

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Cultural Themes and Trends



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Cultural Themes and Trends
Version 4.0
Released: January 2025

by People Services

Purpose of this Report

- Provide insight into employee relations activity (reflecting the work on creating an environment where colleagues feel safe to speak up).
- Provide information on the link between disciplinary case and compassionate practices.
- Share progress on Moving on Interviews noting the rollout to the whole organisation with effect from January 2025 and provide an overview of the rich data we can now analyse from interviews and feedback from leavers to inform culture work.
- Provide information on turnover rates across the Trust highlighting key areas.

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 a new 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 employee turnover, Moving on Conversations 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

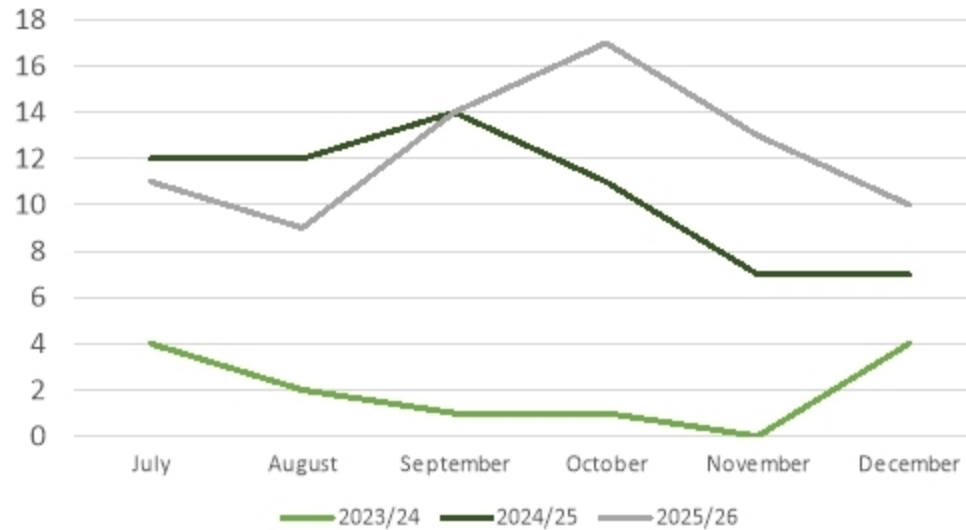
Our leaders and managers are a focal point in enhancing capability. We are committed to providing them with the necessary knowledge, skills, and adaptability to navigate complexities and respond effectively to the evolving needs and aspirations of our diverse workforce. We will continue to support our managers to develop their skills to be competent leaders. Together, we shape a successful future.

EMPLOYEE RELATIONS



EMPLOYEE RELATIONS

Number of New Disciplinary Cases (per month)



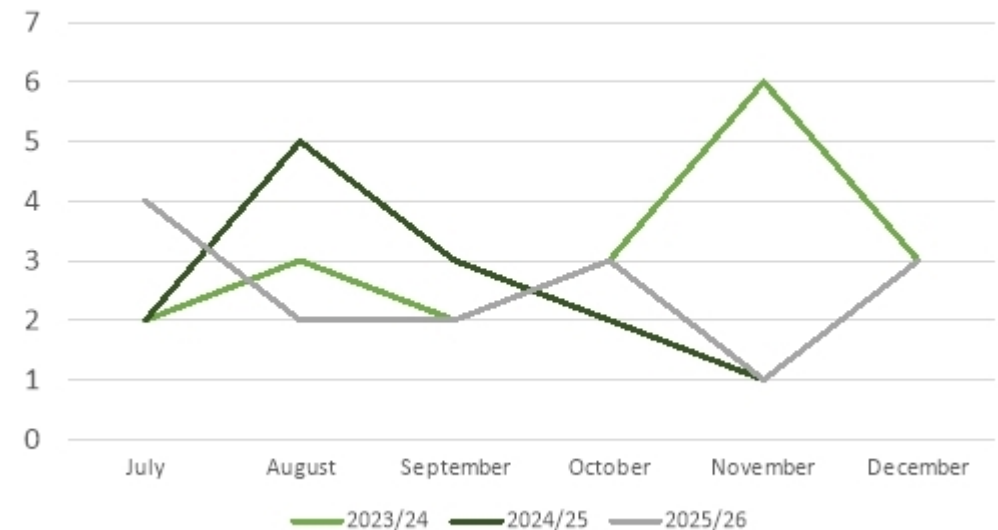
In the period July 2025 to December 2025, the total number of new disciplinary cases was 74.

There has been an **increase** in new cases in this reporting period compared to the period from July 2024 to December 2024. This is the highest total for the July to December period in three years.

In the period July 2025 to December 2025, the total number of new R&Rs was 15. This is a slight **decrease** compared with July 2024 to December 2024, with a total of 14 new R&Rs.

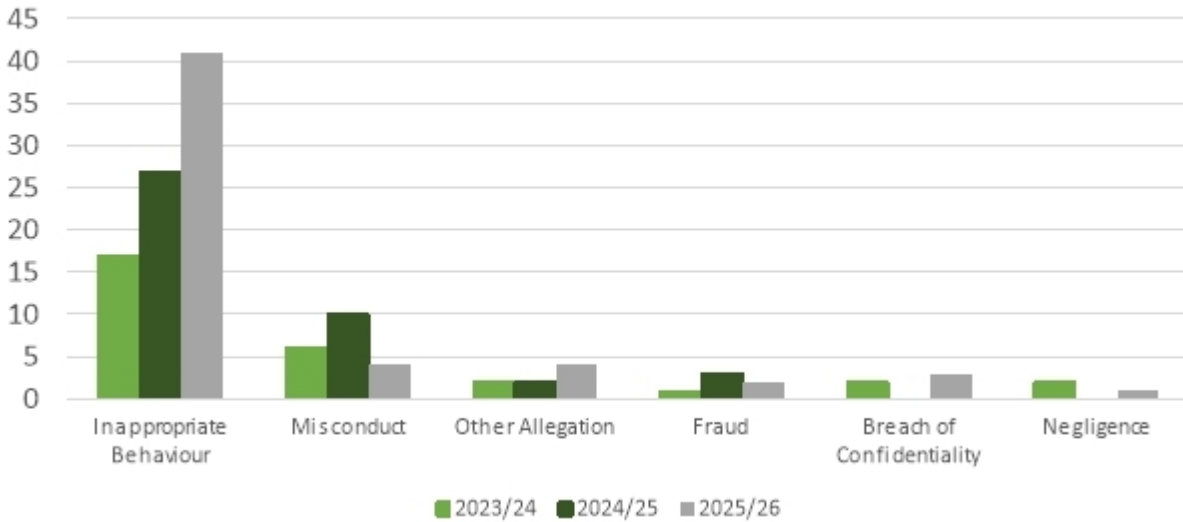
Whilst volumes remain broadly stable, with a slight year-on-year decrease of one case over the same period. This suggests early progress in controlling escalation, while highlighting an opportunity to further embed preventative, root-cause actions.

Number of New R&Rs (per month)



EMPLOYEE RELATIONS: DISCIPLINARY CASES

Reason



Inappropriate behaviour persists as the predominant reason for disciplinary measures, accounting for **67%** of cases between July and December 2025.

32 Days

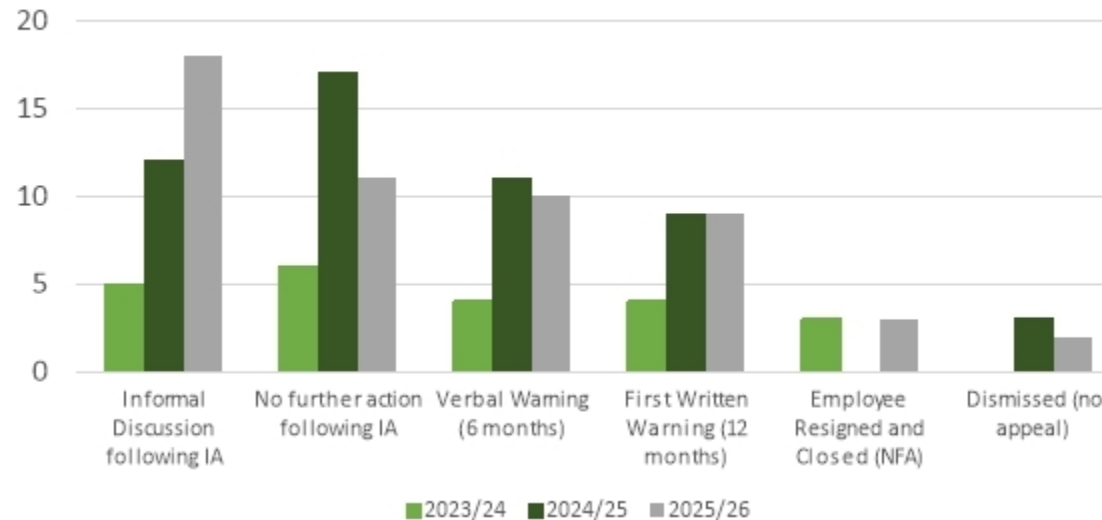
The average duration of cases closed during the period July to December 2025 was 32 days, from start to completion (inclusive of formal investigation).

55 cases remain open.

Of the closed cases, **26%** concluded with **informal discussion following an initial assessment**.

There were **two dismissals** in this period, a decrease from six in the last reporting period.

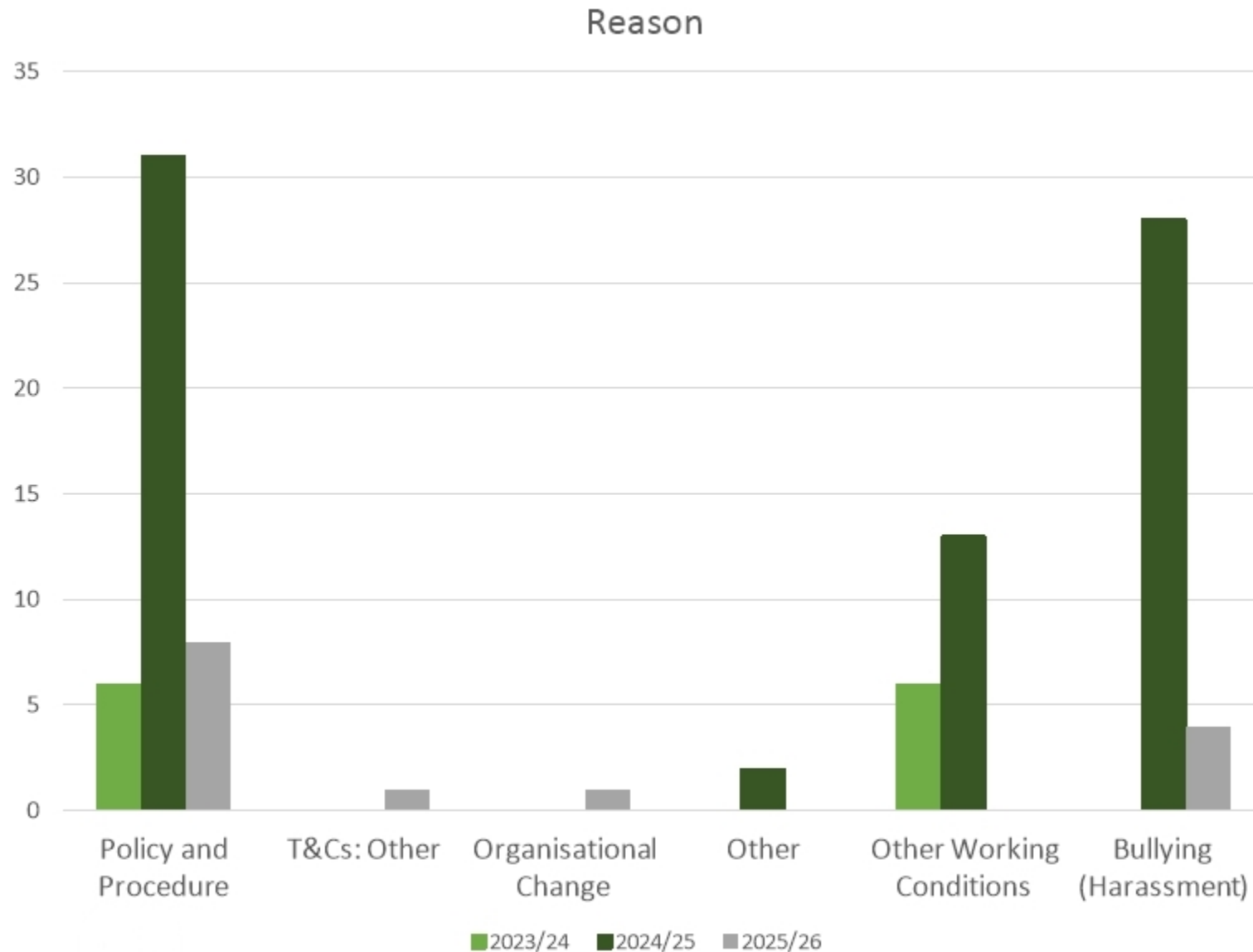
Outcome



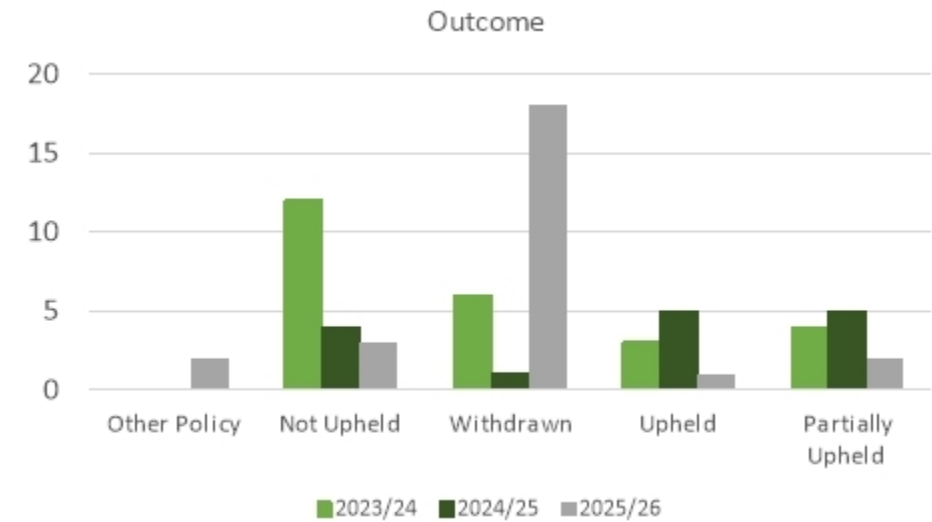
10 Cases were fast tracked between July and December 2025. This is consistent with the corresponding period in 2024.

10 Fast Track

EMPLOYEE RELATIONS: REQUEST FOR RESOLUTION



Of the new cases submitted between July and December, 2 **remain open**. This equates to 13% of new cases submitted in this period.



For cases submitted and closed from July to December 2025, the average duration from submission to closure was 22 days, compared to 27 days for the corresponding period in 2024.



SEXUAL SAFETY



12 %

Less than 12% of new cases between July and December were in relation to a Sexual Safety concern and are categorised under inappropriate behaviour. **This is an increase of 11% from the last report.**



14 %

14% of the current 74 Disciplinary cases (including Initial Assessments) are reporting a sexual safety element. **A slight reduction of 1% from the last report.**

WORKING TOWARDS IMPACT: Disciplinary and Compassionate Practices



FINDINGS:

- 12% of new cases between July 2025 and December 2025 were in relation to a Sexual Safety concern and are categorised under inappropriate behaviour.
- 26% of cases were resolved through informal action or no further action in line with compassionate practices, which is a slight decrease of cases in the last period.
- The average duration for R&R cases submitted and closed from July to December has decreased to 22 days compared to 28 days in the corresponding period in 2024, despite the number of cases received remaining relatively consistent.
- The development and consultation of the All Wales Disciplinary policy will impact on how we manage processes going forwards.



ACTIONS:

- The Compassionate Practices for All Action Plan was 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.
- The Compassionate Practices approach is continuing to be embedded in the organisation, awaiting formal evaluation with a view this is part of 'business as usual'.
- The findings from the evaluation will be formally presented to the People & Culture Committee once concluded.
- We continue to work closely with Trade Union Partners to improve our people processes and 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.

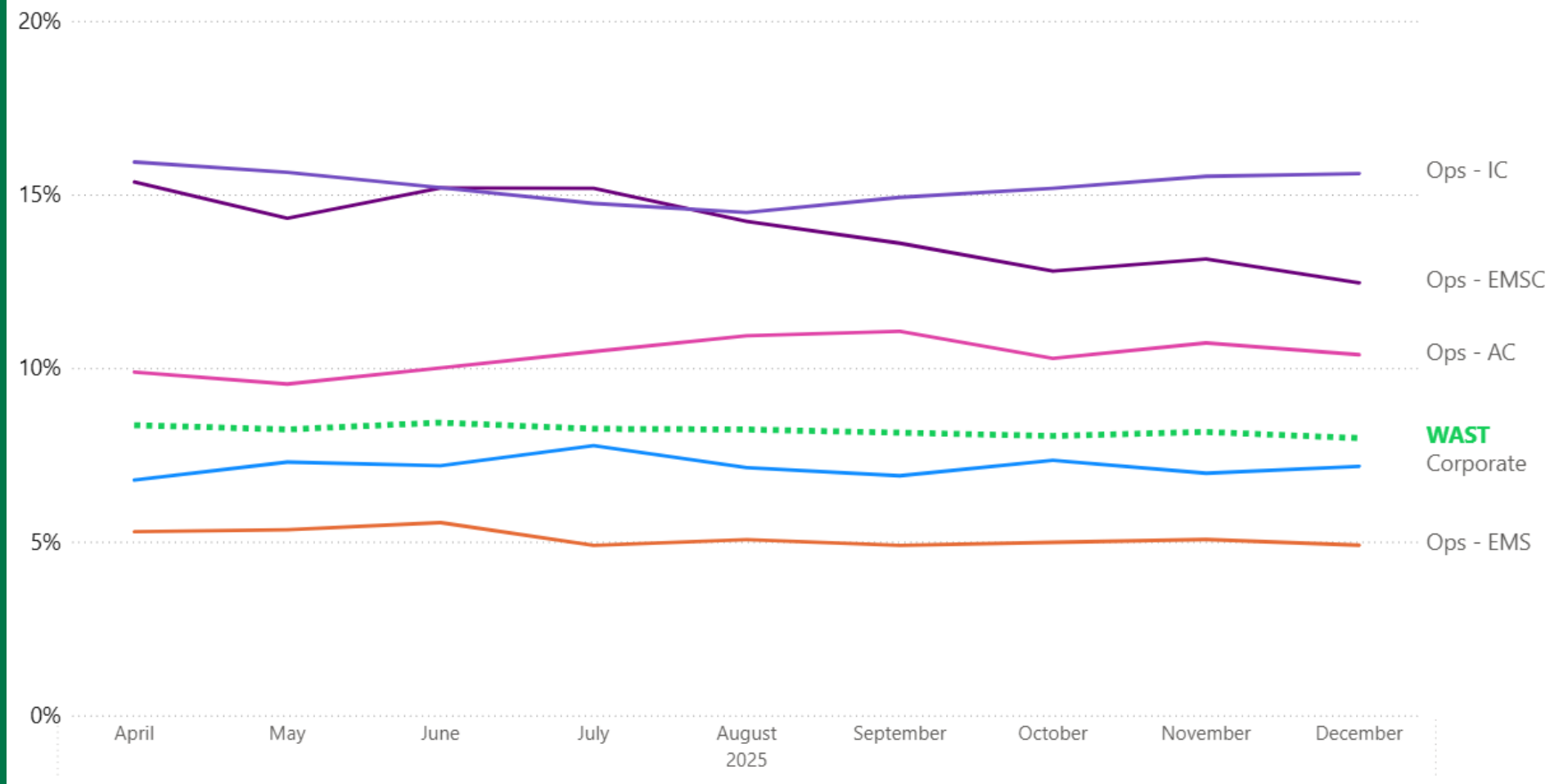


IMPACT:

- 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 is underway.
- Compassionate Practices is very much part of 'Our WAST Way' Management programme which is being rolled out across the organisation.

STAFF TURNOVER

12 month rolling FTE %



Key Themes...

Turnover rates across the Trust have fallen within the past 12 months, **from 8.36% in April 2025 to 7.98% in December 2025**

Turnover rates remain low within EMS and Corporate roles, **however EMSC and IC roles still showing high level of turnover**, albeit with a reduction over the past 12 months. (IC includes 111). Work on recruitment practice in the next year may help reduce this.

MOVING ON CONVERSATIONS DATA

Between 1st April 25 and 31st December 2025, **100 responses** have been received from across the Trust.



Of **Trust leavers** recorded in ESR for the same period have participated in the process.



Moving on Conversations – 12 month review:

- New questionnaire required for effective quantifiable data
- Comparison with full WAST starters and leavers data for in depth insights
- New survey to be introduced in April 2026
- New dashboard with more interactive information available to support decision making
- 33% of leavers are completing the survey. Target for 50% completions or above by next formal report

Moving On Surveys Apr – Dec 2025

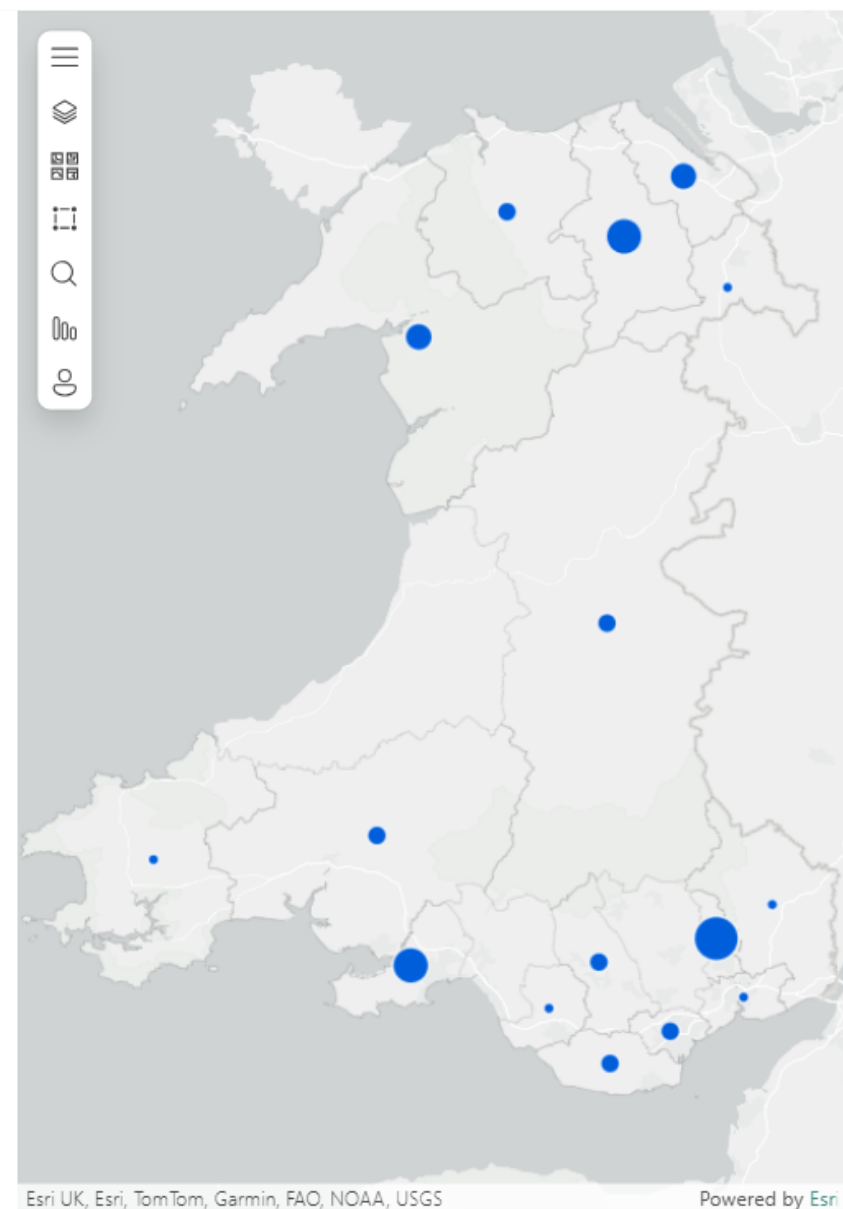
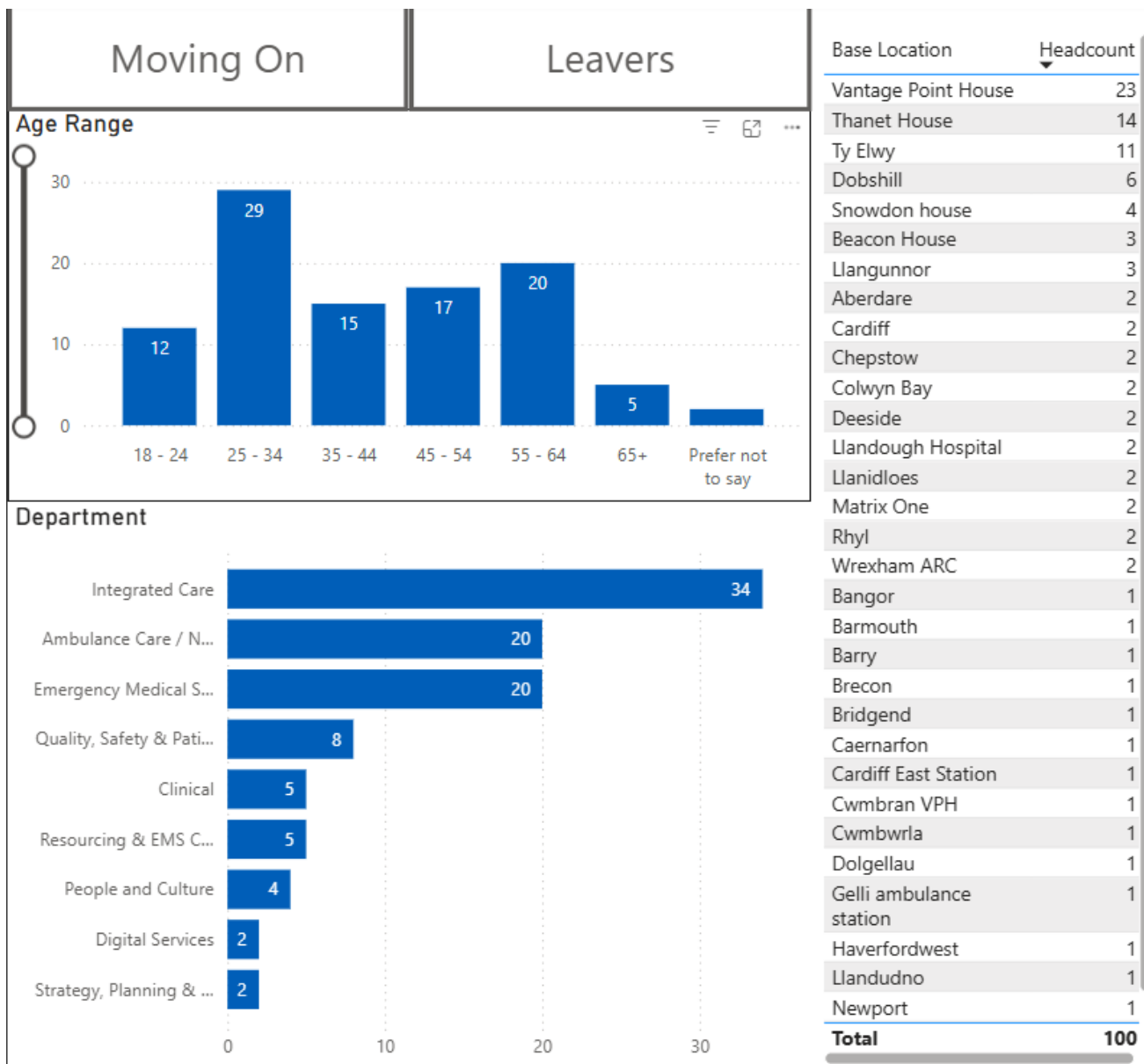
Moving On Surveys

completed during the period = c. 1/3 of total leavers

The graphs show the age range of those completing a survey and their departments

Development of new dashboard underway

Location map shows picture of where most surveys are completed

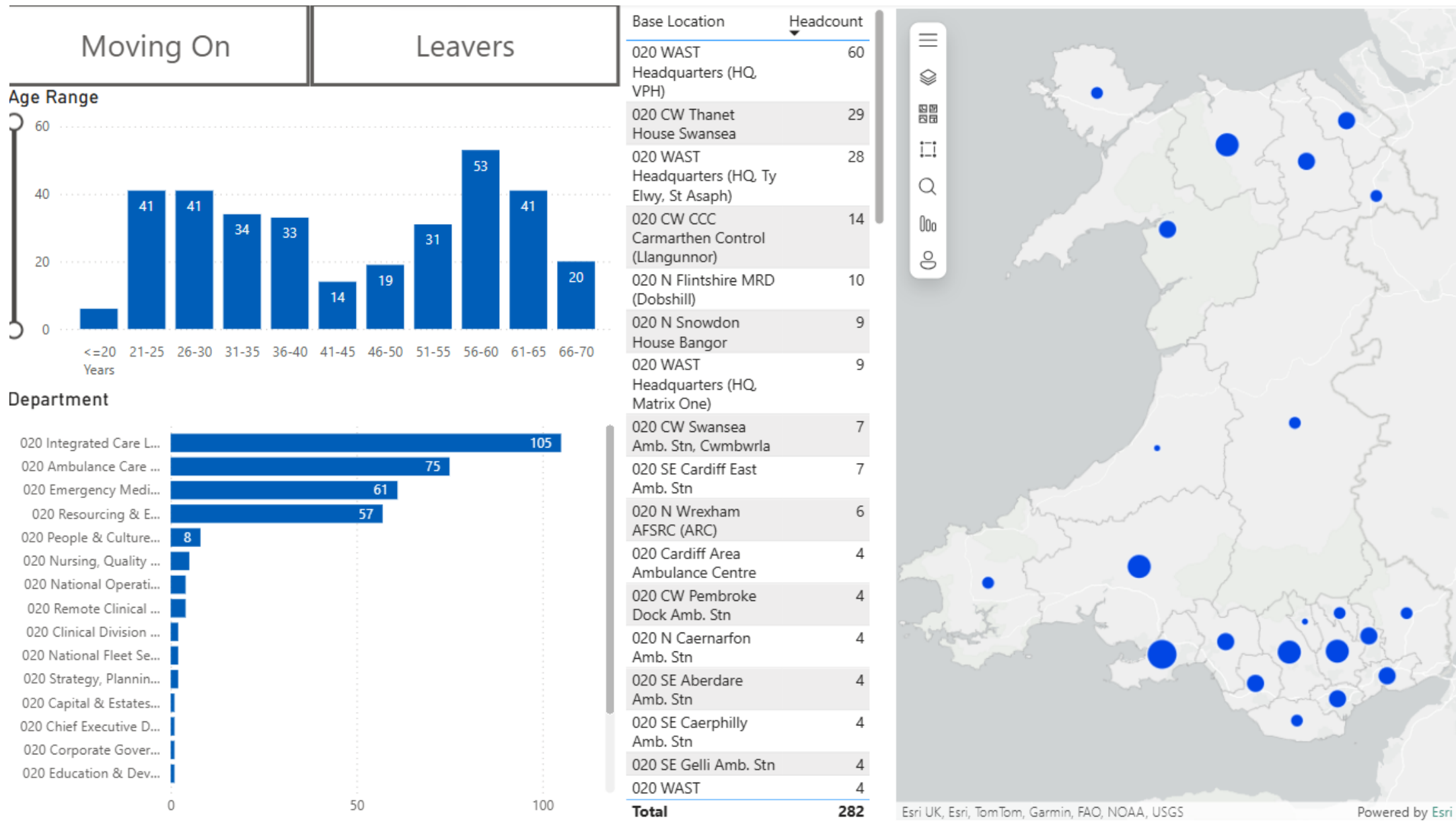


All WAST Leavers Data Apr – Dec 2025

This is a draft interactive dashboard being developed by the team. (data is accurate, visual is under development)

The graphs show all leavers, with age range, department and location.

New survey and new data will be collected from April 2026.



Moving On Surveys Comments Apr – Dec 2025

Qualitative data:

Overview of feedback regarding workplace relationships, L&D opportunities and Health and Wellbeing practices

Data shows mainly positive feedback with some areas with potential for deeper dive to obtain further insights



WAST Starters and Leavers Overview Apr – Dec 2025

Starters and Leavers:

Overview for previous 12 months

More starters than leavers

Gender: More men than women leaving, more women than men starting

Overall turnover under 10% - positive position

All WAST

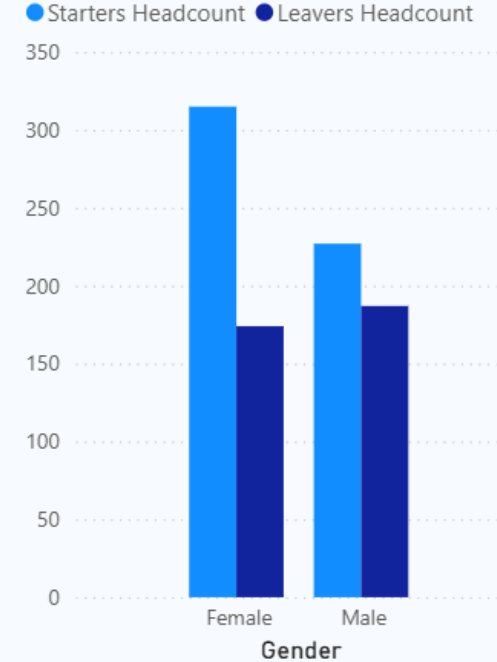
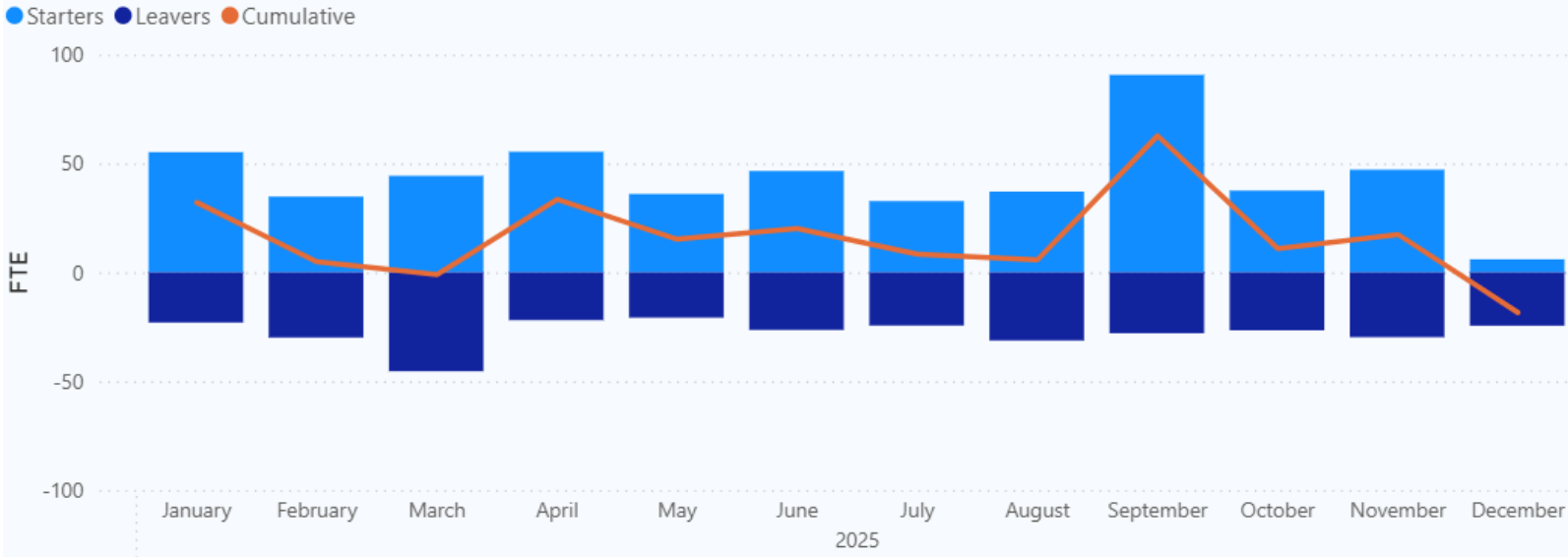
Year	2025											
	January	February	March	April	May	June	July	August	September	October	November	December
Headcount	4425	4437	4416	4448	4451	4452	4465	4473	4547	4534	4553	4544
FTE	4109.3	4119.8	4101.0	4127.1	4127.5	4127.3	4138.3	4148.2	4224.3	4212.7	4227.5	4213.4
Leavers Headcount	27	34	54	26	23	30	29	39	34	30	33	28
Leavers FTE	23.03	29.91	45.39	21.94	20.78	26.44	24.40	31.27	27.96	26.63	29.76	24.48
Starters Headcount	58	37	45	60	36	50	34	39	92	38	48	6
Starters FTE	55.20	34.80	44.35	55.40	36.00	46.59	32.75	37.09	90.70	37.57	47.16	6.00
Turnover Rate (Headcount) %	0.61%	0.77%	1.22%	0.58%	0.52%	0.67%	0.65%	0.87%	0.75%	0.66%	0.72%	0.62%
Period Turnover Rate (FTE) %	0.56%	0.73%	1.11%	0.53%	0.50%	0.64%	0.59%	0.75%	0.66%	0.63%	0.70%	0.58%

7.99%

12m%FTE WAST

8.64%

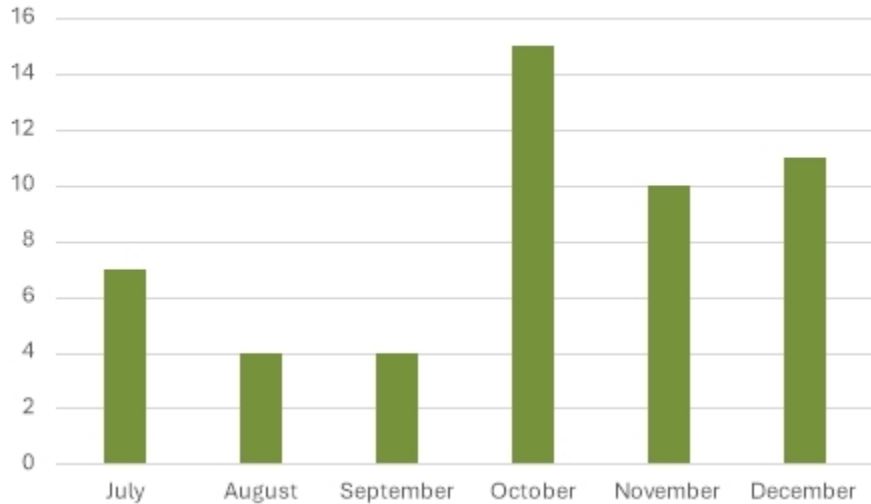
Period Turnover Rate (Headcount) %



Speaking Up Safely: *Concerns*



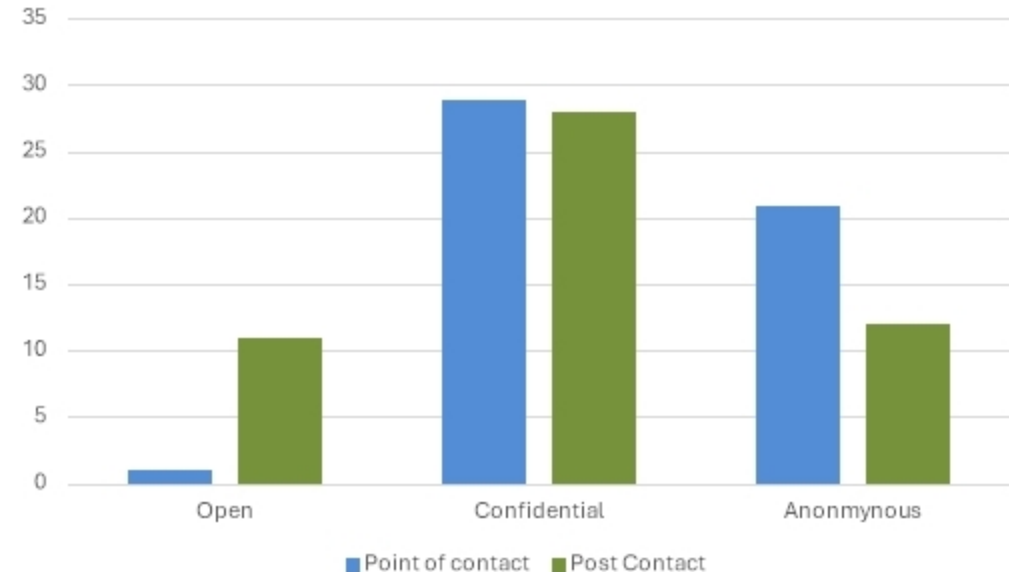
Month concern raised



- Between July and December 2025, there were **51 concerns** raised through Speaking Up Safely.
- 45% of concerns were raised through WIC.
- The highest month for concerns was October- correlating with promotion during Speak up Month.

Majority of concerns come to Speaking Up Safely in an anonymous or confidential format. At the point of contact 42% of concerns were 'anonymous' as rapport was built with the Guardian, this reduced to 23% of concerns remaining anonymous.

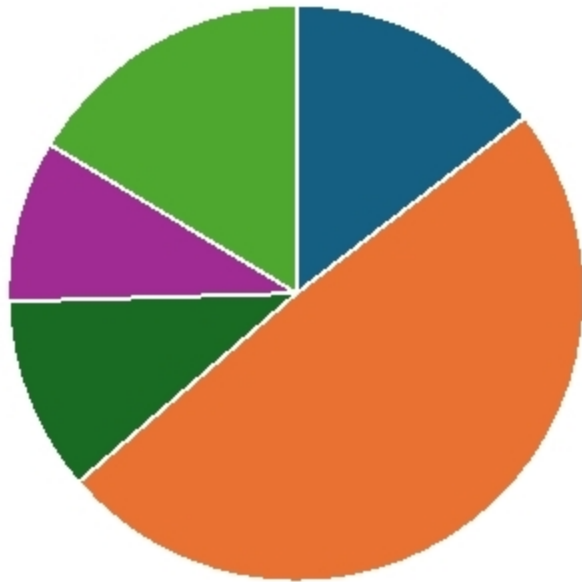
Type of contact



Speaking Up Safely: *Themes*



Reason for concern



- Bullying & Harassment
- Our Peoples Safety/Wellbeing
- Sexual Safety
- Inappropriate attitudes & behaviours
- Patient Safety
- Other

74% of concerns had an element of **incivility between our people**

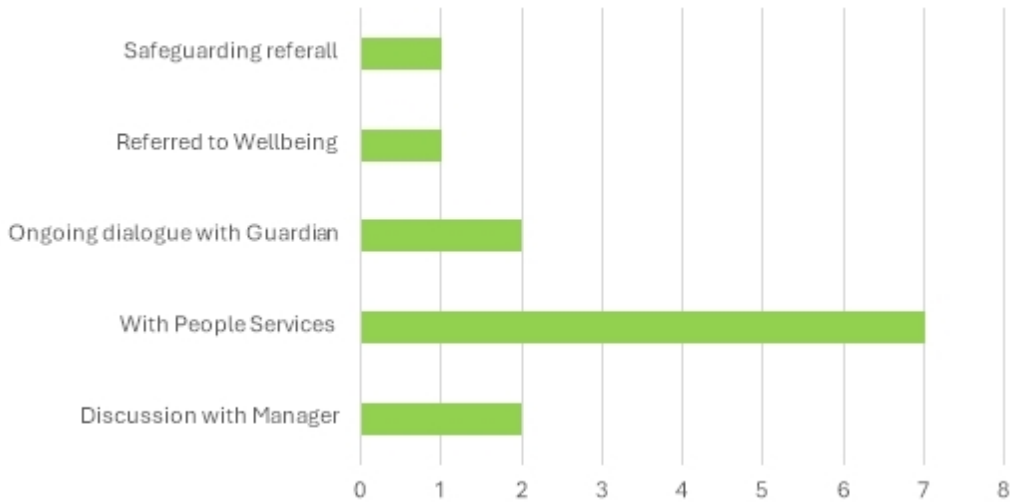
- 👑 Around 10% of cases included **sexual safety** issues, from sexualised remarks to physical, grooming-related, or police-reportable incidents.
- 16% of cases are categorised as '**other**'. These include cases related to employment progression and queries about investigations.
- There were no cases raised with SUS with an element of **patient safety** in this period. However, some of the cases may hold a transferable risk to our patients. These cases are discussed with our safeguarding team.
- During this period, the Operations Directorate accounted for most cases. This aligns with the fact that it holds the largest number of our people.

Speaking Up Safely: *Action Taken*

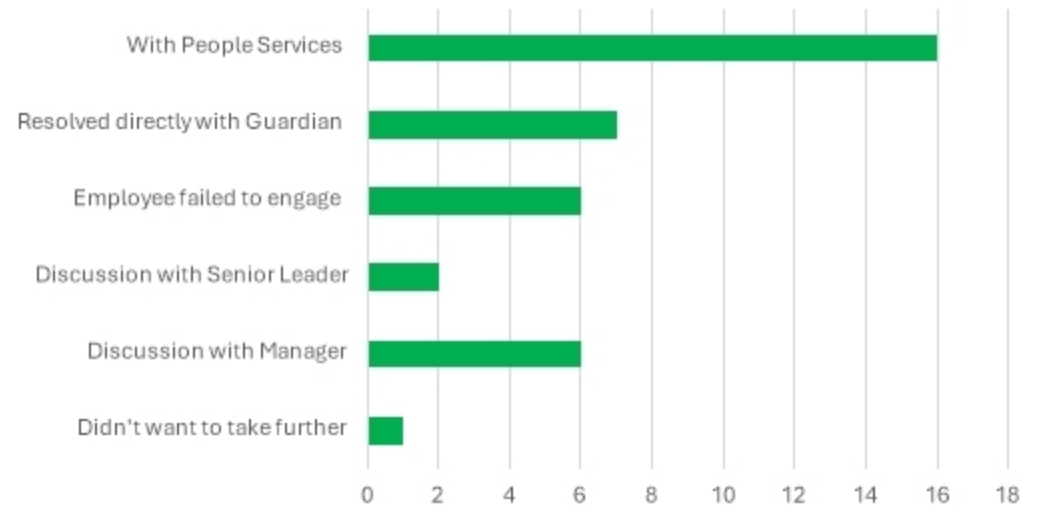


- 75% of concerns raised between July and December 2025 are closed.
- 42% of cases were closed to SUS after discussions with **People Services**. This may include advice or the beginnings of a process, such as an IO being appointed.

Current Action



Final Action



- The remaining 13 concerns are open to SUS.
- Over half of the open concerns are related to HR processes.
- These actions underline the critical role that collaboration between SUS and other departments plays in securing positive and timely outcomes.



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Agenda Item No. 10.2

REPORT TITLE

PADR Process Review Update: January 2026

MEETING

Name of meeting	People & Culture Committee
Date of meeting	10 February 2026
Public or Private	Public
If private - rationale	n/a

REPORT SPONSOR

Executive sponsor	Angie Lewis (Director of Culture Change)
Author(s) of report	Rebecca Smith (Organisational Development Manager)

PURPOSE OF REPORT

- | | |
|--|---|
| <input type="checkbox"/> Approval | <input checked="" type="checkbox"/> Endorsement |
| <input checked="" type="checkbox"/> Assurance | <input checked="" type="checkbox"/> Discussion |
| <input type="checkbox"/> Information (goes in consent items) | <input type="checkbox"/> Noting |

REPORT SUMMARY:

[See writing and presentation guidance [here](#) to inform this section]

1. This paper presents an update on the review of the PADR process at WAST, informed by staff feedback, compliance data, and strategic developments including *Our WAST Way* and the *Essential Conversations* initiative. While PADR compliance has generally improved (76.48% in Dec 25 and 76.56% Nov 25), it remains below the Welsh Government target of 85%, and staff feedback highlights that the process often feels transactional rather than developmental.



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2. Key challenges include lack of perceived value, process complexity, time constraints, inconsistent delivery, limited two-way dialogue, weak follow-up, technology barriers, and poor strategic alignment. In response, we are proposing a refreshed strategic direction for PADR, one that positions it as a meaningful conversation supporting staff engagement, development, and wellbeing and complementing Essential Conversations. The approach will be supported by enabling resources and feedback mechanisms to ensure relevance and impact.
3. P&C Committee endorsement is sought to support this strategic direction and the development and testing of a redesigned approach, ensure visible leadership accountability, and signal commitment to using PADR insights to inform future cultural and developmental improvements across the organisation. This proposal has been considered by the Executive Leadership Team.

RECOMMENDATION(S)

See writing and presentation guidance [here](#) to inform this section

P&C Committee are requested to endorse the below recommendations:

1. **Establish PADR as a strategic direction** and a key enabler of Our WAST Way, supporting a culture of meaningful conversations that enhance staff engagement, development, and wellbeing.
2. **A pilot and learning phase**, with insights and feedback shared to inform future decisions on organisation-wide rollout.

ADDITIONAL PAPER(S)

Set out here any annexes. See writing and presentation guidance [here](#) regarding materiality and use of the Reading Room

P&C Committee are requested to receive the following:

Annex 1 PADR Process Refresh



Governance and assurance checks to support decision-making and demonstrate alignment and risk mitigation

STRATEGIC OBJECTIVE(S) THIS REPORT SUPPORTS

Narrative here (select all that apply) [[link to objectives and what good looks like](#)]

<input checked="" type="checkbox"/> SO1: Providing the right care or advice, in the right place, every time	<input checked="" type="checkbox"/> SO2: Enabling our people to be the best they can be
<input checked="" type="checkbox"/> SO3: Being at the forefront of innovation and technology	<input type="checkbox"/> SO4: Developing services in collaboration
<input checked="" type="checkbox"/> SO5: Being quality driven and clinically led	<input checked="" type="checkbox"/> SO6: Delivering exceptional value

RISK(S) THIS REPORT MITIGATES

Where relevant note the local, directorate, corporate or BAF risk number

N/A

HEALTH & CARE QUALITY STANDARD(S) THIS REPORT SUPPORTS

Quality Domains (select all that apply) [[link to standards](#)]

<input checked="" type="checkbox"/> Safe	<input checked="" type="checkbox"/> Timely	<input checked="" type="checkbox"/> Effective
<input checked="" type="checkbox"/> Efficient	<input checked="" type="checkbox"/> Equitable	<input checked="" type="checkbox"/> Person Centred

Quality Enablers (select all that apply) [[link to standards](#)]

<input checked="" type="checkbox"/> Leadership	<input checked="" type="checkbox"/> Workforce	<input checked="" type="checkbox"/> Culture
<input type="checkbox"/> Information	<input type="checkbox"/> Learning Improvement & Research	<input type="checkbox"/> Whole Systems Approach

WAST WELLBEING OBJECTIVE(S) THIS REPORT SUPPORTS

Narrative here (select all that apply) [[link to goals](#)]

<input checked="" type="checkbox"/> A socially responsible and inclusive employer	<input checked="" type="checkbox"/> An innovative and sustainable organisation	<input type="checkbox"/> A pro-active, accessible and equitable care provider
<input type="checkbox"/> n/a	<input type="checkbox"/> n/a	<input checked="" type="checkbox"/> n/a

IMPACT ASSESSMENTS FOR CONSIDERATION

Where a strategic decision is being sought, an Equality Impact Assessment must accompany this paper. You may need to do other impact assessments also so please refer to this signpost document [here](#) for further details.

Does this paper require an impact assessment	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
--	--

If yes, what impact assessment is attached

APPROVAL/SCRUTINY ROUTE

Date	Person/Group/Committee
28 January 2026	Executive Leadership Team (ELT)



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SITUATION

1. This paper presents a review of the current Performance Appraisal and Development Review (PADR) process at WAST. It is informed by staff feedback, compliance data, strategic developments such as *Our WAST Way* and the *Essential Conversations* initiative, as well as discussions with key stakeholder groups including staff, managers, staff networks, trade union representatives, and People & Culture colleagues. External insights into approaches adopted by other organisations were also considered. A common trend is the move towards more regular, meaningful conversations, with PADR serving as the culmination of this ongoing dialogue. The focus is therefore not only on whether a PADR has been completed, but on the value of the conversation itself, helping employees to develop, improve, and grow in their roles, while strengthening their sense of purpose and connection to WAST's wider strategy and goals.

BACKGROUND

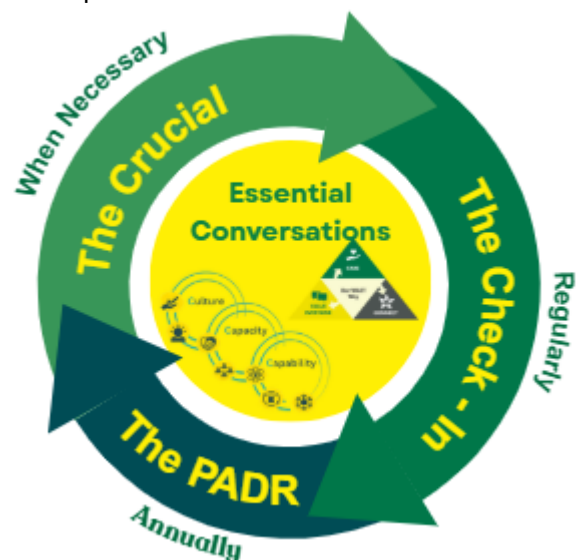
2. The review of the PADR process was triggered by the 2022 Quality Governance Review, which highlighted the need to improve PADR completion rates. Since then, compliance has increased, with latest figures indicating 76.48% in Dec 25 and 76.56% in Nov 2025, however we consistently **remain below the 85% Welsh Government target**. While progress has been made over the past year in terms of compliance with the process, survey feedback indicates that many staff have mixed views on the value of the PADR process and conversations.
3. In response, the Trust has implemented a range of measures, including regular monitoring of compliance, engaging with staff to understand barriers, and more recently, shifting the focus from completion to the quality and impact of conversations. This approach is supported by *Our WAST Way*, which clarifies what good leadership looks like and emphasises that the effectiveness of PADRs should be measured by the value of the conversation, not just whether it has taken place. Some staff have reported that PADR conversations do not actually take place, with forms completed by either the employee or manager without discussion. This is clearly a practice we need to move away from, as it undermines the purpose of PADRs and provides little value to individuals or the organisation.
4. Given the ongoing need to improve PADR compliance, which is a Welsh Government KPI, and the introduction of *Our WAST Way* alongside the *Essential Conversations* initiative, it is timely to review the PADR process and incorporate it into these initiatives, with a focus on quality, in addition to compliance.

ASSESSMENT

5. Staff feedback highlights that the process often feels **transactional rather than meaningful**, with opportunities missed for personalised, development-focused conversations.
6. Key issues identified through the review include:
 - **Perceived Lack of Value:** PADR are viewed as compliance-driven, with unclear purpose and limited developmental impact.
 - **Process Complexity:** The form is lengthy and rigid, discouraging engagement. Staff suggest simplification and more flexible input options.
 - **Time Constraints:** Managers lack protected time, and operational pressures hinder meaningful PADR delivery, especially for frontline staff.
 - **Inconsistent Experience:** PADR quality and frequency vary widely. Process changes have led to confusion and disengagement.
 - **Limited Two-Way Dialogue:** PADR often lack open, future-focused conversations. Scoring systems can inhibit honest discussion.
 - **Weak Follow-Up:** Actions from PADR are rarely tracked or revisited, reducing impact and accountability.
 - **Technology Barriers:** ESR and digital platforms are not user-friendly or difficult to navigate.
 - **Lack of Strategic Alignment:** PADR are disconnected from IMTP goals, career development, and organisational priorities.

7. In response, suggestions for improvement to the PADR process include:

- **Simplify and streamline** the PADR form to reduce “tick-box” feel and prioritise quality conversations. A refreshed PADR form is proposed that aligns with the People and Culture Plan and the 3Cs (Culture, Capacity, and Capability). This will be embedded into ESR for reporting purposes – development points will be captured to support and inform ongoing organisational learning and development priorities. **Embed PADR** within the **wider Essential Conversations framework** to reflect **ongoing dialogue** rather than a one-off annual event.
- **Provide practical support** through a Manager Toolkit, Employee Handbook, and refreshed training. The supporting tools are designed to help managers and staff have more personal, reflective, and empowering conversations that bring Our WAST Way principles to life.





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- Introduce **feedback loops** (e.g., ESR/MS Forms integration) to capture the quality and impact of PADR conversations, not just completion rates.
 - **Strengthen strategic alignment**, linking PADRs to career pathways, IMTP objectives, and organisational priorities.
 - **Socialise the proposal via directorate business meetings** to gain support and engagement.
 - **Pilot and evaluate** before full roll-out to ensure cultural fit and continuous improvement.
8. The aim is to move PADR away from being a tick-box exercise and towards a meaningful conversation that supports staff development, wellbeing, and engagement.
9. The suggested improvements are designed to address both the **quantity** and the **quality** of PADRs. By simplifying the form and encouraging ongoing conversations, not just one-off meetings, the process becomes easier to use and more meaningful. This could help increase completion rates. Providing practical tools and clearer guidance will **build confidence among managers and staff**, making it easier to engage with the process. By introducing ways to gather feedback on the experience of a PADR, not just whether it is done and linking PADRs to wider organisational goals, will help to make the process more relevant and valuable.
10. **This isn't just about a new form - it's about aligning PADR with *Our WAST Way and Essential Conversations* and listening to our people to create a process that genuinely supports development, wellbeing, and growth.**

Directorate Business Meetings

11. Throughout December, January and February we will be socialising the proposal with 10 already completed, and several planned over the coming weeks. So far feedback has been positive, and 14 teams have already expressed an interest to be part of the pilot phase.

Pilot Exercise – Listening and Learning

12. Piloting the redesigned PADR process with teams from one area within our Operations Directorate and one from Corporate Services will allow us to test, learn, and refine the approach before considering wider rollout. Feedback from these pilot areas will help shape how we support the broader workforce, ensuring the process is practical, meaningful, and aligned with Our WAST Way.



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Engaging our Workforce – Communicating the WHY

13. As we look to evolve the PADR process to better reflect our culture and priorities, it's important that staff understand not just what's changing, but why. Without clear communication, changes in manager behaviour, like more frequent and reflective check-ins and two-way PADR conversations, could feel confusing or inconsistent. To build trust and engagement, we plan to use a range of communication methods to explain the changes and what staff can expect. This includes manager-led conversations, support from our Culture/Change Champions, short videos and sound bites, digital storytelling, pop-up events, and gathering staff feedback to understand how the changes are landing. We'll be working with the Communications Team to ensure a comprehensive communications plan can be developed.
14. This proposal has been considered by the Executive Leadership Team.
15. Further information on the review findings and the proposed changes to the PADR process, can be found in **Annex 1**.

RECOMMENDATIONS

16. The recommendation(s) are set out in the front cover above.

NEXT STEPS

17. **Gain P&C Committee endorsement.**
18. **Engagement:** finish socialising exercise to gain support and engagement ahead of pilot and wider roll out.
19. **Pilot:** pilot new process and gather feedback for evaluation ahead of roll out (Pilot and evaluation planned for Quarter 1&2 - 26/27 with wider roll out planned for Quarter 3 – 26/27). **Prepare workforce prior to roll out:** utilising insights from pilot to support messaging.



Annex 1: PADR Process Refresh

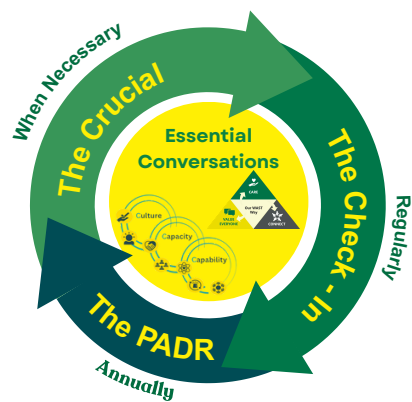
Aligning with Our WAST Way & Essential Conversations

Why Change, Why Now?

- **Compliance:** 76.56% (Nov 2025) – below Welsh Government target of 85%.
- **Staff Feedback:** PADR often feel transactional, not developmental; some completed without conversation.
- **Catalyst for change:** Quality Governance Review (2022) + Our WAST Way + People & Culture Plan.
- **Goal:** Make PADR meaningful, values-led conversations that support wellbeing, development, and career aspirations.

Our Approach

- Shift from **tick-box compliance** to **transformational dialogue**.
- Embed PADR within **Essential Conversations** framework.
- Align to **Culture, Capacity, Capability** priorities.
- Focus on **quality and impact**, not just completion.



WHAT'S CHANGING?

Simplified PADR Form

Streamlined, aligned to 3Cs.



Manager Toolkit & Employee Handbook

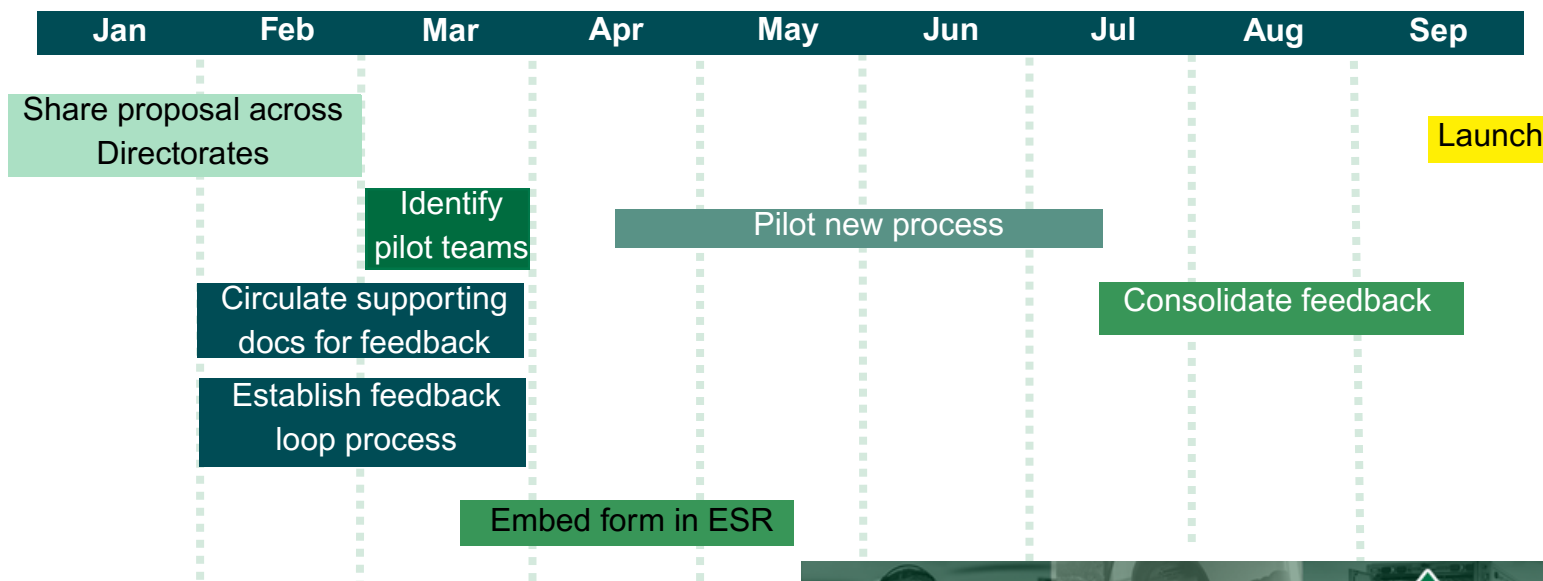
Practical guidance for impactful conversations.



Feedback Loops

ESR/MS Forms integration to measure quality.

ENGAGEMENT PLAN



PADR becomes a cultural enabler, not just a compliance exercise.

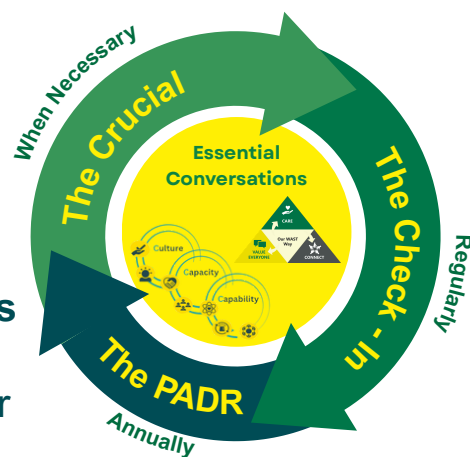


Annex 1: PADR Process Refresh

Aligning with Our WAST Way & Essential Conversations

Engaging The Workforce

As we refresh our PADR process to better reflect our culture and priorities, it's vital that employees **understand the reasons behind the change**. Without clear communication, new behaviours, like more frequent check-ins, may feel unfamiliar or unclear. To **build trust and engagement**, we're taking a more creative and inclusive approach to **ensure everyone feels informed, involved, and supported**.



We intend on engaging employees via a diverse approach utilising the following routes:

MANAGER-LED MICRO CONVERSATIONS

CULTURE CHAMPIONS NETWORK

INTERACTIVE DIGITAL COMMUNICATIONS

RECOGNITION AND STORYTELLING CAMPAIGN

SOUND BITES AND VIDEOS

POP-UP EVENTS OR MOBILE ROADSHOWS

PULSE SURVEY WITH FEEDBACK LOOPS

This is **about more than process, it's about people**. We're committed to making PADR's a space where **every employee feels heard, valued, and supported**. It's not just a change in paperwork, but a **shift in culture, embedding PADR's within Our WAST Way and the rhythm of Essential Conversations**.



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Agenda Item No. 11.1

REPORT TITLE

People and Culture Metrics

MEETING

Name of meeting	People and Culture Committee
Date of meeting	10 February 2026
Public or Private	Public
If private - rationale	n/a

REPORT SPONSOR

Executive sponsor	Angela Lewis – Director of Culture Change Carl Kneeshaw – Director of People
Author(s) of report	Sarah Davies – Head of Change and People Insights

PURPOSE OF REPORT

- | | |
|--|--|
| <input type="checkbox"/> Approval | <input type="checkbox"/> Endorsement |
| <input checked="" type="checkbox"/> Assurance | <input checked="" type="checkbox"/> Discussion |
| <input type="checkbox"/> Information (goes in consent items) | <input type="checkbox"/> Noting |

REPORT SUMMARY:

[See writing and presentation guidance [here](#) to inform this section]

1. The purpose of this report is to:
 - a. provide Committee members with an update (December 2025 data) against qualitative People and Culture Plan metrics, in order to provide a high level indication of the impact of our People and Culture Plan; *and*
 - b. provide an overview of the key People and Culture performance data and trends (December 2025) and associated improvement actions.



RECOMMENDATION(S)

See writing and presentation guidance [here](#) to inform this section

The Committee is requested to:

1. Comment on progress to date.

ADDITIONAL PAPER(S)

Set out here any annexes. See writing and presentation guidance [here](#) regarding materiality and use of the Reading Room

Annex 1 Qualitative Metrics December 2025

Annex 2 Scorecard December 2025 (*available to view in the Reading Room*)

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.

Governance and assurance checks to support decision-making and demonstrate alignment and risk mitigation

STRATEGIC OBJECTIVE(S) THIS REPORT SUPPORTS

Narrative here (select all that apply) [[link to objectives and what good looks like](#)]

<input checked="" type="checkbox"/> SO1: Providing the right care or advice, in the right place, every time	<input checked="" type="checkbox"/> SO2: Enabling our people to be the best they can be
<input type="checkbox"/> SO3: Being at the forefront of innovation and technology	<input checked="" type="checkbox"/> SO4: Developing services in collaboration
<input checked="" type="checkbox"/> SO5: Being quality driven and clinically led	<input checked="" type="checkbox"/> SO6: Delivering exceptional value

RISK(S) THIS REPORT MITIGATES

Where relevant note the local, directorate, corporate or BAF risk number

160: High absence rates impacting on patient safety, staff wellbeing and the trust's ability to provide a safe and effective service.

558: Deterioration of staff health and wellbeing in the face of continued system pressures as a consequence of workplace experiences .



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HEALTH & CARE QUALITY STANDARD(S) THIS REPORT SUPPORTS

Quality Domains (select all that apply) [link to standards]		
<input checked="" type="checkbox"/> Safe	<input checked="" type="checkbox"/> Timely	<input checked="" type="checkbox"/> Effective
<input checked="" type="checkbox"/> Efficient	<input checked="" type="checkbox"/> Equitable	<input checked="" type="checkbox"/> Person Centred
Quality Enablers (select all that apply) [link to standards]		
<input checked="" type="checkbox"/> Leadership	<input checked="" type="checkbox"/> Workforce	<input checked="" type="checkbox"/> Culture
<input checked="" type="checkbox"/> Information	<input checked="" type="checkbox"/> Learning Improvement and Research	<input checked="" type="checkbox"/> Whole Systems Approach

WAST WELLBEING OBJECTIVE(S) THIS REPORT SUPPORTS

Narrative here (select all that apply) [link to goals]		
<input checked="" type="checkbox"/> A socially responsible and inclusive employer	<input checked="" type="checkbox"/> An innovative and sustainable organisation	<input checked="" type="checkbox"/> A pro-active, accessible and equitable care provider
<input type="checkbox"/> n/a	<input type="checkbox"/> n/a	<input type="checkbox"/> n/a

IMPACT ASSESSMENTS FOR CONSIDERATION

Where a strategic decision is being sought, an Equality Impact Assessment must accompany this paper. You may need to do other impact assessments also so please refer to this signpost document [here](#) for further details.

Does this paper require an impact assessment	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
If yes, what impact assessment is attached	

APPROVAL/SCRUTINY ROUTE

Date	Person/Group/Committee
27 January 2026	Director of Culture Change Director of People



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SITUATION

1. The purpose of this report is to:
 - 1.1. provide Committee members with an update against qualitative People and Culture Plan metrics (December 2025 data), in order to provide a high level indication of the impact of our People and Culture Plan; *and*
 - 1.2. provide an overview of the key People and Culture performance data and trends (December 2025) and associated improvement actions.

BACKGROUND

2. Following discussion at the August 2023 meeting of the People and Culture Committee, it was agreed that updates will be shared with the 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.
3. As agreed at the August 2024 PCC meeting, this item also incorporates the People and Culture Scorecard, in a bid to more clearly show the associated connections.

ASSESSMENT

4. The summary document contained within **Annex 1** provides an overview of qualitative data currently available. These insights have been drawn from a range of engagement opportunities and feedback mechanisms, through which colleagues have shared in different guises what matters most to them. Despite the variety of sources, a consistent set of themes emerges:
 - 4.1. Colleagues place significant importance on feeling valued and recognised, highlighting the impact this has on morale and motivation;
 - 4.2. Across corporate services, there is strong feedback regarding the pressure of competing priorities and excessive workloads, with a clear impact on wellbeing and work–life balance. Within operational areas, themes focus heavily on the impact of handover delays and shift overruns;
 - 4.3. Across the organisation, there is a clear desire for colleagues to be meaningfully involved, informed and engaged, supported by more effective and two-way communication;



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- 4.4. Colleagues express strong interest in development and career progression opportunities;
- 4.5. Concerns about problematic behaviours are highlighted, reinforcing the importance of our continued focus on culture.
5. **Annex 2** provides a summary of People and Culture KPIs up to and including December 2025 data.
6. Sickness absence indicates a slight trend upwards over three months, however, this mirrors seasonal pressures (Flu/RSV), with examples of several Health Boards and WAST (in some circumstances) taking action to mandate mask wearing to minimise further staff infection during peak periods.
7. Statutory and Mandatory training compliance shows a further increase (to 91.92%) and MIST compliance has risen to 74%, indicating strong focus and robust management.
8. PADR compliance currently stands at 76.48%, representing a slight increase from the previously reported figure to Committee of 75.35%. While there are minor month-to-month fluctuations, there has been no sustained upward trend. Strengthening the quality of these conversations is key to improving engagement and, in turn, increasing compliance. A review of the PADR process has recently been undertaken, resulting in the development of a refreshed approach. This is now being shared with Directorates for feedback, with the intention of moving into a pilot phase in spring 2026. This work forms a core component of Our WAST Way.

RECOMMENDATION

9. The recommendation(s) are as set out in the front cover above.

NEXT STEPS

10. N/A



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Our People and Culture Metrics

A Focus on Qualitative Data
December 2025



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CEO Roadshows

During recent CEO Roadshows, we asked colleagues “**what matters to you?**”, to help inform and shape our plan for 2026/27

Feeling heard and supported ● Dialogue (not just surveys)

Visible leadership ● Space and time to reflect and learn

Greater diversity and representation ● Safety at work

Clear priorities ● Realistic timescales and expectations

Continuous improvement ● Learning from patients

Digital literacy ● Effective comms and engagement

Collaboration and inclusion ● Compassionate leadership

Mental health support ● Flexible working opportunities

Equitable colleague experience ● Succession planning



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WAST Live

Themes of questions asked by colleagues
October - December 2025



Response model changes



Scopes of Practice



Future plans / strategy



Improvement ideas



iPad replacement and purchasing



Progression and development



Handover delays



Digital, self-serving information



Recruitment and selection, qualifications



Patient safety



Violence & Aggression



Policies and their application



Financial savings



Incident response and event cover



Rationale for specific decisions and changes



Requests for updates



Volunteering



Staff Survey and engagement



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WAST Winter Wellbeing: Staff Survey Engagement Session

Reported Issues



Reported Impacts

Low levels of trust		Reduced participation and candour
Change fatigue and cognitive overload		Reduced adoption and quality
Operational pressures		Impacting wellbeing and sense of purpose
Perception re: “admin career stagnation”		Engagement and retention risk
Access inequity		Frontline colleagues not able to engage
Meeting culture		Reduced leadership visibility

What colleagues would like to see:

- Publish a clear “**What happens next**” timeline for 2025 results
- Continue **quarterly pulse surveys** (aligned to 2025 survey themes)
- Increase **visible leadership** at pressure points (EDs)
- Review **pacing of planned changes**
- Close the loop on **Admin Review** (facts, decisions, next steps)
- Build in **protected engagement time**
- Meeting culture** review and reset
- Speaking Up Safely** confidence-building



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3 and 12 Month Check Ins

Themes arising from recent 3- and 12-month check ins

“As our culture change journey continues, it is important for us to know about any **inappropriate behaviour** you may have experienced or witnessed from colleagues.”



Misogyny



Disrespect



Banter



Discriminatory
comments



Incivility



Known issues not
addressed

“Is there anything that would make your role more **satisfying**?”



More praise /
recognition



More engagement



More effective
comms



Reduced workload



Job security



Shadowing /
observation



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Quality & Support Days

Topics participants would like to see addressed at future Quality Support Days: Themes



Behaviours and culture



Workload and pressures



Strategy, vision and future plans



Work/life balance



Planned and ongoing changes



Infrequently used skills



Morale



Diversity



Wellbeing and welfare



Station facilities, fleet and equipment



Digital skills



OVERRUNS and missed meal breaks



Progression and development



Support available and how to access



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Reward and Recognition Engagement

Focus: WAST Awards, Long Service Awards, everyday recognition. High level overview of feedback received:

Recognition needs to feel meaningful, fair and based on values

Colleagues want recognition that reflects how work is done (values and behaviours) rather than what service or function they sit in. There is frustration when recognition feels inconsistent, overly rules-driven or when eligible colleagues are missed entirely, as this directly impacts feelings of being valued.

Preference for personal, local and proportionate recognition

Strong appetite for recognition that is more personal and locally delivered, particularly for long service and awards. Colleagues value informal, manager-led and team-based recognition; concerns raised about the cost and public perception of large formal ceremonies.

Earlier and more flexible recognition of contribution

Colleagues would welcome recognition at earlier milestones (e.g. 5, 10 years), greater flexibility in how recognition is marked and more choice (including gifting options or charitable donations). Flexibility and opt-in approaches described as more inclusive and respectful.

Everyday recognition matters most

Small, timely gestures of thanks have a disproportionate positive impact. Feeling seen, heard and appreciated by line managers and peers (especially during challenging periods) was reported as more meaningful than formal awards. Recognition is most valued when it acknowledges effort, going above and beyond and contribution to colleagues, patients and the organisation.

Visibility and follow-through are critical

There is concern that formal recognition and thank yous are not always shared directly with individuals, reducing their impact. Participants were keen that recognition reaches the person it is intended for.



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Agenda Item No. 11.2

REPORT TITLE

People & Culture IMTP Objectives & Priorities 2026-29

MEETING

Name of meeting	People & Culture Committee
Date of meeting	10 February 2026
Public or Private	Public
If private - rationale	n/a

REPORT SPONSOR

Executive sponsor	Carl Kneeshaw, Director of People Angie Lewis, Director of Culture Change
Author(s) of report	Sarah Parry, People & Culture Business Manager

PURPOSE OF REPORT

- | | |
|--|---|
| <input type="checkbox"/> Approval | <input checked="" type="checkbox"/> Endorsement |
| <input type="checkbox"/> Assurance | <input type="checkbox"/> Discussion |
| <input type="checkbox"/> Information (goes in consent items) | <input type="checkbox"/> Noting |

REPORT SUMMARY:

[See writing and presentation guidance [here](#) to inform this section]

1. The purpose of this paper is to provide the Committee with an overview of the proposed People & Culture IMTP objectives and priorities for 2026-29.



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RECOMMENDATION(S)

See writing and presentation guidance [here](#) to inform this section

The People & Culture Committee is requested to:

1. Endorse the contents of this paper.

ADDITIONAL PAPER(S)

Set out here any annexes. See writing and presentation guidance [here](#) regarding materiality and use of the Reading Room

Annex 1 People and Culture Proposed IMTP Objective and Priorities

Governance and assurance checks to support decision-making and demonstrate alignment and risk mitigation

STRATEGIC OBJECTIVE(S) THIS REPORT SUPPORTS

Narrative here (select all that apply) [[link to objectives and what good looks like](#)]

- | | |
|--|---|
| <input type="checkbox"/> SO1: Providing the right care or advice, in the right place, every time | <input checked="" type="checkbox"/> SO2: Enabling our people to be the best they can be |
| <input type="checkbox"/> SO3: Being at the forefront of innovation and technology | <input type="checkbox"/> SO4: Developing services in collaboration |
| <input type="checkbox"/> SO5: Being quality driven and clinically led | <input type="checkbox"/> SO6: Delivering exceptional value |

RISK(S) THIS REPORT MITIGATES

Where relevant note the local, directorate, corporate or BAF risk number

Our IMTP priorities work towards driving improvements on the risks outlined in the BAF. This includes the following risks:

- RISK 160: High absence rates impacting on patient safety, staff wellbeing and the trust's ability to provide a safe and effective service
- RISK 558: Deterioration of staff health and wellbeing in the face of continued system pressures as a consequence of workplace experiences
- RISK 160: Maintaining Effective & Strong Trade Union Partnerships



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HEALTH & CARE QUALITY STANDARD(S) THIS REPORT SUPPORTS

Quality Domains (select all that apply) [link to standards]		
<input checked="" type="checkbox"/> Safe	<input type="checkbox"/> Timely	<input checked="" type="checkbox"/> Effective
<input checked="" type="checkbox"/> Efficient	<input checked="" type="checkbox"/> Equitable	<input checked="" type="checkbox"/> Person Centred
Quality Enablers (select all that apply) [link to standards]		
<input checked="" type="checkbox"/> Leadership	<input checked="" type="checkbox"/> Workforce	<input checked="" type="checkbox"/> Culture
<input checked="" type="checkbox"/> Information	<input checked="" type="checkbox"/> Learning Improvement and Research	<input type="checkbox"/> Whole Systems Approach

WAST WELLBEING OBJECTIVE(S) THIS REPORT SUPPORTS

Narrative here (select all that apply) [link to goals]		
<input checked="" type="checkbox"/> A socially responsible and inclusive employer	<input type="checkbox"/> An innovative and sustainable organisation	<input type="checkbox"/> A pro-active, accessible and equitable care provider
<input type="checkbox"/> n/a	<input checked="" type="checkbox"/> n/a	<input checked="" type="checkbox"/> n/a

IMPACT ASSESSMENTS FOR CONSIDERATION

Where a strategic decision is being sought, an Equality Impact Assessment must accompany this paper. You may need to do other impact assessments also so please refer to this signpost document [here](#) for further details.

Does this paper require an impact assessment	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
If yes, what impact assessment is attached	

APPROVAL/SCRUTINY ROUTE

Date	Person/Group/Committee
6 January 2026	Carl Kneeshaw, Director of People Angie Lewis, Director of Culture Change



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SITUATION

1. The purpose of this paper is to provide the Committee with an overview of the proposed People & Culture Integrated Medium-Term Plan (IMTP) objectives and priorities for 2026-29.

BACKGROUND

2. Our People & Culture objectives and priorities for the IMTP build on the foundation established in our existing People & Culture Plan. They reflect our commitment to progressing initiatives that promote belonging and inclusivity, support our people and align with wider organisational ambitions, including the Clinical Model Transformation Programme and the outcomes of our ongoing cultural transformation work.
3. Throughout 2025–26, we have made significant progress against our key priorities, including driving culture change, strengthening sexual safety awareness, advancing our social partnership approach, and improving the overall employee experience. These developments demonstrate our continued commitment to creating a workplace where colleagues feel safe, supported, and valued.
4. At the time of writing this paper, prioritisation work is still underway. We continue to work with colleagues to understand and shape our role in supporting broader organisational ambitions.

ASSESSMENT

5. **Annex 1** provides an overview of our proposed IMTP objectives and priorities for the 2026-29 IMTP.
6. These priorities reflect our ongoing commitment to building on the current People and Culture Plan, while remaining responsive to new and emerging challenges and incorporating the feedback colleagues shared during the IMTP exercise at the CEO Roadshows.
7. Our priorities are designed to ensure we continue to support, engage, and develop our people in ways that align with Trust-wide ambitions, promote equity and enhance the overall colleague experience.

RECOMMENDATION

8. The recommendation(s) are as set out in the front cover above.

Annex 1 – P&C Proposed IMTP Objective and Priorities

	IMTP Objective	IMTP Deliverables
Culture	Create a positive and enriching employee experience where everyone feels they belong, are engaged, and can positively contribute.	<ul style="list-style-type: none"> • Corporate Digital Onboarding: Launch a streamlined, digital onboarding and induction programme that enhances accessibility and consistency for all new starters. • Sexual Safety: Embed the Anti Sexual-Harassment Policy and deliver the supporting implementation plan to create a culture of sexual safety across the Trust. • Speaking Up Safely: Continue to raise awareness of Speaking Up Safely and implement an assessment tool to identify and mitigate any potential detriment to individuals who raise concern • Work-related Stress: Implement a Stress Management Policy supported by practical tools and resources to help colleagues and managers to identify early signs of stress and maintain sustained wellbeing. • Health & Wellbeing Passport: Launch the Health & Wellbeing Passport alongside a Managers' Guidance Toolkit to support personalised wellbeing conversations and reasonable adjustments with long term health conditions. • PADR: Refresh the PADR process to make it a meaningful, forward-looking conversation rather than a compliance exercise. The new approach should align with Our WAST Way principles, focusing on continuous development, wellbeing, and culture. • Recognition: Develop and implement a range of initiative associated with recognition for all colleagues
	Build an inclusive and equitable workplace culture	<ul style="list-style-type: none"> • Inclusive Recruitment Strategy: Continue delivering tailored recruitment initiatives in collaboration with local communities to attract a more diverse applicant pool • People Networks: Support the growth and development of our People Networks and maximise their contribution by using their insights and influence to drive meaningful organisational change • Strategic Equality Plan: Demonstrate success in meeting key statutory equality requirements by delivering our strategic equality objectives. • Staff Survey & Pulse Survey: Increase engagement and response rates through targeted interventions, ensuring all colleague voices are heard, and effectively use data to drive informed decisions and actionable insights. • All Wales Accessible Communication and Information Standards: Deliver initiatives that fully align with the All-Wales Accessible Communication and Information Standards by delivering training for staff, developing clear procedures and implement effective communication methods that supports accessibility for all service users. • Compassionate Practice: Continue to adopt a Compassionate Practice approach when responding to key people issues

Capability	Develop consistent leadership at all levels to inspire, engage, and empower teams, driving a culture of accountability, inclusion, and high performance.	<ul style="list-style-type: none"> • Our WAST Way: Embed Our WAST Way Leadership Behaviours and Development Framework (inc. Managers Essentials) and progress the next phase to strengthen leadership and effective management • Change Management: Enhance managers' ability to lead and navigate change confidently, reinforcing cultural transformation and organisational resilience • Cultural Toolkit: Refresh and implement the Manager's Team Culture Toolkit to support consistent, inclusive, and proactive culture reviews across all teams.
	Create clear career pathways, development opportunities and equipping colleagues with skills to improve quality and performance.	<ul style="list-style-type: none"> • People Development Plan: Implementation of the People Development Plan • Succession Planning & Talent Management: Develop an approach to identify pipelines for Executive Leadership Team and Senior Leadership Roles. • Education Quality Assurance: Ensure consistent, high-quality curriculum delivery across WAST through accredited programs, expert collaboration, and equitable access in keeping with the Trusts University Status. • Professional Practice: Guarantee all education providers, Trust wide, are appropriately qualified to maintain a skilled, professional workforce.
Capacity	Ensure effective workforce planning to maintain the right skills mix, capacity, and capability to meet current and future organisational needs.	<ul style="list-style-type: none"> • EA Skills Mix: Deliver a clinically safe and financially sustainable Emergency Ambulance (EA) skills mix model that meets service demand and patient care needs. • Recruitment Strategy: Design and implement an inclusive Recruitment Strategy that attracts, engages, and retains diverse top talent aligned with our organisational values and workforce needs.
	Develop and implement digitised, accessible, and streamlined People processes and systems that ensure consistency and ease of use.	<ul style="list-style-type: none"> • Brilliant Basics Programme: Establish a structured programme of work designed to build a robust foundation for People Services processes and procedures. This initiative will focus on standardising and streamlining core activities to ensure consistency, efficiency, and clarity to colleagues, whilst reducing administrative burden. • ESR Optimisation: Deliver key projects required as part of ESR Optimisation to improve data quality, accessibility and exploit value of the system to all users. • Future Workforce Solution: Undertake preparatory work for the Future NHS Workforce Solution Transformation Programme to ensure organisational readiness for implementation. • SEQOHS Accreditation: Improve Occupational Health standards by actively working towards achieving Safe Effective Quality Occupational Health Service (SEQOHS) Accreditation by 2027/28, subject to funding availability.



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Agenda Item No.

12

REPORT TITLE

Internal Audit: Mandatory In-Service Training (MIST)
Feedback from the Audit Risk and Assurance Committee (ARAC)

MEETING

Name of meeting	People and Culture Committee
Date of meeting	10 February 2026
Public or Private	Public
If private - rationale	n/a

REPORT SPONSOR

Executive sponsor	Trish Mills, Director of Corporate Governance/ Board Secretary
Author(s) of report	Sarah Harland, Corporate Governance Officer

PURPOSE OF REPORT

<input type="checkbox"/> Approval	<input type="checkbox"/> Endorsement
<input checked="" type="checkbox"/> Assurance	<input type="checkbox"/> Discussion
<input type="checkbox"/> Information (goes in consent items)	<input checked="" type="checkbox"/> Noting

REPORT SUMMARY:

[See writing and presentation guidance [here](#) to inform this section]

1. The Audit Risk and Assurance Committee (ARAC) received and discussed the **Mandatory In-Service Training (MIST) Internal Audit Report** at its meeting on 2 December 2025. This report summarises the discussion from this meeting in reference to this report.



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2. **Mandatory In-Service Training (MIST) – Reasonable Assurance.** The purpose of the review evaluates the impact and effectiveness of the new Mandatory In-Service Training (MIST) Days, introduced in 2022/23 to replace the previous Continuing Professional Development (CPD) face-to-face sessions. The focus is on how well these arrangements support compliance with statutory and mandatory training requirements.
3. The Mandatory In-Service Training (MIST) audit was reviewed, all five objectives were rated reasonable, with four medium priority findings. The audit focused on operational and patient facing roles, highlighting strong compliance rates, exceeding Welsh Government targets, but also highlighted persistent non-compliance in some areas, with gaps in role profile alignment and guidance dissemination.
4. ARAC members were assured that confirmed actions are underway and were advised that resource constraints and training cycles justify longer implementation timelines, though statutory obligations are met. Digital resource challenges were highlighted due to ongoing recruitment and automation efforts.
5. Committee members emphasised the importance of nuanced training needs analysis, effective guidance communication beyond Siren, quality assurance of on-the-job learning and proportionality in audit actions.

RECOMMENDATION(S)

See writing and presentation guidance [here](#) to inform this section

The People and Culture Committee (PCC) is requested to note and take assurance from the discussion at the meeting of the Audit Risk and Assurance Committee on 2 December 2025.

ADDITIONAL PAPER(S)

Set out here any annexes. See writing and presentation guidance [here](#) regarding materiality and use of the Reading Room

The Committee is requested to receive the following:

Annex 1 Mandatory In-Service Training (MIST) Internal Audit Report



Governance and assurance checks to support decision-making and demonstrate alignment and risk mitigation

STRATEGIC OBJECTIVE(S) THIS REPORT SUPPORTS

Narrative here (select all that apply) [[link to objectives and what good looks like](#)]

<input checked="" type="checkbox"/> SO1: Providing the right care or advice, in the right place, every time	<input checked="" type="checkbox"/> SO2: Enabling our people to be the best they can be
<input type="checkbox"/> SO3: Being at the forefront of innovation and technology	<input checked="" type="checkbox"/> SO4: Developing services in collaboration
<input type="checkbox"/> SO5: Being quality driven and clinically led	<input checked="" type="checkbox"/> SO6: Delivering exceptional value

RISK(S) THIS REPORT MITIGATES

Where relevant note the local, directorate, corporate or BAF risk number

N/A

HEALTH & CARE QUALITY STANDARD(S) THIS REPORT SUPPORTS

Quality Domains (select all that apply) [[link to standards](#)]

<input checked="" type="checkbox"/> Safe	<input checked="" type="checkbox"/> Timely	<input checked="" type="checkbox"/> Effective
<input type="checkbox"/> Efficient	<input checked="" type="checkbox"/> Equitable	<input type="checkbox"/> Person Centred

Quality Enablers (select all that apply) [[link to standards](#)]

<input checked="" type="checkbox"/> Leadership	<input checked="" type="checkbox"/> Workforce	<input type="checkbox"/> Culture
<input checked="" type="checkbox"/> Information	<input type="checkbox"/> Learning Improvement & Research	<input checked="" type="checkbox"/> Whole Systems Approach

WAST WELLBEING OBJECTIVE(S) THIS REPORT SUPPORTS

Narrative here (select all that apply) [[link to goals](#)]

<input type="checkbox"/> A socially responsible and inclusive employer	<input type="checkbox"/> An innovative and sustainable organisation	<input type="checkbox"/> A pro-active, accessible and equitable care provider
<input checked="" type="checkbox"/> n/a	<input checked="" type="checkbox"/> n/a	<input checked="" type="checkbox"/> n/a

IMPACT ASSESSMENTS FOR CONSIDERATION

Where a strategic decision is being sought, an Equality Impact Assessment must accompany this paper. You may need to do other impact assessments also so please refer to this signpost document [here](#) for further details.

Does this paper require an impact assessment	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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If yes, what impact assessment is attached

APPROVAL/SCRUTINY ROUTE

Date	Person/Group/Committee

Mandatory In-Service Training

Final Internal Audit Report

2025/26

Welsh Ambulance Services University NHS Trust



Reasonable Assurance

Contents

Executive Summary	1
Findings & Agreed Action Plan	4
Appendix A: Summary of Sample Testing	13
Appendix B: Assurance Opinion & Prioritisation of Findings.....	14

Review Reference

Fieldwork

Executive Sign Off

Audit Committee

Executive Lead

Audit Team

WAS-2526-17

June - October 2025

19 November 2025

2 December 2025

Carl Kneeshaw, Director of People

Osian Lloyd, Head of Internal Audit

Felicity Quance, Deputy Head of Internal Audit

Executive Summary

Purpose

This review evaluates the impact and effectiveness of the new Mandatory In-Service Training (MIST) Days, introduced in 2022/23 to replace the previous Continuing Professional Development (CPD) face-to-face sessions. The focus is on how well these arrangements support compliance with statutory and mandatory training requirements.

Overview

All staff working within the Welsh Ambulance Services University NHS Trust ('the Trust') are required to demonstrate essential knowledge and skills, either mandated by law or required by Welsh Government, NHS Wales, or the Trust itself. This is a key component of their duty of care to themselves, colleagues and patients. A key part of exercising this duty is understanding how to set, maintain and operate in a safe working environment through completion of relevant statutory and mandatory training, which helps mitigate the risk of harm.

Statutory training is legally required, while mandatory training is determined by the Trust based on local needs and priorities, which includes patient safety, Welsh language requirements and information governance. Most training can be completed online, with the exception of specific areas which need to be delivered face-to-face annually or bi-annually. The Trust also utilises annual refresher sessions via MIST Days, which replaced the previous CPD day format for all operational colleagues.

Our review has focused on operational and patient facing roles, specifically evaluating the 15 CPD hours allocated to MIST Day attendance and completion of statutory and mandatory training via ESR. It is noted that broader CPD hours required under contractual obligations are not consistently recorded or monitored. While this limits assurance that staff are consistently engaging in ongoing professional development, it falls outside the scope of this review, and no formal finding has been raised within this report.

Following completion of the 2024/25 MIST programme, attendance reached 90.44%, with overall ESR compliance at 87.84%, both exceeding the minimum Welsh Government Target of 85%. However, it remains difficult to determine whether MIST days have led to improved compliance compared to the previous CPD day's structure, particularly in light of the disruption caused by the Covid-19 pandemic during 2020/21 and 2021/22. Additionally, we note that certain modules and service areas continue to demonstrate persistently low levels of compliance. These areas will require targeted attention and focused improvement efforts going forward.

We have concluded reasonable assurance on this area. The matters requiring management attention include:

- Updated guidance is not consistently reaching the appropriate staff, leading to gaps in awareness and application.
- Absence of a systematic training needs analysis, resulting in potential misalignment between role expectation and training provision.
- Resource constraints within the Learning & Development Team are impacting progress with the full rollout of Learn 365.
- Weaknesses identified in accountability structures for reporting and addressing individual non-compliance, with no formal arrangements currently in place to manage persistent issues.

Full details of matters arising are detailed within the Findings & Agreed Action Plan.

Scope & Assurance Summary

Objectives The objectives and associated assurance ratings are not necessarily given equal weighting when formulating the overall audit opinion.

		Related Findings	Assurance
1	Appropriate guidance is in place detailing what is expected of Trust staff in relation to MIST, which has been effectively communicated across the organisation.	1	Reasonable
2	Processes to identify and respond to training needs are in place and operating effectively.	2	Reasonable
3	Staff complete mandatory training in line with agreed timeframes, and accurate records are maintained.	3	Reasonable
4	Staff have access to the appropriate training platforms and resources in order to undertake the mandatory training that has been attributed to their role.	4	Reasonable
5	There is regular monitoring and reporting of training compliance throughout the Trust, with effective initiatives in place to improve areas with low compliance levels.	3	Reasonable

Management Actions



High Priority



Medium Priority

Themes



- Communication & Engagement
- Information, Data Quality & Data Accuracy
- Performance Monitoring
- Training & Development

Risk Types

- Legal & Regulatory Non-Compliance
- Quality or Safety Issues
- Public Perception & Reputational Risk

At a Glance: Statutory and Mandatory Training Compliance Rates

The following table sets out the Trust’s compliance rate, as at the date of audit fieldwork, for each of the mandatory and statutory training areas (21 in total, split across multiple compliance levels); and the compliance rate recorded for the sample of staff reviewed during the course of fieldwork.

	Statutory and Mandatory Training areas	Non compliance (2024/25) for sample reviewed during audit	Whole organisation compliance as at 23/09/25
Module	Core Skills Training Framework (CSTF): The CSTF is used to standardise the focus and the delivery of key statutory and mandatory training skills across the NHS in Wales.		
1	Equality, Diversity and Human Rights	27%	88%
2	Fire Safety	23%	81%
3	Health, Safety and Welfare	23%	83%
4	Infection Prevention and Control - Level 1	13%	95%
	Infection Prevention and Control - Level 2	37%	85%
5	Information Governance (Wales)	30%	91%
6	Moving and Handling - Level 1	13%	95%
	Moving and Handling - Level 2	57%	97%
7	Resuscitation - Level 1	57%	82%
	Resuscitation - Level 2	69%	84%
	Resuscitation - Level 3	86%	73%
8	Safeguarding Adults - Level 1	17%	95%
	Safeguarding Adults - Level 2	20%	96%
9	Safeguarding Children - Level 1	27%	95%
	Safeguarding Children - Level 2	30%	96%
10	Violence and Aggression (Wales) - Module B	30%	95%
	Violence and Aggression (Wales) - Module C	60%	89%
	Mandatory / Local: These are areas determined locally by the Trust or the wider NHS in Wales, as areas requiring completion which could relate to statutory and regulatory requirements, or areas of concern as highlighted following incidents and trends.		
11	Welsh Language Awareness	53%	76%
12	Dementia Awareness	0%	98%
13	Fraud Awareness	40%	82%
14	Paul Ridd Learning Disability Awareness Training	50%	80%
15	Violence Against Women, Domestic Abuse and Sexual Violence	53%	77%
16	Consent - 3 Years	53%	75%
17	NHS Wales - Anti-racism	73%	66%
18	Prevent Awareness	63%	66%
19	Duty of Quality	33%	84%
20	Duty of Candor	57%	75%
21	Prevent - Referrals	80%	66%

Findings & Agreed Action Plan

Objective 1: Appropriate guidance is in place detailing what is expected of Trust staff in relation to MIST, which has been effectively communicated across the organisation.

Reasonable

The Trust's 'Management of Statutory and Mandatory Training and Utilisation of CPD Hours' guidance document for Emergency Medical Services (EMS) and Ambulance Care Service (ACS) colleagues aims to provide clear direction to ensure compliance with the annual Mandatory In-Service Training (MIST) programme and the recording of Continuing Professional Development (CPD) hours. It was last updated in April 2025 and supersedes the 'Utilisation and Management of CPD Hours- Guidance Document' (September 2019). This update was completed in-year as part of the undertaken by the newly established 'MIST Compliance Task & Finish Group'. We were advised that the updated document was also presented to the Senior Operations Team (SOT) for review and subsequently cascaded to the Executive Management Group (EMG), with an action for respective senior and operational managers to share with their local teams.

Additionally, as part of a separate ongoing internal audit review, discussions with five Paramedics revealed that they had not received any verbal or written communication regarding the updated guidance. Furthermore, they were unaware of both the current version and its predecessor (see **Key Finding 1**). However, we note that the updated document was published on Siren towards the end of audit fieldwork (25th September 2025).

As part of the Trust's training arrangements, and to ensure that all operational staff receive appropriate time towards the completion of statutory and mandatory training, full time colleagues are allocated 52 CPD hours per year (contracted for 37.5 hours per week and rostered to work 36.5 hours therefore facilitating the 52 hours). Equivalent arrangements are also in place for part time colleagues, with training expectations considered during shift rostering.

Of the 52 CPD hours, 7.5 hours are allocated for attendance at the annual MIST Day, which incorporates three key areas that require face-to-face training – Resuscitation, Moving and Handling, and Violence and Aggression (Wales). The MIST Day also covers topical areas deemed necessary for inclusion; in recent years, these have included airway management, safety harnesses and seizure management. A further 7.5 hours are allocated for completing outstanding statutory training requirements on ESR. As outlined on page 3, for the 2025/26 MIST Programme there are 21 areas (2024/25: 19 areas) of statutory and mandatory training, split across compliance levels depending on the clinical and operational expectations of individual roles; and including Duty of Candor and Anti-Racism training.

The remaining 37 CPD hours are intended for broader professional development, including activities that help maintain clinical competence and fitness to practise. As stated in the guidance document, *'colleagues are encouraged to continuously develop themselves by accessing relevant CPD opportunities; this could be in the form of a formal training course, reading an article, watching a video, shadowing a colleague or undertaking reflective practice.'*

While the guidance clearly outlines the intended use of these hours, for broader professional development—including maintaining clinical competence and fitness to practise, responsibility ultimately rests with individual staff members to utilise this time appropriately. However, we were unable to establish the Trust's arrangements in capturing and monitoring this activity, either at a local or corporate level, to ensure that time awarded is being effectively used. Furthermore, there was no evidence of mitigating arrangements in place for instances where CPD hours are not fully utilised. This limits the level of assurance that staff are consistently engaging in ongoing development beyond the statutory and mandatory requirements. As this area falls outside the scope of this audit, which focused specifically on the Mandatory In-Service Training (MIST) programme, we have not raised this as a formal finding. Nonetheless, we considered it important to highlight within the report, given its relevance to broader staff development and assurance over CPD utilisation.

Key Findings	Risk & Impact	Agreed Management Action
<p>1 Trust Wide Communication of Updated Guidance</p> <p>Upon update of the 'Management of Statutory and Mandatory Training and Utilisation of CPD Hours' guidance (May 2025), there was the expectation that operational managers share with staff. However, during discussions with members of staff, it was noted that they had not received any communication in relation to the document and were unaware of its existence.</p> <p>Further, despite the May issue date, it wasn't made available on Siren until later in the year – appearing under policies in September 2025 and in a news bulletin in October 2025.</p>	<p>Insufficient communication of updated guidance increases the risk of inconsistent training practices and underutilisation of CPD hours, potentially affecting compliance, staff development, and service quality.</p> <p>Medium Priority</p>	<p>Agreed Action:</p> <ul style="list-style-type: none"> • Ensure that updated policies and guidance documents are promptly and clearly communicated to all relevant staff, through established channels at the time of release. • Introduce periodic checks or feedback mechanisms to assess staff awareness of newly issued guidance, especially where compliance is impacted. <p>Expected Evidence of Implementation:</p> <ul style="list-style-type: none"> • Updated guidance shared through planned communication channels (emails, meetings, bulletins) and documented in communication plans. • Evidence that staff have received, understood and acknowledged the guidance, supported by meeting records, feedback, logs etc. <p>Officer: Jo Kelso, Head of Workforce Education & Development</p> <p>Target Implementation Date: 31 May 2026</p>
<p>Theme: Communication & Engagement</p>	<p>Control Operation</p>	

Statutory and mandatory training requirements across the Trust are aligned with both local and national standards, including those set out under the Core Skills Training Framework (CSTF). All Trust staff are required to maintain competency across 21 areas, with the required competency level determined by the scope of practice per individual role. For example, Paramedics and above require Level 3 Resuscitation, whereas Technicians and other patient-facing staff below this level are expected to complete Level 2 Resuscitation.

We note, that outside of the 21 topics included in the MIST programme, there are currently no additional training areas that require refreshing on a mandatory cyclical basis, to enable staff to remain competent in their roles. We were advised that patient-facing roles are considered to be undertaking the wider scope of their practice throughout their day-to-day activities and therefore maintaining a 'refresh' of those broader clinical skills on a regular basis. However, as highlighted under objective 1, the Trust does not currently capture or record operational and clinical skill activity for these staff groups. As a result, there is no formal assurance that staff are exposed to the full range of skills required within their scope of practice.

A sample of 30 members across both EMS and ACS was reviewed to assess whether the Trust and wider NHS Wales training requirements recorded in ESR were appropriately aligned with the expectations of their roles. During this review, it was identified, through discussions with the Trust's ESR colleagues, that the Ambulance Care Assistant 1 role does not include Resuscitation level 2 as a minimum requirement, despite the expectation that any patient facing role should meet at least this level. While this was the only exception noted, it highlights a broader issue that the Trust does not currently conduct periodic reviews of role profiles to ensure they remain aligned with the minimum competency requirements relevant to each role's scope of practice. **(See Key Finding 2)**

Key Findings	Risk & Impact	Agreed Management Action
<p>2 Organisational Oversight of Training Needs Analysis</p> <p>The Trust's statutory and mandatory training aligns with the minimum standard required across all other NHS Wales bodies, with compliance recorded via ESR (and through attendance at the MIST days). However, in terms of reviewing/monitoring skill activity for patient facing members of staff, there is currently no organisational oversight to ensure all roles are appropriately aligned with the minimum competency requirements to their scope of practice.</p> <p>As a result, there is limited assurance that all roles are appropriately matched to the minimum competency requirements, which may impact the effectiveness of training provision and workforce capability.</p>	<p>Lack of oversight of training needs analysis may result in misalignment between staff roles and required competencies, reducing training effectiveness and potentially impacting service quality and patient safety.</p> <p>Medium Priority</p>	<p>Agreed Action:</p> <ul style="list-style-type: none"> • Develop a formal framework to review and monitor operational and clinical skill activity for patient-facing staff to ensure alignment with role-specific competency requirements. • Conduct a comprehensive mapping exercise to ensure all patient-facing roles are appropriately matched to the minimum competency standards required for safe and effective practice. • Introduce regular audits or reporting mechanisms, to an appropriate forum, to provide assurance that staff competencies are being maintained and developed in line with organisational expectations. <p>Expected Evidence of Implementation:</p> <ul style="list-style-type: none"> • Documented framework outlining how clinical and operational skills are monitored. • Completed mapping exercise showing alignment of patient-facing roles to competency standards (covering the CSTF & WG mandated topics) and records of actions taken in response to identified gaps or risks. • ESR and local reports showing compliance trends, intervention tracking and updates to competency requirements if applicable. <p>Officer: Jo Kelso, Head of Workforce Education & Development</p> <p>Target Implementation Date: 31 August 2026</p>
<p>Theme: Training & Development</p>	<p>Control Design</p>	

The Metrics report presented to People and Culture Committee in May 2025 (covering data up to the end of March 2025), noted that the in-year MIST Day attendance was 90.44%, with overall ESR compliance at 87.84%, both exceeding the minimum Welsh Government Target of 85%.

As noted within objective 2, we were provided with a listing of staff competency across all operational roles, including those members of staff that were required to attend the MIST Day in year (circa 2,500) and their overall ESR training compliance. From this data, we identified that 309 members of staff had not attended the MIST Day in 2024/25, and were therefore operationally, clinically and administratively non-compliant with the Trust's minimum training expectations.

To explore this further, a sample of 30 staff members was selected across EMS and ACS. Discussions were held between a Learning and Development Manager and the relevant line managers to gather insights into the reasons for staff non-attendance at MIST, in addition to understanding their overall ESR compliance status. A summary of the key findings from this sample is set out below (with full testing details included at Appendix A):

- 23 of the 30 had no justifiable reason for not attending the 2024/25 MIST Day.
- All 30 had missed two or more MIST Days since the inception of the programme in 2022/23.
- ESR compliance rates (for those listed on page 3) were: 12 having completed up to 60% of the required modules; 15 having completed between 61% and 85%; and 3 having completed between 86% and 100%. The most outdated training record dated back to 2016.
- The areas with the lowest compliance across the sample include Prevent Awareness, Prevent Referrals, Violence and Aggression Module C and Resuscitation Levels 2 and 3, as set out on page 3 of this report.

Whilst the responsibility for maintaining statutory and mandatory training, as well as completing CPD requirements, rests with individual staff members, there appear to be weaknesses in how persistent non-compliance is identified and addressed. This highlights the need to strengthen oversight mechanisms and improve the uptake of training across the workforce (See **Key Finding 3**).

Key Findings	Risk & Impact	Agreed Management Action
<p>3 Lack of Formal Process to Address Training Non-Compliance</p> <p>Our review of MIST Day attendance monitoring arrangements identified that no formal processes are currently in place to address persistent non-compliance. This was evidenced through our sample testing, where all 30 staff members had failed to attend a MIST Day for two consecutive years or more, since the programme's inception in 2022/23.</p> <p>Despite this repeated non-attendance, there was limited evidence of structured follow-up or escalation, and no defined accountability framework to support or justify non-compliance. This gap in process and oversight presents a risk to maintaining minimum competency standards across operational roles.</p> <p>The same is applicable to ESR module completion – despite reporting provided locally in respect of non-compliance, there is minimal evidence of intervention by respective line managers to address.</p>	<p>Without a formal process to address training non-compliance, there is a risk that staff may not meet required competency standards, potentially compromising service delivery, workforce readiness, and patient safety.</p>	<p>Agreed Action:</p> <ul style="list-style-type: none"> • Develop and enforce a structured process to address persistent non-attendance at MIST days, including defined escalation steps, accountability measures and reporting to an appropriate forum. • Establish clear roles and responsibilities for monitoring and responding to training non-compliance ensuring line managers are actively engaged in follow up and resolution. • Enhance the use of ESR and local reporting tools to track compliance trends and trigger timely interventions for staff who repeatedly fail to meet training requirements. <p>Expected Evidence of Implementation:</p> <ul style="list-style-type: none"> • Documented process for managing MIST Day non-attendance, outlining escalation steps, accountability measures and reporting requirements; signed off by senior management. • Governance document detailing line managers' responsibilities for follow up and resolution • A compliance dashboard/reported generated from ESR or local system, showing trend analysis and intervention actions for repeat non-compliance.
<p>Theme: Performance Monitoring</p>	<p>Medium Priority</p> <p>Control Operation</p>	<p>Officer: Jo Kelso, Head of Workforce Education & Development; Jonathan Sweet, Head of Service Operational Delivery Unit; Gemma Robinson, Workforce Systems Manager</p> <p>Target Implementation Date: 31 December 2026</p>

Objective 4: Staff have access to the appropriate training platforms and resources in order to undertake the mandatory training that has been attributed to their role.

Reasonable

All EMS, and some ACS staff, have been allocated iPads, which are utilised during shifts to support the undertaking of daily operational tasks, and provide access to ESR, enabling completion of statutory and mandatory e-learning modules. For staff who have not been issued an iPad, access to laptops or desktop computers is available at their designated stations.

However, we were advised that the functionality and user experience of ESR on iPads is limited, making it less practical and efficient compared to using a laptop or desktop. In order to overcome this, the Trust have developed the 'Learn 365' (L365) application within Microsoft Teams, to provide employees with a more tailored and accessible platform to complete their e-learning. L365 allows users to access learning content and pathways directly through the Microsoft Teams interface, on both desktop and mobile devices. A number of further e-learning packages are available for staff providing coverage of content which is required to assist in the completion of their role. Such is available via the On-Click platform and we note that not all of these packages have been migrated to L365 due to resource constraints within the Learning and Development Team, and, at the completion of audit fieldwork, an expected completion date had not been determined (**see Key Finding 4**).

In recognition of the operational pressures faced by staff, the Trust has also implemented MIST Days as a key mechanism for delivering mandatory training. These sessions provide protected time for staff to complete essential face-to-face modules—such as Resuscitation, Moving and Handling, and Violence and Aggression—which may otherwise be difficult to complete during routine shifts. However, several training sessions are cancelled each year due to low attendance, often caused by staff booking-on but failing to attend. This issue has been escalated to the Quality Management Group (see objective 5)

As referenced in objective 1, operational staff are allocated 37 CPD hours annually to support broader professional development, including learning new skills or enhancing existing ones. While guidance and associated application forms are available to support access to CPD opportunities, there is no central repository or system in place to monitor how this time is utilised. As a result, there is limited assurance that CPD time is being used appropriately, and no mechanism to enforce compliance with expectations for unused CPD hours i.e. financial reimbursement or additional shift work.

Key Findings	Risk & Impact	Agreed Management Action
<p>4 Limitations in Remote Access and Integration of E-Learning Platforms</p> <p>The Trust identified limitations in accessing ESR e-learning packages via iPads issued to a significant proportion of the operational workforce. To address this, the Learn365 app, accessible through the Microsoft Teams platform, has been adopted to improve access to e-learning.</p> <p>Although all relevant staff now have access to the Learn 365 platform, we note that not all e-learning modules are currently available on the platform. This is not limited to the modules from ESR – rather additional training modules, required to be completed to allow staff members to undertake their roles effectively, that are available on a further platform (On-Click). As a result, staff have been accessing three platforms to maintain full compliance. We were advised that the delay in transitioning fully to Learn365 is primarily due to resource constraints within the Learning and Development Team and the need to update training content.</p> <p>In addition, while compliance reports can be generated from Learn365, the lack of data integration with ESR means that updates must be manually entered into ESR three times a week – a process described as time consuming and inefficient.</p>	<p>Limited access and integration between Learn365 and ESR may lead to inconsistent training compliance data, increased administrative burden, and delays in ensuring staff meet statutory and mandatory training requirements—potentially affecting workforce readiness and assurance reporting.</p>	<p>Agreed Action:</p> <ul style="list-style-type: none"> • Provide clear guidance to staff on how to navigate the training platform. • Complete the systems migration onto one platform and ensure it is fit for purpose and easily accessible on iPads and mobile devices. • Explore options for automating data transfer between Learn365 and ESR to eliminate manual updates, reduce administrative burden and improve data accuracy. • Develop regular communications to managers and teams on the need to complete training in a timely way. • Produce reports for sharing with managers on training completions and escalate to senior managers where necessary. <p>Expected Evidence of Implementation:</p> <ul style="list-style-type: none"> • Communications issued to staff regarding platform use and compliance. • Evidence of system migration and design discussions/ accessibility requirements for mobile devices. • Technical feasibility report outlining integration options and automation proposals vs manual data entry frequency and associated resource impact. • Copies of communications sent to managers and staff reminding them of training deadlines. • As per KF3, a compliance dashboard/reported generated from ESR or local system, showing trend analysis and intervention actions for repeat non-compliance.
<p>Theme: Information, Data Quality & Data Accuracy</p>	<p>Medium Priority</p> <p>Control Operation</p>	<p>Officer: Jo Kelso, Head of Workforce Education & Development; Gemma Robinson, Workforce Systems Manager</p> <p>Target Implementation Date: 31 December 2026</p>

The reporting framework includes the following components:

- MIST Compliance Task and Finish Group (MCTFG): Established in early 2025, the group aims to identify barriers to staff completing MIST and explore ways to improve annual compliance across all staff grades. Meetings are held as needed, with outputs tracked via an action log rather than formal minutes. Each action lists an owner, review date and completion date. We note that the terms of reference do not specify a reporting route.
- The Quality Management Group (QMG) is a weekly advisory body focused on patient safety and clinical improvement and its oversight spans four key service areas: EMS, EMSC, EPRR & Volunteers; Integrated Care; Ambulance Care; Resourcing & Corporate Services. Its functions include, advising on quality-related decisions; reviewing Learning from Events reports; approving content for the Quality Newsletter; monitoring arrangements related to quality improvement, communication, and training compliance. The Learning Development provide a training compliance update at each weekly meeting.
- Senior Operations Team (SOT): whilst not defined as a formal reporting route within the MCTFG terms of reference, we were advised that any matters requiring escalation are taken to the SOT. We reviewed the minutes from the two meetings where MIST compliance was most recently discussed (in November 2024 and May 2025), and there is also evidence to support some reporting from the MCTFG. Additionally, MIST compliance is reported to the Senior Leadership Team (SLT) via fortnightly AAA (Alert, Advise, Assure) reports, which provide updates on upcoming sessions, the number of places booked, and session availability.
- People & Culture Committee: The People & Culture Metrics Scorecard includes cumulative rates of attendance at MIST days and wider training compliance. Similar data is presented within the Monthly Integrated Quality and Performance Report (MIQPR), which is shared with all Board-level Committees and Trust Board.

The most recent MIQPR indicated reported a combined Statutory & Mandatory Training compliance rate of 88.98% as at July 2025, exceeding the Welsh Government target of 85% for the eighth consecutive month. Several individual areas also met or exceeded the target, including Dementia Awareness (98.50%), Moving & Handling (95.93%) and Safeguarding Adults (95.61%). However, the following areas remain consistently below target:

- Fire Safety 80.97% (renewal every 2 years)
- Paul Ridd 79.27% (Introduced Feb 2023; no requirement to renew)
- Fraud Awareness 80.91% (Introduced Aug 2023; renewal every 3 years)
- Violence Against Women, Domestic Abuse & Sexual Violence 76.42% (Introduced Jan 2017; renewal every 3 years)
- Welsh Language Awareness 74.67% (Introduced Apr 2023; renewal every 3 years)

In respect of local reporting arrangements, the Operations Business Manager advised that fortnightly emails are issued by the Business Support Officers to localities, providing updated MIST compliance rates. While training and compliance are reportedly discussed during local informal catch-ups, there is no defined process to report back on actions taken. (**see Key Finding 3**)

Towards the end of the training year, the Learning and Development team issues emails to localities and regions identifying employees who have not attended their MIST Day. However, there is minimal evidence of remedial action being taken to address repeated non-attendance or where ESR compliance is below target. The only notable exception was the recent improvement in Information Governance training compliance, which was achieved following Board-level intervention, due to potential implications involving the ICO (see objective 3 and **Key Finding 3**).





Appendix A: Summary of Sample Testing

IA Ref	Role	ESR Compliance August 25	Non-compliance dates back to	Attendance at MIST Day			Mitigating reason for non-attendance at MIST day
				22/23	23/24	24/25	
1	Emergency Ambulance Practitioner	88.90%	17/03/2024	✗	✗	✓ - attended as part of Paramedic induction in year	Attended under induction to new role but persistent non-attendance in previous years
2	Paramedic Band 6	73.30%	01/01/2017	✗	✗		No Mitigating Factors
3	Duty Operations Manager	42.90%	19/10/2019	✗	✗		No Mitigating Factors
4	Paramedic Band 6	73.30%	09/02/2023	✗	✗		No Mitigating Factors
5	Emergency Ambulance Practitioner	75.60%	16/02/2023	✗	✗		No Mitigating Factors
6	Emergency Ambulance Practitioner	34.10%	19/11/2022	✗	✗		No Mitigating Factors
7	Community First Responder Trainer	50.00%	18/10/2016	✗	✗		No Mitigating Factors
8	Paramedic Band 6	71.10%	01/01/2017	✓	✗		No Mitigating Factors
9	Paramedic Band 6	66.70%	10/08/2022	✗	✗		No Mitigating Factors
10	Emergency Ambulance Practitioner	73.20%	01/01/2017	✓	✗		No Mitigating Factors
11	Ambulance Care Assistant 2 (ACA2)	73.20%	01/01/2017	✗	✗		No Mitigating Factors
12	Ambulance Care Assistant 2 (ACA2)	66.70%	14/07/2022	✗	✗	✓ - attended as part of EMT induction in year	Attended under induction to new role but persistent non-attendance in previous years
13	Paramedic Band 6	68.90%	17/02/2023	✗	✗		No Mitigating Factors
14	Paramedic Band 6	75.60%	10/02/2023	✗	✗		No Mitigating Factors
15	Paramedic Band 6	60.00%	15/09/2024	✓	✗		No Mitigating Factors
16	Paramedic Band 6	56.50%	08/05/2024	✓	✗		No Mitigating Factors
17	Emergency Ambulance Practitioner	58.50%	07/03/2021	✗	✗		No Mitigating Factors
18	Paramedic Band 6	68.90%	20/09/2023	✓	✗		No Mitigating Factors
19	Emergency Medical Technician	24.40%	15/10/2023	✓	✗		Career Break
20	Paramedic Band 6	55.60%	08/07/2023	✓	✗		Maternity leave and alternative duties support 24/25 non-attendance
21	Paramedic Band 6	51.10%	13/06/2022	✗	✗		Maternity leave and alternative duties support 24/25 non-attendance
22	Paramedic Band 6	35.60%	15/03/2023	✗	✗		No Mitigating Factors
23	Emergency Medical Technician	46.30%	19/01/2024	✗	✗		Maternity leave and alternative duties support 24/25 non-attendance
24	Ambulance Care Assistant - B2 (NEPTS)	50.00%	12/09/2020	✗	✗		No Mitigating Factors
25	Ambulance Care Assistant (NEPTS)	100.00%	N/A	✗	✗		No Mitigating Factors
26	Ambulance Care Assistant (NEPTS)	17.24%	26/10/2017	✗	✗		No Mitigating Factors - Left Organisation in June '25
27	Ambulance Care Assistant 2 (ACA2)	87.80%	31/12/2023	✗	✗	✓ - attended as part of EMT induction in year	Attended under induction to new role but persistent non-attendance in previous years
28	Ambulance Care Operational Team Leader	80.60%	10/08/2023	✗	✗		No Mitigating Factors
29	Senior APP	68.90%	10/10/2021	✗	✗		No Mitigating Factors
30	Operations Assistant, Community Support	67.50%	06/08/2021	✗	✗		No Mitigating Factors

*This represents the date on which compliance for a particular training module expired, indicating that it has been non-compliant since that point

Appendix B: Assurance Opinion & Prioritisation of Findings

Assurance Opinion

	Substantial	Few matters require attention and are compliance or advisory in nature. Low impact on residual risk exposure.
	Reasonable	Some matters require management attention in control design or compliance. Low to moderate impact on residual risk exposure until resolved.
	Limited	More significant matters require management attention. Moderate impact on residual risk exposure until resolved.
	Unsatisfactory	Action is required to address the whole control framework in this area. High impact on residual risk exposure until resolved.
	Advisory	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 Findings

Priority	Explanation
High	Significant risk to achievement of a system objective OR evidence present of material loss, error, or misstatement. Poor system design OR widespread non-compliance.
Medium	Some risk to achievement of a system objective. Minor weakness in system design OR limited non-compliance.

Website: [Audit & Assurance Services - NHS Wales Shared Services Partnership](#)

Disclaimer

This audit report has been prepared for internal use only. Audit and Assurance Services reports are prepared, in accordance with the agreed audit brief, and the Audit Charter as approved by the Audit Committee.

Audit reports are prepared by the staff of the NHS Wales Audit and Assurance Services and addressed to Independent Members 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.

The report is based on the review work undertaken and is not necessarily a complete statement of all weaknesses that exist or potential improvements. Whilst every care has been taken to ensure that the information provided in this report is as accurate as possible, no complete guarantee or warranty can be given with regard to the advice and information contained.

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 management of 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.

Public Sector Internal Audit Standards

Audit work undertaken by NHS Wales Audit and Assurance Services conforms with the International Standards for the Professional Practice of Internal Auditing and associated Public Sector Internal Audit Standards as validated through the external quality assessment undertaken by the Chartered Institute of Public Finance & Accountancy in April 2023.





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Agenda Item No.

13

REPORT TITLE

Monthly Integrated Quality Performance Report - November / December 2025

MEETING

Name of meeting	People and Culture Committee (PCC)
Date of meeting	10 February 2026
Public or Private	Public
If private - rationale	N/A

REPORT SPONSOR

Executive sponsor	Rachel Marsh– Executive Director of Strategy, Planning & Performance
Author(s) of report	Hugh Bennett – Assistant Director Commissioning & Performance Mark Thomas - Commissioning & Performance Manager Melanie O'Connor - Senior Performance Analyst

PURPOSE OF REPORT

<input type="checkbox"/> Approval	<input type="checkbox"/> Endorsement
<input checked="" type="checkbox"/> Assurance	<input checked="" type="checkbox"/> Discussion
<input type="checkbox"/> Information (goes in consent items)	<input type="checkbox"/> Noting



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REPORT SUMMARY:

[See writing and presentation guidance [here](#) to inform this section]

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 **November/December 2025**.
2. The general data quality in the report is good (and the amount of data comprehensive), but a number of specific data quality issues have previously been identified. Some have been resolved, and others are being worked through with a clear Executive focus on Phase 2 of the Ambulance Performance Framework, which went live at the beginning of December. Additional capacity is being sought for the Insight & Data Services (IDS) function with a number of appointments into new posts being made, but onboarding and then a lead in time for these new staff to come up to speed is required. In the interim, IDS capacity is being actively managed by senior IDS managers and also through a CMT Metrics workplan.
3. 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 and Culture Plan.

RECOMMENDATION(S)

See writing and presentation guidance [here](#) to inform this section

The Trust Board is requested to:

1. **Consider the November/December 2025** Integrated Quality and Performance Report and actions being taken and determine whether:
 - a. The report provides sufficient assurance.
 - b. Whether further information, scrutiny or assurance are required, or
 - c. Further remedial actions are to be undertaken through Executives.

ADDITIONAL PAPER(S)

Set out here any annexes. See writing and presentation guidance [here](#) regarding materiality and use of the Reading Room

Annex 1 Monthly Integrated Quality and Performance Dashboard



Governance and assurance checks to support decision-making and demonstrate alignment and risk mitigation.

STRATEGIC OBJECTIVE(S) THIS REPORT SUPPORTS

Narrative here (select all that apply) [[link to objectives and what good looks like](#)]

<input checked="" type="checkbox"/> SO1: Providing the right care or advice, in the right place, every time	<input checked="" type="checkbox"/> SO2: Enabling our people to be the best they can be
<input checked="" type="checkbox"/> SO3: Being at the forefront of innovation and technology	<input checked="" type="checkbox"/> SO4: Developing services in collaboration
<input checked="" type="checkbox"/> SO5: Being quality driven and clinically led	<input checked="" type="checkbox"/> SO6: Delivering exceptional value

RISK(S) THIS REPORT MITIGATES

Where relevant note the local, directorate, corporate or BAF risk number

160 High absence rates impacting on patient safety, staff wellbeing and the trust's ability to provide a safe and effective service

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

100 Failure to persuade JCC/Health Boards about WAST's ambitions and reach agreement on actions to deliver appropriate levels of patient safety and experience

HEALTH & CARE QUALITY STANDARD(S) THIS REPORT SUPPORTS

Quality Domains (select all that apply) [[link to standards](#)]

<input checked="" type="checkbox"/> Safe	<input checked="" type="checkbox"/> Timely	<input checked="" type="checkbox"/> Effective
<input checked="" type="checkbox"/> Efficient	<input checked="" type="checkbox"/> Equitable	<input checked="" type="checkbox"/> Person Centred

Quality Enablers (select all that apply) [[link to standards](#)]

<input checked="" type="checkbox"/> Leadership	<input checked="" type="checkbox"/> Workforce	<input checked="" type="checkbox"/> Culture
<input checked="" type="checkbox"/> Information	<input checked="" type="checkbox"/> Learning Improvement and Research	<input checked="" type="checkbox"/> Whole Systems Approach

WAST WELLBEING OBJECTIVE(S) THIS REPORT SUPPORTS

Narrative here (select all that apply) [[link to goals](#)]

<input checked="" type="checkbox"/> A socially responsible employer	<input checked="" type="checkbox"/> An innovative and sustainable organisation	<input checked="" type="checkbox"/> A pro-active, accessible and equitable care provider
<input type="checkbox"/> n/a	<input type="checkbox"/> n/a	<input type="checkbox"/> n/a



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IMPACT ASSESSMENTS FOR CONSIDERATION

Where a strategic decision is being sought, an Equality Impact Assessment must accompany this paper. You may need to do other impact assessments also so please refer to this signpost document [here](#) for further details.

Does this paper require an impact assessment	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
If yes, what impact assessment is attached	

APPROVAL/SCRUTINY ROUTE

Date	Person/Group/Committee
21st January 2026	Hugh Bennett – Assistant Director Commissioning & Performance
21st January 2026	Rachel Marsh – Executive Director Strategy, Planning & Performance



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SITUATION

1. The purpose of this report is to provide senior decision-makers within 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 **November/December 2025**.

BACKGROUND

2. This Integrated Quality & Performance Report contains information on key indicators at a highly summarised level, which aim 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.

ASSESSMENT

Our Patients – Quality, Safety and Patient Experience

3. Traditionally, the main factors which affect response times are demand and capacity (recruitment and lost hours). EMS production has been good and increased to 92% in December, and handover lost hours have significantly improved; with this improvement particularly feeding through into the Amber/Now category's performance. Health Boards are implementing new actions in order to further reduce handover lost hours. The Trust's main focus is to continue to implement a material change in how it responds to patient demand by evolving its clinical model through the Clinical Model Transformation (CMT) programme. Areas of focus for 2025/26 include:
 - Further investment into remote clinical capacity;
 - Further investment in 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: use of volunteers, mental health response pilot, Falls response etc.; and
 - The transformation of the various clinical model categories as per the previous paragraph.

Our People (workforce resourcing, experience, and safety)

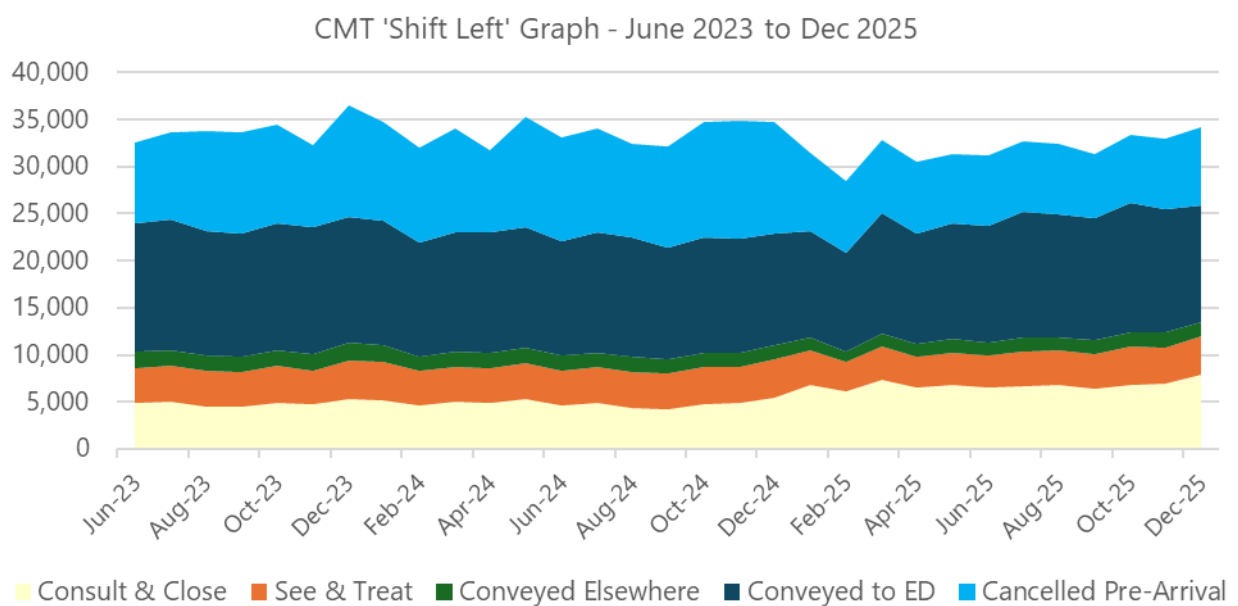
4. **Hours Produced:** The Trust produced 122,863 Ambulance Response unit hours during December 2025 and delivered an emergency ambulance unit hours



production (UHP) of 92%, remaining below the 95% target (This will be a product of abstractions being above benchmark and the current vacancy factor).

5. **Response Abstractions:** EMS abstraction levels increased minimally to 33.08% during December 2025 and are close the 30% benchmark figure. Response sickness abstractions stood at 8.83% (benchmark 5.99%).
6. **Trust sickness absence:** the Trust’s overall sickness percentage was 9.23% in December 2025, minimally up on the 8.35% recorded in November 2025, which is in line with seasonal factors. Actions within the IMTP concentrate on staff well-being with an aim to reduce this level to the IMTP ambition of 6%.
7. **Staff training and PADRs:** PADR rates did not achieve the 85% target in December2025 however decreased slightly to 76.48%. Compliance for Statutory and Mandatory training increased slightly to 88% achieving the 85% target
8. **People & Culture Plan:** the Trust launched its People & Culture Plan in April 2023 and workstreams are being delivered around behaviours, in particular, sexual safety, Freedom to Speak Up, 111 culture review, flexible working, and the introduction of a staff pulse survey tool. The Executive Leadership Team undertook a round of pan-Wales CEO Roadshows in mid-October 2025.

9. Partnerships & System Contribution



RECOMMENDATION

10. The recommendation(s) are as set out in the front cover above.

Welsh Ambulance Services University NHS Trust

Monthly Integrated Quality & Performance Report

November / December 2025

Annex 1 – Top Indicator Dashboard



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Annex 1 – Top Indicator Dashboard
Version 1.0
Released: January 2026

by Commissioning & Performance Team

Section 1: Monthly Indicators / Top Indicator Dashboard



Top Monthly Indicators		Target 2025/26	Sep-25	Oct-25	Nov-25	Dec-25	2 Year Average	RAG	Top Monthly Indicators		Target 2025/26	Sep-25	Oct-25	Nov-25	Dec-25	2 Year Average	RAG
Our Patients																	
Timeliness Indicators																	
NHS111 Call Handling Abandonment Rates	< 5%	10.5%	12.0%	14.6%	21.8%	10.9%		R	Sickness Absence (<i>all staff</i>)	6.0%	7.81%	7.87%	8.35%	9.23%	7.92%		R
111 Clinical Triage Call Back Time (P1)	90%	99.1%	97.9%	94.6%	89.1%	97.0%		A	Mental Health Absence Rates	Reduction Trend	2.96%	2.81%	2.78%	3.02%	2.51%		R
999 Call Answer Times 95th Percentile	00:06	00:18	00:10	00:15	00:36	00:22		R	Staff Turnover Rate	Reduction Trend	8.02%	7.99%	8.12%	7.98%	8.32%		A
Arrest (Purple) Median	6-8 Minutes	07:15	07:29	07:05	07:34	N/A		G	Statutory & Mandatory Training	>85%	84.61%	85.56%	87.21%	88.00%	84.95%		G
Emerg. (Red) Median	6-8 Minutes	08:36	08:49	08:27	09:19	N/A		R	PADR/Medical Appraisal	>85%	75.35%	76.32%	76.53%	76.48%	74.61%		R
Now (Orange) Median		N/A	N/A	N/A	01:19	N/A			Number of Shift OVERRUNS	Reduction Trend	3,292	3,583	3,538	3,537	3,780		G
999 Amber 1 Median		01:21	01:27	01:38	N/A	01:38			Inclusion & Engagement / Culture								
Oncology Journeys arriving within 45 mins and up to 15 minutes after appointment time	70%	77.8%	81.1%	78.4%	79.9%	75.9%		G	NEPTS % of Total Calls Answered in Welsh	Increasing Trend	1.50%	1.40%	1.40%	1.60%	1.9%		A
Advanced Discharge & Transfer journeys collected less than 60 minutes after booked time (NEPTS)	90%	80.6%	82.1%	82.7%	72.0%	79.8%		R	Value								
Clinical Outcomes / Quality Indicators																	
Return of Spontaneous Circulation (ROSC)	25%	23.7%	20.4%	19.5%	21.9%	20.4%		R	Financial balance - annual expenditure YTD as % of budget expenditure YTD	100%	100%	100%	100%	N/A	100%		G
Stroke Patients with Appropriate Care	95%	88.5%	86.7%	88.3%	92.1%	86.7%		A	EMS Utilisation Metric (CHARU)	Increasing Trend	26.4%	27.3%	28.5%	31.4%	28%		G
Stroke Call to Hospital Door Times	Reduction Trend	02:09	02:21	02:22	02:25	02:24		R	Average Jobs per Shift (All Vehicles)	Increasing Trend	2.39	2.88	2.85	2.86	2.46		A
ST-Elevation Myocardial Infarction (STEMI) with Appropriate Care	95%	67.5%	75.9%	74.7%	74.0%	64.3%		R	NEPTS on the Day Cancellations	Reduction Trend	14.3%	15.2%	14.8%	13.1%	13%		G
National Reportable Incidents reports (NRI)		3	3	6	N/A	4			Partnerships / System Contribution								
Can't Send & Cancelled by Patient Volumes	Reduction Trend	5,314	5,651	6,021	6,479	7,849		R	Inverting the Triangle								
Concerns Response within 30 Days	75%	56%	62%	43%	N/A	58%		R	Successful Consult & Close Outcome	22% benchmark	18.7%	18.9%	19.5%	20.8%	16.7%		A
Enactment of the Duty of Candour Total		4	5	7	N/A	5			% Of Total Conveyances taken to a Service Other Than a Type One Emergency Department	Increasing Trend	10.20%	10.30%	10.70%	10.25%	10.9%		G
Capacity																	
Hours Produced for Emergency Ambulances	95-100%	89%	91%	93%	92%	93%		A	Number of Handover Lost Hours	7,500	12,284	12,477	14,501	13,044	19,701		R
									NHS111								
									NHS111 Dental Calls	Increasing Trend	8,852	9,016	8,577	8,932	8,315		R
									Consult & Close Volumes by NHS111	Increasing Trend	1,940	2,035	1,883	2,414	1,588		A

In-Month RAG Indicates = TBD: Status cannot be calculated (To Be Determined)

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)

Increasing/Reducing Trend is over the last 3-month period

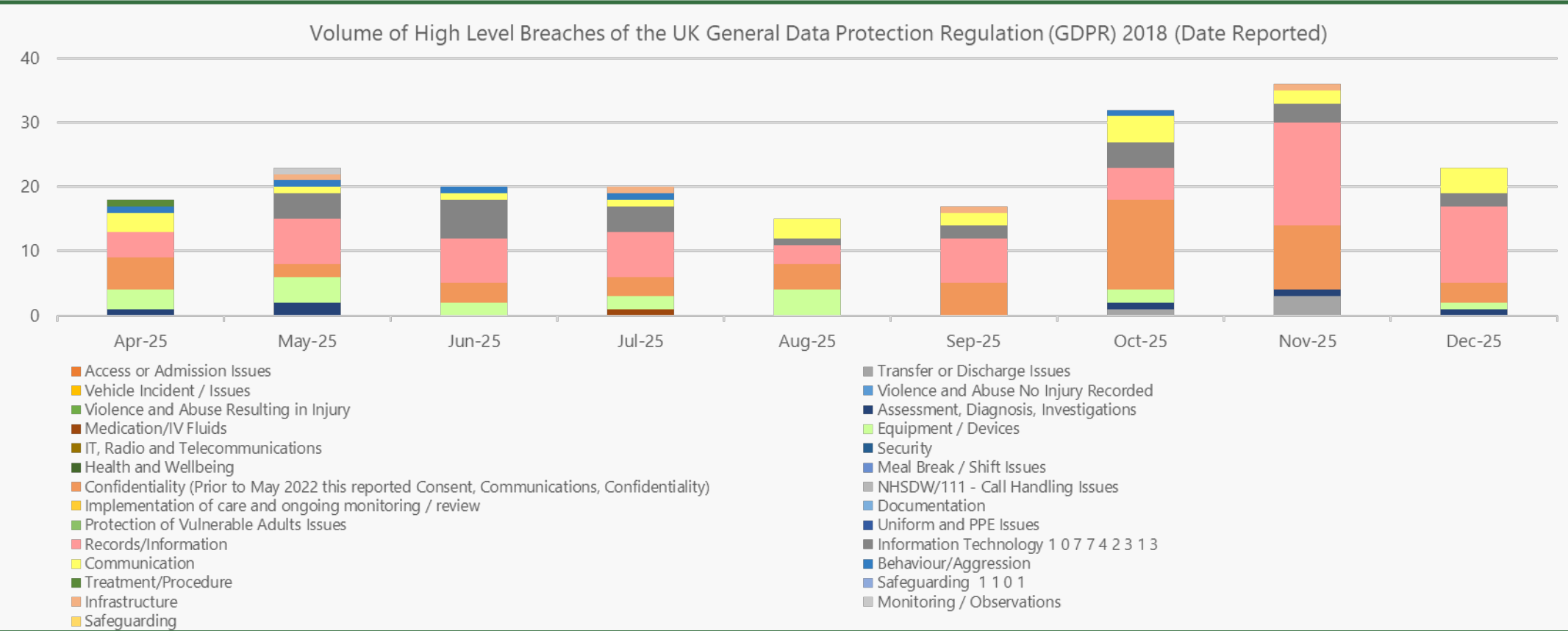
Our Patients: Quality, Safety & Patient Experience

Safeguarding, Data Governance & Public Engagement Indicators

(Responsible Officers: Jonny Sammut & Liam Williams)

Health & Care Standard
Health – Safe Care

Self-Assessment:
Strength of Internal Control:
Strong



Analysis
Safeguarding: In December 2025 WAST colleagues submitted a total of 291 Adult at Risk Reports, 91% of these were processed within 24 hours. Whilst the Trust does not report on Adult Need for Care & Support reports (wellbeing); 965 reports were shared with local authorities across Wales during this reporting period. There have been 279 Child Safeguarding Reports submitted in December 2025, 92% of these were processed within 24 hours.

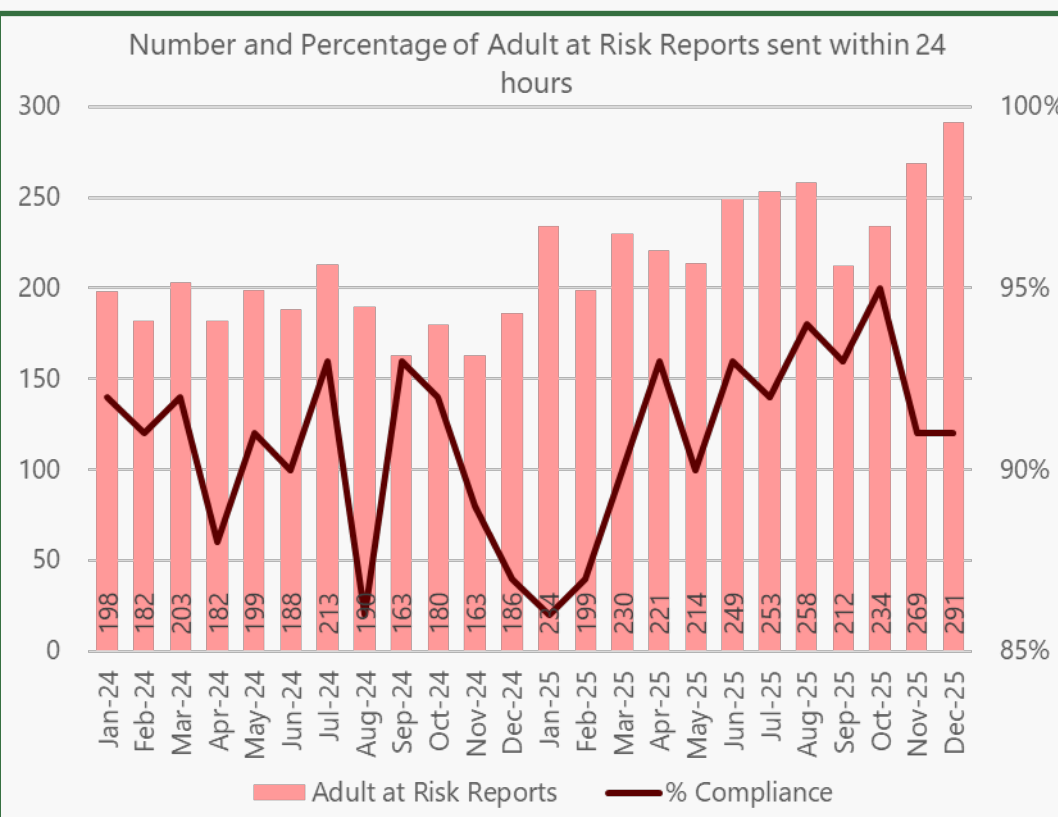
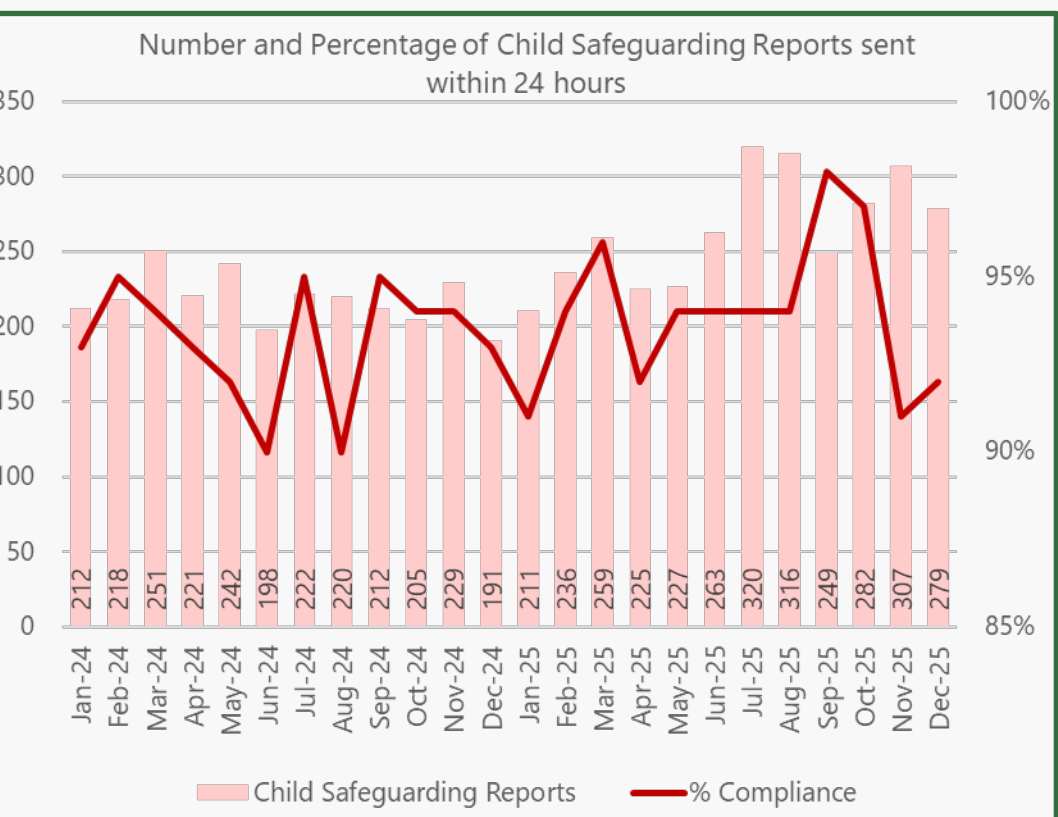
Data Governance: In December, there were 23 information governance (IG) related incidents reported on Datix Cymru categorised as an Information Governance (IG) breach. Of these 23 breaches, 12 related to Records/Information, 4 Communication, 3 IG/Confidentiality, 2 Information Technology, 1 Equipment/Devices, and 1 Assessment/Treatment/Diagnosis.

Remedial Plans and Actions
Safeguarding: The Trust manages all safeguarding reports digitally via Doc-works Scribe and regular monitoring of the system by the Safeguarding Team provides a means to identify any problems with delayed reports with appropriate action taken to support WAST colleagues with using the Doc-works Scribe system and liaising with local authorities when required. Only minimal paper safeguarding reports are now received, they are used as a back-up and are sent directly to the Safeguarding Team for actioning. The Safeguarding Team monitor any paper reports received and provide direct feedback to colleagues to improve practice.

Data Governance: During the reporting period, of the 23-information governance related incidents reported on Datix, 0 incidents were deemed to meet the risk threshold for reporting to the Information Commissioner’s Office (ICO). The IG Team continues to monitor, and review reported incidents where applicable.

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 next iteration of the IG Toolkit has now opened for FY25/26 submissions. Submission is 91% completed, with the remaining 9% relating mostly to the Video Surveillance category.



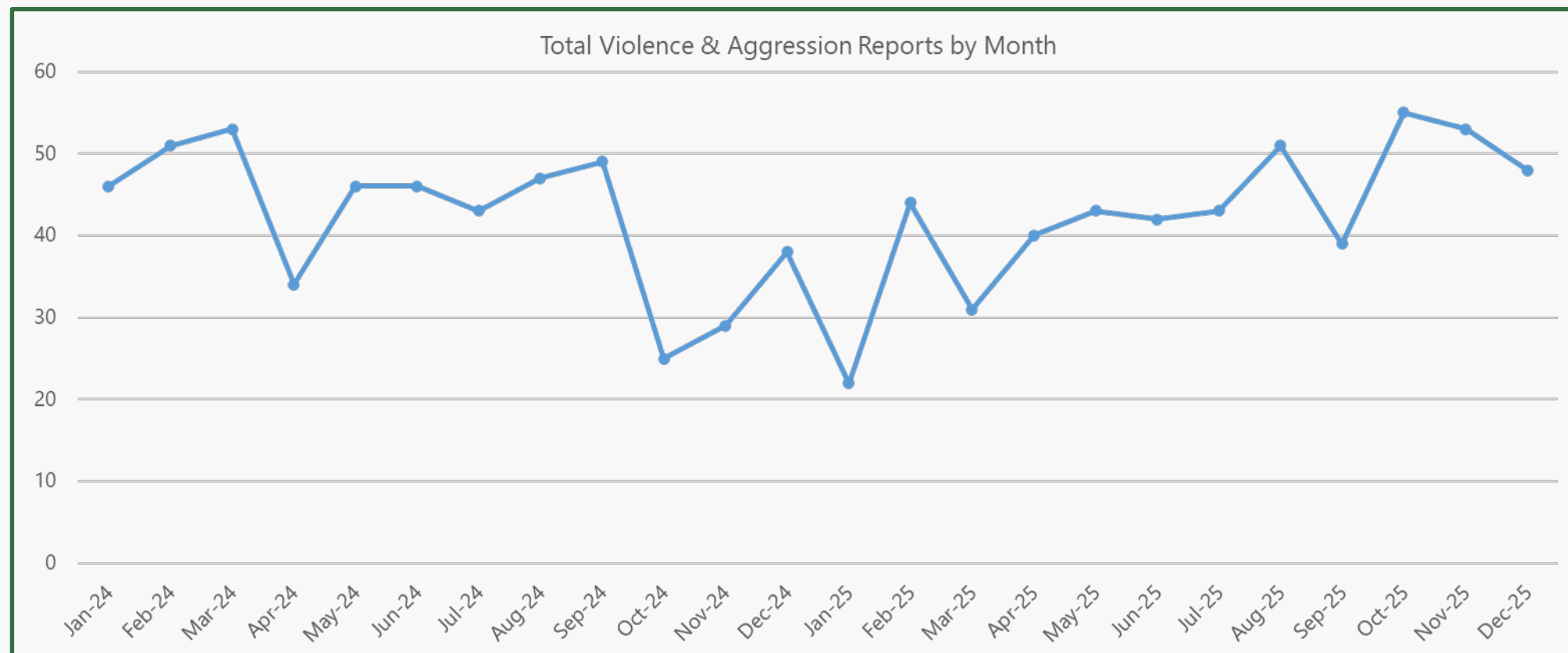
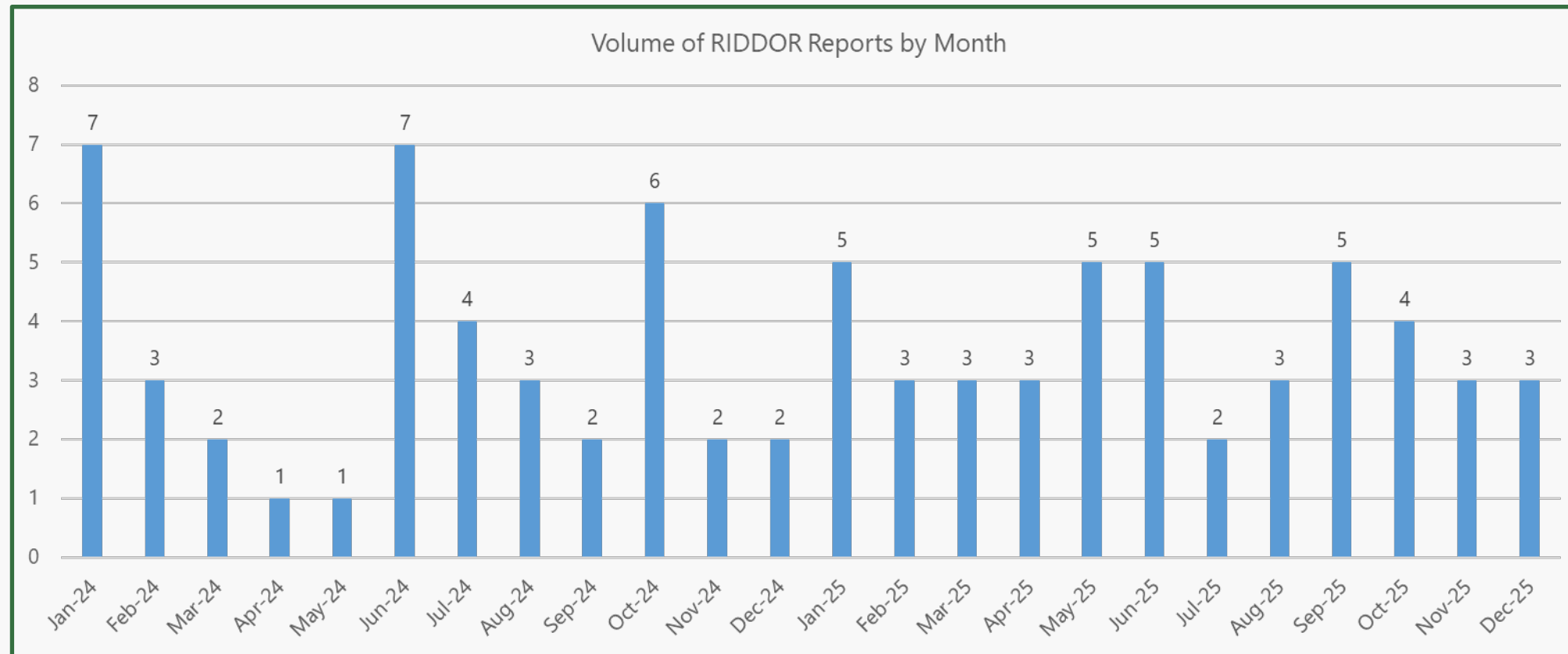
Our Patients: Quality, Safety & Patient Experience

Health & Safety (RIDDORS) Indicators

(Responsible Officer: Liam Williams)

Self-Assessment:
Strength of
Internal Control:
Moderate

Health & Care
Standard
Health – Safe Care



Analysis

RIDDOR: There were 3 incidents requiring reporting under RIDDOR during December 2025 all were for an injuries requiring over 7 days of work.

- 100% of the RIDDOR's were submitted within the HSE reporting timelines, which is a big improvement from previous months.
- 1 RIDDOR reported during the month were as a result of a manual handling incident, 1 was for a slip, trip, fall and another as a result of being struck against an object.

Violence and Aggression:

- A total of 48 incidents have been reported of V&A in December.
- The number of Aggressive/Threatening behaviour reports decreased slightly this month with 4 less than the previous month.
- 6 Physical Assault on staff were reported during the month with 5 incidents of verbal assault that were for swearing.
- 1 incident were reported as Severe harm, 10 incidents were reported as Moderate in harm and 22 noted as low harm with 13 cases being noted as causing no harm.

Remedial Plans and Actions

RIDDOR: The weekly Datix incident meeting continues to be used to identify RIDDOR reportable incidents. A Safety Advisor is designated to assist with the investigation to find root cause and reporting to the HSE. Consistent effort to investigate incidents by line manager is making an improvements in causation and reporting to the HSE.

Violence and Aggression: The use of appropriate Hashtags to flag incidents of verbal aggression within the Trust call centres is being progressed to provide a greater understanding of the verbal abuse experienced by staff.

Expected Performance Trajectory

RIDDOR: The actions arising out of the recent deep dive into manual handling incidents aim to address the issues identified in the manual handling incidents this month.

Violence and Aggression: It is expected that the number of verbal V&A incidents will increase over the next few months as a result of increased awareness of reporting mechanisms within the call centre teams.

Our Patients: Quality, Safety & Patient Experience

Patient Experience Surveys

(Responsible Officer: Liam Williams)

Self-Assessment:
Strength of
Internal Control:
Moderate

Health & Care
Standard
Health – Safe Care

December 2025		
NEPTS (211 responses)	Benchmark	Score
How long did you wait for your transport to take you home after your appointment.	85	83
Were you happy with the transport you received?	85	95
999 (4 responses)	Benchmark	Score
The 999-call taker who answered your call listened carefully and explained what was going to happen next.	85	42
The length of time I waited for an ambulance to arrive was acceptable.	85	25
111 (20 responses)	Benchmark	Score
Do you feel your call to 111 Wales was helpful?	85	36
Did you follow the advice given to you by NHS 111 Wales?	85	69
Would you consider using NHS 111 Wales again?	85	46
WAST Overall - Friends & Family Test	Ranked from very poor to very good.	
How was your overall experience with the service today?		
o Ambulance care	90.30% Good	7.27% Poor
o Integrated Care (NHS 111 Wales Telephone line only)	23.08% Good	76.92% Poor
o NHS 111 Wales Online	43.75% Good	43.75% 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

The OCP for the PECEI Team is expected to commence in quarter 4, with the team to be realigned to support the Trust's strategic objectives and the People's Experience Framework. The framework promotes an always-on approach to capturing experiences through both active and passive methods, ensuring people can share feedback at their convenience.

Meanwhile, the team continues to capture, report and respond to experiences, stories and compliments, and to work with quality teams on improvement actions. Due to ongoing capacity constraints—linked to vacancies awaiting the OCP and work on improving experience-capture systems—no engagement events were attended in December 2025.

Remedial Plans and Actions

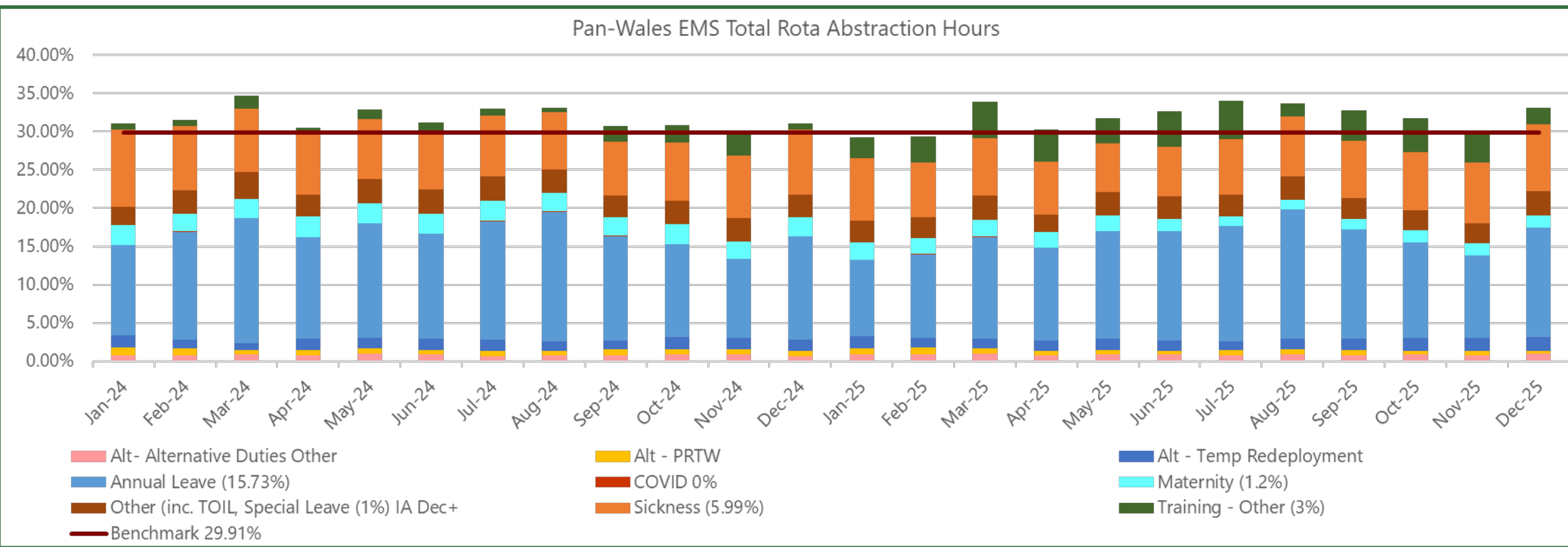
The PECEI Team is awaiting the progression of the OCP, which will restructure and realign the team to support the Trust's strategic objectives. While ongoing public engagement remains part of the team's remit, future responsibilities and processes will need to be worked through. The team is also carrying several vacancies, including three Band 5 Engagement Coordinator posts, which cannot be filled until the OCP concludes. As a result, community engagement capacity is significantly reduced, and activity levels will be lower than in previous periods. The team is not scheduling future engagement events and is considering all requests on a case-by-case basis.

Expected Performance Trajectory

The Team is carrying several vacancies which cannot be backfilled due to the impending OCP. This will impact on our ability to support community engagement opportunities, and the Team is re-focusing its day-to-day efforts onto our core function of patient experience.

(Responsible Officer: Lee Brooks)

Our People Capacity - Ambulance Abstractions and Production Indicators



Analysis

Monthly abstractions from the rosters are key to managing the number of hours the Trust produces, as are the total number of staff in post. December 2025, saw total EMS abstractions (excluding Induction Training) of 33.08%. This was a minimal increase on the 30.09% recorded in November 2025 and remains above the 29.91% benchmark. The highest proportion of abstractions was due to annual leave at 14.30% followed by sickness at 8.83%.

The total EMS hours produced is a key metric for patient safety. The Trust produced 122,863 hours during December 2025; a slight decrease compared to the 124,279 hours produced during December 2024. The Trust is still delivering good levels of production.

Emergency Ambulance Unit Hours Production (UHP) achieved 92% in December 2025 which equated to 78,994 Actual Hours.

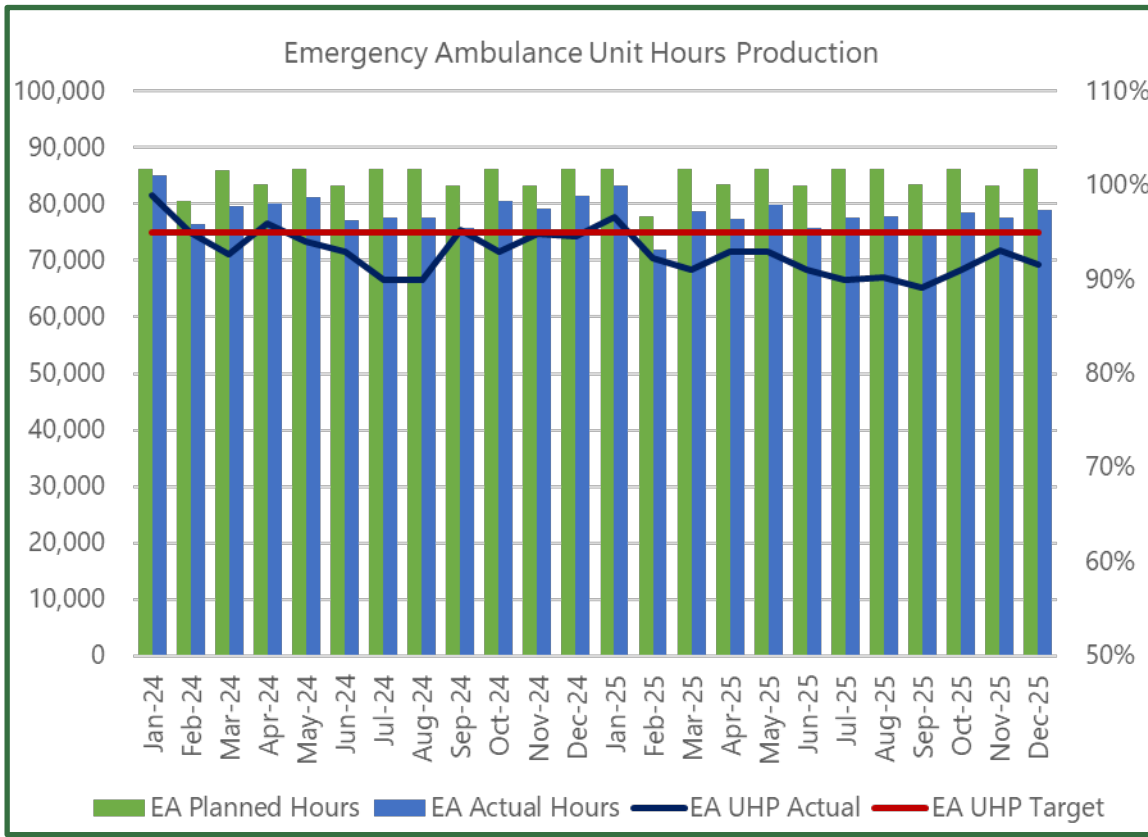
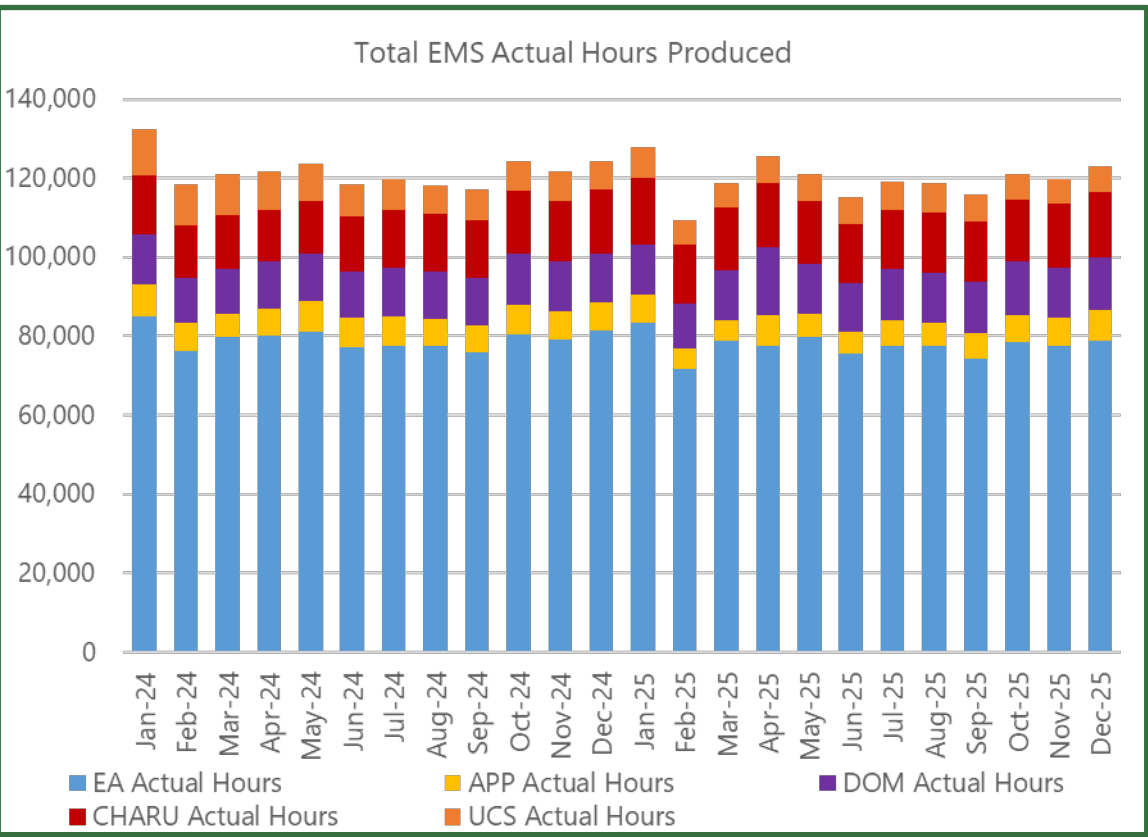
In December 2025 CHARU UHP was 92% against the full roll out requirement.

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.

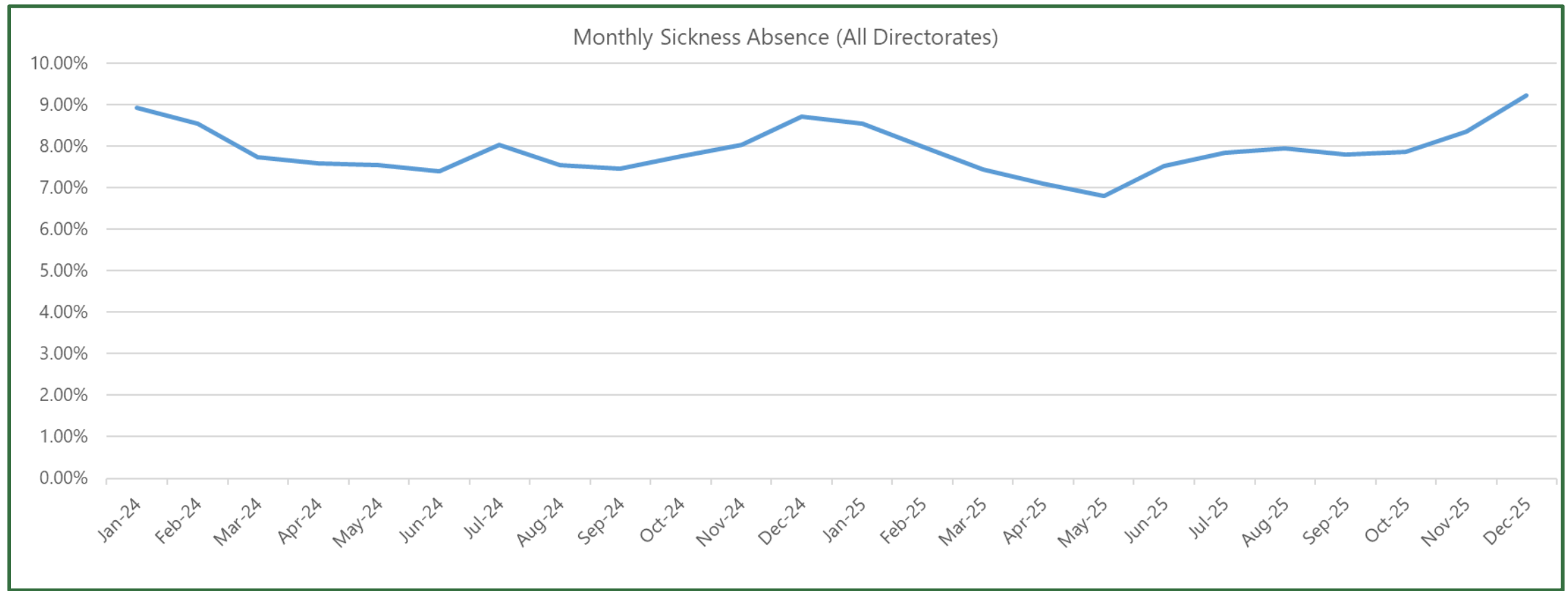
Expected Performance Trajectory

UHP estimates, based on recruitment levels, estimated abstractions and overtime have been provided to ELT. Production is just below target. The Trust maintains an ambition to reduce sickness to 6% and maintain abstractions to 30%. This has not yet been achieved for sickness, but the direction of travel is good, while the abstractions benchmark has been achieved a number of times this year.



(Responsible Officer: Carl Kneeshaw)

Our People Capacity - Sickness Absence Indicators



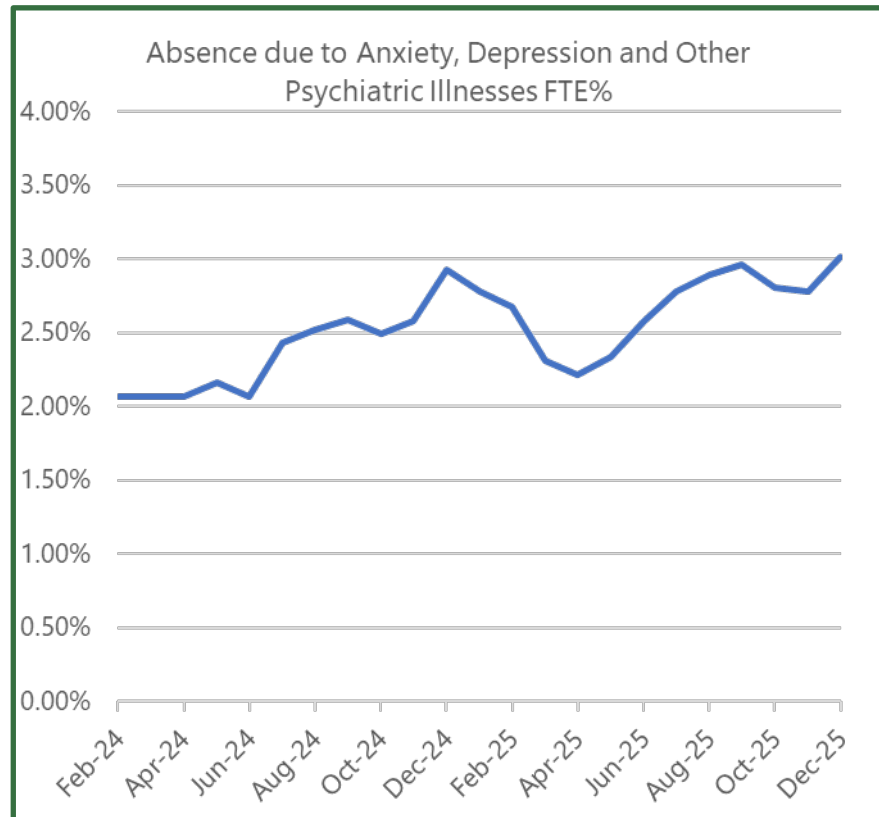
Analysis

There was an increase in overall sickness absence rates between November 2025 and December 2025, increasing from 8.35% to 9.23%. Long term absence minimally decreased from 6.15% in November 2025 to 6.05% in December 2025, however short-term absence increased slightly to 3.18% (November 2025 - 2.20%). The highest reasons for absence in December 2025 were Anxiety/ Stress/ Depression, gastrointestinal problems, Col, cough, flu – Influenzas and other musculoskeletal problems.

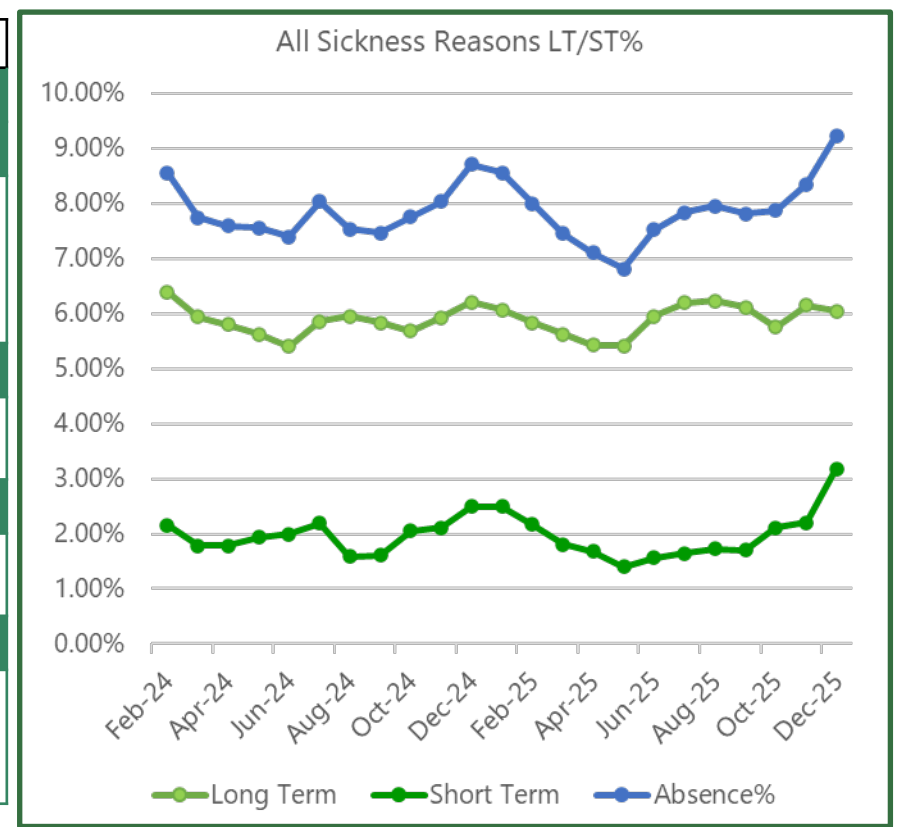
The WAST annual flu campaign kicked off on 6th October 2025, with weekly drop-in clinics held by Occupational Health, alongside multiple clinics held in stations pan Wales by over 40 signed off peer vaccinators.

Remedial Plans and Actions

- The Health and Wellbeing Plan for 2025-29 has been developed and implemented. The focus of the plan is on deliverables to improve workplace relationships, increase the trauma-awareness of the organisation and address health and wellbeing challenges.
- Team members from OH/Wellbeing/TRiM continue to promote our services via Siren, outstation visits and drop-in clinics. We regularly give presentations to newly recruited staff to highlight and promote the Occupational Health & Wellbeing service.
- The team continue to collect feedback and review services provided by our external partner organisations to help improve those services.
- Additional peer vaccinators have been approved, and they will assist OH with a adjusted delivery programme due to different vaccinations being approved to the one requested.



Dec-25	
Average working days lost per FTE (Annual)	
17.98 days	
Single month Absence %	
9.23%	
Long Term	Short Term
6.05%	3.18%
Mental Health	Other MSK
(S10 Stress/Anxiety)	(excluding Back)
3.02%	0.81%



December 2025

Expected Performance Trajectory

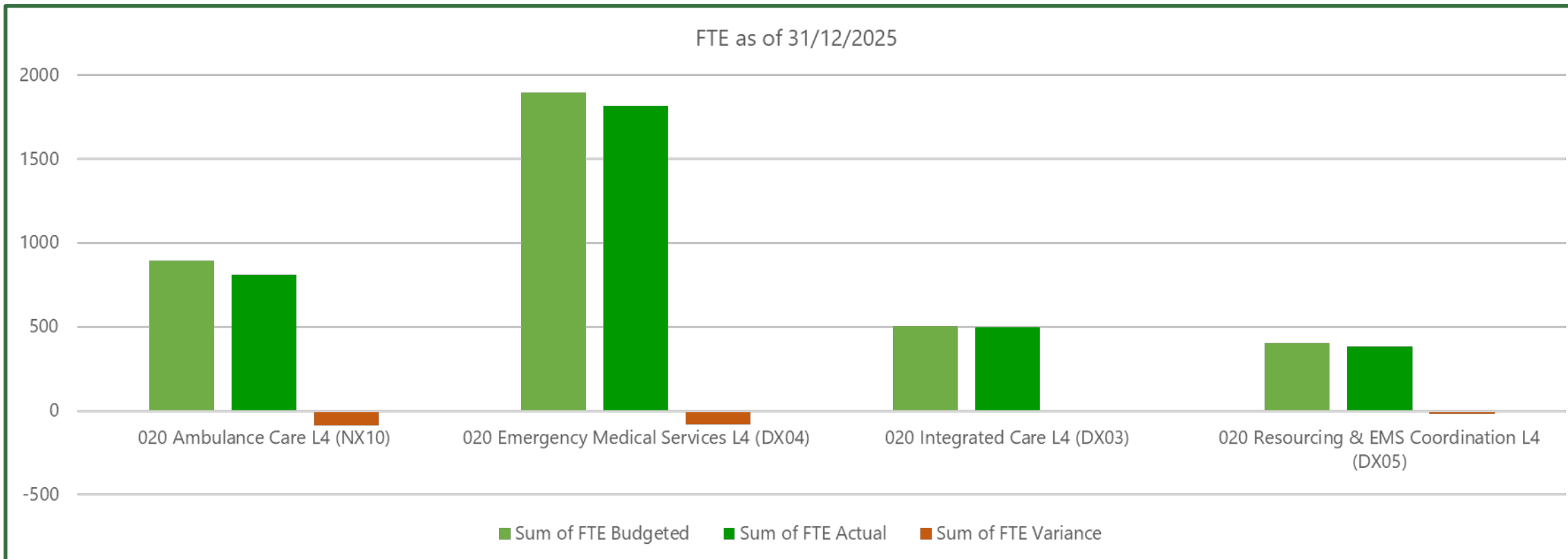
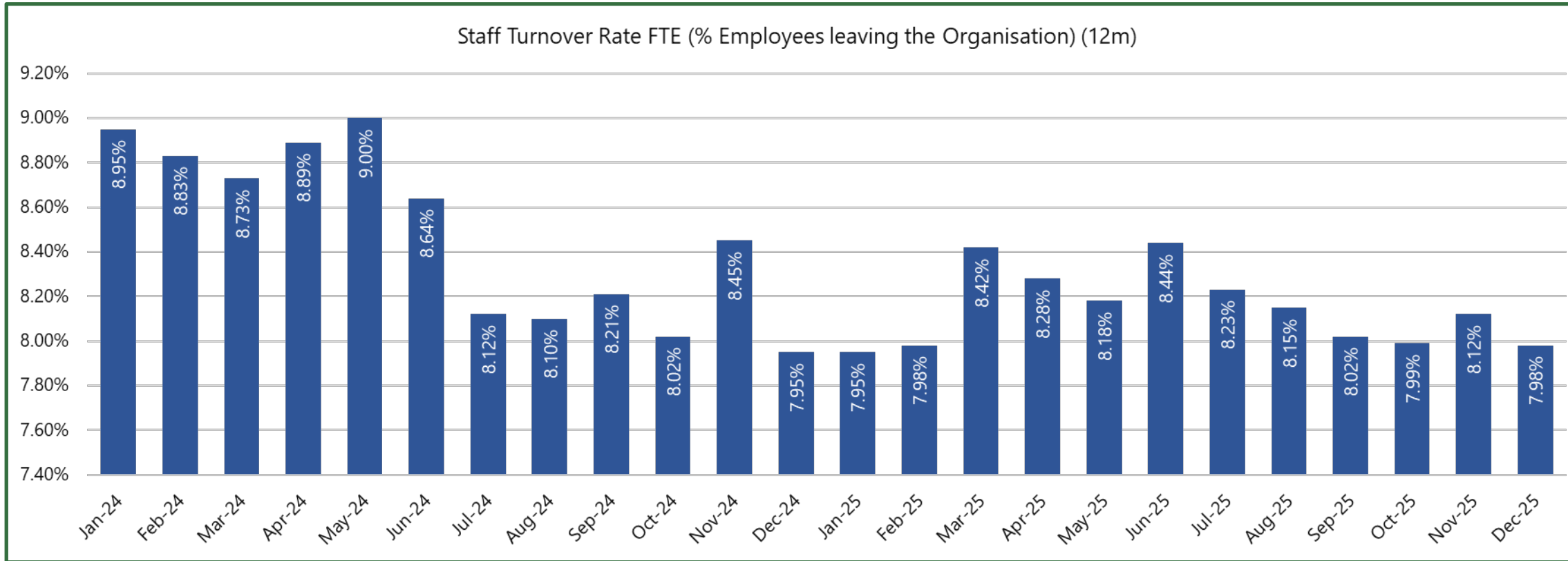
The Trust has indicated through its IMTP that sickness levels will fall in this financial year, but the Trust is unlikely to achieve the 6% target for the year.

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

Our People Capacity – Staff Turnover

(Responsible Officer: Carl Kneeshaw)

A



Analysis

The staff turnover rate in December 2025 was 7.98%, minimally decreasing from 8.12% in November 2025. December saw 28 leavers (24.48 FTE). Of those leaving, the greatest number were Operational and included;

- Staff Nurse (9 people)
- Call Operators (4 people)
- Emergency Call Handlers (4 people)
- Technician (3 people)
- Paramedics (3 people)

Current trends are being monitored via the leaver's questionnaires; however, these are not mandatory.

In December, the Trust had 6 joiners (6 FTE). A headcount of 2 people into Operational roles and 4 people into Corporate roles:

- Ambulance Care Assistant or Patient Transport Service Driver (1 person)
- Paramedic (1 person)
- Analysts (2 people)
- Officer (1 person)
- Senior Manager (1 person)

Remedial Plans and Actions

- Discussions around the future skill mix of our EMS workforce are ongoing, this could have considerable impact on the EMS workforce going forward. However, sufficient training capacity has been planned during 2025-26 to enable the trust to recruit any staff into the organisation, regardless of what grade that may be.

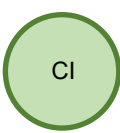
Expected Performance Trajectory

Turnover and FTE trends and themes are being monitored with plans adjusted accordingly.

Our People Capability - PADR and Training Rates Indicators

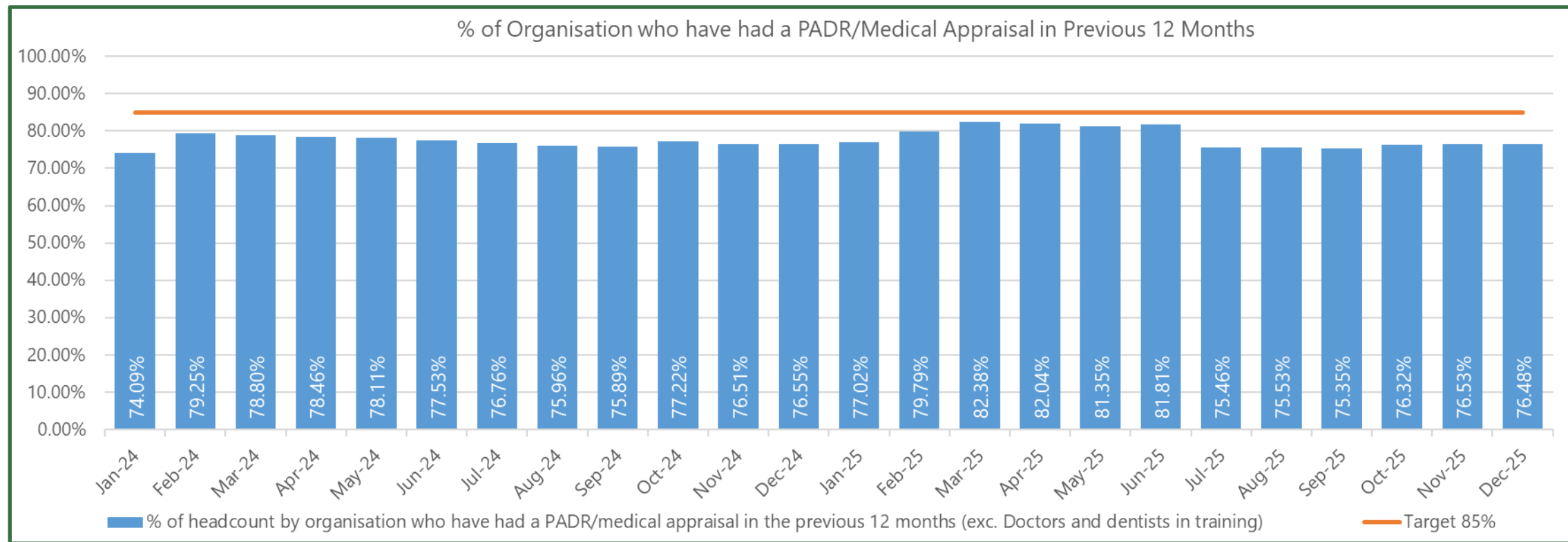
(Responsible Officer: Angela Lewis)

PADR	Stat & Mand
R	G



Health & Care Standard
Health – Staff & Resources

Self-Assessment:
Strength of Internal Control: Strong



Analysis

PADR rates (excluding pay progression meetings) minimally decreased from 76.53% in November 2025 to 76.48% in December 2025 and remain below the 85% target. Over the reporting period this target has only been achieved once, in December 2022.

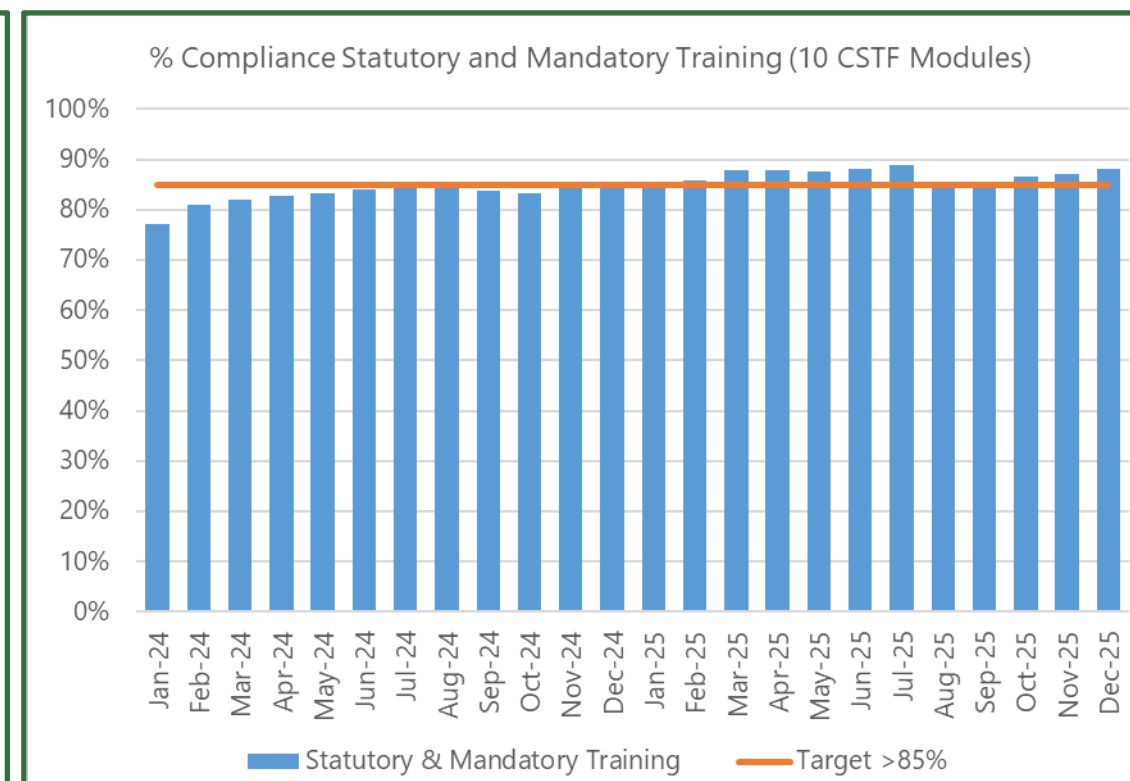
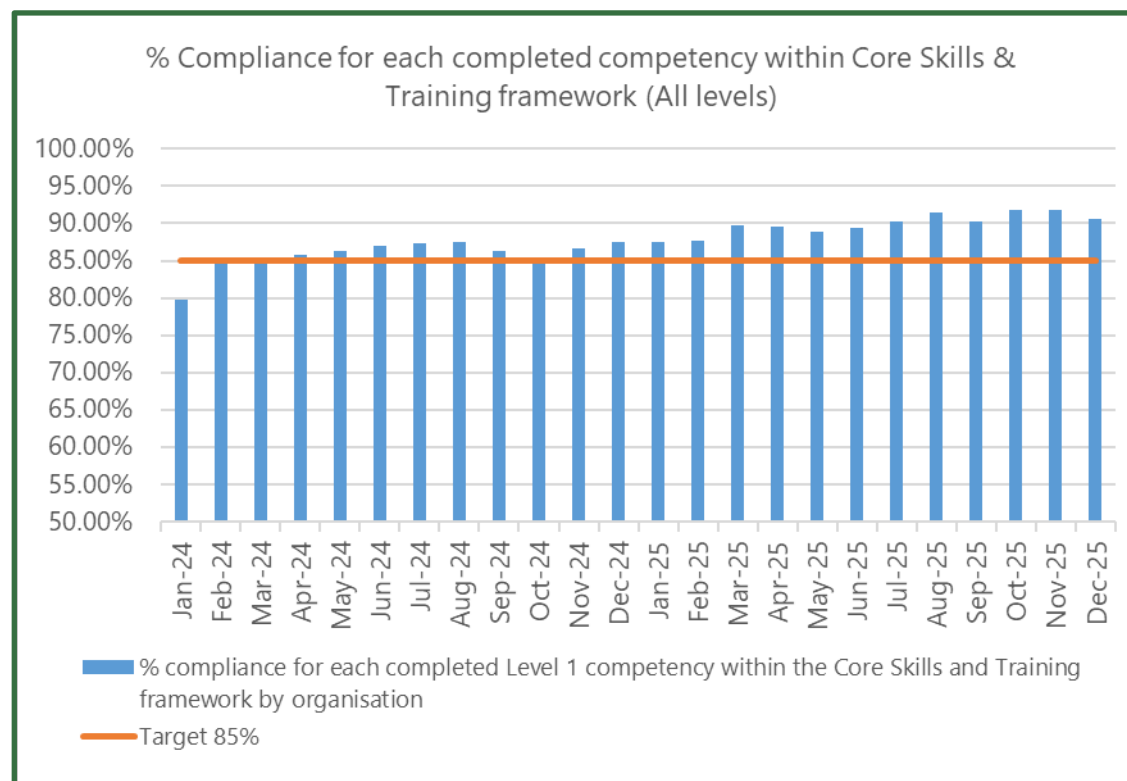
Remedial Plans and Actions

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, support better communication between managers and employees and develop a culture of accountability and continual improvement.

Expected Performance Trajectory

Performance is improving as compliance has risen.

ESR Data correct at time of export. PADR data does not include pay progression.



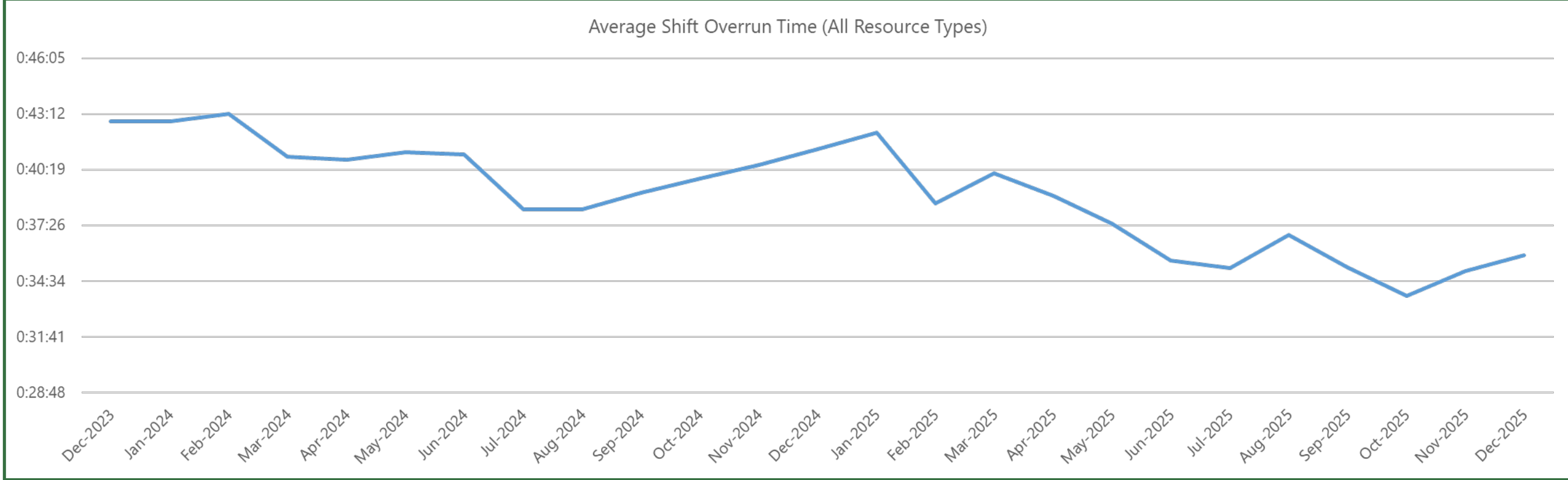
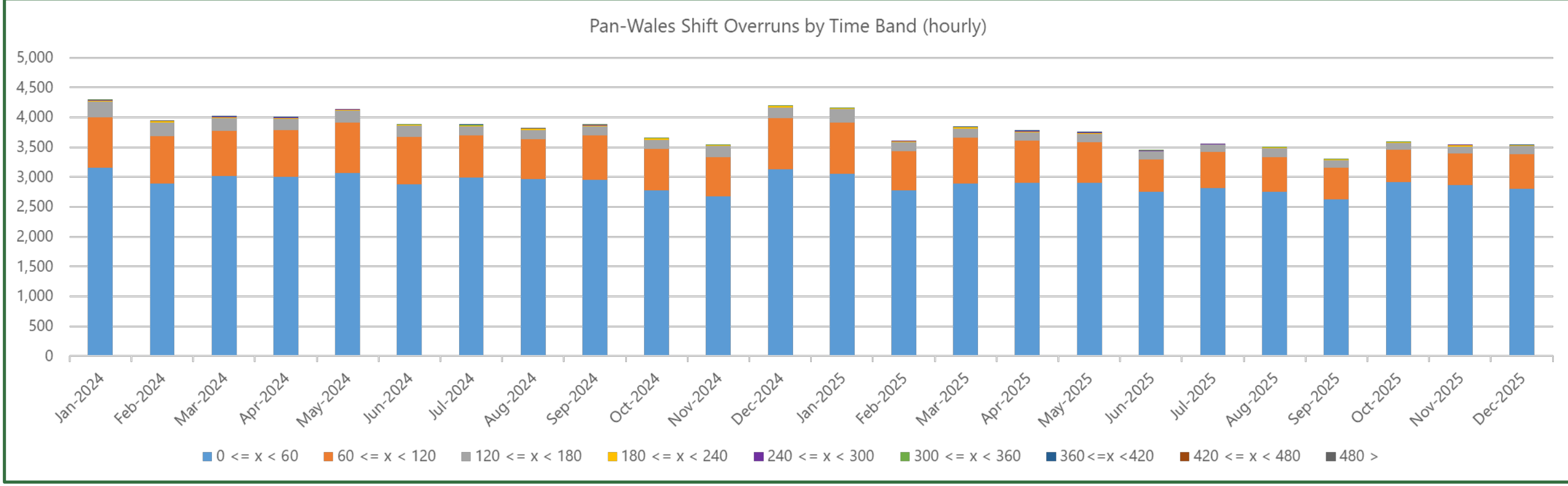
Our People

Health and Well-being – Shift Overtimes

(Responsible Officer: Angela Lewis)

Overruns
G

CI

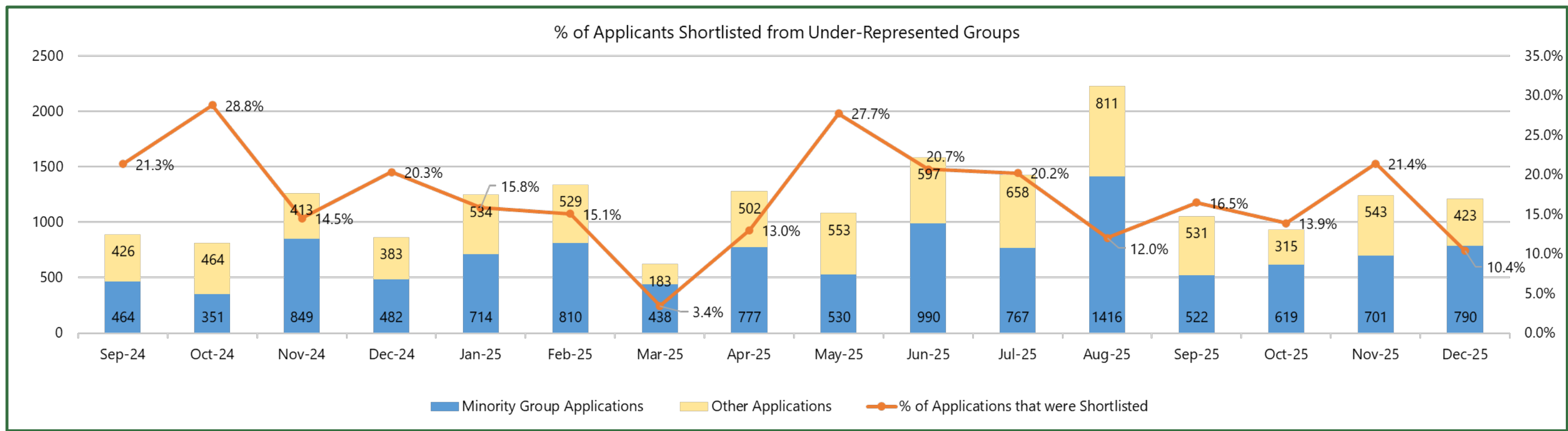
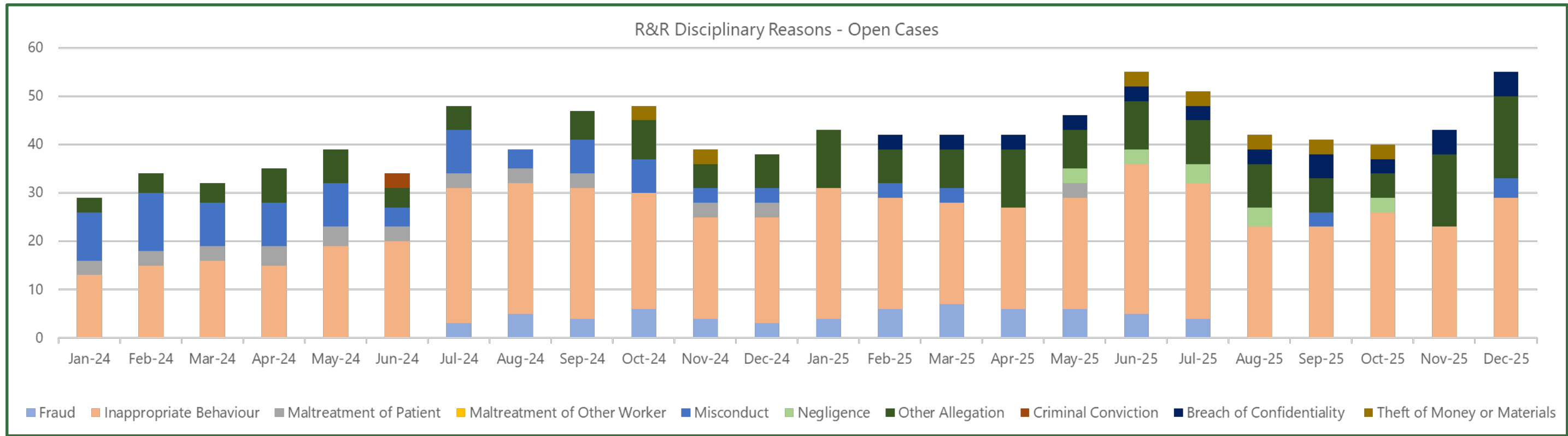


Our People

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



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	RRV	Rapid Response Vehicle
APP	Advanced Paramedic Practitioner	DAG	Delivery & Assurance Group	H&W	Health & Wellbeing	NQPs	Newly Qualified Paramedic	SB / SBUHB	Swansea Bay / Swansea Bay Health Board
AQI	Ambulance Quality Indicator	D&T	Discharge & Transfer	HR	Human resources	NRI	Nationally Reportable Incident	SCIF	Serious Concerns Incident Forum
BCU / BCUHB	Betsi Cadwaladr / Betsi Cadwaladr university Health Board	DU	Delivery Unit	HSE	Health and Safety Executive	OBC	Outline Business Case	STEMI	ST segment Evaluation Myocardial Infarction
CASC	Chief Ambulance Services Commissioner	EAP	Emergency Ambulance Practitioner	IG	Information Governance	OD	Organisational Development	TPT	Tactical Pandemic Team
CCC	Clinical Contact Centre	ED	Emergency Department	IMTP	Integrated Medium Term Plan	ODU	Operational Delivery Unit	TU	Trade Union
CCP	Complex Case Panel	ELT	Executive Leadership Team	IPR	Integrated Performance Report	OH	Occupational Health	UCA	Unscheduled Care Assistant
CEO	Chief Executive Officer	EMD	Emergency Medical Department	JCC	Joint Commissioning Committee	P / PHB	Powys / Powys Health Board	UCS	Unscheduled Care System
CFR	Community First Responder	EMS	Emergency Medical services	KPI	Key Performance Indicator	PCR / PCRs	Patient Care Record(s)	UHP	Unit Hours Production
CI	Clinical Indicator	ePCR	Electronic Patient Care Record	LTS	Long Term Strategy	JRCALC	Joint Royal Colleges Ambulances Liaison Committee	U/A RTB	Unavailable – return to Base
CHARU	Cymru High Acuity Response Unit	FTE	Full Time Equivalent	MACA	Military Aid to the Civil Authority	PECI	Patient Engagement & community Involvement	VPH	Vantage Point House (Cwmbran)
COOs	Chief Operating Officers	GDPR	General Data Protection Regulations	MIU	Minor Injury Unit	POD	Patient Offload department	WAST	Welsh Ambulance Services University NHS Trust
COPD	Chronic Obstructive Pulmonary Disease	GPOOH	General Practitioner Out of Hours	MPDS	Medical Priority Dispatch System	PPLH	Post Production Lost Hours	WG	Welsh Government
COVID-19	Corona Virus Disease (2019)	GTN	Glyceryl Trinitrate	NCCU	National Collaborative Commissioning Unit	PSPP	Public Sector Purchase Programme	WIIN	WAST Improvement & Innovation Network
CMT	Clinical Model Transformation	HB	Health Board	NEPTS	Non-Emergency Patient Transport Services	QPSE	Quality, Patient Safety & Experience		
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 care that have a greater effect on patient outcomes if done together in a time-limited way ,rather than separately).	Financial Balance – Annual Expenditure YTD as % of budget Expenditure	Annual expenditure (Year to Date) as a proportion of budget expenditure.
Acute Coronary Syndrome Patients with Appropriate Care	Proportion of STEMI patients who receive appropriate care. ST segment elevation myocardial infarction - occurs when a coronary artery is totally occluded by a blood clot.	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



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Agenda Item No. 14

REPORT TITLE

2025/26 Quality Governance Reviews:
Committee Annual Report 2025/26 and Cycle of Business 2026/27

MEETING

Name of meeting	People and Culture Committee
Date of meeting	10 February 2026
Public or Private	Public
If private - rationale	n/a

REPORT SPONSOR

Executive sponsor	Trish Mills, Director of Corporate Governance/Board Secretary
Author(s) of report	Trish Mills, Director of Corporate Governance/Board Secretary Alex Payne, Corporate Governance Manager

PURPOSE OF REPORT

- | | |
|--|--|
| <input checked="" type="checkbox"/> Approval | <input type="checkbox"/> Endorsement |
| <input type="checkbox"/> Assurance | <input checked="" type="checkbox"/> Discussion |
| <input type="checkbox"/> Information (goes in consent items) | <input type="checkbox"/> Noting |



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REPORT SUMMARY:

[See writing and presentation guidance [here](#) to inform this section]

1. The committee received a full report on the 2025/26 quality and governance review outcomes at its meeting on the 13 November 2025. At this meeting the revised terms of reference for the committee for 2026/7 were endorsed. It was acknowledged at that meeting that the committee's annual report and cycle of business would be brought back for approval prior to year-end.
2. The full package of documents from the 2025/26 committee effectiveness reviews will be taken to the Audit, Risk and Assurance Committee at its meeting on the 2 March 2026. This will include the People and Culture Committee's 2025/26 annual report. The AAA from this meeting of the committee will be included within the annual report with the others once it is completed.
3. The committee is asked to discuss and approve its annual report for 2025/26 and its cycle of business for 2026/27, which has been updated in line with the terms of reference changes. The amendments agreed were to include broader education and training, related partnership and collaboration matters, and the corresponding membership changes to reflect these updates.
4. During 2025/26 the committee met four times and met quorum on each occasion. The qualitative feedback received from this year's effectiveness review will inform changes to the meetings going forward. This year's feedback included that the committee is valued for its inclusivity, active participation, and high-quality reporting. There is a desire for the committee to focus more on strategic priorities and to measure the tangible impact of its work, ensuring that discussions address the most pressing and relevant issues for staff and the organisation.
5. The committee may wish to consider focusing on two priorities for 2026/27 including but not limited to committee specific reporting over and above receipt of the Monthly Integrated Quality Report.
6. The committee is asked to review and approve its cycle of business for 2026/27. There are some areas of the cycle which are to be agreed which have been highlighted in yellow. The substantive adjustments to the cycle reflect the inclusion of the new provisions 13.4 and 13.5 in the terms of reference for 2026/27:
 - a. 3.14. Provide oversight of the Trust's approach to education, training, and development for all staff, ensuring programmes are comprehensive, accessible, and aligned with organisational priorities and values.



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- b. 3.15 Ensure the Trust maintains strong, collaborative relationships with its education partners, and review and endorse the commissioning intentions for training and education through HEIW and other relevant bodies.

RECOMMENDATION(S)

See writing and presentation guidance [here](#) to inform this section

The Committee is requested to:

- (a) Approve the draft Annual Report at annex 1.
- (b) Approve the draft Cycle of Business for 2026/27 at annex 2.

ADDITIONAL PAPER(S)

Set out here any annexes. See writing and presentation guidance [here](#) regarding materiality and use of the Reading Room

- Annex 1** People and Culture Committee 2025/26 Annual Report
- Annex 2** People and Culture Committee Cycle of Business 2026/27

Governance and assurance checks to support decision-making and demonstrate alignment and risk mitigation

STRATEGIC OBJECTIVE(S) THIS REPORT SUPPORTS

Narrative here (select all that apply) [\[link to objectives and what good looks like\]](#)

<input checked="" type="checkbox"/> SO1: Providing the right care or advice, in the right place, every time	<input type="checkbox"/> SO2: Enabling our people to be the best they can be
<input type="checkbox"/> SO3: Being at the forefront of innovation and technology	<input type="checkbox"/> SO4: Developing services in collaboration
<input checked="" type="checkbox"/> SO5: Being quality driven and clinically led	<input type="checkbox"/> SO6: Delivering exceptional value

RISK(S) THIS REPORT MITIGATES

Where relevant note the local, directorate, corporate or BAF risk number

n/a



HEALTH & CARE QUALITY STANDARD(S) THIS REPORT SUPPORTS

Quality Domains (select all that apply) [link to standards]		
<input checked="" type="checkbox"/> Safe	<input checked="" type="checkbox"/> Timely	<input checked="" type="checkbox"/> Effective
<input checked="" type="checkbox"/> Efficient	<input checked="" type="checkbox"/> Equitable	<input checked="" type="checkbox"/> Person Centred
Quality Enablers (select all that apply) [link to standards]		
<input checked="" type="checkbox"/> Leadership	<input type="checkbox"/> Workforce	<input checked="" type="checkbox"/> Culture
<input type="checkbox"/> Information	<input checked="" type="checkbox"/> Learning Improvement and Research	<input type="checkbox"/> Whole Systems Approach

WAST WELLBEING OBJECTIVE(S) THIS REPORT SUPPORTS

Narrative here (select all that apply) [link to goals]		
<input type="checkbox"/> A socially responsible and inclusive employer	<input checked="" type="checkbox"/> An innovative and sustainable organisation	<input type="checkbox"/> A pro-active, accessible and equitable care provider
<input checked="" type="checkbox"/> n/a	<input type="checkbox"/> n/a	<input checked="" type="checkbox"/> n/a

IMPACT ASSESSMENTS FOR CONSIDERATION

Where a strategic decision is being sought, an Equality Impact Assessment must accompany this paper. You may need to do other impact assessments also so please refer to this signpost document [here](#) for further details.

Does this paper require an impact assessment	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
If yes, what impact assessment is attached	

APPROVAL/SCRUTINY ROUTE

Date	Person/Group/Committee
n/a	n/a



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PEOPLE AND CULTURE COMMITTEE ANNUAL REPORT 2025/26

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 13 November 2025 and 10 February 2026, and through a facilitated discussion reviewed its effectiveness, its terms of reference, and its operating arrangements. This Annual Report reflects on the effectiveness of the committee in 2025/26 and proposes changes to terms of reference.
5. The trust board has commissioned an external effectiveness review which will be undertaken in early 2026 by the Good Governance Institute (GGI). The GGI will be reviewing the board committee framework within quarter four 2025/26 and quarter one of 2026/27 which may necessitate further changes throughout 2026/27. Although at this stage it is not anticipated that there will be material changes to this committee.

PURPOSE OF THE COMMITTEE

6. 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

7. The committee met four times as scheduled in 2025/26 and was quorate on each occasion.
8. The committee is supported by the Chair and three Non-Executive Directors (NED) as members, and several core attendees with good attendance. The chart below illustrates attendance of members and attendees as listed in the terms of reference for 2025/26. The committee welcomed non prescribed attendees at various meetings as well as external guests.

COMMITTEE ATTENDANCE				
Name	15 May 2025	12 August 2025	13 November 2025	10 February 2026
Ceri Jackson				
Bethan Evans				
Hayley Hutchings				
Hannah Rowan				
Angela Lewis				
Carl Kneeshaw				
Chris Turley				
Lee Brooks	From item 6	Sonia Thompson	From item 5	
Penny Durrant				
Estelle Hitchon				
Andy Swinburn		Greg Lloyd		
Alex Crawford		James Houston	Hugh Bennett	
Trish Mills				
Lizzie O’Shea				
Damon Turner				
Marcus Viggers			Left for items 9-13	
Christian Fox			Hugh Parry	
Tim Cahalane				

	Attended
	Deputy attended
	Apologies received
	No longer member

9. **As can be seen above attendance is excellent.** No changes to membership are proposed at this stage, noting however that may change following the outputs from GGI.

COMMITTEE'S VIEWS ON EFFECTIVENESS

Feedback from membership

10. The committee undertook a light effectiveness review on 13 November 2025, as agreed with the Audit, Risk and Assurance Committee (ARAC). This was due to the comprehensive review undertaken in 2024/25 involving a detailed examination of the terms of reference and the assurance arrangements for each delegated responsibility.
11. For 2025/26 a survey of the members was carried out to gather feedback on the proposed changes to the terms of references and to identify what is working well, and where improvements could be made. The questions asked were:
- Are there any changes you wish to see to the terms of reference?
 - Are there any changes you would like to see to the committee's membership?
 - What works well in this committee?
 - What improvements would you recommend?
12. The feedback from the committee included that the committee is valued for its inclusivity, active participation, and high-quality reporting; which foster a collaborative environment and effective assurance to the board. There is a desire for the committee to focus more on strategic priorities and to measure the tangible impact of its work, ensuring that discussions address the most pressing and relevant issues for staff and the organisation.
13. The changes to the terms of reference were reviewed on the 13 November 2025 and were endorsed for review by the ARAC. The amendments agreed were to include broader education and training matters, related partnership and collaboration, and the corresponding membership changes to reflect these updates.

14. Following discussion on the 13 November it was agreed to add in provision 13.4, *'Provide oversight of the Trust's approach to education, training, and development for all staff, ensuring programmes are comprehensive, accessible, and aligned with organisational priorities and values'*. Related to this, the Head of Workforce and Education will be a prescribed attendee.
15. The reporting against the remit of the committee now including collaboration with education partners this provision will be developed throughout 2026/27, through discussion with the Director of People and Director of Culture Change.

Management of the committee's work programme

16. 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 area of reporting on 'learning and development' will continue to be developed into 2026/27. The revised cycle of business for the committee was reviewed at the meeting on the 10 February 2026.
17. The committee prepares its agenda aligned to the cycle of business in order to ensure it discharges its delegated responsibilities in a systemic way. Any deviation from the cycle is reported to the committee.
18. The board is kept informed of the committee's oversight of a range of issues by way of an 'Alert', 'Assure' and 'Advise' (AAA) report to the Board after each meeting. Any issues of concern are escalated to the board in the 'Alert' section, and the chair of this committee presents that report at each board meeting.
19. than set out in this report the substantial detail of the work of the committee in 2025/26, the AAA reports for meetings are linked below:

18.1 AAA: [15 May 2025](#)

18.2 AAA: [12 August 2025](#)

18.3 AAA: [13 November 2025](#)

18.4 AAA: 10 February 2026

20. The committee is serviced by one sub-committee, the Welsh Ambulance Services Partnership Team (WASPT). This is the Trust's Local Partnership Forum. The Committee received a AAA report from WASPT at each meeting.

21. The private business received in year included receipt of the suspensions over four months.
22. In year all papers were published in line with the Trust's Board and Committees Secretariat Standard Operating Procedure except for the May 2025 publication of the Monthly Integrated Quality and Performance Report.

PROPOSED CHANGES TO THE TERMS OF REFERENCE

23. There are only two material changes to the terms of reference for 25/26, and that is the inclusion of broader education and training, related partnership and collaboration, and the corresponding membership changes to reflect these updates. This was endorsed by the committee on the 13 November 2025 and approved by the board on the 29 January 2026.
24. Proposed changed to operating arrangements for this committee set out below were agreed on the 13 November 2025:
 - 24.1. To hold discussions in 2026/27 on the committee specific metrics following the revision of the MIQPR and consider the onward committee reporting.
 - 24.2. Continue to encourage stakeholders to observe the open committee meeting.
 - 24.3. Continue with agenda setting meetings and encourage themes for meetings to aid in the flow and triangulation. Members are encouraged to review the agenda both when it is commissioned and closer to the meeting and alert the secretariat if insufficient time has been allocated. Likewise, presenters should ensure they are cognisant of the time allocated which includes time to present and for discussion.

COMMITTEE PRIORITIES

Priorities for 2025/26

25. The Committee received an update on progress against its priorities at each meeting. The 2025/26 priorities were:

Priority	Progress
<ul style="list-style-type: none"> A focus on Equality, Diversity and Inclusion 	<ul style="list-style-type: none"> At the November 2025 meeting, the committee received the Workforce Race Equality Standards (WRES) Annual Report 2024/25. At the August 2025 meeting, the committee received the following suite of Strategic Equality Reports 2024/2025: <ul style="list-style-type: none"> Strategic Equality Plan Annual Report 2024/25 Annual Gender Pay Gap Annual Report 2024/25 Annual Workforce Quality Monitoring Report Annual Report 2024/25 The Welsh Language Report was presented at the August 2025 meeting. Within this update the Committee also received receive the year 3 "More Than Just Words" Action progress report for assurance.
<ul style="list-style-type: none"> The Trust's approach to development of our people. 	<ul style="list-style-type: none"> At the February 2026 meeting the committee will receive the Education Commissioning Report which incorporates pre-registration commissioning for commencement for studies in financial year 2027/28 and all other commissioning for commencement of studies in financial year 2025/26. At the February 2026, the committee will also receive the Skills Mix on Emergency Ambulances paper. The ongoing Skills Mix work related to the Clinical Model Transformation and Ambulance Performance Framework has been taken into consideration regarding the impact on Education Commissioning requirements alongside the financial settlement and budget pressures. The November meeting agreed to amend the TOR to include development and training for a broader staff group and membership to reflect that update. It discussed senior EMD training, apprenticeships, EAP training, and the training provided for staff ahead of the go-live of Phase two of the CMT. The lived experience was from the essential skills tutors.

- At the November 2025 meeting, the committee received the People and Culture Plan extension, and the purpose of which as to discuss and support the proposal to extend the current People and Culture Plan (2023-26), until at least April 2027. This was based on its continued relevance, alignment with strategic priorities, and timeframes to refresh the Trust Long-Term Strategic Framework.
- At the November 2025 committee meeting, the presentation from the Essential Skills Tutors highlighted the breadth and diversity of experience within their team. This illustrated how their collective strengths foster an inclusive environment, where individual contributions are valued and complement each other. The Committee gained an understanding of how Essential Skills initiatives help advance shared objectives and promote ongoing development for all members of WAST.
- A progress update on the People Development Plan was received at August 2025 meeting. The committee were updated on the progress made in implementing the People Development Plan and the development of the supporting policy. The Committee received an overview of the ongoing work to develop professional group frameworks and associated professional proficiencies. The Committee were informed of the outline of the next phase of planned activity and priorities.
- At the May 2025 meeting, the committee received the People and Culture Plan Metrics, which highlighted:
 - an increase in PADR completion rates reflected for March (82.38%); This represents the highest recorded rate within this dataset. PADR process improvements are in progress with a focus on making the conversation the core of the process,

with the form acting as a simple tool to guide (not define) the discussion.

- an increase in statutory and mandatory training compliance (87.84%, against a Welsh Government target of 85%). At 31st March 2025, 90.44% of colleagues required to attend Mandatory In-Service Training (MIST) had done so.

2024/25 Progress (included as this priority was carried over into 2025/26)

- At its meeting in May 2024 the committee received the 'Staff Development Outline Plan' which was a deliverable of the People & Culture Plan. The aim of this was to provide equity in development opportunities for our people to undertake their roles and benefit from progression opportunities.
- At the May 2024 meeting the committee were assured that mapping was underway on professions and roles, which define skills and competencies. It was noted that the 'Learning and Development' reporting was still in development.
- The People and Culture Plan metrics – which the committee receives at every meeting – includes metrics regarding the statutory and mandatory training (giving organisational compliance figures) in addition to the MIST compliance.
- The People and Culture Plan metrics provided to the committee also included qualitative feedback regarding the Trust's learning and development initiatives, which enables us to take a continuous improvement approach to the development of our people.

Priorities for 2026/27

26. It is good practice for committees to set priorities for the forthcoming year when they review their effectiveness. The committee will do so at its February 2026 meeting, and these will be provided to the board at its May meeting.
27. Progress on priorities will be reported to the Committee quarterly and to the Board through its highlight report.

PAPER	PRE C'EE FORUM	FREQUENCY	Q1	Q2	Q3	Q4	LEAD	PURPOSE	COMMENT	
PEOPLE AND CULTURE COMMITTEE - CYCLE OF BUSINESS 2025-26										
TERMS OF REFERENCE NOTED IN RED TEXT										
STRATEGIC DEVELOPMENT AND DELIVERY										
3.1 Oversee and contribute to the development of the Trust's strategies and plans as they related to people and culture and ensure they are aligned to the 2030 Delivering Excellence Long Term Plan										
3.2 Receive assurance on the implementation of strategies and plans within the remit of the committee, with a particular focus on the impact of desired outcomes in those strategies and plans.										
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										
Aligned strategies and plans	TBC	Ad Hoc						DPC/DCC	Endorsement	As plans are due for review
TBC assurance reporting on 'what good looks like' for PCC remit	STB							DPC/DCC	Assurance	Reporting developing in 2025/26
End of Season Flu Campaign Report	CQGG	Annually						EDP	Assurance	To include flu and general vaccination status in accordance with statutory and regulatory requirements
CULTURE										
3.4 Receive assurance that the Trust's behaviours are embedded, ensuring a continued journey of positive culture change, (reporting below but also assurance from SUS report and P&C Plan metrics)										
Cultural themes and trends report	TBC	Bi-annually						DCC	Assurance	
People and culture metrics report	TBC	Quarterly						DPC	Assurance	
Workforce Scorecard	TBC	Quarterly						DPC	Assurance	
MIQPR	ELT	Quarterly						EDSPP	Assurance	
Suspensions over 4 months report	TBC	Quarterly						DPC	Assurance	Closed session
3.5 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 (reporting below but also assurance from cultural themes and trends report, CEO roadshows, WAST Live, cultural reviews, board visits)										
Staff Story	N/A	Quarterly						DPC/DCC	Discussion	Staff stories to be topical to the main issues where possible.
Staff Story updates	None	Quarterly						DPC/DCC	Assurance	Closing of the loop from themes/issues raised in staff stories.
NHS Staff survey and action plan	ELT	Annually						DPC/DCC	Assurance	
3.6 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.										
Health and Safety Report	NH&S C'ee	Quarterly						EDQN	Assurance	Bi-annual report on the working safely programme but MIQPR to include KPIs
Annual Health & Safety Report	NH&S C'ee	Annually						EDQN	Assurance	Requested for inclusion from 2024/25 onwards; to be received in the August meeting.
3.7 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. Review any partnership agreements with Trade Union Partners (assurance also from representation from TUP (4 members) on committee)										
WASPT AAA report	WASPT	Quarterly						DPC/WAST Chair	Assurance	
3.8 With respect to equality, diversity and inclusion the committee will: (a)Oversee and contribute to the development of the Trust's equality, diversity and inclusion plan; (b) Receive assurance on its implementation and desired outcomes; (c)champion and support the plan and the work of the equality, diversity, and inclusion networks; and (d) Receive assurance that there are effective 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 (assurance also from MIQPR metrics, P&C Plan metrics, and cultural themes and trends report)										
Gender pay gap report	TBC	Annually						DPC	Endorsement	
Strategic Equality Report	TBC	Annually						DCC	Endorsement	
WRES report	TBC	Annually						DPC	Endorsement	To move to Q3? tbc.
Welsh language annual report	EDISG	Annually						BS	Endorsement	
3.9 With respect to speaking up safely the committee will: (a) Receive assurance that arrangements are in place to allow staff to raise concerns in confidence; (b) Ensure that those processes allow any such concerns to be investigated proportionately and independently; and (c) Receive assurance that the learning from such concerns is considered and applied. (assurance also from cultural themes and trends report and People and Culture Plan metrics)										
Speaking Up Safely Report	TBC	Bi-annually						DCC	Assurance	To consider frequency/placement of reporting
3.10 Receive assurance that the Trust has in place appropriate policies and procedures for its people and approve people and culture policies.										
Policies for review and approval	Policy Group/ELT	Ad Hoc						Various	Approval	Board to approve Raising Concerns and H&S policy (SoRD para 17)
CAPACITY										
3.11 Receive assurance on the development and implementation of the Trust's recruitment and retention plans, including those for volunteers (assurance for staff by way of MIQPR and other metrics; strategic workforce plan approved 2024)										
Reporting to be considered - to include volunteers										To be developed in 2026/27
3.12 Receive assurance that workforce and resourcing plans are fit for purpose and ensures the right resources and skills mix in the right place at the right time (both clinical and non-clinical)										
Reporting to be considered over and above workforce plan										To be developed in 2026/27
CAPABILITY										
3.13 Ensure that the Trust has comprehensive leadership development and succession planning programmes in place to support leaders at all levels of the organisation and which is designed to reinforce the culture the Trust is seeking to achieve (WAST Way in place in 2025)										
Learning and development reporting	TBC	TBC						DPC	Assurance	Reporting to be developed in 2025/26 to assure the Committee on training, education, development & succession
3.14 Provide oversight of the Trust's approach to education, training, and development for all staff, ensuring programmes are comprehensive, accessible, and aligned with organisational priorities and values.										
Education and training reporting	TBC	TBC						DP	Assurance	To be developed in 2026/27
3.15 Ensure the Trust maintains strong, collaborative relationships with its education partners, and review and endorse the commissioning intentions for training and education through HEIW and other relevant bodies.										
HEIW commissioning report	TBC	Annually						DPC	Approval	
Collaboration with education partners	TBC	TBC						DP	Assurance	To be developed in 2026/27
3.16 Receive assurance that professional standards of registration and revalidation are maintained.										
Revalidation and registration report	N/A	Annually						EDQN & EDP	Assurance	Report from EDQN and DP confirming revalidation of registered staff - see Note 4
3.17 Advise the board on a set of key performance indicators (KPIs) for the responsibilities in its remit and monitor performance. These KPIs may include but not be limited to sickness absence, performance appraisal reviews, statutory and mandatory training, incidents of violence and aggression, disciplinarys and suspensions, turnover and recruitment; enabling deep dives to										
People and culture metrics annual review	TBC	Annually						DPC	Approval	To review and agree the Committee level metrics for the coming year (i.e. those over and above MIQPR metrics)
MIQPR review for people and culture metrics	FPC	Annually						EDSPP	Endorsement	People and culture, H&S, and Welsh Language KPIs for inclusion in MIQPR
3.18 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. (TBC embedded in above)										
RISK AND AUDIT										
3.19 Oversee the effective management of strategic and principal risks, as set out within the Board Assurance Framework (BAF), as appropriate to the purpose of the committee.										
3.20 Receive and gain assurance from internal and external audits in their remit. The committee will receive assurance that management actions to address recommendations are in place via the audit tracker AND receive appropriate reporting as agreed by the Audit, Risk and Assurance Committee. This committee will, where appropriate, scrutinise the impact of actions in response to audit recommendations.										
Board Assurance Framework	Board	Quarterly						BS	Assurance	
Corporate Risk Register - People and culture	Board	Quarterly						BS	Assurance	
Audit Recommendation Tracker	ADLT	Quarterly						BS	Assurance	
Audits within purview of Committee	Audit Committee	Ad Hoc						Relevant Director	Assurance	
3. Any other matter in relation to the Committee's overall purpose and responsibilities:										
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	TORs provide that this is the first meeting of the year. Reports go to Audit C'ee in April and Board May
Review of Terms of Reference	Audit/Board	Annually						BS	Approval	TORs provide that this is the first meeting of the year. Reports go to Audit C'ee in April and Board May
Committee Cycle of Business annual refresh	N/A	Annually						BS	Approval	
Committee Cycle of Business monthly review	N/A	Quarterly						BS	Review	Review against cycle progress at each meeting
Committee Review of Annual Priorities	N/A	Quarterly						BS	Review	
SUB-GROUPS										
Where applicable	N/A	Ad Hoc						N/A	N/A	WASPT reporting detailed above. No other sub-groups at this time
PROMPTS										
Relevant External Reports	N/A	Ad Hoc						Various	Assurance	

DPP = Director of People
EDO = Executive Director of Operations
EDQN = Executive Director of Quality and Nursing
DPE = Director of Partnerships and Engagement

Cycled for each meeting
 Ad hoc item - prompt for agenda setting
 Reporting developing

1	Revalidation	RNC every 3 years; HCPC every 2 years; GMC every 3 years
2	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.
3	Staff survey	Staff survey goes out (Sept?) and reports end (March).
4	Speaking Up Safely	For 25/6 the timing of the PCC assurance to ARC on the FTSU arrangements (whistleblowing) needs to be considered - take to ARAC after PCC. Review for 25/26 CoB.
5	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.
6	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'.
7	Annual Equality Report	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 coordinated 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.
8	PADR	Audit Wales Quality Governance Review 2022 made recommendations related to mortality reviews. The 2024 Quality Governance Follow Up Review (October 2024) re-opened previously closed recommendations as follows: R5 - The Trust has low Personal Appraisal and Development Reviews (PADR) compliance rates, for example in June 2022 the Trust's compliance was 59% against the 85% target. As part of embedding its new behaviours, the Trust should ensure that PADR rates are improved and set out the actions it will take to achieve this. The report found whilst PADR completion rates have improved since our original review, they continue to be below the Trust's target rate.



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WELSH AMBULANCE SERVICE PARTNERSHIP TEAM (WASPT) HIGHLIGHT REPORT

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

WASPT Meeting Date All WASPT meetings are held in person	23 September 2025
People and Culture Committee Meeting Date	13 November 2025
Chair	Rachel Marsh

KEY ESCALATION AND DISCUSSION POINTS

ALERT

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

1. No alerts arise from this meeting for the People and Culture Committee's attention.

ADVISE

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

2. The Welsh Government has accepted the 2025/26 NHS Pay Review Body recommendations, confirming a 3.6% consolidated pay increase for Agenda for Change staff from 1 April 2025. Trade Union partners updated the meeting on the position of their respective unions on **potential industrial action** over the pay award. There is a meeting of Full Time Officers and the Cabinet Secretary on 29 September and, other than UNISON, all other unions are awaiting the outcome of that meeting before further action is taken. UNISON has issued a letter outlining the basis of their dispute, which centres on pay, which should be with the Interim CEO shortly.
3. It was agreed that the **spotlight item in Siren** will focus on overruns and round two of the social partnership work.
4. The **WASPT workshop** that followed the meeting was a risk management session.
5. Members **reflected** that the discussion on overruns was robust and constructive with thanks to the Chair and leadership team for affording it the additional time on the agenda that it needed. It highlighted the importance of being mindful of the language we use, while also reinforcing the value of respectful challenge.



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ASSURE

(Detail here any areas of assurance)

6. Three issues were raised by Trade Union Partners as a result of their pre-meet, and they included the industrial injury process, overruns and the rate of change in the integrated care department. The key areas of note are:

Industrial Injury Process

- The process is currently under review in partnership. Concerns were raised by Trade Union Partners as to staff presenting their cases rather than it being a paper exercise, and a potential imbalance information managers and staff can access. The Executive Leadership Team will review the process and return it to WASPT for further consideration.

Overruns

- The issue of overruns was also included in the SLT/AAA. Overruns continue to affect operational hours, increase TOIL accruals and contribute to a very poor working experience for many. While internal efforts have been ongoing illustrating marginal improvement, new proposals are being trialled, including better application of shift start and finish SOP and seeking to implement cohorting at end of shift in YGC. These are being modelled further, with subgroup work planned to deliver outcomes before winter. It was acknowledged that improvements in lost hours alone will not resolve the issue, and broader action is needed.
- There was a perception that earlier discussions lacked sufficiently senior decision-makers. However, it was emphasised that the heads of service involved were senior leaders in their own right, with the authority and expertise to contribute meaningfully to the process.
- Concerns were raised about the disconnect between bluesky thinking proposals and the modelling outcomes. The need for clinical scrutiny and balanced consideration of patient safety and staff wellbeing was emphasised.
- The emotional toll of overruns on staff was strongly acknowledged. There is a recognised need for a Health and Safety risk assessment that captures the impact on stress and family life however this is to be included in the wellbeing assessment being charged by People Services. The importance of modelling not just operational outcomes but also the potential positive effects on staff experience and wellbeing was highlighted. Occupational health and health and safety teams are expected to lead on this, with TUPs feeding into the process.
- Next steps and continued engagement: There was consensus that the issue requires urgent and continued prioritisation, joint working and dedicated time. A meeting scheduled for 29 September was noted as insufficient in duration, and there was a call to extend it and establish a series of follow-up sessions. The importance of maintaining momentum, revisiting ideas and



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ensuring both operational and staff perspectives are considered in future modelling and decision-making was reinforced. The outcome and outputs of these follow up sessions would come back to both ELT and to WASPT noting the mechanisms and structures that exist beforehand.

Integrated Care

- The pace of change within the Integrated Care department is generating stress and concern among staff. This is being raised here for awareness in the first instance. A staff survey is currently underway to gather feedback covering preparing people for change in relation to the Clinical Model Transformation (CMT), ahead of Phase II Ambulance Performance Framework developments. Further details on the specific changes of concern will be shared with the Executive Director or Operations to ensure they are taken holistically with those closely impacted, including areas such as Clinical Support Desk (CSD), call handlers and the 111 service, noting that discussion was already thought to have taken place between colleagues at local level.
7. An update was provided to WASPT on progress against the **ACAS Action Plan**, originally developed to strengthen working relationships between WAST leadership and trade union partners following the 2022 ACAS review. The plan has evolved to include new actions arising from the May 2025 WASPT development session and feedback from the Social Partnership Conference. The plan is progressing well with no escalations required. Social partnership education modules now available on LMS365 and all staff are encouraged to undertake these.

Local Partnership Forums

8. The **AAA from the Senior Leadership Team/Trade Union Partnership** (SLT/TUP) from 6 August 2025 was received. The issues relating to overruns are included above. No alerts were raised; however, it was noted that the following issues were discussed:
- Issues are being escalated unnecessarily to SLT/TU due to lack of closure and feedback at SOT level, highlighting the need for better communication and ownership at SOT/TU, with deputies to attend if leads are absent
 - Significant vehicle cleanliness issues have been identified, with no current plan in place, requiring urgent operational action and an improvement plan before the new IPC lead starts in September.
 - Removal of rear-view video screens in ambulances has raised staff safety concerns, with the group requesting access to legal advice and the opportunity to make representations, emphasising that legal privilege should not override health and safety.
 - The Manchester Arena Inquiry internal audit received substantial assurance, with findings to be presented to ARAC in September, and further audits scheduled for later in the year.
 - A four-month pilot has commenced which aimed to increase available TOIL (time off in lieu) hours. It was emphasised that the 2.5% figure is a minimum not a cap, and all refusals to be reviewed for transparency and further improvement.



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- Proposal to extend SORT opportunities to ACA1 staff is under review, with trade unions to receive written details and provide feedback, ensuring no change to pay or scope without agreement
- The resource policy is being updated with trade union involvement, aiming to publish agreed areas as a living document.
- Phase 2 of the new Ambulance Performance Framework is progressing towards a 1 December go-live, and intensive work ongoing to meet challenging data requirements
- The meeting was positive with constructive engagement, but concerns remain about recurring alerts without clear action plans and the urgency of addressing overruns for staff benefit

9. The **Corporate Partnership Forum** (CPF) met on 22 July 2025, with key updates as follows:

- The Forum agreed the revised terms of reference for endorsement by WASPT, with a change in membership and an open invitation for another Trade Union Partner to join, but a joint Chair is yet to be agreed. These were approved by WASPT.
- A new, clearer procedure for managers on Job Evaluation and Organisational Change was introduced, with Trade Union Partners raising the need for annual job description reviews and monitoring, though resource constraints limit this.
- A new induction programme is being developed to help new starters feel connected and informed, with a pilot scheduled for September or October and Trade Union Partners contributing to content.
- The Quality team is undergoing an Organisational Change Process, with current vacancies not being backfilled, and support being provided by People Services; improvements are being sought in handling general enquiries.
- Governance arrangements are being established for the service review, with a dedicated lead and a Sustainability Programme Project Manager to be appointed, and commercial opportunities being explored.
- Updates are underway for digital reporting, with a directorate overview presented at July's FPC and scheduled for the next CPF meeting.
- Multiple estates and procurement projects are progressing, including Dolgellau, Monmouth, Bangor Workshops, Thanet House, fire safety audits, ISO 14001 retention, cleaning contract tender, EFPMS submission, quinquennial surveys, and a £25m fleet replacement project.
- Issues were raised about flexible working requests being misrouted in ESR and some still using paper forms; actions are being taken to clarify responsibilities, introduce timing triggers, and ensure correct processes are followed.

RISKS

A risk management workshop was held after the WASPT meeting, however this meeting also raised a number of risks in discussions on overruns in particular, both to patients and to our people.



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COMMITTEE AGENDA FOR MEETING		
Items raised by TUPs after pre-meet	Industrial action	ACAS actions update
SLT/TU AAA report from 6 August meeting	Corporate Partnership Forum AAA from 22 July meeting and TOR	Siren spotlight comms
WASPT WORKSHOP		
Risk Management		

COMMITTEE ATTENDANCE						
Name	30 May 2025	24 July 2025	22 Sept 2025			
Jason Killens						
Mark Marsden (Unison)						
Carl Kneeshaw						
Lee Brooks						
Rachel Marsh		Interim CEO	Interim CEO Chair			
Chris Turley			Ed Roberts			
Andy Swinburn						
Estelle Hitchon						
Trish Mills						
Chair Corporate LPF	Liz Rogers		Liz Rogers			
Unite representative	Christian Fox	Christian Fox Chair	Christian Fox			
Unite representative	Kevin Gamlin	Hugh Parry	Hugh Parry			
Unite representative	Alison Williams	Alison Williams	Alison Williams			
GMB representative	Marcus Viggers	Marcus Viggers	Marcus Viggers			
GMB representative	Jane Wellington-Rees	Mal Jones	Charlie Phillips			
GMB representative						
Unison representative	Mark Marsden		Chris Ferris			
Unison representative	Henry Garrard	Henry Garrard	Henry Garrard			
Unison representative		Carol Roberts	Damon Turner			
RCN representative		Vicky Rees	Vicky Rees			
RCN representative						
RCN representative						

	Attended
	Deputy attended
	Apologies received/Not attended
	No longer member/Not member



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WELSH AMBULANCE SERVICE PARTNERSHIP TEAM (WASPT) HIGHLIGHT REPORT

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

WASPT Meeting Date All WASPT meetings are held in person	20 November 2025
People and Culture Committee Meeting Date	10 February 2026
Chair	Mark Marsden

KEY ESCALATION AND DISCUSSION POINTS

ALERT

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

1. No alerts arise from this meeting for the People and Culture Committee's attention.

ADVISE

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

2. It was agreed that the **spotlight item in Siren** will focus on overruns.
3. There was no **WASPT workshop** following this meeting.
4. Members **reflected** that the meeting was efficient and well chaired, with members welcoming Mark Marsden back to the chair.

ASSURE

(Detail here any areas of assurance)

5. Two key actions are underway to reduce **shift overruns**: revising the dispatch framework for resource co-ordinators and introducing smart tethering, which proactively considers shift length and job allocation. Trade Union Partners welcomed progress but highlighted concerns about implementation timelines and the need for engagement from Emergency Medical Services Co-ordination colleagues, noting the additional workload. Evidence-based modelling will inform smart tethering, and a Quality Impact Assessment is being developed. There is commitment to advancing measures that mitigate overruns and encouraged timely feedback on any concerns. While



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modelling supports decision-making, patient flow and staff well-being remain priorities. Support is available to aid understanding of modelling approaches.

6. UNISON provided an update that their **dispute ballot** will close on 21 November. Further updates will come to the next meeting and Trade Union Partners will communicate the outcome of the ballot to management and work in partnership on any required communications.
7. Following changes from Band 4 Emergency Medical Technician (EMT) to Band 5 Emergency Ambulance Practitioners (EAP), work has focused on the **future skill mix for Emergency Ambulances** to deliver best value clinically and financially. A task and finish group developed several options, the details of which will be communicated more widely in the coming weeks.
8. **Update on WHC and non-pay elements of the collective agreement:** A previous pay agreement changed the payment of unsociable hours (USH) during sickness absence from six weeks to one week, with payments calculated on averages and aligned with other Welsh organisations. However, delays in processing USH payments for absences of 28 days or more remain a concern. The e-timesheets project has indicated that we could use the GRS system to make the process quicker which could accelerate payments compared to the current ESR process. Consideration will be giving to how this may be monitored.

Local Partnership Forums

9. The Senior Leadership Team/Trade Union Partnership (SLT/TUP) was being held after this WASPT meeting therefore there was no AAA from that forum.
10. The Corporate Partnership Forum (CPF) met on 29 October, with key updates as follows:
 - The Group noted a concern raised about the ongoing development of Artificial Intelligence (AI). It was confirmed that AI is not being introduced to replace roles within the Trust, and work is underway to develop an AI strategy as part of broader digital initiatives.
 - The pace of change within integrated care remains high, with efforts to maintain clear communication and avoid overloading staff. Opportunities to improve engagement through workshops used here may have application for wider groups with respect to the skill mix work, particularly if done virtually given they will be aimed at front line staff.
 - Concerns were raised about the volume of organisational change processes (OCPs) and the need to review priorities for the coming year. The focus will be on consolidating existing changes and limiting new initiatives to those aligned with the performance framework and CMT, while recognising financial pressures may drive further adjustments. A review of formal and informal change processes, with trade union input, is welcomed to ensure proportionality and effective partnership working.

RISKS



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The appropriateness of recording overruns as a separate risk on the Corporate Risk Register was questioned, with advice that this may be better captured under staff well-being risk. Confirmation will be sought to ensure accurate risk register entry.

COMMITTEE AGENDA FOR MEETING		
Items raised by TUPs after pre-meet	Shift overruns briefing	Update on industrial action
Skills mix on emergency ambulance	Update on WHC and non-pay elements of the collective agreement	Corporate partnership AAA from 29 October 2025
Siren spotlight		
WASPT WORKSHOP		
No workshop held		

COMMITTEE ATTENDANCE						
Name	30 May 2025	24 July 2025	22 Sept 2025	20 Nov 2025		
Jason Killens	Chair					
Emma Wood						
Mark Marsden (UNISON)				Chair		
Carl Kneeshaw						
Lee Brooks				Sonia Thompson		
Rachel Marsh		Interim CEO	Interim CEO Chair			
Chris Turley			Ed Roberts	Ed Roberts		
Andy Swinburn						
Estelle Hitchon						
Trish Mills						
Chair Corporate LPF	Liz Rogers		Liz Rogers	Sara Williams		
Unite representative	Christian Fox	Christian Fox Chair	Christian Fox	Kevin Gamblin		
Unite representative	Kevin Gamlin	Hugh Parry	Hugh Parry	Hugh Parry		
Unite representative	Alison Williams	Alison Williams	Alison Williams	Alison Williams		
GMB representative	Marcus Viggers	Marcus Viggers	Marcus Viggers			
GMB representative	Jane Wellington-Rees	Mal Jones	Charlie Phillips	Sharon Thorpe		
GMB representative						
UNISON representative	Mark Marsden		Chris Ferris	Carol Roberts		
UNISON representative	Henry Garrard	Henry Garrard	Henry Garrard	Henry Garrard Chair		
UNISON representative		Carol Roberts	Damon Turner	Damon Turner		
RCN representative		Vicky Rees	Vicky Rees	Vicky Rees		
RCN representative						
RCN representative						

	Attended
	Deputy attended
	Apologies received/Not attended
	No longer member/Not member



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Agenda Item No.

16

REPORT TITLE

Education Commissioning 2027-2028

MEETING

Name of meeting	People & Culture Committee
Date of meeting	10 February 2026
Public or Private	Public
If private - rationale	n/a

REPORT SPONSOR

Executive sponsor	Carl Kneeshaw, Director of People
Author(s) of report	Jo Kelso, Head of Workforce Education & Development

PURPOSE OF REPORT

- | | |
|--|--|
| <input type="checkbox"/> Approval | <input type="checkbox"/> Endorsement |
| <input checked="" type="checkbox"/> Assurance | <input type="checkbox"/> Discussion |
| <input type="checkbox"/> Information (goes in consent items) | <input checked="" type="checkbox"/> Noting |

REPORT SUMMARY:

[See writing and presentation guidance [here](#) to inform this section]

1. Annual activity related to Education Commissioning currently in progress. This exercise incorporates pre-registration commissioning for commencement of studies in FY 2027/2028 and all other commissioning for commencement of studies in FY 2025/26.
2. Target submission date for draft WAST education commissioning numbers to HEIW is by 31 January 2026.



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3. A meeting has been scheduled for 3 February 2026 to discuss our Paramedic Science Pre-Registration request for this year given the significant scaling back on Full Time numbers – please note that the commissioning process allows for the Trust to make any alterations required up until Final, Board Approved education commissioning numbers which are expected to be received by HEIW by 31 March 2026.
4. The ongoing Skills Mix work related to our Clinical Model Transformation and Ambulance Performance Framework has been taken into consideration regarding the impact on Education Commissioning requirements alongside the financial settlement and budget pressures.
5. Close cross Trust working ensures inclusion of all clinical roles currently within or planned to be within our service lines.
6. The subsequent final plan requires Chief Executive Officer endorsement. This SBARN will proceed through People and Culture Committee prior to final sign off and endorsement.

RECOMMENDATION(S)

See writing and presentation guidance [here](#) to inform this section

The People & Culture Committee is requested to:

1. Note and support the content of the report

ADDITIONAL PAPER(S)

Set out here any annexes. See writing and presentation guidance [here](#) regarding materiality and use of the Reading Room

The People & Culture Committee is requested to receive the following:

Annex 1 Copy of letter from HEIW



Governance and assurance checks to support decision-making and demonstrate alignment and risk mitigation

STRATEGIC OBJECTIVE(S) THIS REPORT SUPPORTS

Narrative here (select all that apply) [[link to objectives and what good looks like](#)]

<input checked="" type="checkbox"/> SO1: Providing the right care or advice, in the right place, every time	<input checked="" type="checkbox"/> SO2: Enabling our people to be the best they can be
<input type="checkbox"/> SO3: Being at the forefront of innovation and technology	<input checked="" type="checkbox"/> SO4: Developing services in collaboration
<input checked="" type="checkbox"/> SO5: Being quality driven and clinically led	<input type="checkbox"/> SO6: Delivering exceptional value

RISK(S) THIS REPORT MITIGATES

Where relevant note the local, directorate, corporate or BAF risk number

N/A

HEALTH & CARE QUALITY STANDARD(S) THIS REPORT SUPPORTS

Quality Domains (select all that apply) [[link to standards](#)]

<input checked="" type="checkbox"/> Safe	<input checked="" type="checkbox"/> Timely	<input checked="" type="checkbox"/> Effective
<input type="checkbox"/> Efficient	<input checked="" type="checkbox"/> Equitable	<input checked="" type="checkbox"/> Person Centred

Quality Enablers (select all that apply) [[link to standards](#)]

<input checked="" type="checkbox"/> Leadership	<input checked="" type="checkbox"/> Workforce	<input checked="" type="checkbox"/> Culture
<input type="checkbox"/> Information	<input checked="" type="checkbox"/> Learning Improvement & Research	<input checked="" type="checkbox"/> Whole Systems Approach

WAST WELLBEING OBJECTIVE(S) THIS REPORT SUPPORTS

Narrative here (select all that apply) [[link to goals](#)]

<input checked="" type="checkbox"/> A socially responsible and inclusive employer	<input checked="" type="checkbox"/> An innovative and sustainable organisation	<input type="checkbox"/> A pro-active, accessible and equitable care provider
<input type="checkbox"/> n/a	<input type="checkbox"/> n/a	<input checked="" type="checkbox"/> n/a

IMPACT ASSESSMENTS FOR CONSIDERATION

Where a strategic decision is being sought, an Equality Impact Assessment must accompany this paper. You may need to do other impact assessments also so please refer to this signpost document [here](#) for further details.

Does this paper require an impact assessment	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
If yes, what impact assessment is attached	

APPROVAL/SCRUTINY ROUTE

Date	Person/Group/Committee
21 January 2026	People & Culture Business Meeting
27 January 2026	Executive Leadership Team
10 February 2026	People & Culture Committee



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SITUATION

1. HEIW require each NHS Wales organisation to provide an annual Education Commissioning return. This enables HEIW to take into account WAST future workforce requirements. It will also assist preparation and planning requirements for Higher Education Institutes commissioned to deliver such related training and Welsh Government in allocating funding.

BACKGROUND

2. This Educational Commissioning exercise is aimed at clinical and related roles within the NHS.
3. Professions/roles within scope:
 - Pre-registrant Paramedic Science
 - Enhanced practice – Paramedicine; Nursing; Midwifery; Clinical related Education & other Allied Health Professions
 - Advanced practice – Paramedicine; Nursing; Midwifery; Clinical related Education & other Allied Health Professions
 - Consultant roles

ASSESSMENT

4. Annual activity related to Education Commissioning for commencement of studies in FY 2027-2028 is currently in progress. The letter from HEIW triggering related activity including guidance sessions provided by HEIW was delayed due to the knock on effect of delayed correspondence received from Welsh Government – deadlines have not been revised to take account of this. Target submission date for draft WAST education commissioning numbers to HEIW is by 31.01.2026. Final, Board Approved education commissioning numbers to HEIW by 31.03.2026
5. Pre-registration – Commencement of studies FY 2027/2028

It is highly likely that our full-time education commissioning numbers will be decreased. As an organisation, we are undertaking a piece of work on our EA skills mix, which will lead to a decreased Paramedic establishment. This is in addition to our clinical model transformation work and strengthening of the Remote Integrated Care Service (RICS), where new ways of working will likely lead to a decrease in conveyancing of patients, and an increase in remote care. Considering the number of current Paramedic SIP and our historical turnover rates, we are unlikely to require graduate paramedics for a number of years. We



are awaiting an Executive decision regarding our NQP intake for 2026, and this will inform our future commissioning decisions.

Paramedicine – request to build on the request for 2026/2027 – copy of rationale below for ease of reference.

*a **combined reduction** by 15 on the 139 commissioned for 2025/26 (ie total commissioned for 2026/27 is 124) **and a rebalancing of Full time/Part time modes of study**. This approach will enable the Trust to increase the number of EAPs the Trust develops for 60 Part-time places via Swansea University. The residual balance of 64 Full Time places will be split between the 2 universities with HEIW contracts (ie Swansea University and Wrexham University) to deliver Full Time BSc Paramedic Science. These Full Time places will be to meet projected geographical demand for 2029/30.*

Therefore, the commissioning request for 2027/2028 is as follows:

- Paramedicine - Full Time – 20
- Paramedicine - Part Time – 60 drawn from Level 4 qualified EMTs/EAPs, Pan-Wales
- Adult Nursing – Full Time – 25 – compensatory number based on expected recruitment into WAST from qualified workforce across NHS Wales, as follows:
 - South West / Central Region (Swansea Bay University, Powys Teaching and Hywel Dda University Health Boards) – 8
 - South East (Cardiff and Vale, Aneurin Bevan, Cwm Taf Morgannwg Health Boards) – 8
 - North (Betsi Cadwallader University Health Board) – 9

6. Enhanced Practice

- Paramedicine – 25 bridging modules
- Nursing/Midwifery/other AHPs – 5 bridging modules
- Integrated Care - 40 Remote Clinical Decision-Making modules
- Professional Advocate – 3 places on courses

7. Advanced Practice

- Paramedicine – 20 MSc for Trainee APP roles (both FT & PT); 15 Prescribing modules
- Nursing/Midwifery/other AHPs – 8 MSc
- Clinical Education - Learning & Development Managers – 3 MSc
- Clinical Education – Integrated Care – 2 MSc
- Integrated Care Remote Clinical Care/other AHPS – 10 MSc



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8. Consultant Level Practice

- Paramedicine - 1
- Nursing/Midwifery/other AHPs – 2

RECOMMENDATION

9. The recommendation(s) are as set out in the front cover above.

NEXT STEPS

10. A letter is sent to HEIW.Planning&Performance@wales.nhs.uk Confirming Chief Executive endorsement following approval by the People & Culture Committee and Trust endorsement by 31 March 2026.



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Cymru (AaGIC)
Health Education and
Improvement Wales (HEIW)

Addysg a Gwella Iechyd Cymru (AaGIC)
Health Education and Improvement Wales (HEIW)

Tŷ Dysgu, Cefn Coed,
Nantgarw CF15 7QQ

Ffôn | Tel: 03300 585 005

Ebost | Email: heiw@wales.nhs.uk

Gwefan | Web: aagic.gig.cymru / heiw.nhs.wales

Our Ref: AH/lb

Date: 17 December 2025

Sent by email

NHS Wales Chief Executives

Dear Colleague

Education Commissioning Process for 2027-28

As you know Health Education and Improvement Wales (HEIW) undertakes an annual education commissioning process for all healthcare professions, which culminates in recommendations for Welsh Government on education and training places for NHS Wales and the associated investment.

We recognise that with the workforce data and modelling capacity that now exists we can move to a more future focused approach to workforce supply planning, reflecting regional perspectives, new models of care and population-based methodologies. Our intention is to work with you and your teams over the next year to transition to this new approach and we will do this via the new Workforce Supply Oversight Group that CEMT endorsed earlier this month.

In the meantime, we will need to develop recommendations for 2027/28 based on the existing process and to support this process, we are requesting that all Health Boards and Trusts complete annual education commissioning returns.

The commissioning return is your opportunity as an organisation to provide HEIW with the system-wide workforce intelligence that informs future workforce requirements. This enables us to balance training capacity, workforce needs, employment opportunities and the financial context in order to commission a robust workforce pipeline.

The context for this year's planning process was discussed at a workshop last month with your workforce planning leads. Updates were provided on the supply data dashboard, changes to education courses and the nursing, pharmacy, primary care and perinatal workforce plans to help inform local IMTP development and identification of workforce requirements. Colleagues at the session were reminded that colleagues at HEIW are available to support your completion of the Education and Training Commissioning process and would welcome early and ongoing engagement to ensure our plans reflect your workforce needs now and in the future.

For 2027-28, HEIW has developed a SharePoint site to help submission of returns and to provide a range of data to support you identify your education commissioning requirements. These data include:

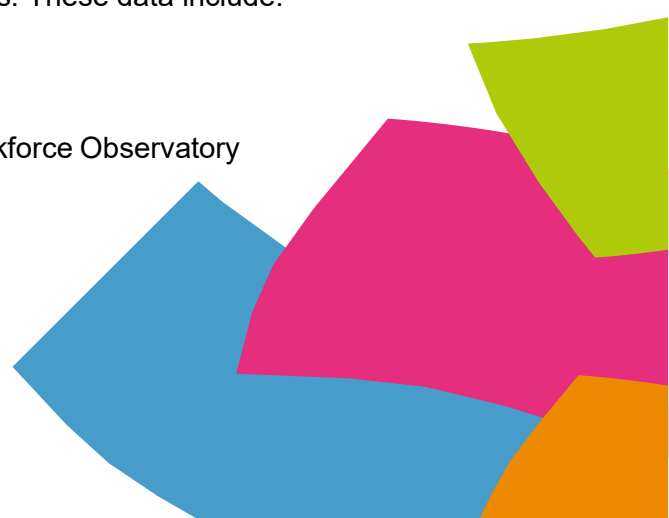
- Historical trend data for training places
- New supply and demand modelling (limited professions)
- Sense making resources and data dashboards via the Workforce Observatory

Cadeirydd | Chairman: Dr Chris Jones

Prif Weithredwr | Chief Executive: Alex Howells

Pencadlys HEIW | HEIW Headquarters, Tŷ Dysgu, Cefn Coed, Nantgarw CF15 7QQ

Ffôn | Tel: 03300 585 005



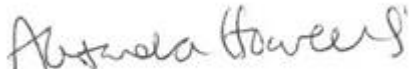
Given the direct link to investment in education and training and future employment opportunities, I would be grateful if you could endorse your return prior to submission.

Similar to last year we kindly request that your organisation submits:

- Draft education commissioning numbers by **31 January 2026** via the SharePoint Site
- Final board approved education commissioning numbers by **31 March 2026** via the SharePoint Site

If you have any questions or need any support, please contact: HEIW.Planning&Performance@wales.nhs.uk

Yours sincerely



ALEXANDRA HOWELLS
CHIEF EXECUTIVE

c.c. NHS Wales Directors of Workforce and Organisational Development



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Agenda Item No. 17

REPORT TITLE

HCPC Registration and NMC Registration and Revalidation 2025

MEETING

Name of meeting	People and Culture Committee
Date of meeting	10 February 2026
Public or Private	Public
If private - rationale	Choose item from below

REPORT SPONSOR

Executive sponsor	Andy Swinburn, Executive Director of Paramedicine Liam Williams, Executive Director of Quality and Nursing
Author(s) of report	Greg Lloyd, Assistant Director of Clinical Delivery Deborah Armstrong, Head of Education, Professional and Clinical Practice (Nursing)

PURPOSE OF REPORT

<input type="checkbox"/> Approval	<input type="checkbox"/> Endorsement
<input checked="" type="checkbox"/> Assurance	<input type="checkbox"/> Discussion
<input type="checkbox"/> Information (goes in consent items)	<input type="checkbox"/> Noting



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REPORT SUMMARY:

[See writing and presentation guidance [here](#) to inform this section]

1. This Report sets out the Welsh Ambulance Services University 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) and all Registered Nurses and Midwives maintain their professional registration obligations with the Nursing and Midwifery Council (NMC).
2. The report also provides registration updates as of September 2025 for the HCPC, NMC, General Medical Council (GMC) and General Pharmaceutical Council (GPC).

RECOMMENDATION(S)

See writing and presentation guidance [here](#) to inform this section

The People and Culture Committee is requested to:

1. Accept and approve this paper as a report and assurance of WASTs professional registration processes.
2. To include registration requirements in long term abstraction and/or keeping in touch days discussions and return to work planning.
3. Accept and approve this paper as a report and assurance of WASTs professional registration processes.

ADDITIONAL PAPER(S)

Set out here any annexes. See writing and presentation guidance [here](#) regarding materiality and use of the Reading Room

N/A



Governance and assurance checks to support decision-making and demonstrate alignment and risk mitigation

STRATEGIC OBJECTIVE(S) THIS REPORT SUPPORTS

Narrative here (select all that apply) [[link to objectives and what good looks like](#)]

<input type="checkbox"/> SO1: Providing the right care or advice, in the right place, every time	<input type="checkbox"/> SO2: Enabling our people to be the best they can be
<input type="checkbox"/> SO3: Being at the forefront of innovation and technology	<input type="checkbox"/> SO4: Developing services in collaboration
<input checked="" type="checkbox"/> SO5: Being quality driven and clinically led	<input type="checkbox"/> SO6: Delivering exceptional value

RISK(S) THIS REPORT MITIGATES

Where relevant note the local, directorate, corporate or BAF risk number

N/A

HEALTH & CARE QUALITY STANDARD(S) THIS REPORT SUPPORTS

Quality Domains (select all that apply) [[link to standards](#)]

<input checked="" type="checkbox"/> Safe	<input type="checkbox"/> Timely	<input checked="" type="checkbox"/> Effective
<input type="checkbox"/> Efficient	<input type="checkbox"/> Equitable	<input type="checkbox"/> Person Centred

Quality Enablers (select all that apply) [[link to standards](#)]

<input checked="" type="checkbox"/> Leadership	<input checked="" type="checkbox"/> Workforce	<input checked="" type="checkbox"/> Culture
<input type="checkbox"/> Information	<input type="checkbox"/> Learning Improvement & Research	<input type="checkbox"/> Whole Systems Approach

WAST WELLBEING OBJECTIVE(S) THIS REPORT SUPPORTS

Narrative here (select all that apply) [[link to goals](#)]

<input type="checkbox"/> A socially responsible and inclusive employer	<input type="checkbox"/> An innovative and sustainable organisation	<input type="checkbox"/> A pro-active, accessible and equitable care provider
<input checked="" type="checkbox"/> n/a	<input checked="" type="checkbox"/> n/a	<input checked="" type="checkbox"/> n/a

IMPACT ASSESSMENTS FOR CONSIDERATION

Where a strategic decision is being sought, an Equality Impact Assessment must accompany this paper. You may need to do other impact assessments also so please refer to this signpost document [here](#) for further details.

Does this paper require an impact assessment	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
If yes, what impact assessment is attached	

APPROVAL/SCRUTINY ROUTE

Date	Person/Group/Committee
10 November 2025	Clinical Quality Governance Group



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SITUATION

1. This Report sets out the Welsh Ambulance Services University 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) and all Registered Nurses and Midwives maintain their professional registration obligations with the Nursing and Midwifery Council (NMC).
2. 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 and the NMC Code: Professional Standards of Practice and Behaviour for Nurses, Midwives and Nursing Associates.

BACKGROUND

Paramedicine

3. 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. 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 HCPC registered. Anyone using the title or practising as a Paramedic without being registered is subject to prosecution and a fine.
4. 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 (Standards of continuing professional development)
 - Provide evidence of Continuous Professional Development (CPD) if requested for re-registration (from 2009 the HCPC have requested evidence of CPD from a cross-section of registrants)



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- Comply with the Standards of Proficiency and the Standards of Conduct Performance and Ethics
- 5. 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.
- 6. 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. 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.
- 7. 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.
- 8. 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.
- 9. 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.
- 10. 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.

Nursing and Midwifery

- 11. The Nursing and Midwifery Council (NMC) is the independent regulator for Nurses and Midwives in the UK, and Nursing Associates in England. To be registered with the NMC to practise in the UK, every Nurse is expected to uphold a set of professional standards and act in line with [the Code](#).



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12. Revalidation was introduced in the UK by the NMC in April 2016 in response to a recommendation of the report by Sir Robert Francis QC (2013) into the role of commissioning, supervisory and regulatory bodies in the monitoring of standards at Mid Staffordshire Foundation NHS Trust.
13. In May 2018, the NMC published new Standards of Proficiency for Registered Nurses to reflect the changes taking place in society and health care, and the implications these changes have for Registered Nurses. These Standards are also designed to support Nurses to practise competently with diverse communities, to address health inequalities, and to recognise and challenge discrimination.
14. Revalidation is the process that all Nurses and Midwives in the UK and Nursing Associates in England need to follow to maintain their registration with the NMC. The purpose of revalidation is to improve public protection by making sure that Nurses and Midwives remain fit to practice throughout their career. It is the responsibility of the individual Nurse/Midwife to maintain their registration by meeting a range of revalidation requirements and submitting evidence every 3 years (Table 1). Additionally, an annual fee is required to maintain registration with the NMC.

Revalidation - every 3 years	Registration - Annually
<p>Date of revalidation is based on the month of qualification and is always due by the 1st of the designated month:</p> <ul style="list-style-type: none"> • 450 practice hours or 900 hours if renewing two registrations e.g., as both a Nurse and Midwife. • 35 hours of CPD including 20 hours of participatory learning. • 5 pieces of practice-related feedback. • 5 written reflective accounts. • Reflective discussion • Health and character declaration • Professional indemnity arrangement • Confirmation 	<p>Annual fee which can be paid yearly, quarterly or monthly. Date due is determined by the month of qualification. Current fee is £120 per year</p>

Table 1: Revalidation and Registration Requirements

Assurance Management

15. There is an inbound professional body interface that updates NMC registration information in the Electronic Staff Record (ESR).



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16. The Professional Registrations Interface currently links with the General Medical Council (GMC), NMC, Health and Care Professions Council (HCPC), General Dental Council (GDC) and General Pharmaceutical Council (GPhC). Three types of notifications are triggered to the relevant role holders: Medical Staffing Officer Role (M&D), Nursing Professional Registration Role (NMC), HCPC Registration Role, Dental Professional Registration Role and Pharmacy Professional Registration Role.
17. 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.
18. Decision Notification (NMC and HCPC): Where there is a mismatch on date of birth, first name, last name, but the professional registration number matches, this notification will be sent to the role holder asking them to confirm whether the details for the person are correct. If the role holder accepts the match, then the professional registration changes are applied to the professional registration record.
19. Updates of the same colour will be grouped into one notification i.e., all the green updates will be received in one single notification, red updates in another, and amber in another. This is ordered according to an agreed RAG status against the registration status (Table 2).

Status	RAG rating
Registered	Green (G)
Registered - with Caution	Amber (A)
Registered - with conditions	Amber (A)
Registered - Interim conditions of practice	Amber (A)
Deregistered Suspension	Red (R)
Deregistered Interim Suspension	Red (R)

Table 2: RAG Rating of ESR Dashboard

20. The Business Intelligence reporting is produced based on matching requirements we set of each position. 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 NMC registration will then flag anyone sitting in it that doesn't meet the requirement.



21. 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.
22. When a new starter is hired into a position requiring HCPC registration, the NHS Wales Shared Services Partnership (NWSSP) Team will populate the registration in ESR. New records for professional registrations cannot be entered using self-service, this needs to be entered by users with professional access (HR/Recruitment/Payroll).

ASSESSMENT

23. 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 (Consultant Paramedics) and Consultant Clinicians for Integrated Care and Emergency Medical Services Coordination (EMSC) are notified of any RAG issues highlighted from the ESR/HCPC update as soon as they are detected.
24. The monthly NMC/ESR Report is sent to WASTs Professional Nursing Lead to review and validate then provides a monthly assurance update to the Executive Director of Quality and Nursing.
25. Any anomalies on the NMC/ESR Report are cross referenced with the NMC online Database, with Line Managers and with individuals. Common causes of anomalies include incorrect position numbers on ESR, duplicate ESR records and errors in how the NMC number is recorded. Nurses who have an NMC approved extension date for revalidation may show as having a lapsed registration on the monthly report. This is updated when revalidation takes place by the new agreed date. Missed or delayed payments mean automatic removal from the Register.
26. The NMC/ESR monthly Report is usually received after the 1st of the month so there is a risk of a lapsed registration not being evident in a timely manner and a Nurse undertaking a shift whilst not registered. Nurses and Midwives on the NMC Register have different expiry dates which are aligned to their month of qualification and first date of entry onto the Register. As an extra layer of assurance, Nursing Managers have access to the NMC Employer Check System and, it is recommended that they conduct a routine monthly check for Nurses in their team.



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27. In addition, the Professional Lead for Nursing receives daily notifications of upcoming registration and revalidation renewal dates. These notifications are generated with a one-day retrospective delay.

2025 registration updates for HCPC

28. An ESR Report run on 4 September 2025 against the HCPC Register returned a list of 1376 staff with an active assignment requiring professional registration as a paramedic with the HCPC. 32 staff on this list had no matching HCPC registration record. Following a review of each of the 32 cases by the Consultant Clinicians the following information was noted:

- Six people were no longer in positions (either primary or secondary) requiring paramedic registration. Four staff had moved into a management role and two had moved into an Emergency Medical Technician (EMT) role which no longer required HCPC registration.
- Four people had assignments as a bank Paramedic but did not have a registration recorded with the HCPC. On further review three of the four members of staff had retired from the Trust on a previous date and not undertaken any bank since retiring. The fourth person had moved abroad with no intention of returning to WAST, all four staff had their bank contract withdrawn.
- One person had recently left the Trust, but ESR had only been updated as 'no assignments' at the time the Report was run. One person was shown as not registered as a Paramedic but is registered with the HCPC and employed in their professional status as a Physiotherapist (a second Physiotherapist in a Specialist Remote Care role was also confirmed as registered).
- Two people were registered on ESR as Learning Development Managers on bank contracts which is a role requiring registration. Following review both members of staff were being utilised to support the driving element of the role and not the clinical tutor element, an assessment was being undertaken to maintain employment under a different role not requiring professional registration.
- Four members of staff were showing as not registered but when contacted two were on a planned return to work following maternity leave, one member of staff had made an error whilst re-registering and the fourth person was on long term sickness absence. The members of staff were informed of their registration status and advised to engage with the HCPC as soon as possible. All staff were also informed that they could not work to their Paramedic scope of practice until their registration was confirmed. All four expressed their shock at missing their registration dates and that this was an oversight on their part.



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- The HCPC Register was reviewed for each of the remaining 14 cases, and all were matched. This administration error is due to ESR and HCPC requiring exactly the same names on each system to facilitate a match. All staff were told to check ESR and the HCPC Register so both have exactly the same names recorded going forward.
29. The HCPC Register was updated by 3 October 2025 and all assignments in ESR requiring a Paramedic registration were confirmed.

2025 registration updates for the Nursing and Midwifery Council

30. The September 2025 NMC/ESR Report is a typical representation of what is seen throughout the year:
- 305 people in the organisation with an active NMC registration
 - 2 people highlighted as in a position requiring active NMC registration but are not registered. These are both examples of incorrect position numbers. This most commonly occurs where Paramedics and Nurses undertake the same role e.g. 111/Clinical Support Desk. Once identified, this is rectified by the Line Manager.
31. There have been two incidents during 2025 of a lapse in nurse registration.
- One Nurse having completed her revalidation requirements, including professional discussion and confirmer check with Line Manager, subsequently failed to submit via the NMC online revalidation portal. The reason for non-submission was due to ill health and the individual absent from work at the time. The lapse was identified on the 2nd of the month via the daily Professional Lead updates and rectified by the individual with support from the NMC. The individual did not work whilst lapsed.
 - One Nurse lapsed because of non-payment of fees. The individual was unaware that their payment had not processed correctly and worked one shift in the 111 Service whilst unregistered. The lapse was identified on the 2nd of the month via the daily Professional Lead updates. A Datix was raised because the Nurse had worked one shift whilst lapsed. Calls taken on that day were audited, an investigation ensued to establish the reason for the situation. The individual contacted the NMC as soon as the lapse was known and made payment immediately. They remained off work (unpaid) until reinstated onto the Register which was approximately one week.
32. The process to follow in the case of a lapsed registration is described in the Trust's Nursing and Midwifery Revalidation and Registration Policy. The Policy is due for review and is currently being updated. A renewed emphasis will be placed on



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managerial responsibilities regarding NMC registration checks to enhance assurance processes, noting the daily NMC/ESR notifications are generated with a one-day retrospective delay.

2025 updates for the General Medical Council and General Pharmaceutical Council

33. Two Associate Medical Directors (AMD) in post report to the Executive Director of Paramedicine and confirmation of registration is included as part of the PADR review process. The GMC Register has been checked, and both AMDs are registered with a licence to practise.
34. The Trusts Lead Pharmacist reports to the Assistant Director for Clinical Development and is registered with the General Pharmaceutical Council.

RECOMMENDATION(s)

35. The recommendation(s) are set out in the front cover above.



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Agenda Item No. 18

REPORT TITLE

Risk Management and Board Assurance Framework Report

MEETING

Name of meeting	People & Culture Committee
Date of meeting	10 February 2026
Public or Private	Public
If private - rationale	n/a

REPORT SPONSOR

Executive sponsor	Trish Mills, Director of Corporate Governance / Board Secretary
Author(s) of report	Trish Mills, Director of Corporate Governance / Board Secretary

PURPOSE OF REPORT

<input type="checkbox"/> Approval	<input type="checkbox"/> Endorsement
<input checked="" type="checkbox"/> Assurance	<input type="checkbox"/> Discussion
<input type="checkbox"/> Information (goes in consent items)	<input type="checkbox"/> Noting

REPORT SUMMARY:

[See writing and presentation guidance [here](#) to inform this section]

1. The purpose of the report is to provide assurance in respect of the management of the Trust's principal risks, specifically the risks that are relevant to this Committee's remit.
2. The summary of these risks is set out in Annex 1 and the more detailed Board Assurance Framework (BAF) is in the reading room. This 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.



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3. Members can take assurance that each of the principal risks have been reviewed since the last committee meeting. Moreover, there has been extensive work to better align risks 160 (*High absence rates impacting on patient safety, staff wellbeing and the trust's ability to provide a safe and effective service*) and 558 (*Deterioration of staff health and wellbeing as a consequence of both internal and external system pressures*) to ensure it is more holistic, rather than separately focused on attendance and wellbeing. This new risk relates to deteriorating employee experience and workforce capacity due to underinvestment in people and organisational culture and looks at the resulting adverse impact on workforce capacity and patient safety.
4. Whilst risks 160 and 558 remain in the BAF, it is intended that they will be superseded by this new risk which aligns its controls, gaps in controls, and actions against the three Cs of the People and Culture Plan, those being culture, capacity and capability.
5. During this quarter work will commence on articulating the first risk on the strategic BAF related to Strategic Objective 2 – enabling our people to be the best they can be. Further updates on this as it develops will be provided to members.
6. Whilst there have been no further material changes made during this period, the BAF includes a commentary for each risk for the Risk Owner to describe the rationale for each of the risk ratings which is particularly important where ratings have remained static.

RECOMMENDATION(S)

See writing and presentation guidance [here](#) to inform this section

The People & Culture Committee is requested to receive assurance that risks have been reviewed in quarter and that further work is underway to better articulate both risks 160 and 558 as well as the strategic BAF risk.

ADDITIONAL PAPER(S)

Set out here any annexes. See writing and presentation guidance [here](#) regarding materiality and use of the Reading Room

The Committee is requested to receive the following:

Annex 1 Summary table

Annex 2 BAF (in reading room)



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Governance and assurance checks to support decision-making and demonstrate alignment and risk mitigation

STRATEGIC OBJECTIVE(S) THIS REPORT SUPPORTS

Narrative here (select all that apply) [[link to objectives and what good looks like](#)]

<input type="checkbox"/> SO1: Providing the right care or advice, in the right place, every time	<input checked="" type="checkbox"/> SO2: Enabling our people to be the best they can be
<input type="checkbox"/> SO3: Being at the forefront of innovation and technology	<input type="checkbox"/> SO4: Developing services in collaboration
<input type="checkbox"/> SO5: Being quality driven and clinically led	<input type="checkbox"/> SO6: Delivering exceptional value

RISK(S) THIS REPORT MITIGATES

Where relevant note the local, directorate, corporate or BAF risk number

As above, this paper goes to mitigations against people and culture related risks

HEALTH & CARE QUALITY STANDARD(S) THIS REPORT SUPPORTS

Quality Domains (select all that apply) [[link to standards](#)]

<input checked="" type="checkbox"/> Safe	<input checked="" type="checkbox"/> Timely	<input checked="" type="checkbox"/> Effective
<input checked="" type="checkbox"/> Efficient	<input checked="" type="checkbox"/> Equitable	<input checked="" type="checkbox"/> Person Centred

Quality Enablers (select all that apply) [[link to standards](#)]

<input checked="" type="checkbox"/> Leadership	<input checked="" type="checkbox"/> Workforce	<input checked="" type="checkbox"/> Culture
<input type="checkbox"/> Information	<input checked="" type="checkbox"/> Learning Improvement & Research	<input type="checkbox"/> Whole Systems Approach

WAST WELLBEING OBJECTIVE(S) THIS REPORT SUPPORTS

Narrative here (select all that apply) [[link to goals](#)]

<input checked="" type="checkbox"/> A socially responsible and inclusive employer	<input type="checkbox"/> An innovative and sustainable organisation	<input checked="" type="checkbox"/> A pro-active, accessible and equitable care provider
<input type="checkbox"/> n/a	<input checked="" type="checkbox"/> n/a	<input type="checkbox"/> n/a

IMPACT ASSESSMENTS FOR CONSIDERATION

Where a strategic decision is being sought, an Equality Impact Assessment must accompany this paper. You may need to do other impact assessments also so please refer to this signpost document [here](#) for further details.

Does this paper require an impact assessment	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
--	--

If yes, what impact assessment is attached

APPROVAL/SCRUTINY ROUTE

Date	Person/Group/Committee
28 December 2025	Executive Leadership Team
29 January 2026	Trust Board

Annex 1 – Summary

CORPORATE RISK REGISTER				
RISK ID	NEW RISK TITLE	NEW SUMMARY DESCRIPTION	EXECUTIVE OWNER	RISK SCORE
160 PCC	High absence rates impacting on patient safety, staff wellbeing and the trust's ability to provide a safe and effective service	<p>IF there are high levels of absence</p> <p>THEN there is a risk that there is a reduced resource capacity</p> <p>RESULTING IN an inability to deliver services which adversely impacts on quality, safety and patient/staff experience</p>	Director of People & Culture	<p>16 (4x4)</p> <p>➔</p>
558 PCC	Deterioration of staff health and wellbeing in the face of continued system pressures as a consequence of workplace experiences	<p>IF significant internal and external system pressures continue</p> <p>THEN there is a risk of a significant deterioration in staff health and wellbeing within WAST</p> <p>RESULTING IN increased sickness levels, staff burnout, poor staff and patient experience and patient harm</p>	Director of People & Culture	<p>15 (3x5)</p> <p>➔</p>
163 PCC	Maintaining Effective & Strong Trade Union Partnerships	<p>IF the response to tensions and challenges in the relationships with Trade Union partners is not effectively and swiftly addressed and trust and (early) engagement is not maintained</p> <p>THEN there is a risk that Trade Union partnership relationships increase in fragility and the ability to effectively deliver change is compromised</p> <p>RESULTING IN a negative impact on colleague experience and/or services to patients.</p>	Director of People & Culture	<p>12 (3x4)</p> <p>➔</p>



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Agenda Item No.

19

REPORT TITLE

Audit Tracker 25-26 Q3 Reporting (Oct-Dec25)

MEETING

Name of meeting	People and Culture Committee
Date of meeting	10 February 2026
Public or Private	Public
If private - rationale	n/a

REPORT SPONSOR

Executive sponsor	Trish Mills, Director of Corporate Governance/Board Secretary
Author(s) of report	Lisa Trounce, Head of Compliance and Assurance

PURPOSE OF REPORT

<input type="checkbox"/> Approval	<input checked="" type="checkbox"/> Endorsement
<input checked="" type="checkbox"/> Assurance	<input checked="" type="checkbox"/> Discussion
<input type="checkbox"/> Information (goes in consent items)	<input type="checkbox"/> Noting

EXECUTIVE SUMMARY:

[See writing and presentation guidance [here](#) to inform this section]

1. This paper provides the Committee with the **2025/26 Q3 position** with respect to management actions for audits within the purview of this committee.
2. The **Audit Handbook** notes that it is the responsibility of this 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.



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- Audit Tracker 3.0** has now been implemented and Power BI reporting is in development.
- The **Audit Tracker** has been updated in Quarter 3 of 2025/26. In an attempt to manage volume of papers, the tracker has been added to the lbabs reading room filtered to the actions assigned to this committee for oversight. This digital reading room hosts documents for additional information, not essential for scrutiny or decision-making. Access to the reading room is through the documents/shared folder in lbabs' main menu. Documents in the reading room will not be posted on the Trust's website with committee papers; however, copies can be provided to those without access to lbabs upon request.

Internal Audit

- During 2025/26 Quarter 3, there were a total of 30 **open internal audit recommendations** relevant to the Committee: 12 from 2024/25 (relating to Resourcing Policy, Exposure to Fumes, Occupational Health and Speaking Up Safely, and 18 from 2025/26 (related to Organisational Change and Mandatory In-Service Training).
- Of the 30 open internal audit recommendations, eight were **due for closure in quarter**, and 22 were not yet due.
- By end of quarter, seven (88%) of the eight audit recommendations due for closure during quarter were **confirmed as completed**, plus one other action not due until Q4 which was closed early - giving a total of eight closed actions in quarter.
- Six of the actions closed in quarter **met their original deadlines** (one of which was completed two months early), and the remaining two were completed by their 1st revised dates.
- A **new revised deadline** has been applied to just one audit action in quarter, that being: Audit Action 040-24/25 relating to the 2024/25 Exposure to Fumes internal audit:

Management Response	Original Deadline	1 st Revised Date	2 nd Revised Date	3 rd Revised Date
Audit Ref: 040-24/25 [Medium] Exposure to Fumes Audit Where possible, any relevant data source will be automated for transfer into the Data Vault.	31/03/2025	31/05/2025	31/12/2025	31/05/2026 (exception)

Completion of this action is dependent upon the Trust's Digital Work Plan, and capacity within the Digital Directorate. Further to discussions with Digital Directorate colleagues, it has been agreed that automation of data transfer into the data vault will occur with effect from May 2026. In view of this, a 3rd revision (31 May 2026) has been applied as an exception and the relevant Directors will be invited to attend the Audit, Risk and Assurance Meeting in March 2026, to provide the committee with the required assurance.



10. Other than this, there are six other **actions on existing revised dates**: four on first revision, and two are on their second (and therefore final revision) – these relate to the following 2024/25 internal audits and workstreams:

- **Resourcing Policy** (four actions)
 - Standard Operating Procedures (SOPs)
 - Communication of the policy
 - Process for TOIL
 - Performance reporting and monitoring of timeframes
- **Occupational Health and Wellbeing** (two actions)
 - KPIs
 - Trend Analysis

Trust Audit Ref. No.	Internal Audit	Directorate	Original Date	1 st Revised Date	2 nd Revised Date
24/25-015	Resourcing Policy	Operations	Mar-25	Sep-25	Sep-26*
24/25-016	Resourcing Policy	Operations	Oct-25	Sep-26*	
24/25-019	Resourcing Policy	Operations	Oct-25	Sep-26*	
24/25-022	Resourcing Policy	Operations	Oct-25	Sep-26*	
24/25-064	Occupational Health and Wellbeing	People and Culture	May-25	Sep-25	Sep-26**
24/25-065	Occupational Health and Wellbeing	People and Culture	Jul-25	Sep-26**	

11. All six revised dates detailed above (* and **) were initially set as 31 March 2026. However, during Quarter 2, these revisions were all amended to 30 September 2026, for the reasons outlined below:

Resourcing Policy Audit (Four Actions *)

During Quarter 2, it was proposed and agreed with the Executive Director of Operations, that these should be amended to 30 September 2026, to allow sufficient space and capacity to engage with Trade Union Partners on the changes.

Occupational Health and Wellbeing Audit (Two Actions **)

Following address by the Director of People to the Audit, Risk and Assurance Committee held in November 2025, it was noted that these two actions were connected to an All Wales issue with the supplier (Civica), requiring the team to consult with the national group. These revised dates were therefore amended from March 2026 to September 2026, to afford sufficient time for these discussions and, in the absence of a confirmed timeframe, for a local workaround to be implemented.



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15. At the end of quarter, there were 22 **remaining open actions**, which are due for completion as shown below:

Year	Quarter	Period	No. Audit Action Due for Completion
2025/26	Quarter 4	January – March 2026	0
2026/27	Quarter 1	April – June 2026	9
	Quarter 2	July – September 2026	10
	Quarter 3	October – December 2026	2
	Quarter 4	January – March 2027	1

External Audit

12. During 2025/26 Quarter 3, there were no open external audit recommendations relevant to the Committee.

RECOMMENDATION(S)

See writing and presentation guidance [here](#) to inform this section

The Committee is requested to:

1. Receive assurance on the monitoring of management actions to address recommendations in the Tracker, noting any revised dates for actions.
2. Receive assurance regarding the open audit recommendations relating to the Resourcing Policy and Occupational Health and Wellbeing.

ADDITIONAL PAPER(S)

Annex 1 Audit Tracker 3.0 – 2526 Q3 (Oct-Dec25) Updates – PCC (Internal Audit)



Governance and assurance checks to support decision-making and demonstrate alignment and risk mitigation

STRATEGIC OBJECTIVE(S) THIS REPORT SUPPORTS

Narrative here (select all that apply) [link to objectives and what good looks like]	
<input type="checkbox"/> SO1: Providing the right care or advice, in the right place, every time	<input checked="" type="checkbox"/> SO2: Enabling our people to be the best they can be
<input type="checkbox"/> SO3: Being at the forefront of innovation and technology	<input type="checkbox"/> SO4: Developing services in collaboration
<input type="checkbox"/> SO5: Being quality driven and clinically led	<input checked="" type="checkbox"/> SO6: Delivering exceptional value

HEALTH & CARE QUALITY STANDARD(S) THIS REPORT SUPPORTS

Quality Domains (select all that apply) [link to standards]		
<input checked="" type="checkbox"/> Safe	<input checked="" type="checkbox"/> Timely	<input checked="" type="checkbox"/> Effective
<input checked="" type="checkbox"/> Efficient	<input type="checkbox"/> Equitable	<input type="checkbox"/> Person Centred
Quality Enablers (select all that apply) [link to standards]		
<input checked="" type="checkbox"/> Leadership	<input checked="" type="checkbox"/> Workforce	<input type="checkbox"/> Culture
<input checked="" type="checkbox"/> Information	<input type="checkbox"/> Learning Improvement & Research	<input type="checkbox"/> Whole Systems Approach

WAST WELLBEING OBJECTIVE(S) THIS REPORT SUPPORTS

Narrative here (select all that apply) [link to goals]		
<input checked="" type="checkbox"/> A socially responsible and inclusive employer	<input checked="" type="checkbox"/> An innovative and sustainable organisation	<input checked="" type="checkbox"/> A pro-active, accessible and equitable care provider
<input type="checkbox"/> n/a	<input type="checkbox"/> n/a	<input type="checkbox"/> n/a

IMPACT ASSESSMENTS FOR CONSIDERATION

Where a strategic decision is being sought, an Equality Impact Assessment must accompany this paper. You may need to do other impact assessments also so please refer to this signpost document [here](#) for further details.

Does this paper require an impact assessment	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
If yes, what impact assessment	N/A [DPIA Checklist > DPIA not indicated]

APPROVAL/SCRUTINY ROUTE

Date	Person/Group/Committee
21 January 2026	Head of Compliance and Assurance
28 January 2026	Director of Corporate Governance/Board Secretary

WELSH AMBULANCE SERVICES UNIVERSITY NHS TRUST

Audit Tracker 3.0 - 2025/26 Quarter 3 (October - December 2025) Updates - People and Culture Committee (Internal Audit)

ID	Audit Tracker 3.0 Action Ref.	Year / Audit Plan	Audit Type	Committee Assigned	Public or Private Committee	Report Title	Assurance Rating	Responsible Officer	Director	Priority Level	Rec. No. in Plan	Recommendation Text	Rec. No. in Plan Response	Management Response	Expected Evidence of Implementation	Agreed Deadline in Report	Status - met or not (self-agreed deadline in report)	1st Revised Date	2nd Revised Date	3rd Revised Date	Action Status	*ACTION UPDATE	*LIST OF EVIDENCE SUPPLIED TO SUPPORT PROPOSED CLOSE
33	035-2625	2625	Internal Audit	POC	Public	Resourcing Policy	Limited	Solihun Fash	Lee Brooks	High	1.2	The Functional SOPs for each area should be completed, approved and communicated to all staff.	1.2	Resourcing will conduct departmental Standard Operating Procedures to support consideration relevant to individual functions. SOP will review and agree each of our SOPs to be published and communicated to staff and resourcing teams.	31/03/2025	Not Met	30/09/2025	30/09/2025		Open			
34	035-2625	2625	Internal Audit	POC	Public	Resourcing Policy	Limited	Jonathan Edwards	Lee Brooks	High	1.3	The Resourcing Policy should be reviewed and revised (or re-drafted), approved at an appropriate forum and communicated to all staff.	1.3	The Trust accepts this recommendation, and the Resourcing Policy will be reviewed and revised. A Resourcing Policy Group, in partnership with Trade Unions, will convene to review the existing policy. Governance arrangements including SOP, SLT and LT will ensure changes are agreed and recorded.	31/03/2025	Not Met	30/09/2025		Open				
35	039-2625	2625	Internal Audit	POC	Public	Resourcing Policy	Limited	Jonathan Edwards	Lee Brooks	Medium	3.1	The process for TOL should be reviewed, revised, agreed and communicated to provide clarity for both the Resource Co-ordinators and staff.	3.1	The process for agreed TOL will be reviewed, revised, agreed and communicated as part of the Resourcing Policy review via Management Action response 1.3. This will provide clarity for both the Resource Co-ordinators and staff.	30/10/2025	Not Met	30/09/2025		Open				
36	032-2625	2625	Internal Audit	POC	Public	Resourcing Policy	Limited	Solihun Fash	Lee Brooks	Medium	5.1	The Trust should ensure that performance against all expected frameworks within the Resourcing Policy are reported and monitored.	5.1	The Trust accepts this recommendation. The KPIs listed within the report are based on the existing resourcing policy. A supporting framework will be developed as part of the Resourcing Policy Review (see Management Action response 1.3). There are however no areas that have been completed or agreed upon as per below: Action 5.1 - viability of use and shift. This functionality exists and is used within the OIS system options. This is complete. Action 5.1.4 & Availability and acceptance of overtime - These KPIs are no longer applicable due to the implementation of the overtime allocation SOP and Financial Savings Plan.	31/03/2025	Not Met	30/09/2025		Open				
37	040-2625	2625	Internal Audit	POC	Public	Exposure to Forms	Reasonable	Necia White	Liam Williams	Medium	3.1	To ensure completeness of such, the Trust should ensure that the systems currently used are designed to include capture the information required.	3.1	Where possible, any relevant data source will be automated to transfer into the Data Vault.	31/03/2025	Not Met	31/05/2025	31/12/2025	31/05/2026 (revised)	Open	25/06/25 Update: 26/02/2026: Prepare a revised final date of May26 (reception an dependent upon Digital work plan and capacity). Further to discussion with Digital Operations colleagues it has been agreed that subsequent of data transfer into the data vault will occur from May 2026.		
45	064-2625	2625	Internal Audit	POC	Public	Occupational Health & Wellbeing	Reasonable	Ken Crochton	Carl Kneeshaw	Medium	2	"Enhance Occupational Health Performance Data Within the A&A Waives KPIs are monitored, further information to evaluate within the occupational health system that could be analysed to enhance performance reporting."	2	Occupational Health will conduct a comprehensive review of available data within OHS/SD to identify additional performance indicators that can enrich our reporting processes alongside the A&A Waives KPIs. This will include monitoring areas such as medication requests, immunisation reviews, and other relevant clinical activities. A robust process will be established to regularly analyse and report on these indicators to support service improvement and trend identification. First enhanced report to be available by May 2025, and to be monitored within People and Culture Directorate Business Meeting on 22/05/25.	31/03/2025	Not Met	30/09/2025	30/09/2026	Open	25/06/25 Update: 04/12/2025: (KPI) On track for revised deadline. Ongoing discussions to address the missing OHS. Workaround currently being implemented, testing to be run in follow.			
46	065-2625	2625	Internal Audit	POC	Public	Occupational Health & Wellbeing	Reasonable	Ken Crochton	Carl Kneeshaw	Medium	3	Trend Analysis by Focus Service Provision and Resources. Occupational Health do not run routine reports to identify areas with high absolute or relative burden that could be used to focus resources.	3	"Occupational Health will develop and implement additional internal reporting processes within the Occupational Health system, OHS/SD, to track key trends and trends from referrals, such as common reasons for referral, health conditions patterns to focus areas or staff groups. These reports will be used to highlight emerging issues and identify areas where proactive support or targeted interventions may be required. Occupational Health will work with People Services and the wider People and Culture directorate to agree how this information can be shared at an organisational level to support wider workforce planning and potential wellbeing initiatives."	31/07/2025	Not Met	30/09/2026		Open	25/06/25 Update: 01/12/2025: (KPI) On track for revised deadline.			
47	072-2625	2625	Internal Audit	POC	Public	Speaking Up Safety	Reasonable	Angela Lewis	Medium	2	"Progress not consistently being issued following closure of SUS cases on the WIC platform thereby reducing the ability to obtain meaningful feedback into the management and outcome of the case. There is also further work required regarding lessons learnt and feedback loops to demonstrate evidence taken by the Trust post 'speaking up', and also how detriment is managed. Risk Impact: Reduced opportunities to learn from lessons."	2.2	"Progress continues to be made, and surveys have been routinely sent automatically from WIC since its introduction on closure of a communication. The Guardian also sends a questionnaire on closure of all other cases that are reported to the Guardian as a result, such as per the Director of Culture Change flagged that we were exploring how to address detriment and as such it falls outside the remit of the audit. However, we have carried out our research and put support in place for those who have experienced detriment. Agreed Action: Develop risk assessment framework to mitigate potential detriment (sharing of lessons learned process)	31/03/2025	Not Yet Due		Open	25/06/25 Update: 01/12/2025: (KPI) On track for revised deadline.					
48	073-2625	2625	Internal Audit	POC	Public	Speaking Up Safety	Reasonable	Angela Lewis	Medium	3	"As has already been recognised, more work is required to embed the requirements of the national SUS Framework within the existing culture." The audit further testing on the internal processes available has been identified to ensure the correct and timely direction for the communication used at the Trust, in addition to clarity in the People and Culture Directorate of roles and responsibilities as well as those of the line managers. There is a need to manage the broader education, at a local level, of the positive nature of Speaking Up in the workplace and to remove the fear of detriment/retribution."	3	"The people and culture plan aims to cultivate a culture of psychological safety and safe training on reporting up processes, highlight, change and awareness raised is not performed. Agreed Action: - Formal plan to raise awareness of Speaking Up Safety process that encourages reporting through appropriate channels. - Signposting to SUS training included in Manager's Essentials. - Collaboration across People and Culture directorates to work more closely and understand each other's roles. - Continued culture work to increase psychological safety."	31/03/2025	Not Yet Due		Open	25/06/25 Update: 01/12/2025: (KPI) On track for revised deadline.					
49	074-2625	2625	Internal Audit	POC	Public	Speaking Up Safety	Reasonable	Angela Lewis	Medium	4	"The functionality and usability of the WIC platform is currently not being maximised by the Trust. There is a lack of working access to all available fields, including key elements of the framework, such as to capture key themes into data received, date acknowledged, followed as every 24 days, date outcome communicated, outcome of concern, and to better understand the reason for raising on the WIC platform. All of which would improve the transparency of data in relation to SUS. The same is applicable to the records that are maintained by the Guardian for these cases received directly. We note that the Q3 report to the Chief Executive, Non-Executive Director (SUS Champions), Director of Culture Change has been updated to incorporate reporting on timelines but such is limited to the most recent ongoing cases from that quarter (3 cases). Further, what the report provides a status update of cases, it is only in relation to those raised within that given period rather than a cumulative problem. There is a lack of reporting and analysis of the above, including compliance with timescales, both locally and to Board-level committee. Risk & Impact: Limited assurance in respect of our concerns and Speaking Up Safety cases. Evidence for dealing with cases may be potential leading to detriment."	4	"The lead guardian maintains an excel database that includes all cases reported to the Guardian on the four routes in scope - email, call, in person, WIC. All the information outlined in the findings is recorded there and has been used as the start of Q4. WIC routinely records the data outlined for all conversations raised as that platform. We are working with WIC to review the additional information the Guardian holds on the database to streamline and standardise reporting. The variables to demographic data that will be reported once there is sufficient to ensure those who have spoken up are not identifiable. Agreed Action: - Work with WIC so that their product can replicate the Guardian's database to match data management time in production reports. - Routine reporting of timescales in quarterly reports."	31/03/2025	Met		Closed or Quoted	25/06/25 Update: 17/12/25 (KPI) Completed. Progress to close.	Copy of Speaking Up Safety Annual Report Appendix and A&A evidence reports being presented to relevant meetings.				
50	075-2625	2625	Internal Audit	POC	Public	Speaking Up Safety	Reasonable	Angela Lewis	High	5	"SUS Framework defines data points for recording and monitoring individual concerns through the triangulation of lessons learned from closed concerns and the communication of outcomes. However, currently information on all concerns raised through various sources is not collated or reported into a collective document or report for management (readable, meaningful) difficult to identify themes in trends and learn lessons back to directorates. Risk & Impact: Speaking Up Safety cases."	5	"Early work, including, clinical concerns, people services, the E&A team, or highly confidential Data is not reporting. However we meet with these teams in lessons learned forums to discuss and receive themes. We also feel it's important to highlight that it's important not to lose sight of the individuals accessing our services and the culture we wish to create, in the pursuit of data for reporting purposes. Given the relatively small numbers of SUS concerns in relation to numbers of people in Directorate we are cautious about committing to reporting back discussions themes given increasing any form of identification, including sharing people. Detriment to something we are trying to mitigate against and this is one area that can support that mitigation. This is certainly something we could review once we have more volume of data to share. Agreed Action: - Share themes in reporting to CEO, Board (champion and Directors of Culture Change and People (in place)). - Share themes in lessons learned forums and in discussion of people and culture themes and lessons learnt (in place)."	31/05/2025	Not Met	31/03/2025		Closed or Quoted	25/06/25 Update: 17/12/25 (KPI) Completed. Progress to close.	Copy of Speaking Up Safety Annual Report Report T&A (KPI) and A&A of Lessons Learned meetings where these have been presented and discussed			
51	076-2625	2625	Internal Audit	POC	Public	Speaking Up Safety	Reasonable	Angela Lewis	Medium	6	"While high level analysis of SUS cases is reported to POC, and incorporated into the AAA report to ARAC as appropriate, there has been no annual report submitted to ARAC in the with expectation. Risk & Impact: Limited assurance in respect of Speaking Up Safety cases."	6	"The lead Guardian has been in post less than a year and the annual report is due to go to ARAC in May 2025. The Trust Board has received a one-month report at its meeting on 27 March 2025. Agreed Action: Annual report to ARAC."	30/09/2025	Not Met	30/09/2025		Closed or Quoted	25/06/25 Update: 17/12/25 (KPI) Progress to close. Evidence supplied to support proposed closure.	Copy of Speaking Up Safety Annual Report - presented to ARAC 17/12/25 (KPI) Progress to close. Evidence supplied to support proposed closure.			
102	0425B-01	2526	Internal Audit	POC	Public	Organisational Change	Reasonable	Ben Pined	Carl Kneeshaw	Medium	1	"Documented Procedures Several templates have been developed to support the OCP process, covering areas such as the rationale for change, consultation, and feedback. However, these templates are not currently available on the Trust's SharePoint site, leading to inconsistent use and the creation of duplicate records. Additionally, the templates could be improved to prompt for key elements such as cost implications, resource capacity, and the approval process. There is currently no formal, documented procedure available to guide managers through the OCP process. Although People Services provide support during OCP delivery, the absence of clear guidance has contributed to uncertainty among staff. Feedback from staff involved in sample testing (see Objective 2) indicated that some had no prior experience with OCP, resulting in a lack of clarity around roles and responsibilities, particularly regarding the timing of job description reviews and the completion of Equality and Quality Impact Assessments (EQIA and QIA)."	1.1	"Agreed Action: There is an OCP toolkit for Managers, including template letters and finalised templates. However, these aren't listed on SBRN. The People Business Leader would share with the appropriate Manager, to ensure that letters that may change the KPIs are not only accessible without People Services advice. Following feedback from this audit and to raise the manager awareness of the OCP process we will include a Manager's Easy Read Guidance Document, and a Manager's checklist, added to SBRN under People Services Toolkits. Managers Easy Read Guidance Document and a Manager's Checklist of OCP will be available on SBRN under People Services Toolkits."	31/02/2025	Met		Closed or Quoted	25/06/25 Update: 17/12/25 (KPI) Action Complete. Progress to close.	OCP SharePoint Page which includes Managers Easy Read, Toolkit and Checklist			

103	IA/2526-002	2526	Internal Audit	POC	Public	Operational Change	Reasonable	See Flood	Cat Greenhaw	Medium	1	Documented Procedures Some templates have been developed to support the OCP process, covering areas such as the rationale for change, consultation, and feedback. However, these templates are not currently available on the Trust's SharePoint site, leading to inconsistent use and the circulation of outdated versions. Additionally, the templates could be improved to prompt for key elements such as cost implications, resource capacity, and the approval process. There are currently no formal, documented procedures available to guide managers through the OCP process. Although People Services provide support during OCP delivery, the absence of clear guidelines has contributed to uncertainty among staff. Feedback from staff involved in sample testing (see Objective 2) indicated that some had no prior experience with OCPs, resulting in a lack of clarity around risks and responsibilities, particularly regarding the timing of an acceptance review and the completion of Equality and Quality Impact Assessments (EQA and QIA). 2	Agreed Action: The All Wales OCP process is the guide which steps out each consideration, however we are developing a more simplified guide for Managers on the People Impact elements to consider in the form of a checklist. Flow chart available on SHEN under People Services toolkits	28/02/2026	Met	Closed in Quarter 25_26 Q1 Update 17/12/25 (P) - Action Complete, Progress to close.	OCP SharePoint Page which includes Managers Easy Read, Toolkit and Checklist
104	IA/2526-003	2526	Internal Audit	POC	Public	Operational Change	Reasonable	See Flood	Cat Greenhaw	High	2	Organisational Change Planning and Coordination Historically, OCP-related activity has been treated as business-as-usual within the Trust. However, the growing volume of transformational change has exceeded existing capacity. At the time of audit, the People & Culture Directorate was managing approximately 200 active cases, including one OCP within a single area. Limited visibility of upcoming service-led changes continues to hinder effective resource planning. The NHS Wales Organisational Change Policy defines change as having occurred when it is "likely to have a significant impact on the nature of the work performed or the arrangements or conditions under which the work is carried out" (p. 7). Despite this, there is currently no mechanism in place to ensure that significant organisational change is consistently planned and co-ordinated across the Trust, particularly in relation to the alignment of change community and People & Culture resources. The People and Culture Directorate Plan records some change management support for 2025/26 (e.g. Ambulance Case and APP), but no entries were available for 2024/25, limiting its use for OCP audit sampling. Audit testing highlighted the following key issues: (i) Project Classification: There is a lack of clarity on when OCPs should be treated as formal projects. This affects the ability to allocate dedicated support, assess risks and timelines at inception, and ensure consistent reporting. (ii) Experience and Support: OCP planning does not currently consider whether key individuals have prior experience with the process. A lack of previous experience impacted that of the sampled OCPs, one of which involved a manager, project manager, and trade union representative all new to the process. This contributed to gaps in understanding and inconsistent delivery.	Agreed Action: Only large OCPs are recorded on the People and Culture Directorate Plans as OCPs are part of BAU for the Directorate and cannot always be forecast or anticipated. The guidance for managers and leaders will include reference to early notification to the People Services Team so better planning and scheduling can be implemented to avoid resource issues wherever possible.	31/12/2025	Met	Closed in Quarter 25_26 Q1 Update 17/12/25 (P) - Action Complete, Progress to close.	OCP SharePoint Page which includes Managers Easy Read, Toolkit and Checklist
105	IA/2526-004	2526	Internal Audit	POC	Public	Operational Change	Reasonable	See Jones (Welsh Ambulance Service NHS Trust - 020)	Cat Greenhaw	High	2	Organisational Change Planning and Coordination Historically, OCP-related activity has been treated as business-as-usual within the Trust. However, the growing volume of transformational change has exceeded existing capacity. At the time of audit, the People & Culture Directorate was managing approximately 100 active cases, including one OCP within a single area. Limited visibility of upcoming service-led changes continues to hinder effective resource planning. The NHS Wales Organisational Change Policy defines change as having occurred when it is "likely to have a significant impact on the nature of the work performed or the arrangements or conditions under which the work is carried out" (p. 7). Despite this, there is currently no mechanism in place to ensure that significant organisational change is consistently planned and co-ordinated across the Trust, particularly in relation to the alignment of change community and People & Culture resources. The People and Culture Directorate Plan records some change management support for 2025/26 (e.g. Ambulance Case and APP), but no entries were available for 2024/25, limiting its use for OCP audit sampling. Audit testing highlighted the following key issues: (i) Project Classification: There is a lack of clarity on when OCPs should be treated as formal projects. This affects the ability to allocate dedicated support, assess risks and timelines at inception, and ensure consistent reporting. (ii) Experience and Support: OCP planning does not currently consider whether key individuals have prior experience with the process. A lack of previous experience impacted that of the sampled OCPs, one of which involved a manager, project manager, and trade union representative all new to the process. This contributed to gaps in understanding and inconsistent delivery.	Agreed Action: An OCP tracker will be established on multiple teams across People & Culture to review, update and have better oversight of the OCPs in existence across the organisation. This will lead to better oversight. OCP Tracker in existence (exploration if this can be done using the same software review for case management)	31/01/2026	Not Yet Due	Open	
106	IA/2526-005	2526	Internal Audit	POC	Public	Operational Change	Reasonable	See Jones (Welsh Ambulance Service NHS Trust - 020)	Cat Greenhaw	High	2	Organisational Change Planning and Coordination Historically, OCP-related activity has been treated as business-as-usual within the Trust. However, the growing volume of transformational change has exceeded existing capacity. At the time of audit, the People & Culture Directorate was managing approximately 100 active cases, including one OCP within a single area. Limited visibility of upcoming service-led changes continues to hinder effective resource planning. The NHS Wales Organisational Change Policy defines change as having occurred when it is "likely to have a significant impact on the nature of the work performed or the arrangements or conditions under which the work is carried out" (p. 7). Despite this, there is currently no mechanism in place to ensure that significant organisational change is consistently planned and co-ordinated across the Trust, particularly in relation to the alignment of change community and People & Culture resources. The People and Culture Directorate Plan records some change management support for 2025/26 (e.g. Ambulance Case and APP), but no entries were available for 2024/25, limiting its use for OCP audit sampling. Audit testing highlighted the following key issues: (i) Project Classification: There is a lack of clarity on when OCPs should be treated as formal projects. This affects the ability to allocate dedicated support, assess risks and timelines at inception, and ensure consistent reporting. (ii) Experience and Support: OCP planning does not currently consider whether key individuals have prior experience with the process. A lack of previous experience impacted that of the sampled OCPs, one of which involved a manager, project manager, and trade union representative all new to the process. This contributed to gaps in understanding and inconsistent delivery.	Agreed Action: Project Classification: There are projects which will be led by Project Managers, Planning & SDCs, that will have a people impact and some OCPs which only have a people element, e.g. restructures that People Services will support. Where OCPs are part of a project that has a dual-and-project manager this is treated as a formal project. Both formal and informal OCPs will be captured on the OCP Tracker. Review of OCP Tracker and People and Culture Directorate Plan, All projects captured on OCP Tracker.	31/01/2026	Not Yet Due	Open	
107	IA/2526-006	2526	Internal Audit	POC	Public	Operational Change	Reasonable	See Jones (Welsh Ambulance Service NHS Trust - 020)	Cat Greenhaw	High	2	Organisational Change Planning and Coordination Historically, OCP-related activity has been treated as business-as-usual within the Trust. However, the growing volume of transformational change has exceeded existing capacity. At the time of audit, the People & Culture Directorate was managing approximately 100 active cases, including one OCP within a single area. Limited visibility of upcoming service-led changes continues to hinder effective resource planning. The NHS Wales Organisational Change Policy defines change as having occurred when it is "likely to have a significant impact on the nature of the work performed or the arrangements or conditions under which the work is carried out" (p. 7). Despite this, there is currently no mechanism in place to ensure that significant organisational change is consistently planned and co-ordinated across the Trust, particularly in relation to the alignment of change community and People & Culture resources. The People and Culture Directorate Plan records some change management support for 2025/26 (e.g. Ambulance Case and APP), but no entries were available for 2024/25, limiting its use for OCP audit sampling. Audit testing highlighted the following key issues: (i) Project Classification: There is a lack of clarity on when OCPs should be treated as formal projects. This affects the ability to allocate dedicated support, assess risks and timelines at inception, and ensure consistent reporting. (ii) Experience and Support: OCP planning does not currently consider whether key individuals have prior experience with the process. A lack of previous experience impacted that of the sampled OCPs, one of which involved a manager, project manager, and trade union representative all new to the process. This contributed to gaps in understanding and inconsistent delivery.	Agreed Action: Experience and Support: OCP toolkit will be made available on SHEN and People Services support is always available for OCP processes. PDF and word copies of OCP toolkit available on SHEN under People Services Toolkits.	31/12/2025	Met	Closed in Quarter 25_26 Q1 Update 17/12/25 (P) - Action Complete, Progress to close.	OCP SharePoint Page which includes Managers Easy Read, Toolkit and Checklist
108	IA/2526-007	2526	Internal Audit	POC	Public	Operational Change	Reasonable	See Rogers (Welsh Ambulance Service NHS Trust - 020)	Cat Greenhaw	Medium	3	Monitoring and Reporting Organisational Change There is currently robust mechanism in place to track OCPs across the Trust, nor are there independent checks to confirm effective application. This limits the ability to confirm whether change is being managed consistently, with appropriate oversight and opportunities for continuous improvement. While our testing of four OCPs found that key senior representatives were actively keeping their counterparts informed, there is opportunity to strengthen governance arrangements, in particular, more formalised reporting of organisational change at a trade union level would enhance transparency and support more consistent engagement. 3	Agreed Action: An OCP tracker will be established on multiple teams across People & Culture to review, update and have better oversight of the OCPs in existence across the organisation. OCP Tracker in existence	31/01/2026	Not Yet Due	Open	
109	IA/2526-008	2526	Internal Audit	POC	Public	Operational Change	Reasonable	See Rogers (Welsh Ambulance Service NHS Trust - 020)	Cat Greenhaw	Medium	3	Monitoring and Reporting Organisational Change There is currently robust mechanism in place to track OCPs across the Trust, nor are there independent checks to confirm effective application. This limits the ability to confirm whether change is being managed consistently, with appropriate oversight and opportunities for continuous improvement. While our testing of four OCPs found that key senior representatives were actively keeping their counterparts informed, there is opportunity to strengthen governance arrangements, in particular, more formalised reporting of organisational change at a trade union level would enhance transparency and support more consistent engagement. 3	Agreed Action: A quarterly review of OCPs in progress and completed will be undertaken to include lessons learned and benefits realisation. Quarterly reviews completed	30/04/2026	Not Yet Due	Open	
110	IA/2526-009	2526	Internal Audit	POC	Public	Operational Change	Reasonable	See Rogers (Welsh Ambulance Service NHS Trust - 020)	Cat Greenhaw	Medium	3	Monitoring and Reporting Organisational Change There is currently robust mechanism in place to track OCPs across the Trust, nor are there independent checks to confirm effective application. This limits the ability to confirm whether change is being managed consistently, with appropriate oversight and opportunities for continuous improvement. While our testing of four OCPs found that key senior representatives were actively keeping their counterparts informed, there is opportunity to strengthen governance arrangements, in particular, more formalised reporting of organisational change at a trade union level would enhance transparency and support more consistent engagement. 3	Agreed Action: A high level OCP update will be provided at Corporate Partnership Forum (CPF) (in addition relating to that Directorate to ensure Trade Union awareness OCP details will not be subject to discussion at the Local Partnership Forum (LPF) meetings due to potential issues regarding confidentiality). Minutes of CPF Meeting	28/02/2026	Not Yet Due	Open	
111	IA/2526-010	2526	Internal Audit	POC	Public	Operational Change	Reasonable	See Rogers (Welsh Ambulance Service NHS Trust - 020)	Cat Greenhaw	Medium	4	Temporary Appointments The NHS Wales Organisational Change Policy (p.27) states that "Where an employee has been considered to be the subordinate post" however, there is no robust mechanism in place within the Trust to monitor the duration of temporary appointments. While it is expected that role reviews during restructures will identify such cases, responsibility for monitoring rests with individual line managers. As part of our audit, we obtained a system-generated report from ESR, however, it did not clearly identify employees who had been in temporary posts for more than four years. We noted one case where an employee's temporary post began in March 2020. We have since been advised that this individual was appointed on a permanent basis in December 2022, but the ESR system has not been updated to reflect this change. 4	Agreed Action: Approval from Recruitment Control Panel (RCP) for temporary/interim/contract appointments will be dip sampled using IRAC and ESR to establish if change requests are being managed effectively. Dip sampling has taken place.	31/03/2026	Not Yet Due	Open	

112	14/2526-011	2526	Internal Audit	POC	Public	Organisational Change	Reasonable	Liz Rogers (Welsh Ambulance Service NHS Trust) - (20)	Carl Kneeshaw	Medium	4	<p>Temporary Appointments</p> <p>The NHS Wales Organisational Change Policy (p.27) states that "Where an employee has been seconded or acted up in a post for a period of four consecutive years or more, the date on which they are displaced will be considered to be their substantive post." However, there is no robust mechanism in place within the Trust to monitor the duration of temporary appointments. While it is expected that job role reviews during restructures will identify such cases, responsibility for monitoring rests with individual line managers.</p> <p>As part of our audit, we obtained a system-generated report from ESR; however, it did not clearly identify employees who had been in temporary posts for more than four years. We noted one case where an employee's temporary post began on 9 March 2025. We have since been advised that this individual was appointed on a permanent basis in December 2022, but the ESR system has not been updated to reflect this change."</p>	4.2	<p>Agreed Action: Reminders to line/managing managers about the need to ensure that ESR holds the correct employment status of team members will be communicated via SBREs.</p>	Notice to SBRE	31/12/2025	Met	<p>Closed or Quoted</p> <p>25/02/2026</p> <p>18/02/2025 (10) Action Complete. Progress to close</p> <p>2025 010 People and Culture Division Notice on Screen Updating ESR - Reviewer for Managers (Dec 2025)</p>
113	14/2526-012	2526	Internal Audit	POC	Public	Organisational Change	Reasonable	Liz Rogers (Welsh Ambulance Service NHS Trust) - (20)	Carl Kneeshaw	Medium	4	<p>Temporary Appointments</p> <p>The NHS Wales Organisational Change Policy (p.27) states that "Where an employee has been seconded or acted up in a post for a period of four consecutive years or more, the date on which they are displaced will be considered to be their substantive post." However, there is no robust mechanism in place within the Trust to monitor the duration of temporary appointments. While it is expected that job role reviews during restructures will identify such cases, responsibility for monitoring rests with individual line managers.</p> <p>As part of our audit, we obtained a system-generated report from ESR; however, it did not clearly identify employees who had been in temporary posts for more than four years. We noted one case where an employee's temporary post began on 9 March 2025. We have since been advised that this individual was appointed on a permanent basis in December 2022, but the ESR system has not been updated to reflect this change."</p>	4.3	<p>Agreed Action: Quarterly reporting for temporary/PT/contractment appointments and reviewed by People Service Team and Workforce Planning Team.</p>	Quarterly report.	30/04/2026	Not Yet Due	Open
114	14/2526-013	2526	Internal Audit	POC	Public	Organisational Change	Reasonable	Liz Rogers (Welsh Ambulance Service NHS Trust) - (20)	Carl Kneeshaw	Medium	5	<p>Organisational Learning</p> <p>Our review of a number of OCPs identified varying approaches to capturing lessons learned and benefits realisation.</p> <p>-APP: As a formal project, APP maintained a lessons learned log; however, this has not been widely shared. A populated benefits register exists, though it was considered too early to record benefits realisation. Initial post-implementation feedback was gathered, with a further session planned for September 2025.</p> <p>-Volunteers Services: No lessons learned, or benefits realisation have been recorded to date. A six-monthly review of the reconfigured service is, however, planned.</p> <p>-Rye: Trust Relocation: The Project Initiation Document references post-project evaluation and lessons learned. While lessons were discussed at the May 2025 Project Board, they have not been formally documented. Similarly, no benefits realisation has been undertaken.</p> <p>-PTB: No formal documentation of lessons learned, or benefits realisation was identified. While consultation outcomes indicate that reviews of the operating model are planned at six- and twelve-monthly post-implementation, we were advised that these discussions have occurred informally at team meetings and have not been formally recorded.</p> <p>Currently, there is no structured process in place to prompt or support the consistent recording and sharing of lessons learned or benefits realisation across OCPs."</p>	5.1	<p>Agreed Action: Formal projects will continue to review lessons learned and benefits realisation as part of the formal project management process.</p> <p>These included People & Culture/Business areas/TPUs in an OCP process will undertake reviews on a quarterly basis to review the effectiveness of the OCP processes in train and completed, and consider opportunities for continual improvement as well as the realisation of benefits. This will be supported by a checklist.</p>	Checked completed 3 months post OCP	30/04/2026	Not Yet Due	Open
115	14/2526-014	2526	Internal Audit	POC	Public	Organisational Change	Reasonable	Sarah Davies (Welsh Ambulance Service NHS Trust)	Carl Kneeshaw	Medium	5	<p>Organisational Learning</p> <p>Our review of a number of OCPs identified varying approaches to capturing lessons learned and benefits realisation.</p> <p>-APP: As a formal project, APP maintained a lessons learned log; however, this has not been widely shared. A populated benefits register exists, though it was considered too early to record benefits realisation. Initial post-implementation feedback was gathered, with a further session planned for September 2025.</p> <p>-Volunteers Services: No lessons learned, or benefits realisation have been recorded to date. A six-monthly review of the reconfigured service is, however, planned.</p> <p>-Rye: Trust Relocation: The Project Initiation Document references post-project evaluation and lessons learned. While lessons were discussed at the May 2025 Project Board, they have not been formally documented. Similarly, no benefits realisation has been undertaken.</p> <p>-PTB: No formal documentation of lessons learned, or benefits realisation was identified. While consultation outcomes indicate that reviews of the operating model are planned at six- and twelve-monthly post-implementation, we were advised that these discussions have occurred informally at team meetings and have not been formally recorded.</p> <p>Currently, there is no structured process in place to prompt or support the consistent recording and sharing of lessons learned or benefits realisation across OCPs."</p>	5.2	<p>Agreed Action: Whilst our approach is primarily culture and capability focused, rather than process driven, we recognise the importance of being able to evidence benefits and lessons learned.</p> <p>We will be documenting lessons learned through change initiatives and sharing these widely through a case study approach, highlighting practical examples of people focused change and the impact on individuals, teams and outcomes.</p> <p>These case studies will be made available through our Change Community and other formal channels (including the CPE Change Management Framework) helping to spread good practice, prompt reflection and inspire local adaptation.</p> <p>As a tangible measure of impact, we will also monitor relevant NHS Wales Staff Survey indicators to help track cultural shifts over time. This will be supplemented by qualitative feedback gathered through our engagement activities.</p>	Document lessons learned via case studies, share widely across the organisation and track impact through relevant staff survey indicators - CPE (as involved in deciding on change initiatives that impact my work/life/work department)	31/03/2027	Not Yet Due	Open
120	n/a	2526	Internal Audit	POC	Public	Mandatory In-Service Training	Reasonable	Jo Katoa (Welsh Ambulance Service NHS Trust)	Carl Kneeshaw	Medium	1	<p>Upon update of the Management of Statutory and Mandatory Training and Observation of CPO Head guidance (May 2025), there was the expectation that operational managers share with staff. However, during discussions with members of staff, it was noted that they had not received any communication in relation to the document and were unaware of its existence. Further, despite the May issue date, it wasn't made available on Share until later in the year – appearing on the policies in September 2025 and in a new bulletin in October 2025.</p>	1	<ul style="list-style-type: none"> Ensure that updated policies and guidance documents are promptly and clearly communicated to all relevant staff, through established channels at the time of release. Introduce periodic checks or feedback mechanisms to assess staff awareness of newly issued guidance, especially where compliance is impacted. 	Updated guidance shared through planned communication channels (forums, meetings, bulletins) and documented in communication plans. Evidence that staff have received, understood and acknowledged the guidance, supported by meeting records, feedback, sign-off.	31/03/2026	Not Yet Due	Open
121	n/a	2526	Internal Audit	POC	Public	Mandatory In-Service Training	Reasonable	Jo Katoa (Welsh Ambulance Service NHS Trust)	Carl Kneeshaw	Medium	2	<p>The Trust's statutory and mandatory training aligns with the minimum standard required across all other NHS Wales bodies, with compliance recorded via ESR (and through attendance at the RST Day), however, it lacks of innovative/engaging skill activity for patient-facing members of staff. There is currently no organisational oversight to ensure all roles are appropriately matched to the minimum competency requirements to their scope of practice.</p> <p>As a result, there is limited assurance that all roles are appropriately matched to the minimum competency requirements, which may impact the effectiveness of training provision and workforce capability.</p>	2	<ul style="list-style-type: none"> Develop a formal framework to review and monitor operational and clinical skill activity for patient-facing staff to ensure alignment with role-specific competency requirements. Conduct a comprehensive mapping exercise to ensure all patient-facing roles are appropriately matched to the minimum competency standards required for safe and effective practice. Introduce regular audits or reporting mechanisms, to an appropriate forum, to provide assurance that staff competencies are being maintained and developed in line with organisational expectations. 	Documented framework outlining how clinical and operational skills are monitored. Completed mapping exercise showing alignment of patient-facing roles to competency standards (covering the CSE & WIS mandated topics) and records of actions taken in response to identified gaps or risks.	31/03/2026	Not Yet Due	Open
122	n/a	2526	Internal Audit	POC	Public	Mandatory In-Service Training	Reasonable	Jo Katoa (Welsh Ambulance Service NHS Trust)	Carl Kneeshaw	Medium	3	<p>Our review of RST Day attendance monitoring arrangements identified that no formal processes are currently in place to address persistent non-compliance. This was evidenced through no warning letters, where all RST staff members that failed to attend RST Day for two consecutive years or more, since the programme's inception in 2022/23.</p> <p>Changes like repeated non-attendance, there was limited evidence of structured follow-up or escalation, and no defined accountability framework to support or justify non-compliance. This gap in process and oversight presents a risk to maintaining minimum competency standards across operational roles. The same is applicable to ESR module completion – despite reporting provided locally to respect of non-compliance, there is minimal evidence of intervention by respective line managers to address.</p>	3	<ul style="list-style-type: none"> Develop and enforce a structured process to address persistent non-attendance at RST days, including defined escalation steps, accountability measures and reporting to an appropriate forum. Establish clear roles and responsibilities for monitoring and responding to training non-compliance ensuring line managers are actively engaged in follow-up and resolution. Enhance the use of ESR and local reporting tools to track compliance trends and trigger timely interventions for staff who repeatedly fail to meet training requirements. 	Documented process for managing RST Day non-attendance, including escalation steps, accountability measures and reporting to an appropriate forum. Governance document detailing line managers' responsibilities for follow-up and resolution. A compliance dashboard reported generated from ESR or local system, showing trend analysis and generation actions to report non-compliance.	31/12/2026	Not Yet Due	Open
123	n/a	2526	Internal Audit	POC	Public	Mandatory In-Service Training	Reasonable	Jo Katoa (Welsh Ambulance Service NHS Trust)	Carl Kneeshaw	Medium	4	<p>The Trust identified deficiencies in accessing ESR learning packages via iPads based to a significant proportion of the operational workforce. To address this, the Learn260 app, accessible through the Microsoft Teams platform, has been deployed to improve access to e-learning. Although all relevant staff now have access to the Learn260 platform, we note that not all e-learning modules are currently available on the platform. This is a result of the modules from ESR – rather than additional training modules, required to be completed to allow staff members to undertake their roles effectively, that are available on a further platform (SR-CMS). As a result, staff have been accessing these platforms to maintain full compliance. We were advised that the delay in transferring fully to Learn260 is primarily due to resource constraints within the Learning and Development Team and the need to update training content.</p> <p>In addition, while compliance reports can be generated from Learn260, the lack of data integration with ESR means that updates must be manually entered into ESR three times a week – a process described as time consuming and inefficient.</p>	4	<ul style="list-style-type: none"> Provide clear guidance to staff on how to navigate the training platform. Complete the systems migration onto one platform and ensure it is fit for purpose and easily accessible on iPads and mobile devices. Explore options for automating data transfer between Learn260 and ESR to streamline manual updates, reduce administrative burden and improve data accuracy. Develop regular communications to managers and teams on the need to complete training in a timely way. Produce reports for sharing with managers on training completion and escalate to senior managers where necessary. 	Communications issued to staff regarding platform use and compliance. Evidence of system migration and design discussions/ accessibility requirements for mobile devices. Technical feasibility report outlining integration options and automation proposals vs manual data entry frequency and associated resource impact. Copies of communications sent to managers and staff reminding them of training deadlines. An ESR & a compliance dashboard/report generated from ESR or local system, showing trend analysis and intervention actions for report non-compliance.	31/12/2026	Not Yet Due	Open



SUMMARY OF POLICIES FOR COMMITTEE APPROVAL

Name of Committee	People and Culture Committee	Date of Meeting	10/02/2026
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Policy Name	EqIA	Policy Group	ELT	Points of note
Transfer Policy	Completed – No Issues	15/12/2025	14/01/2026 (Endorsed)	Reviewed Trust policy – FOR APPROVAL AND ADOPTION
People Development Policy	Completed – No issues	15/12/2025	14/01/2026 (Endorsed)	New Trust policy – FOR APPROVAL AND ADOPTION
All Wales Reserved Forces Training and Mobilisation Policy	Completed by NHS Employers Unit - remains extant	26/01/2026	11/02/2026 (For Noting)	All Wales policy Amendment* – FOR ADOPTION

*Summary of minor changes:

4.1 – Period of Mobilisation: normally between 3-12mths **but on occasion could be as short as 2 weeks**

4.2 – Employer Agreement: must be sought **out of courtesy**

7.2 – ‘Post Tout’ Leave: **accrued at the rate of one day for every nine calendar days deployed**



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Transfer Policy

Policy Number:	071	Version No:	1.22	Supersedes:	v1.10 (published 10/03/2025)
Date of Approval:	TBC	Review Date:	3 Years from date of approval	Impact Assessments Completed:	Yes
Classification of Document:	Corporate	Type of Document:	Policy	Approved by:	People and Culture Committee
Brief Summary of Document:	The purpose of the Transfer Policy is to provide a clear, fair, and consistent framework for the movement of staff between different geographical areas within the Trust.				
Scope:	The Transfer Policy applies to all grades of Trust staff who make a request for an internal transfer on the same role. This does not apply to qualifying roles, e.g. NQP to Paramedic.				
To be read in conjunction with:	Recruitment Policy Flexible Working Policy				
Owning Committee	People and Culture Committee				
Policy Lead: Trade Union Lead:	Jeff Morris Henry Garrard	Job Title:	Head of Service, EMS Central Trade Union Partner		
Executive Director:	Lee Brooks	Job Title:	Executive Director of Operations		

Version Control Sheet

Version	Date	Author	Summary of Changes
1.0	Dec. 2013	Task & Finish Group	Purpose of Transfer Policy
1.1	Feb. 2014	Task & Finish Group	Clarification of Roles & Responsibilities
1.2	Aug. 2014	Task & Finish Group	Amendment of Scope. Addition regarding no automatic right to retain flexible working arrangement following transfer to new location
1.3	Jan. 2015	Task & Finish Group	Confirmation that Mutual Swaps should sit outside of Transfer Policy
1.4	Sept. 2015	Task & Finish Group	Inclusion of New Workplaces/Locations
1.5	Nov. 2018	Task & Finish Group	Two-year rule revised to one year
1.6	May/June 2019	Task & Finish Group	Amendments to policy wording and process
1.7	July 2019	Task & Finish Group	Final amendments made to policy wording and process
1.8	July 2019	Julie Boalch	Minor formatting amendments
1.9	Oct. 2019	S. Houlbrooke	Minor changes following consultation
1.10	Oct. 2019	S. Houlbrooke	Minor changes following EPSG
1.11	Mar. 2025	Task & Finish Group	<ul style="list-style-type: none"> - Changed policy to new WAST template - Change to the scope of policy to reflect the policy does not apply to qualifying roles e.g. NQP to Paramedic - 3.3 reworded with same context



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Version	Date	Author	Summary of Changes
			<ul style="list-style-type: none">- 5.1 changes to where the information is held, from HR Hub to a new Transfer APP held within localities.- 5.2 changes applied to process, information via APP instead of HR hub.- 5.2.3 change to the cancellation process which will be via the App rather than HR Hub.- 5.2.4 change to how employees can remove locations from request via Transfer App.- 5.3 additional paragraph explaining multiple rota lines.- 5.4 CHARU lines replacing the original RRV lines information.- 5.7.2 change from calendar days to working days- 5.9 changes to reflect Transfer App.- 5.10 changes to reflect Transfer App.
V1.12	09/06/2025	Lisa Trounce	<p>Review/edit, and comments added for Policy Lead to action prior to sharing draft policy with Senior Operations Team on 17/06/25, then submission and presentation to Policy Group 30/06/2025.</p> <ul style="list-style-type: none">- Version control updated- Key words added- Formatting changes (consistent font applied, paragraph alignment, page breaks, suggested amendments, spell check, amended contents page)
V1.13	20/06/2025	Toni-Marie Norman	<p>Required amendments actioned prior to submission for consideration by Policy Group on 30/06/2025</p>



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Version	Date	Author	Summary of Changes
V1.14	25/06/2025	Lisa Trounce	Final check and edit prior to presentation to Policy Group – minor formatting, font changes, marking actioned comments as resolved, presentation of appendices.
V1.15	02/07/2025	Lisa Trounce	Policy Group agreed amendments: <ul style="list-style-type: none">- Version control updated- Front cover scope amended to reflect that within the main section of policy- Actions identified for Policy Lead to action.
V1.16	30/09/2025	Toni-Marie Norman	Completion of actions agreed at July 2025 Policy Group: <ul style="list-style-type: none">- Keyword added: "location"- 4th paragraph of Introduction moved to Scope section- 7.2 and 7.3 amended to include outcomes of impact assessments- 7.5 strengthened to include how records will be managed
V1.17	03/10/2025	Lisa Trounce	Review and verification of resolved actions. One remaining unresolved action for Policy Lead to complete, i.e. section 9. Audit and Monitoring to be strengthened
V1.18	06/10/2025	Toni-Marie Norman	Unresolved action completed: 9.0 Audit and Monitoring section strengthened
V1.19	13/10/2025	Lisa Trounce	Policy prepared for Trust-wide consultation
V1.20	13/11/2025	Jeff Morris / Toni-Marie Norman	Post consultation amendments/additions
V1.21	02/01/2026	Lisa Trounce	Updated policy prepared for endorsement by ELT



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Version	Date	Author	Summary of Changes
V1.22	26/01/2026	Lisa Trounce	ELT endorsed policy prepared to go to committee for approval and adoption

Keywords	Transfer, localities, rota, workplaces, swapping, location
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Impact Assessment Reviews

Area	Date of Review	Name of Reviewer
Counter Fraud	20/05/2025	Jeff Morris
Information Governance	01/08/2024	Kelly Holding
Records Management	20.05.2025	Jeff Morris
EqlA / Welsh Language	20.05.2025	Kathryn Cobley
Estates	N/A	N/A
Environment	N/A	N/A

Task and Finish Group Members (2025)

Name	Job Title
Jeff Morris [Policy Lead]	Head of Service, EMS (Central)
Toni-Marie Norman	Business Manager, Operations Directorate
Adrian Jones	Microsoft 365 Technical Specialist
Natalie Thomas	Business Support Officer, NEPTS (C&W)
Hugh Parry	Trade Union Partner – UNITE
Sharon Thorpe	Trade Union Partner – GMB
Henry Garrard	Trade Union Partner, - UNISON
Anna Stein	People Services Leader
Sion Breese	Locality Manager, EMS (North Powys)
Arwyn Thomas	Operation Manager, NEPTS (Powys)
Stephen Sheldon	Head of Service, Ambulance Care



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Policy Approval Route

Meeting Title	Meeting Date	Purpose / Outcome
Policy Group	30/06/2025	Review and approve updated policy / Approved for consultation
Trust-wide consultation	13/10/2025 - 10/11/2025	Staff Engagement
Policy Group	15/12/2025	Approval for onward travel to ADLT and Committee
Executive Leadership Team (ELT)	14/01/2026	Endorsement / Policy endorsed > Recommended for onward travel to Committee for approval
People and Culture Committee	10/02/2026	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 the document author or the Amb_policies@wales.nhs.uk

Contents

1. Introduction and Aim	9
2. Policy Statement	9
3. Scope	9
4. Objectives.....	10
5. Transfer Policy Principles.....	10
5.1 Transfer List	10
5.2 Transfer Applications	11
5.3 Roster Lines	11
5.4 Stations/Locations/Departments With Multiple Rotas	12
5.5 CHARU Lines (Where applicable)	13
5.6 Mutual Swaps	13
5.7 Transfer Applications where the Substantive Role does not exist.....	13
5.8 Transfer Timescales.....	13
5.9 Transfer Acceptance.....	14
5.10 Transfer Refusal.....	14
5.11 New Workplaces/Locations/Rosters	14
6. Training and Implementation	14
7. Impact Assessments	15
7.1 Equality Impact Assessment.....	15
7.2 Welsh Language Impact Assessment	15
7.3 Environmental Standards and Impact Assessment.....	15
7.4 Counter Fraud.....	16
7.5 Records Management.....	16
7.6 Information Governance	16
8. Roles and Responsibilities	17
8.1 Chief Executive.....	17
8.2 Directors	17
8.3 Head of Compliance and Assurance	17



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Gwasanaethau Ambiwylans Cymru
Welsh Ambulance Services
University NHS Trust

8.4 Service Managers / Clinical Leads / Locality Managers	18
8.5 Line Managers	18
8.6 Staff	19
8.7 Trade Union Partners	19
8.8 People Services Department	20
9. Audit and Monitoring.....	20
10. Appendices	21
Appendix 1: Transfer Process ~ Explanation of Stages	22
Appendix 2: Guidance for Employees Prior to submitting a Transfer Application	25
Appendix 3 (English): 365 Transfer Power App –email – when request submitted.....	27
Appendix 3 (Cymraeg): Ap Pŵer Trosglwyddo– e-bost– pan gyflwynir cais.....	28
Appendix 4 (English): 365 Transfer Power App –email – confirmation of request.....	29
Appendix 4 (Cymraeg): Ap Pŵer Trosglwyddo– e-bost– cadarnhau cais	30
Appendix 5 (English): 365 Transfer Power App –email – withdrawn request.....	31
Appendix 5 (Cymraeg): Ap Pŵer Trosglwyddo– e-bost– cais wedi’i dynnu’n ôl	32
Appendix 6 (English): 365 Transfer Power App – email – successful transfer	33
Appendix 6 (Cymraeg): Ap Pŵer Trosglwyddo – e-bost– trosglwyddiad llwyddiannus	34
Appendix 7 (English): Template email from Receiving Manager to Employee confirming retention of place on Transfer List where an existing Flexible Working arrangement cannot be accommodated	35
Appendix 7 (Cymraeg): TEMPLLED e-bost oddi wrth y Rheolwr Derbyn i’r Cyflogai yn cadarnhau cadw lle ar y Rhestr Drosoglwyddo lle na ellir darparu ar gyfer trefniant Gweithio Hyblyg presennol.....	36

1. INTRODUCTION AND AIM

The aim of the Transfer Policy is to provide guidance and clarity on the transfer of staff from one location within the Trust to another.

The Welsh Ambulance Services University NHS Trust ('the Trust') has developed this policy in recognition that there is a need to have in place a transparent and fair process for managing staff transfer requests from across the organisation.

For the purpose of this policy, a 'transfer' is considered to be a permanent move from one base location to another on the same band and role as per the employee's contract of employment.

2. POLICY STATEMENT

The effective management of staff transfer requests aims to contribute to service improvement and staff wellbeing.

3. SCOPE

The Transfer Policy applies to all grades of Trust staff who make a request for an internal transfer on the same role. This does not apply to qualifying roles, e.g. NQP to Paramedic.

- 3.1 All applications to transfer must relate to the employee's substantive role at the time that the transfer application is made. Outside of organisational change, any change in role will render the existing transfer request null and void, and will result in the request(s) being removed from the Transfer List, therefore requiring the employee to make a new transfer request.
- 3.2 Internal staff transfers will be considered prior to any external recruitment event taking place. Any new staff appointed should be offered the base locations vacated following existing staff transfers under this policy. However, please note that, once a base location has been offered to a recruitment candidate, **the recruitment candidate will have priority for that base location over any new transfer requests submitted between the time the candidate is offered the base location and the date they start in their role.** This is particularly relevant for large scale recruitment events where timescales may be longer than normal.

- 3.3 External appointments and existing WAST staff who are appointed to a new role can apply for a transfer, however, they will be expected to stay at their base location for **a minimum of one year**. This has particular relevance for those areas where it is difficult to recruit into. The Trust will honour the original date of the transfer application made once the one year has lapsed.
- 3.4 Requests outside the scope of this policy should be discussed with the employee's Manager, People Services representatives and Trade Union Partners to ensure that any declined applications have appropriately considered statutory obligations or alternative policies (e.g. Flexible Working Policy). Managers must refer to the Transfer Policy before progressing to Stage 2 of the Recruitment and Selection Process by contacting the Workforce Team, to ensure that transfers are dealt with before advertising any new vacancy.
- 3.5 Staff with an agreed flexible working request are not automatically entitled to transfer their flexible working pattern into a new location. The employee should discuss this with the receiving manager prior to accepting any transfer offer to determine if the current flexible working situation can be continued etc. If a flexible working request cannot be accommodated by the receiving manager, the employee has the right to reserve their place on the Transfer List. The receiving Manager should confirm this with the employee that they can retain their place on the Transfer List (see Appendix 7).

4. OBJECTIVES

To enable the Trust to achieve the aim and ensure consistency in the dissemination of the policy, a Transfer Process (found within Appendix 1) sets out the procedure staff should follow when requesting a transfer, together with the procedure for releasing and receiving managers to follow to action transfer requests.

5. TRANSFER POLICY PRINCIPLES

5.1 Transfer List

The Trust's Transfer List is held within the new Transfer App which is held by each locality where the transfer is relevant to their staff and administered by the ICT Specialist 365 Team.

Only transfer applications made via the Transfer App will be accepted in order for them to be date and time stamped. This is particularly relevant when multiple transfer requests are submitted on any given date.

5.2 Transfer Applications

NB: A transfer application should be made by completing The Transfer App ([Transfer Request - Power Apps](#)). The Transfer App will produce an automated confirmation via email that the transfer request has been received and added to the Transfer List (Appendices 3 & 4).

- 5.2.1 A transfer request will be submitted detailing either a single location or multiple locations. Employees should only list locations on their transfer application which they are prepared to accept. Should an employee **refuse** to accept a transfer to one of their nominated locations, their name and all requested locations made in their Transfer Request Form will be removed from the Transfer List and they will be required to re-submit a transfer request if the other locations are still suitable. The only exception can be found under 3.4 of this policy (Flexible Working).
- 5.2.3 The employee is able to cancel their transfer request at any time by Accessing the Transfer App and cancelling the original transfer request.
- 5.2.4 Where an employee has submitted a Transfer application with multiple locations, they are able to amend locations from the original transfer request by accessing the Transfer App and removing a desired location from the original request while maintaining the original date of their transfer application.
- 5.2.5 If an employee wishes to add in a new location, they must submit a further transfer request. The transfer will be dated from the date the new request was submitted. There is no scope to add additional locations to an existing transfer request unless a new workplace or location is created by the organisation (see 5.11 of this policy).

5.3 Roster Lines

Roster Lines available at a particular base location should be offered to that location's existing Relief Staff first (where applicable) **before transfers into the base location are considered.**

Please note that, for ambulance response staff, this would exclude any staff in additional Pooled Relief roles who might be based at that station for payroll purposes **but are not working on a station relief line.**

Any resulting relief lines created by a Station Relief member of staff moving onto a roster line will be offered to the member of staff in the first position on the Transfer List, which might then include Pooled Relief staff who have submitted a transfer request for that station.

All employees considering submitting a transfer request should be advised that a transfer could be related to a station relief line and not a roster line whichever is available at the requested station. Please also note that an employee cannot specify a roster line as part of their transfer request, as the purpose of the transfer is to facilitate a move to an alternate base location. Any such requests will be rejected by the receiving manager.

Employees also need to be aware that managers reserve the right to change their establishment and skill mix at a particular location depending on business needs, therefore although an employee may have left a particular location, it does not necessarily mean there will be a like for like vacancy at that location.

5.4 Stations/Locations/Departments With Multiple Rotas

Some locations/departments/stations have multiple rotas i.e., some locations may have separate "days" rota as well as 24/7 rota, some departments have national/virtual rostering approaches While it is recognised that staff can only apply for a transfer to a location, to support staff wishing to only undertake either the days of 24/7 rota, they should specify this in their transfer application comments specific to roster preference and during the line manager discussion. Employees should be aware that in this example, some colleagues may transfer to that location sooner (if they have not specified a rota preference).

Employees already working on a station/location/departement with multiple rotas as detailed above, must also submit a transfer application if they wish to be considered for an alternative rota at the same location i.e., to move from 24/7 to work a day rota. Again, employees must add the relevant information regarding specific roster into their transfer application comments and during the line manager discussion.

5.5 CHARU Lines (Where applicable)

Any CHARU line which becomes available should be offered to the base location's existing relief CHARU qualified staff in the first instance (if applicable - most CHARU rotas do not have fixed relief associated with them). If there are no suitably qualified CHARU staff at the base location, then the transfer list will be considered.

5.6 Mutual Swaps

Mutual swaps will not be considered under the Transfer Policy as staff are only able to change their base via the Transfer Policy.

5.7 Transfer Applications where the Substantive Role does not exist

Applications for transfers where the employee's substantive role does not exist will be rejected by the receiving manager (i.e. not all Stations have Ambulance Care vehicles assigned to them). In order to check that a location is able to accommodate a transfer, employees are encouraged to check with the relevant Locality Manager or Operations Manager.

5.8 Transfer Timescales

- 5.8.1 Timescales for agreed transfers to take place will be determined by the releasing and receiving manager to allow for operational requirements and service delivery.
- 5.8.2 When a transfer opportunity is available, the receiving manager should contact the employee at the earliest opportunity by telephone and followed up immediately in writing by email) to provide the details of the transfer offer. Employees have **5 working days** on receipt of a transfer offer to consider the offer and confirm their acceptance or not to the receiving manager in writing via email.
- 5.8.3 The receiving manager, upon contact with the employee, should also consider employees being absent from the workplace which may affect this response timeframe i.e. LTS, maternity etc, and ensure reasonable adjustments are applied to enable a response.

5.9 Transfer Acceptance

Once a transfer offer is made to any of the locations requested and subsequently accepted by the employee via email/ in writing, the employee is unable to cancel their transfer.

5.10 Transfer Refusal

All transfer requests will be removed from the Transfer App should an employee refuse the offer of a transfer to a station requested by them on their Transfer App application. Should the employee still wish to transfer, they must submit a new transfer request via the Transfer App.

5.11 New Workplaces/Locations/Rosters

If new Trust locations are created or added, this will be dealt with under the Organisational Change Policy in the first instance. Details of new locations will be added to the Transfer App by the ICT Specialist 365 Team. **This is the only opportunity for an employee who has already submitted a transfer request to amend their request to include the new location.**

In such circumstances employees will need to contact their line manager to have this new location added to their current Transfer Application if they wish. Employees should be advised, however, that the addition of a new workplace as one of their requested transfer locations will not be backdated to the date of their original transfer application. In addition, there is no scope to add any additional stations to a transfer request unless a new workplace or location is created.

6. TRAINING AND IMPLEMENTATION

The Trust is committed to providing high quality evidence-based education to an engaged and skilled workforce operating within an organisational culture and framework that enables colleagues to work to the top of their skill set to deliver high quality care and services with competence and confidence. Staff are encouraged to discuss any concerns or queries regarding education and training with a member of the Education and Training Team, by telephoning the Learning & Development Hub on 0300 123 2319 or via email at amb_LDHub@wales.nhs.uk

There are no formal training requirements related to the Transfer Policy, however, the Standard Operating Procedure for this includes 'how to' guides to inform users.

7. IMPACT ASSESSMENTS

7.1 Equality Impact Assessment

In accordance with the Equality Act 2010, all policies will be subject to an EqIA. This enables resources to be targeted effectively and can help to reduce inequalities. The EqIA is process to find out whether a policy will affect people differently on the basis of their 'protected characteristics': age, disability, gender reassignment, marriage or civil partnership, pregnancy or maternity, race, religion, sex or sexual orientation and if it will affect their human rights.

For this policy, a full EQIA was implemented in accordance with the Equality Impact Assessment Policy v1.0 and An equality impact assessment, inclusive of Welsh Language Impact Assessment has been undertaken prior to this policy's approval to help promote fair and equal treatment in the delivery of services. It is the responsibility of the Policy Lead to ensure that impact assessments are undertaken during development or review of a policy. No potential negative impacts were identified during the equality impact assessment.

7.2 Welsh Language Impact Assessment

A Welsh language impact assessment was undertaken as part of the equality impact assessment (EqIA). It was recognised during the assessment that the Transfer Policy ensures that Welsh-speaking staff can transfer to Welsh-speaking communities, promoting the use of the Welsh language among staff and patients. It supports service delivery in Welsh, encourages staff to use and improve their Welsh, and ensures that the Welsh language is treated no less favourably than English .

7.3 Environmental Standards and Impact Assessment

This policy does not require an environmental standards impact assessment.

7.4 Counter Fraud

Anti-Fraud and Corruption Concerns

The Welsh Ambulance Services University 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 Trust Local Counter Fraud Specialist, who will be happy to discuss any issues or concerns. Alternatively staff may contact the confidential NHS Counter Fraud Authority, Fraud and Corruption Reporting line on 0800 028 40 60; or the on-line reporting facility Service <https://cfa.nhs.uk/report-fraud> Fraud investigations may lead to disciplinary action and / or prosecution and civil recovery procedures.

7.5 Records Management

A record of transfer requests received and processed will be managed by the Line Managers of the staff submitting transfer, a Workforce and OD representative, ICT 365 Specialist and Business Management Team for Operations. A consultation with Information Governance on this new process identified a DPIA was not required by completion of the DPIA checklist. Staff names, locations and reasons for request of transfer will be stored securely through the App with access granted to Head of Service, Service Managers and Locality Managers to be able to manage and monitor transfers within their designated areas.

7.6 Information Governance

Information Governance (IG) is an overarching term used to describe all aspects of information management. The Trust and its staff shall ensure that they provide satisfactory assurance to stakeholders as to how the organisation fulfils its statutory and organisational responsibilities in relation to the management of information. It will enable management and staff to make correct decisions, work effectively and comply with relevant legislation and the organisations aims and objectives.

The IG framework ensures that it sets out the high level principles for confidentiality, integrity and availability of information to promote and build a level of consistency across the Trust.

8. ROLES AND RESPONSIBILITIES

8.1 Chief Executive

The Chief Executive, as Accountable Officer, has overall responsibility for ensuring the Trust has appropriate policies in place to ensure the organisation works to best practice and complies with all relevant legislation.

8.2 Directors

Directors are responsible for the effective management of and compliance with this policy.

Directors also have responsibility for ensuring that all policies within their remit are maintained and updated by liaising with the appropriate policy leads.

Additionally, they are responsible for ensuring that the appropriate advice and assistance is provided to authors, and that consideration is given to any training and resources implications that are defined. Each Director will appoint a Policy Lead for their Directorate.

8.3 Head of Compliance and Assurance

The Head Compliance and Assurance will act as the Trust's 'Policy Process Manager' and operational gatekeeper with the responsibility for providing guidance, advice and support for the process on behalf of the Trust.

In addition, be responsible for:

- Managing the maintenance of the Trust's central Policy Tracker and Policy Database (including ensuring a record of completed equality impact assessments submitted with policies is maintained).
- Facilitation of the Trust's internal Policy Group.
- Management of the Trust wide consultation process for all policies.
- Issuing reminder notices to ensure the timely review of policies.
- Ensuring up-to-date guidance and documentation regarding the policy process is accessible.

- Publishing policies onto the Trust's internet/intranet sites and working with the Communications Team to ensure comprehensive notification that new policies is maintained across the Trust.
- Maintain an archive of previous versions of any revised or reviewed policies.

8.4 Service Managers / Clinical Leads / Locality Managers

Are responsible for:

- Ensuring that new members of staff that join the Trust are made aware of the policy control system at local induction, and how to access Trust wide and local policy documents specific to their area.
- Understanding the policy process and their role in supporting best practice.
- Working with staff without access to the intranet to ensure they have access to relevant documentation.
- Ensuring that local arrangements are established to monitor the receipt and understanding of all relevant Trust documents; thus reducing the risk of misuse of misinterpretation.

8.5 Line Managers

Are responsible for:

- Ensuring that the staff for whom they are responsible are aware of and adhere to this document. This includes ensuring that:
 - Copies of the Trust policies are readily available and accessible to all staff.
 - Information is disseminated on a regular basis, to ensure staff have read and understood the relevant documents and are aware of any new guidance or revisions.
 - Managers are responsible for providing their staff with advice and support on all aspects of the Transfer Policy.
 - Managers must ensure that the Transfer Policy and Process is managed fairly, openly and consistently.
 - Managers are responsible for ensuring that high standards of service delivery are maintained during the application of this Policy and Process.
 - Managers are responsible for considering transfer applications in line with the Transfer Process (see Appendix 1).

8.6 Staff

Are responsible for ensuring that:

- They comply with the provision of this policy and where requested to demonstrate such compliance. Failure to comply will be dealt with under the Trust's Disciplinary Policy as appropriate.
- Employees should ensure they have an understanding of the Transfer Policy and Process and any linked policies before submitting a transfer application via the Transfer App.
- Outside of organisational change, any change in role will render any existing transfer requests null and void and will therefore require the employee to submit a new transfer application via the Transfer App.
- Employees should raise any concerns regarding the application of the Transfer Policy and Process with their manager, Trade Union Representative or a member of People Services.
- Employees who have previously submitted a transfer application are responsible for reviewing their request regularly to ensure that it remains current and reflects the stations which they would be prepared to accept a transfer into.
- Their practice is in line with policies in use across the Trust and specific to their area of work.
- Information regarding any changes in practice, organisational structure or legislation that would require an urgent review of documents is immediately reported to their line manager.

8.7 Trade Union Partners

Are responsible for:

- Providing their members with advice and support on all aspects of this Policy and Process.
- Working in partnership with Managers and other stakeholders to make this Policy and Process effective at an organisational level.

8.8 People Services Department

Are responsible for:

- Providing staff and managers with advice and support on all aspects of this Policy and Process.
- Overseeing the fair and consistent application of this Policy and Process by working with Managers and Trade Union Partners.

9. AUDIT AND MONITORING

Following approval of the policy it will be published on the Trust's intranet (Siren) and disseminated through local operational meetings to ensure consistent implementation across the organisation.

Audit and monitoring will be facilitated through the live and dynamic transfer application, which enables locality managers to oversee staff transfers in and out of their respective areas.

This process is designed to be responsive, with any concerns addressed collaboratively and in real time. The application will record staff transfer requests between trust premises, primarily to accommodate individual personal needs.

Responsibility for managing the process lies with locality managers, supported by the Workforce Team. All transfer activity will be documented within the application, and the Workforce Team will report on the volume of transfers across the Trust.

Reporting will occur as required during local business meetings, with the primary purpose of monitoring internal staff movements to inform and support future workforce planning.



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10. APPENDICES

Appendix 1	Transfer Process ~ Explanation of Stages
Appendix 2	Guidance for Employees Prior to submitting a Transfer Application
Appendix 3 (E)	365 Transfer Power App – automated email – when request submitted
Appendix 3 (C)	Ap Pŵer Trosglwyddo 365 – e-bost awtomatig – pan gyflwynir cais
Appendix 4 (E)	365 Transfer Power App – automated email – confirmation of request
Appendix 4 (C)	Ap Pŵer Trosglwyddo 365 – e-bost awtomatig – cadarnhau cais
Appendix 5 (E)	365 Transfer Power App – automated email – withdrawn request
Appendix 5 (C)	Ap Pŵer Trosglwyddo 365 – e-bost awtomatig – cais wedi'i dynnu'n ôl
Appendix 6 (E)	365 Transfer Power App – automated email – successful transfer
Appendix 6 (C)	Ap Pŵer Trosglwyddo 365 – e-bost awtomatig – trosglwyddiad llwyddiannus
Appendix 7 (E)	Template email from Receiving Manager to Employee confirming retention of place on Transfer List where an existing Flexible Working arrangement cannot be accommodated
Appendix 7 (C)	Templed e-bost oddi wrth y Rheolwr Derbyn i'r Cyflogai yn cadarnhau cadw lle ar y Rhestr Drosglwyddo lle na ellir darparu ar gyfer trefniant Gweithio Hyblyg presennol

Appendix 1: Transfer Process ~ Explanation of Stages

TRANSFER PROCESS

The following process will be followed for all internal transfer requests to any part of the Trust.

Stage 1: Identification of a Vacancy

- When a vacant post is identified by a manager, the manager must review the transfer applications made for the available post in the Transfer App. The manager should determine whether an existing Trust employee **in the same role and band as the vacant post** has submitted a transfer request into the location of the vacant post.
- If there are no transfer requests into the location of the vacant post, the manager should refer to the Workforce team for further guidance on filling the post via an external recruitment & selection exercise.

Stage 2: Receiving Manager to contact Releasing Manager

- If the Transfer List indicates that an existing member of staff is looking to transfer into the location of the vacant post (and whose substantive role is equivalent to the vacant post) the receiving manager must make contact with the releasing manager to discuss the possibility of arranging the transfer (including timescales for release) **before** contacting the employee.

Stage 3: Receiving Manager to contact Employee in 1st Position on Transfer List

- Once the receiving manager has spoken to the releasing manager, the receiving manager should contact the employee in the 1st position on the Transfer List for the location of the vacancy to make a verbal transfer offer.
- The receiving manager should provide confirmation of the base of the vacancy, hours of work, whether the vacancy sits on a rota or relief line (giving details of the working pattern) and the proposed date of transfer.
- The receiving manager must also confirm the employee's preferred email address to submit details of the transfer offer in writing.

Stage 4: Receiving Manager to Provide Confirmation of the Transfer Offer via Email

- Following the receiving manager's verbal discussion with the employee in the 1st position on the Transfer List, the member of staff will receive an automated email appendix 7.
- The receiving manager must confirm in writing that the employee has 5 working days to either accept or refuse the transfer offer.
- The receiving manager must also update the Transfer APP with the "transfer status" which will afford an automated email to relevant parties to confirm transfer.

Stage 5: Employee to Respond to Transfer Offer to Receiving Manager via Email

- The employee has **5 working days** to either accept or refuse the transfer offer, as made by the receiving manager.
- The employee must confirm their decision in writing by responding to the receiving manager's email within this timeframe.

Stage 6: Employee Accepts Transfer Offer

- If the employee accepts the transfer offer made by the receiving manager, the receiving manager must confirm that the transfer has been agreed by emailing the releasing manager. The post will be held for the employee if an immediate transfer date cannot be agreed, or where the releasing manager requires backfill into the vacant post created by the transfer.

Stage 7: Employee Refuses Transfer Offer

- If the employee refuses the transfer offer made by the receiving manager, the receiving manager must contact the releasing manager via email to confirm that the employee has refused the transfer offer, giving reasons for their decision.
- If an employee does not accept or reject the transfer offer within **5 working days**, it is deemed that the transfer offer has been rejected. The receiving manager is therefore able to return to Stage 2 of this process.
- The member of staff will now be withdrawn from the transfer list and the receiving manager must update the Transfer App with 'withdrawn' status and the member of staff will receive an automated email advising of withdrawal.

Stage 8: Identification of a Vacancy as a Result of an Internal Transfer

- Upon confirmation of the agreed transfer, the releasing manager should commence Stage 1 of this process to fill the resulting vacancy created by the transfer.

Stage 9: Releasing Manager to Submit Staff Changes and Update to Transfer List on Transfer App

- Upon confirmation of the agreed transfer and date of transfer, the releasing manager must amend the Transfer App accordingly, and complete the Staff Movement Advice Form via the SMA App.
- The releasing manager must also ensure that any 'other location' transfer requests are removed from the Transfer App for the individual staff member.

Appendix 2: Guidance for Employees Prior to submitting a Transfer Application

Employees are encouraged to make themselves familiar with this guidance prior to submitting a Transfer Request to the HR Hub to ensure their understanding of the Transfer Policy and Process.

1. Requesting Multiple Locations

There is **no limit** to the number of locations you can request on your Transfer Application. Please be mindful, however, that **you should only list a base location if you would be prepared to accept a transfer into it**. Should you refuse the offer of a transfer into one of the locations requested by you, your name and any other transfer request(s) made by you will be removed from the Transfer List.

2. A Change in your Role

Staff are reminded that a transfer takes place on a “like for like” basis, i.e. you can only transfer into an alternate location if the vacancy there is equivalent to your substantive role. Should you change your role following the submission of a Transfer Request, you are required to re-submit a new transfer application with details of your new position. Your previous transfer request(s) will also be removed from the Transfer List. Employees also need to be aware that managers reserve the right to change their establishment and skill mix at a particular location depending on business needs, therefore although an employee may have left a particular location, it does not necessarily mean there will be a like for like vacancy at that location.

3. Timescales

Managing vacancies and transfers is a time consuming process for managers. Therefore, should you be offered a transfer into a base location requested by you on your Transfer Request you have **5 working days** to accept or refuse the offer once you have received confirmation of the transfer offer from the receiving manager via email. Please do ensure that you provide the receiving manager with an email address which you can be contacted on and ensure that this email address is documented clearly on your Transfer Request. If you do not respond to your transfer offer email, it will be deemed that you have declined the offer and your name and any other transfer requests will be removed from the Transfer List.

4. Changing your Mind

Please note that you will be required to accept or reject the offer of a transfer via email. This email is confirmation of your decision to either accept or reject the transfer offer and once sent, it is too late for you to change your mind.

5. Relief Lines

Staff should be aware that any transfer offer may be on a relief line. The HR Hub will reject any Transfer Request Form which stipulates that the employee is only looking to transfer onto a roster line.

6. CHARU Lines

You should also be aware that the manager will reject any Transfer Request which stipulates that the employee is looking to transfer onto a CHARU line unless the employee is appropriately qualified..

7. Transfer Applications to a location where your Substantive Role does not Exist

Not all WAST locations have vehicles assigned to Ambulance Care or EMS working from them. If your substantive role does not exist at a station which you have requested on your Transfer App application, your application will be rejected by the receiving manager. Please check that the appropriate role type are assigned to the station you wish to transfer into by contacting the relevant Manager prior to submitting your Transfer App Application.

8. Review of Transfer Application

If you have previously submitted a transfer request, you are responsible for reviewing your request regularly to ensure that it remains current and reflects the stations which you would be prepared to accept a transfer into. Should you wish to amend an existing transfer application, you can do this by accessing the Transfer App and amending your choices within the original request.

Appendix 3 (English): 365 Transfer Power App – automated email – when request submitted

365 TRANSFER POWER APP – AUTOMATED EMAIL – WHEN REQUEST SUBMITTED

Automated email to Line Manager when request submitted.

Please do not reply, this email box is not monitored.

Dear (Name)

As line manager for (Name) who has placed a Transfer request received on (Date).

Actions required :-

- Line manager to contact employee to confirm any additional detail or clarity on transfer request. i.e. inappropriate station request, multiple roster within station/base and Working hours
- I am contacting you via email to confirm the details of your transfer offer
- Using the Admin function with the transfer app please update relevant areas. This will allow correct and most appropriate data to be held. [Link to Transfer App Admin](#)
- PLEASE NOTE: The Transfer App is not linked to payroll or shared services. On approval of any transfer, Line Managers MUST update the changes within the [SMA App](#), ESR and inform resource accordingly.

Thanks

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Appendix 3 (Cymraeg): Ap Pŵer Trosglwyddo 365 – e-bost awtomatig – pan gyflwynir cais

AP PŴER TROSGLWYDDO 365 - E-BOST AWTOMATIG - PAN GYFLWYNIR CAIS

E-bost awtomatig at y Rheolwr Llinell pan gyflwynir cais.

Peidiwch ag ateb, nid yw'r blwch e-bost hwn yn cael ei fonitro.

Annwyl (Enw)

Fel rheolwr llinell ar gyfer (Enw) sydd wedi gwneud cais Trosglwyddo a dderbyniwyd ar (Dyddiad).

Camau i'w cymryd :-

- Rheolwr llinell i gysylltu â'r gweithiwr i gadarnhau unrhyw fanylion neu eglurder ychwanegol ar gais trosglwyddo. h.y. cais orsaf amhriodol, rhestr lluosog o fewn yr orsaf/canolfan ac Oriau Gwaith
- Rwy'n cysylltu â chi drwy e-bost i gadarnhau manylion eich cynnig trosglwyddo
- Gan ddefnyddio'r swyddogaeth Gweinyddol gyda'r ap trosglwyddo, diweddarwch y meysydd perthnasol. Bydd hyn yn caniatáu i'r data cywir a mwyaf priodol gael ei gadw. [Dolen i Weinyddwr yr Ap Trosglwyddo](#)
- NODER: Nid yw'r Ap Trosglwyddo wedi'i gysylltu â chyflogres na chydwasanaethau. Ar ôl cymeradwyo unrhyw drosglwyddiad, RHAID i Reolwyr Llinell ddiweddararu'r newidiadau o fewn yr [Ap SMA](#), ESR a hysbysu adnoddau yn unol â hynny.

Diolch

Peidiwch ag ateb, nid yw'r blwch e-bost hwn yn cael ei fonitro.

Appendix 4 (English): 365 Transfer Power App – automated email – confirmation of request

365 TRANSFER POWER APP – AUTOMATED EMAIL – CONFIRMATION OF REQUEST

Acknowledgement of transfer request submission receipt

Please do not reply, this email box is not monitored.

Dear (Name),

Thank you for your email requesting that your name be added to the Transfer List, which was received on (date).

As per your request, your name has been added to the Transfer List for the following station(s)

- (List of stations here)

Please be advised that we are unable to provide you with further information in relation to when you may be offered a transfer. Once a vacancy becomes available at any one of your requested stations/locations, the receiving manager will make the transfer offer to the individual who is first on the Transfer List.

Should you wish to remove your name from the Transfer List, you can do so via View My Transfer Request in the [Transfer App](#).

Please also be advised that should you refuse the offer of a station/location requested by you in your Transfer Request, all your existing transfer requests will be removed from the Transfer List and you will be required to re-submit a new Transfer Request

Please do not reply, this email box is not monitored.



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Appendix 4 (Cymraeg): Ap Pŵer Trosglwyddo 365 – e-bost awtomatig – cadarnhau cais

AP PŴER TROSGLWYDDO 365 – E-BOST AWTOMATIG – CADARNHAU CAIS

Cydnabyddiaeth o dderbynneb cyflwyno cais trosglwyddo

Peidiwch ag ateb, nid yw'r blwch e-bost hwn yn cael ei fonitro.

Annwyl (Enw),

Diolch am eich e-bost yn gofyn ichi ychwanegu eich enw at y Rhestr Drosglwyddo, a dderbyniwyd ar (dyddiad).

Yn unol â'ch cais, mae'ch enw wedi'i ychwanegu at y Rhestr Drosglwyddo ar gyfer yr orsaf/gorsafoedd canlynol

· (Rhestr o orsafoedd yma)

Noder nad ydym yn gallu rhoi rhagor o wybodaeth ichi ynghylch pryd y gellir cynnig trosglwyddiad ichi. Unwaith y bydd swydd wag ar gael yn unrhyw un o'ch gorsafoedd/lleoliadau gofynnol, bydd y rheolwr derbyn yn gwneud y cynnig trosglwyddo i'r unigolyn sydd gyntaf ar y Rhestr Drosglwyddo.

Os hoffech chi dynnu eich enw oddi ar y Rhestr Drosglwyddo, gallwch wneud hynny drwy Gweld Fy Nghais Trosglwyddo yn [yrAp Trosglwyddo](#).

Noder hefyd, os byddwch yn gwrthod y cynnig o orsaf/lleoliad a ofynnwyd amdano yn eich Cais Trosglwyddo, bydd eich holl geisiadau trosglwyddo presennol yn cael eu tynnu oddi ar y Rhestr Drosglwyddo a bydd gofyn ichi ailgyflwyno Cais Trosglwyddo newydd.

Peidiwch ag ateb, nid yw'r blwch e-bost hwn yn cael ei fonitro.

Appendix 5 (English): 365 Transfer Power App – automated email – withdrawn request

365 TRANSFER POWER APP – AUTOMATED EMAIL – WITHDRAWN REQUEST

Withdrawn request email

Please do not reply, this email box is not monitored.

Dear (Name)

Transfer application which was received on (date).

We have received confirmation that you have refused or withdrawn the offer of a transfer OR that you have failed to provide confirmation of your decision to transfer within 5 business days of the offer being confirmed to you via email.

Please be advised that should you wish to transfer to an alternate location at a later date, you will be required to re-submit a Transfer Application via the Transfer App.

Thanks

Please do not reply, this email box is not monitored.



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Appendix 5 (Cymraeg): Ap Pŵer Trosglwyddo 365 – e-bost awtomatig – cais wedi'i dynnu'n ôl

AP PŴER TROSGLWYDDO 365 – E-BOST AWTOMATIG – CAIS WEDI'I DYNNU'N ÔL

E-bost cais wedi'i dynnu'n ôl

Peidiwch ag ateb, nid yw'r blwch e-bost hwn yn cael ei fonitro.

Annwyl (Enw)

Cais trosglwyddo a dderbyniwyd ar (dyddiad).

Rydym wedi derbyn cadarnhad eich bod wedi gwrthod neu wedi tynnu'r cynnig i drosglwyddo yn ôl NEU eich bod wedi methu â darparu cadarnhad o'ch penderfyniad i drosglwyddo o fewn 5 diwrnod busnes i'r cynnig gael ei gadarnhau ichi drwy e-bost.

Noder, os hoffech drosglwyddo i leoliad arall yn ddiweddarach, bydd gofyn ichi ailgyflwyno Cais Trosglwyddo drwy'r Ap Trosglwyddo.

Diolch

Peidiwch ag ateb, nid yw'r blwch e-bost hwn yn cael ei fonitro.

Appendix 6 (English): 365 Transfer Power App – automated email – successful transfer

365 TRANSFER POWER APP – AUTOMATED EMAIL – SUCCESSFUL TRANSFER

Successful transfer email

Please do not reply, this email box is not monitored.

Dear (Name)

Transfer application which was received on (Date).

Further to your discussion with the receiving manager or recruitment team on (Date), I am contacting you via email to confirm the transfer offer to (Station). The proposed date of your transfer will be included in the correspondence from the recruiting manager.

Further correspondence will arrive from the recruiting manager in which hours of work, contractual hours, roster pattern, Job title, transfer date will be confirmed. (Appendix 6 of Transfer policy)

Thanks

Please do not reply, this email box is not monitored.



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Appendix 6 (Cymraeg): Ap Pŵer Trosglwyddo 365 – e-bost awtomatig – trosglwyddiad llwyddiannus

AP PŴER TROSGLWYDDO 365 – E-BOST AWTOMATIG – TROSGLWYDDIAD LLWYDDIANNUS

E-bost trosglwyddiad llwyddiannus

Peidiwch ag ateb, nid yw'r blwch e-bost hwn yn cael ei fonitro.

Annwyl (Enw)

Cais trosglwyddo a dderbyniwyd ar (Dyddiad).

Yn dilyn eich trafodaeth gyda'r rheolwr derbyn neu'r tîm recriwtio ar (Dyddiad), rwy'n cysylltu â chi drwy e-bost i gadarnhau'r cynnig trosglwyddo i (Gorsaf). Bydd dyddiad arfaethedig eich trosglwyddiad wedi'i gynnwys yn yr ohebiaeth gan y rheolwr recriwtio.

Bydd gohebiaeth bellach yn cyrraedd gan y rheolwr recriwtio lle bydd oriau gwaith, oriau contractiol, patrwm y rhestr ddyletswyddau, teitl y swydd, a dyddiad trosglwyddo yn cael eu cadarnhau. (Atodiad 6 o'r polisi Trosglwyddo)

Diolch

Peidiwch ag ateb, nid yw'r blwch e-bost hwn yn cael ei fonitro.

Appendix 7 (English): Template email from Receiving Manager to Employee confirming retention of place on Transfer List where an existing Flexible Working arrangement cannot be accommodated

Email from Receiving Manager to Employee confirming retention of place on Transfer List where an existing Flexible Working arrangement cannot be accommodated

Dear (Name)

Further to your transfer application dated (insert date) unfortunately you have been unable to accept the transfer offered because we are unable to support your current Flexible Working arrangements in the station offered as part of the transfer application. Therefore, unfortunately this transfer application cannot be currently accommodated at this time.

As per section 3.4 of the Transfer Policy, any member of staff who is unable to accept a transfer offer due to having an existing Flexible Working arrangement is entitled to retain their position on the Transfer List. Therefore, despite being unable to accept the offer at this time, your position on the Transfer List will remain unchanged.

We will continually monitor this position and hopefully accommodate your transfer application with your Flexible Working requirements as soon as the opportunity arises. If you wish to discuss and review this at any time, please make contact and I should be in a position to provide updates.

Please be advised that staff are required to regularly review any existing transfer application as per the Transfer Policy. Should you wish to make any amendments to your original application please discuss in the first instance with your Line Manager.

Kind regards



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Appendix 7 (Cymraeg): Templed e-bost oddi wrth y Rheolwr Derbyn i'r Cyflogai yn cadarnhau cadw lle ar y Rhestr Drosglwyddo lle na ellir darparu ar gyfer trefniant Gweithio Hyblyg presennol

E-bost oddi wrth y Rheolwr Derbyn i'r Cyflogai yn cadarnhau cadw lle ar y Rhestr Drosglwyddo lle na ellir darparu ar gyfer trefniant Gweithio Hyblyg presennol

Annwyl (Enw)

Yn dilyn eich cais trosglwyddo dyddiedig (nodwch y dyddiad) yn anffodus nid ydych wedi gallu derbyn y trosglwyddiad a gynigiwyd oherwydd nad ydym yn gallu cefnogi eich trefniadau Gweithio Hyblyg presennol yn yr orsaf a gynigiwyd fel rhan o'r cais trosglwyddo. Felly, yn anffodus ni ellir derbyn y cais trosglwyddo hwn ar hyn o bryd.

Yn unol ag adran 3.4 o'r Polisi Trosglwyddo, mae gan unrhyw aelod o staff sy'n methu â derbyn cynnig trosglwyddo oherwydd bod ganddo drefniant Gweithio Hyblyg presennol hawl i gadw ei safle ar y Rhestr Drosglwyddo. Felly, er na ellir derbyn y cynnig ar hyn o bryd, bydd eich safle ar y Rhestr Drosglwyddo yn aros yr un fath.

Byddwn yn monitro'r sefyllfa hon yn barhaus a gobeithio y byddwn yn darparu ar gyfer eich cais am drosglwyddo gyda'ch gofynion Gweithio Hyblyg cyn gynted ag y bydd y cyfle'n codi. Os hoffech drafod ac adolygu hyn ar unrhyw adeg, cysylltwch â mi a dylwn fod mewn sefyllfa i roi'r wybodaeth ddiweddaraf ichi.

Noder bod gofyn i staff adolygu unrhyw gais trosglwyddo presennol yn rheolaidd yn unol â'r Polisi Trosglwyddo. Os hoffech wneud unrhyw newidiadau i'ch cais gwreiddiol, trafodwch hynny yn y lle cyntaf gyda'ch Rheolwr Llinell.

Cofion gorau



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Gwasanaethau Ambiwylans Cymru
Welsh Ambulance Services
University NHS Trust

People Development Policy

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Brief Summary of Document:	This document outlines the framework and approach for developing the knowledge, skills, and competencies of all staff within the Welsh Ambulance Services University NHS Trust (WAST). The policy is aligned with the Trust's strategic objectives and aims to foster a culture of continuous learning and professional growth.				
Scope:	This Policy applies to all staff that are directly employed by WAST and includes Non-Executive Directors.				
To be read in conjunction with:	<ul style="list-style-type: none"> Study Leave Standard Operating Procedure Bursary Policy People and Culture Plan Welsh Language Policy People Development Plan Warm WAST Welcome – Digital Onboarding NHS Wales Secondment Policy Our Wellbeing Objectives: Focused on the Future OUR WAST WAY 				
Owning Committee	People & Culture Committee				
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Version Control Sheet

Version	Date	Author	Summary of Changes
V0.10	01/02/2025	Jo Kelso	Initial draft created and comments received from TUP
V0.11	01/09/2025	Jo Kelso	Proof read with minor style alterations following development by Task & Finish Group and Impact Assessment Reviews.
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Version	Date	Author	Summary of Changes
			<ul style="list-style-type: none"> • 5.6 Information Governance – sentence added (transferred from 5.5) • 5.7 Health and Safety – comments removed and bullet point put into a sentence. • 7. Audit & Monitoring – guidance note removed as not required, section on records removed (transferred to 5.5 Records Management) • 8. References – guidance notes removed • 9. Appendices – deleted, not required
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Area	Date of Review	Name of Reviewer
Education & Development	15/05/2025	Andrew Morgan
Counter Fraud	16/05/2025	Lynne Haddow
Information Governance	11/07/2025	Kelly Holding
Records Management	09/06/2025	Judith Birkett
EqIA / Welsh Language	23/05/2025 15/05/2025	Kat Cobley Melfyn Hughes

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Policy Approval Route

Meeting Title	Meeting Date	Purpose/Outcome
People & Culture Committee	12/08/2025	Noted development; Endorsed approach
Policy Group	22/09/2025	Consider new policy / recommend for Trust-wide consultation
People and Culture Directorate Business Meeting	21/10/2025	Retrospective presentation to directorate business to ensure appropriate governance/sign off.
Trust-wide Consultation	25/10/2025 – 22/11/2025	Staff engagement / comments
Policy Group	15/12/2025	Review post consultation changes and recommend for Approval by Committee
Executive Leadership Team (ELT)	14/01/2026	Endorsement / Policy endorsed > Recommended for onward travel to Committee for approval
People and Culture Committee	10/02/2026	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 the document author or the Amb_policies@wales.nhs.uk

Contents

1. Introduction and Aim	7
2. Scope	7
3. Purpose	8
3.1 Career Growth and Development.....	8
3.2 Professional Proficiencies	8
3.3 Structured Programmes	9
4. Training and implementation	9
5. Impact Assessments	9
5.1 Equality Impact Assessment	9
5.2 Welsh Language Impact Assessment	10
5.3 Environmental Standards and Impact Assessment	10
5.4 Counter Fraud	10
5.5 Records Management	11
5.6 Information Governance	11
5.7 Health and Safety	11
6. Roles and Responsibilities	12
6.1 Chief Executive	12
6.3 Directors	12
6.4 Head of Compliance and Assurance.....	13
6.5 Service Managers / Clinical Leads / Locality Managers	13
6.6 Line Managers	13
6.7 All Staff	14
7. Audit and Monitoring	15

1. INTRODUCTION AND AIM

The People Development Policy outlines the framework and approach for developing the knowledge, skills, and competencies of all staff within the Welsh Ambulance Services University NHS Trust (hereinafter referred to as the Trust) as captured in the People Development Plan (PDP). The Trust is proudly working toward being a learning organisation and achieved University status on 1st April 2024; it is committed to ensuring its people have the very best education and development opportunities, putting patient centred care at the heart of everything it does.

This policy is aligned with Strategic Objective 2: Enabling our people to be the best they can be, our Wellbeing Objective as a socially responsible and inclusive employer and our Quality Enabler and People and Culture Plan commitment to fostering a culture of continuous learning and professional growth. The PDP will be flexible and adaptable in line with the requirements of the Equality Act 2010, in order to meet the needs anyone undertaking learning and development within the Trust; acknowledging that accommodations or reasonable adjustments can help to reduce barriers to learning. Of note is the need to support staff with limited digital skill and confidence.

The PDP will be categorised into Profession Groups and will provide a clear road map of how individuals can progress professionally. The PDP will identify role specific competencies and skills as well as organisation-wide transferrable professional proficiencies that embrace wider and softer skills. Our People and Culture Plan incorporates the PDP in recognition of the role that effective staff development plays in both role specific and generic employee productivity and progression. The Trust aims to achieve an appropriate balance between individuals achieving their full potential and a return on its investment in their development.

The aim of this policy is to create a structured and supportive environment for staff development, enabling employees to contribute to the organisation's success within budgetary constraints and aligned with service need.

2. SCOPE

This policy applies to all WAST staff across all clinical, administrative, and support roles, including Non-Executive Directors. It encompasses all aspects of professional development, from initial training to ongoing career progression. The Study Leave Standard Operating Procedure and Bursary Policy are informed by this policy.

3. PURPOSE

The Trust is dedicated to the continuous development of our staff to ensure they can perform their roles effectively and progress in their careers. The Trust aims to provide equitable access to development opportunities that enhance individual and organisational performance.

- To provide clear pathways for career progression within profession groups.
- To provide opportunity to develop transferrable skills for use across profession groups.
- To enhance the skills and competencies of all staff through targeted development programmes.
- To support the organisation's strategic goals through effective people development.
- To foster a culture of continuous learning and improvement.

Through the People Development Plan, the Trust will enable and provide:

3.1 Career Growth and Development

- Define profession groups and briefly outline the competencies and skills required for each role.
- Provide a roadmap for career progression within each profession group.
- Identify transferrable skills to enable progression across profession groups.
- Offer professional exposure opportunities that include practical learning through participation in projects, observation, and intermittent involvement in projects.
- Utilise a Learner Management System to manage and track learning and development activities, ensuring all staff have access to individual learning and development plans that align with organisational objectives and their professional growth.

3.2 Professional Proficiencies

- Offer development opportunities that enhance professional effectiveness, including leadership, management, and technical skills.
- Support development of performance management skills through programmes such as Our WAST Way, Management Essentials, Coaching & Mentoring, and Study Skills for Progression.
- Offer development opportunities in digital skills, soft skills, critical thinking, and problem solving to facilitate transferability within the Trust.

3.3 Structured Programmes

- Support and encourage access to business related, formal qualifications, certifications and accreditations.
- Develop apprenticeship programmes, pan-Trust, to create entry-level positions with recognised training.
- Ensure delivery of a robust development programme encompassing both role-specific and organisation-wide development initiatives.
- Extend formal mentoring and coaching programmes into all areas of the Trust.
- Encourage staff to actively participate in development programmes by ensuring dedicated time is set aside for their learning and support the implementation of these initiatives by highlighting the importance of investing time in professional growth.

4. TRAINING AND IMPLEMENTATION

Digital tools and systems intended for individual use to access People Development options will be developed with organic navigation as the standard. Additional support is available by contacting the Education & Development Hub at 0300 123 2319 or by emailing AMB_EandDHub@wales.nhs.uk.

WAST is committed to providing quality evidence-based education to an engaged and skilled workforce operating within an organisational culture and framework that enables colleagues to work to the top of their skill set to deliver high quality care and services with competence and confidence. Staff are encouraged to discuss any concerns or queries regarding education and development with a member of the Education and Development Team, by telephoning the Education & Development Hub on 0300 123 2319 or via email at AMB_EandDHub@wales.nhs.uk

5. IMPACT ASSESSMENTS

5.1 Equality Impact Assessment

In accordance with the Equality Act 2010, all policies are subject to an EqIA. This enables resources to be targeted effectively and can help to reduce inequalities. The EqIA is process to find out whether a policy will affect people differently on the basis of their 'protected characteristics': age, disability, gender reassignment, marriage or civil partnership, pregnancy or maternity, race, religion, sex or sexual orientation and if it will affect their human rights.

An EqIA has been carried out on this policy with no detriment identified for any individual or group

5.2 Welsh Language Impact Assessment

Under the The Welsh Language (Wales) Measure 2011 the Trust's Welsh Language Scheme has been replaced by Welsh Language Standards. This means that the Trust, when formulating new policies or reviewing or revising existing policies, is required to assess what effect a policy decision would have on opportunities for persons to use the Welsh language and on treating the Welsh language no less favourably than the English language.

The Welsh Ambulance Services University NHS Trust has a responsibility under the Welsh Language Standards to provide opportunities for our people to learn Welsh, and to learn through the medium of Welsh (Standards 97 – 101).

Further guidance can be obtained from the Welsh Language Services Manager.

5.3 Environmental Standards and Impact Assessment

This policy will put the relevant requirements in place (such as waste management plan, reduction of CO₂ emissions & reduction of carbon footprint) in order to ensure that the Welsh Ambulance Services NHS Trust ongoing commitment to reduce its impact on the environment is maintained and to become a more sustainable organisation in line with Trust policy and Environmental Governance System.

5.4 Counter Fraud

Counter Fraud, Bribery and Corruption Concerns

The Welsh Ambulance Services University NHS Trust is committed to taking all necessary steps to counter fraud, bribery and corruption within the Trust. In conjunction with this policy, staff should report any suspected incidents of fraud and corruption to the Trust Local Counter Fraud Specialist, who will be happy to discuss any issues or concerns. Alternatively, staff may contact the confidential NHS Fraud and Corruption Reporting Line 0800 0284060; or on-line reporting facility <https://cfa.nhs.uk/reportfraud> Fraud investigations may lead to prosecution and civil recovery procedures, alongside internal disciplinary action.

5.5 Records Management

Records of individual participation will form part of the established staff training records held and maintained by Education & Development. Some records may also be held in the Electronic Staff Record (ESR) system or its replacement.

Where necessary, records will be held by third part organisations for the purposes of providing a development opportunity to WAST staff – this will always be with the individuals consent and for the purposes of delivery of their learning. All records are held in compliance with WAST Records management and the Data Protection Act 2018.

5.6 Information Governance

Information Governance (IG) is an overarching term used to describe all aspects of information management. The Trust and its staff shall ensure that they provide satisfactory assurance to stakeholders as to how the organisation fulfils its statutory and organisational responsibilities in relation to the management of information. It will enable management and staff to make correct decisions, work effectively and comply with relevant legislation and the organisations aims and objectives.

The IG framework ensures that it sets out the high level principles for confidentiality, integrity and availability of information to promote and build a level of consistency across the Trust.

Accurate records of all development activities will be maintained, and stored appropriate and securely, ensuring confidentiality in accordance with the requirements of the Data Protection Act and UKGPDR.

5.7 Health and Safety

All activities undertaken relating to development of staff will comply with health and safety regulations.

6. ROLES AND RESPONSIBILITIES

There is a shared responsibility for the development of people within the Trust, which is summarised below:

6.1 Chief Executive

The Chief Executive, as Accountable Officer, has overall responsibility for ensuring the Trust has appropriate policies in place to ensure the organisation works to best practice and complies with all relevant legislation.

The Chief Executive will have overall responsibility for promoting the principles of a Learning Organisation, committed to the ongoing development of its people.

6.3 Directors

The Executive Directors are responsible for the effective management of and compliance with this policy. They are responsible for ensuring that all policies within their remit are maintained and updated by liaising with the appropriate policy leads. They are responsible for ensuring that the appropriate advice and assistance is provided to authors and that consideration is given to any training and resources implications that are defined. Each Director will appoint a Policy Lead for their Directorate.

Directors will have overall responsibility for ensuring that this policy is enabled within their directorate.

They will influence the capability of the organisation in how they set strategic direction, review performance and ensure good governance of the organisation by ensuring that:

- A collegiate approach to accessing People Development opportunities exists
- The requirements of the policy are implemented in full
- Where required, contribution toward the costs of necessary development will be met from within the Directorate budget.
- There are effective working practices in place in relation to enabling staff to engage in People Development activities
- The effectiveness of the policy is evaluated through the receipt and consideration of regular reports through appropriate delegated Committees.

6.4 Head of Compliance and Assurance

The Head Compliance and Assurance will act as the Trust's 'Policy Process Manager' and operational gatekeeper with the responsibility for providing guidance, advice and support for the process on behalf of the Trust.

In addition, be responsible for:

- Managing the maintenance of the Trust's central Policy Tracker and Policy Database (including ensuring a record of completed equality impact assessments submitted with policies is maintained).
- Facilitation of the Trust's internal Policy Group.
- Management of the Trust wide consultation process for all policies.
- Issuing reminder notices to ensure the timely review of policies.
- Ensuring up-to-date guidance and documentation regarding the policy process is accessible.
- Publishing policies onto the Trust's internet/intranet sites and working with the Communications Team to ensure comprehensive notification that new policies is maintained across the Trust.
- Maintain an archive of previous versions of any revised or reviewed policies.

6.5 Service Managers / Clinical Leads / Locality Managers

Are responsible for:

- Ensuring that new members of staff that join the Trust are made aware of the policy control system at local induction, and how to access Trust wide and local policy documents specific to their area.
- Understanding the policy process and their role in supporting best practice.
- Working with staff without access to the intranet to ensure they have access to relevant documentation.
- Ensuring that local arrangements are established to monitor the receipt and understanding of all relevant Trust documents; thus reducing the risk of misuse of misinterpretation.

6.6 Line Managers

The Trust is committed to supporting line managers with developing leadership skills including understanding how to use strengths, coaching and mentoring.

Are responsible for:

- Ensuring that the staff for whom they are responsible are aware of and adhere to this document. This includes ensuring that:
 - Copies of the Trust policies are readily available and accessible to all staff.
 - Information is disseminated on a regular basis, to ensure staff have read and understood the relevant documents and are aware of any new guidance or revisions.
 - The identification of specific staff training needs on the implementation of new or updated documents.
 - Systems exist to enable the review, audit and compliance testing of all relevant departmental policies as required.
 - Identify development needs and opportunities for their team members.
 - Support the development of staff within their teams and ensure adherence to the policy.

6.7 All Staff

Are responsible for ensuring that:

- They comply with the provision of this policy and where requested to demonstrate such compliance. Failure to comply may be dealt with under the Trust's Disciplinary Policy as appropriate.
- Information regarding failure to comply with the policy, for example, lack of training, inadequate equipment, is reported to their line manager and that the incident reporting system is used where appropriate.
- Their practice is in line with policies in use across the Trust and specific to their area of work.
- Information regarding any changes in practice, organisational structure or legislation that would require an urgent review of documents is immediately reported to their line manager.
- Engage in development activities and take responsibility for their own professional growth.
- They take active responsibility for managing their own performance and development, with continuous support from their line manager, in line with the principles of Our WAST Way – creating a compassionate, inclusive culture.

7. AUDIT AND MONITORING

This policy will be implemented by means of the People Development Plan. There will be a number of different mechanisms that go to make up the components of the plan from Onboarding and Induction Programmes through to our Leadership and Management Development initiatives. An online tool and SharePoint resource will be provided to enable navigation of the WAST People Development offer.

Components of the People Development offer will be audited on a continuous improvement basis with uptake monitored. Individual elements will be subject to a range of quality assurance mechanisms dependent on their status as regulated or non-regulated activity. For example, Apprenticeships have established audit and quality assurance procedures laid down in statute; short courses and eLearning offers made available as part of the offer will have suitable procedures to match including but not limited to participant feedback, participant focus groups and sentiment surveys.

Data will be reported to several fora including the Strategic Education Steering Group (SESG) and People and Culture Committee (PCC). The purpose of this reporting will be to inform regarding participation rates, performance and Return on Investment.

Reporting cycles will evolve with the People Development offer. This will be to ensure a positive impact and benefit is realised from use of Trust time and resources.



All Wales Reserve Forces Training and Mobilisation Policy

Fforwm Partneriaeth Cymru
Welsh Partnership Forum

GIG Cymru *yn*
Gweithio mewn Partneriaeth

NHS Wales
Working in Partnership



Contents

1. General Introduction	2
2. The Legal Framework	2
3. Practical Support for Training	3
4. Mobilisation	3
5. Financial Assistance for Employers	4
6. NHS Pension whilst on Active Service	4
7. Annual Leave whilst Mobilised	5
8. Carry Over of Annual Leave	5
9. Pay Progression	5
10. Support on Return to Work (Demobilisation)	5
11. Review	6
12. Useful Sources of Help	6
Appendix 1 – Designated NHS Organisation Contacts	7
Appendix 2 – Exemption and Deferral from Mobilisation	8

1. General Introduction

- 1.1 NHS Wales supports employees who are members of or wish to join the Volunteer Reserve Forces. These consist of the Royal Naval Reserve (RNR), the Royal Marines Reserve (RMR), the Army Reserve, the Reserve Air Forces (RAFR and RAuxAF), and cadet forces. This policy will also apply to Regular Reservists, who are ex-regulars who may retain a liability to be mobilised. A member of staff should be provided with a copy of this policy as soon as the NHS organisation is aware that the individual is a reservist.
- 1.2 Employees who wish to take advantage of the provisions contained within this policy must inform their employer that they are a Reservist by contacting the individual identified at Appendix 1 for their *NHS Organisation*. The designated contact for each *NHS Organisation* will keep a register of all employees who are members of the volunteer forces and will ensure that the individual's line manager is aware of their membership of the Volunteer Reserve Forces.
- 1.3 This policy will also apply to High Readiness Reserves (HRR) and Civil Contingency Reaction Forces (CCRF), both of whom must inform their employer of their status given the relatively short notice of deployment. High Readiness Reserves will also require written consent from their employer if they work more than two days per week before they are able to hold this status.
- 1.4 The training undertaken by Reservists enables them to develop skills and abilities that can be of benefit to them as employees, and to the employer in terms of service delivery. Members of staff should be encouraged to share these with colleagues.
- 1.5 A greater understanding of the training and skills development carried out in the Reserve Forces will assist managers in conducting PADRs.

2. The Legal Framework

- 2.1 In most instances an employer's relationship with a Reservist member of staff should be like that of any other employee. However, there are areas where a Reservist's status may affect the operations of the organisation. Legislation exists to define the rights and liabilities that apply to both parties.
- 2.2 There are two main pieces of legislation relating to employers and the Volunteer Reserve Forces:
 - Defence Reform Act 2014 (DRA 14)
 - The Reserve Forces Act 1996 (RFA 96) which provides the powers under which Reservists can be mobilised for full-time service.
 - The Reserve Forces (Safeguard of Employment) Act 1985 (SOE 85) which provides protection of employment for those liable to be mobilised and reinstatement for those returning from mobilised service.

3. Practical Support for Training

- 3.1 NHS Wales will support an employee to become a reservist and provide access to annual or unpaid leave to support attendance at any training required in advance of an employee becoming a Reservist.
- 3.2 Paid leave of up to 10 days per year will be made available to Reservists to attend annual camp or equivalent continuous training. Any additional leave required should be taken as annual or unpaid leave.
- 3.3 Line managers will as far as possible facilitate work rosters to allow attendance for annual camp and other training commitments, e.g. weekly or weekend training sessions.
- 3.4 Reservist employees should give as much notice as possible to allow appropriate planning for absences. Permission will be granted where the notice exceeds one month and should normally be granted in other circumstances. Permission once given will not be rescinded except in exceptional and extreme circumstances.
- 3.5 Any disputes should be referred to the designated contact (see appendix 1) in the first instance. Employees who remain dissatisfied may thereafter use the grievance procedure.

4. Mobilisation

- 4.1 Mobilisation is the process of calling reservists into full-time service. (i) With the Regular Forces on the military operations (ii) To fulfil their part of the UK's defence strategy. The Reserve Forces Act 1996 and the Defence Reform Act 2014 provide the legal basis for mobilisation. Subject to the severity of the crisis there would normally be a minimum of 30 days' notice. Mobilisation will normally be for between 3 and 12 months but on occasion could be as short as 2 weeks.
- 4.2 An employee who wishes to volunteer for mobilisation **must seek prior agreement of their employer through their line manager out of courtesy.** Any such request will be considered within 5 working days.
- 4.3 Where there are multiple requests in a single department/unit these will be referred to the appropriate Senior Manager.
- 4.4 Where there is compulsory mobilisation of any employee the employer (following a similar process to 4.2 above) will decide whether to seek exemption or deferral. The grounds of exemption are strictly limited and would have to show serious harm to the employer's ability to provide services. The employer would only seek exemption in very exceptional circumstances.
- 4.5 Additional information regarding exemption and deferral from mobilisation is contained in Appendix 2.

5. Financial Assistance for Employers

- 5.1 Where an employee's mobilisation results in additional costs the employer may seek compensation from the Ministry of Defence (MoD), e.g.:
- Overtime costs if another employee is used to cover the work of the Reservist.
 - Any costs of hiring a temporary replacement that exceeds the Reservist's earnings.
 - Advertising for replacement or agency costs.
 - Training costs for any training the employee needs as a result of having been mobilised (the MoD will not pay for training that we would have carried out anyway) when they return to work to carry out their duties properly.
- 5.2 While the Reservist is mobilised, the employer is not obliged to pay their salary or contractual benefits. However, staff will receive their full salary from the employer during the first month of their mobilisation or until they receive their first months pay from the MoD. The excess salary paid after the date of mobilisation will be recoverable when the individual returns to work. The designated contact for the *NHS Organisation* should ensure that the pay department is notified that the employee is being mobilised and the date when their pay should stop.
- 5.3 In order to claim financial assistance the employer will provide the Ministry of Defence with appropriate supporting documentary evidence e.g. invoices.
- 5.4 The latest date for submitting claims for financial assistance, other than for training, is within four weeks of the date the Reservist is demobilised.

6. NHS Pension whilst on Active Service

- 6.1 A reservist who is called out is entitled to remain a member of the NHS Pension Scheme. The Ministry of Defence (MoD) will pay the employer's pension contributions whilst the individual is mobilised provided they continue to pay their individual contributions. Where mobilisation occurs, the employee will be given special unpaid leave of absence. The employee's pension contributions would be calculated and held over until the employee returns. These would then be recovered monthly from salary and over the same period as the employee was absent. The employer will continue, on request of the employee, to pay employer's contributions to the NHS Pension Scheme for the period of mobilisation and invoice the MoD to recover this amount.

See section 12:

(http://www.nhsbsa.nhs.uk/Documents/Pensions/Call_up_of_Reservists_factsheet_V2_07.13.pdf)

7. Annual Leave whilst Mobilised

- 7.1 Reservists have no entitlement to accrue annual leave whilst mobilised and on unpaid leave.
- 7.2 Reservists will have a period of 'post tour' leave which they **accrue at the rate of one day for every nine calendar days deployed** (JSP 753 Directive – Regulations for the Mobilisation of UK Reserve Forces) from the MoD. This leave must be taken before the individual is demobilised.

8. Carry Over of Annual Leave

- 8.1 Reservists should be encouraged to take any holiday accrued before mobilisation. However, any annual leave not taken will be carried forward.

9. Pay Progression

- 9.1 Where an employee is absent from work following mobilisation, the service will be considered continuous and an employee will not be penalised if it coincides with their pay step.
- 9.2 Line managers who carry out PADRs and / or appraisal meetings with a reservist should be made aware that the Volunteer Reserve Forces activities undertaken by an individual (either through training or mobilisation) bring essential skills into the workplace such as leadership, communication, team working and organisational ability, which ultimately lead to improved performance in the workplace. It is therefore good practice that we recognise these skills and abilities in an individual's PADR or appraisal meeting and acknowledge that the activities can be regarded as evidence of achievement or in some circumstances contribute towards an individual being in a position to evidence application of knowledge and skills. These principles will also apply to reservists not employed on Agenda for Change Terms and Conditions, being mindful of professional requests, such as revalidation.

10. Support on Return to Work (Demobilisation)

- 10.1 Demobilisation may be a difficult time, with a Volunteer Reservist returning to work after a challenging period in deployment. Helping to ensure a smooth re-integration into the workplace/team will require consideration of:
- The need to update them on changes and developments in the organisation.
 - The need to offer specific refresher training where it is sought/considered necessary.
 - Where the job duties have changed since mobilisation, a period of skills training may be required to assist them with new aspects of the job.

- Whether the Reservist can meet up with colleagues informally or socially (if appropriate) before or after return to work to prevent any feeling of dislocation, if this is sought.
- Reasonable time off to seek therapeutic treatment.

10.2 When an employer is advised by a Reservist that they want to return to work, the employer is obliged to employ them in their old job as stated in the Reserve Forces (Safeguard of Employment) Act 1985. Where this is not possible, they must be offered an equivalent position with the same terms and conditions of service in accordance with the Organisational Change Policy. The right to return to work lasts for six months after demobilisation.

10.3 To enable the employer to plan for their return to work after their military service has ended, Reservists must advise the designated organisational contact verbally and/or in writing, copied to their line manager, the date they will be available to start work. This communication should be made no later than three weeks after the completion of military service.

10.4 The employer must be advised as soon as possible if, due to illness or some other reasonable cause, the employee is unable to start work on the agreed date.

11. Review

11.1 This policy will be monitored and reviewed every two years or sooner in light of any legislative changes and in line with NHS changes.

12. Useful Sources of Help

Reserve Forces and Cadet Association for Wales

Telephone: 02920 375746

www.wales-rcfa.org

NHS Wales Pensions Agency

Address: NHS Pensions Agency

PO Box 2269

Bolton

BL6 9JS

Telephone: 0300 3301 346

www.nhsbsa.nhs.uk

Appendix 1 – Designated NHS Organisation Contacts

Each NHS organisation has a responsibility to identify their designated contact, however, for the purposes of this policy the responsibility will be that of each NHS organisation's Director of Workforce and Organisational Development.

It will be the role of the designated NHS Organisation contact to ensure that: -

- they are fully aware of the provisions of this policy and are therefore able to advise employees of the support available to them;
- they maintain an up to date database of all Reservists working in their organisational area;
- they are available to work with both their employee and the employee's line manager to ensure the provisions of the policy are available;
- mechanisms in place to ensure that the pay department is notified that the employee is being mobilised and the date when their pay should stop;
- mechanisms in place to ensure that they maintain contact with the employee to ensure they are kept informed about their area. This may be through the provision of a staff newsletter, update e-mails, briefing notes etc;
- they act as first contact in any disputes.

Appendix 2 – Exemption and Deferral from Mobilisation

- 1.1 The employer has the right to ask for exemption from, or deferral of, mobilisation if it is considered that the organisation will suffer serious harm because of the Reservist's absence.
- 1.2 The definition of definition of 'serious harm', varies from case to case, but the broad guidelines laid out in CORFA 05 specifically mention;
- Serious loss of sales, markets, reputation, goodwill or other financial harm.
 - Serious impairment of the ability to produce goods or provide services.
 - Demonstrable harm to research and development of new products, services or processes, provided that the harm could not be prevented by the employer receiving financial assistance under CORFA 05.
- 1.3 To be considered for exemption or deferral, the Reservist, or the employer, must make an application, within seven days of the Reservist being served with a mobilisation notice, to the Service Adjudication Officer (SAO) for the Service in which the Reservist will serve. Late applications can only be made with the permission of the SAO appointed by the MoD. A serving officer or MoD official normally holds this post.

Address: Army Adjudication Officer
Army Personnel Centre
PO Box 26703
GLASGOW G2 8YN

Tel: 0800 389 6585

Fax: 0141 224 2689

Email: apc-cmops-mob-so2@mod.uk

Address: Royal Navy and Royal Marines Adjudication Officer
West Battery (MPG-2)
Whale Island
PORTSMOUTH PO2 8BX

Tel: 02392 628858

Fax: 02392 628660

Email: NAVYLEGAL-RESERVESADJSO2@MOD.UK

Address: Royal Air Force Adjudication Officer
Royal Air Force Adjudication Service
c/o Imjin Barracks
GLOUCESTER GL3 1HW

Tel: 01452 712612 ext 6107
Fax: 01452 510939
Email: aira1-adjmlbx@mod.gov.uk

1.4 The following information must be provided when applying for exemption or deferral;

- Personal details including full name, address, payroll and national insurance number.
- Details of the job or role they perform within the Board.
- The effect that their absence would have on the Board and/or departmental business and/or service delivery.
- Justification for exemption in terms of the serious harm to the Board and department.

1.5 Once received, the application will be examined by the SAO who will decide if the case for exemption or deferral is acceptable. In making this decision, the SAO will seek to balance the needs of the Board and employing department against the operational needs of the Armed Forces for which the Reservist has been mobilised.

1.6 An appeal can be made to the Reserve Forces Appeal Tribunal if the Board is unhappy with the decision of the SAO. The SAO will provide information on making an appeal.

1.7 Reserve Forces Appeal Tribunals are independent of the MoD, with appointments made by the Secretary of State for Constitutional Affairs and Lord Chancellor. Each tribunal consists of a legally qualified chairperson and two lay-members drawn from a list held by the Employment Tribunals Service.

1.8 Appeals must be lodged with the office of the Secretary to the Tribunal no more than five working days after the SAO's decision is received. Appeals can be faxed or posted first class.

Address: Reserve Forces Appeal Tribunal
Tribunals Service
Alexandra House
14 – 22 The Parsonage
Manchester
M3 2JA

Email: rfat@tribunals.gsi.gov.uk

- 1.9 The employer will be advised of the date, time and place of the hearing of the appeal. Where considered necessary, employers may be asked to provide the Tribunal with additional information in support of their case. Appeals are normally heard within 28 days of receipt of the appeal, during which time the Reservist will not be deployed outside the United Kingdom.



GIG Cymru Lluoedd Wrth Gefn Polisi Hyfforddiant a Gawl i Wasanaethu

Fforwm Partneriaeth Cymru
Welsh Partnership Forum

GIG Cymru yn
Gweithio mewn Partneriaeth

NHS Wales
Working in Partnership



Contents

1. Cyflwyniad Cyffredinol	2
2. Y Fframwaith Cyfreithiol.....	2
3. Cefnogaeth Ymarferol ar gyfer Hyfforddiant.....	3
4. Galw i Wasanaethu	3
5. Cymorth Ariannol i Gyflogwyr	4
6. Pensiwn y GIG tra ar Wasanaeth Gweithredol	4
7. Gwyliau Blynyddol tra'n Gwasanaethu gyda'r Lluoedd	5
8. Cario Gwyliau Blynyddol Drosodd	5
9. Datblygiad Cyflog	5
10. Cymorth wrth Ddychwelyd i'r Gwaith (Dadfyddino)	6
11. Adolydiad	6
12. Ffynonellau Cymorth Defnyddiol	7
Atodiad 1 – Unigolion Cyswllt Dynodedig Sefydliad y GIG	8
Atodiad 2 – Eithrio rhag Gwasanaethu a Gohirio Galw i Wasanaethu	9

1. Cyflwyniad Cyffredinol

- 1.1 Mae GIG Cymru yn cefnogi gweithwyr sy'n aelodau o'r Lluoedd wrth Gefn Gwirfoddol neu sy'n dymuno ymuno â hwy. Mae lluoedd o'r fath yn cynnwys y Llynges Frenhinol Wrth Gefn (RNR), y Morlu Brenhinol Wrth Gefn (RMR), y Fyddin Wrth Gefn, y Lluoedd Awyr Wrth Gefn (RAFR ac RAuxAF) a'r lluoedd cadetiaid. Bydd y polisi hwn hefyd yn gymwys i Filwyr Wrth Gefn Rheolaidd, sy'n gyn-filwyr rheolaidd ac sy'n dal yn gymwys i gael eu galw i wasanaethu. Dylai aelod o'r staff gael copi o'r polisi hwn cyn gynted ag y bydd Sefydliad y GIG yn gwybod bod yr unigolyn yn filwr wrth gefn.
- 1.2 Rhaid i weithiwr sy'n dymuno manteisio ar ddarpariaethau'r polisi hwn hysbysu ei gyflogwr ei fod yn Filwr Wrth Gefn drwy gysylltu â'r unigolyn dynodedig ar gyfer *Sefydliad y GIG* a enwir yn Atodiad 1. Bydd y person cyswllt dynodedig yn Sefydliad y GIG yn cadw rhestr o'r holl weithwyr sy'n aelodau o'r lluoedd gwirfoddol ac yn sicrhau bod rheolwr llinell yr unigolyn yn gwybod ei fod yn aelod o'r Lluoedd Wrth Gefn Gwirfoddol.
- 1.3 Bydd y polisi hwn hefyd yn gymwys i'r Milwyr Wrth Gefn Parodrwydd Uchel (HRR) a'r Lluoedd Ymateb i Argyfyngau Sifil Posibl (CCRF). Rhaid i aelodau o'r lluoedd wrth gefn hyn hysbysu eu cyflogwr ynglŷn â'u statws gan fod y cyfnod o rybudd cyn anfon i leoliad yn gymharol fyr. Rhaid i unigolion sy'n gweithio mwy na dau ddiwrnod yr wythnos hefyd gael caniatâd ysgrifenedig gan eu cyflogwr cyn y gallant ddal statws aelod o'r Milwyr Wrth Gefn Parodrwydd Uchel.
- 1.4 Mae'r hyfforddiant a roddir i Filwyr Wrth Gefn yn eu galluogi i ddatblygu sgiliau a galluoedd a all fod yn ddefnyddiol iddynt fel gweithwyr cyflogedig, ac yn fuddiol hefyd i'r cyflogwr wrth gyflenwi gwasanaethau. Dylid annog aelodau staff i rannu'r rhain gyda chydweithwyr.
- 1.5 Bydd gwell dealltwriaeth o'r hyfforddiant a'r sgiliau sy'n cael eu datblygu yn y Lluoedd Wrth Gefn yn helpu rheolwyr sy'n cynnal cyfarfodydd Gwerthuso Perfformiad ac Adolygu Datblygiad (AGDP).

2. Y Fframwaith Cyfreithiol

- 2.1 Yn y rhan fwyaf o achosion ni ddylai perthynas cyflogwr ag aelod o'r staff sy'n Filwr Wrth Gefn fod yn wahanol i'w berthynas ag unrhyw weithiwr arall. Er hyn, gallai statws Milwr Wrth Gefn effeithio ar weithrediadau'r sefydliad mewn rhai meysydd. Mae deddfwriaeth yn bodoli i ddiffinio'r hawliau a'r atebolrwydd sy'n gymwys i'r ddau barti.
- 2.2 Mae dwy brif ddeddfwriaeth sy'n ymwneud â chyflogwyr a'r Lluoedd Wrth Gefn Gwirfoddol:
 - Deddf Diwygio Amddiffyn 2014 (DRA 14)
 - Deddf y Lluoedd Wrth Gefn 1996 sy'n rhoi'r pwerau ar gyfer galw Milwyr Wrth Gefn i wasanaethu ar sail llawnamser.

- Deddf y Lluoedd Wrth Gefn (Diogelu Cyflogaeth) 1985 sy'n darparu ar gyfer amddiffyniad cyflogaeth i'r rhai a allai gael eu galw i wasanaethu ac ailbenodi'r rhai sy'n dychwelyd o wasanaeth milwrol i'w swyddi.

3. Cefnogaeth Ymarferol ar gyfer Hyfforddiant

- 3.1 Bydd GIG Cymru yn cefnogi gweithiwr i ddod yn filwr wrth gefn ac yn darparu mynediad at wyliau blynyddol neu wyliau di-dâl i gefnogi presenoldeb mewn unrhyw hyfforddiant sy'n ofynnol cyn i weithiwr ddod yn filwr wrth gefn.
- 3.2 Caniateir hyd at 10 diwrnod y flwyddyn o absenoldeb â thâl i Filwyr Wrth Gefn er mwyn iddynt allu mynd i wersyll blynyddol neu ddilyn hyfforddiant parhaus cyfatebol. Dylid cymryd unrhyw absenoldeb ychwanegol sydd ei angen fel gwyliau blynyddol neu absenoldeb di-dâl.
- 3.3 Bydd rheolwyr llinell, i'r graddau y mae hynny'n bosibl, yn hwyluso rhestrau dyletswyddau gwaith er mwyn i weithwyr allu mynd i wersyll blynyddol neu gydymffurfio ag ymrwymadau hyfforddiant eraill, e.e. sesiynau hyfforddi wythnosol neu ar benwythnos.
- 3.4 Dylai gweithwyr sy'n filwyr wrth gefn roi cymaint o rybudd ag sy'n bosibl i alluogi'r cyflogwr i gynllunio ar gyfer absenoldeb. Rhoddir caniatâd os yw'r rhybudd yn fwy na mis, a dylai gael ei roi mewn amgylchiadau eraill fel arfer. Dim ond mewn amgylchiadau eithriadol ac eithafol y bydd caniatâd sydd wedi'i roi yn cael ei ddirymu.
- 3.5 Dylid cyfeirio anghydfod at y person cyswllt dynodedig i ddechrau (gweler Atodiad 1). Gall gweithwyr sy'n dal yn anfodlon ddefnyddio'r drefn gwyno.

4. Galw i Wasanaethu

- 4.1 Ymfyddino yw'r broses o alw milwyr wrth gefn (i) i wasanaeth amser llawn gyda'r Lluoedd Wrth Gefn ar weithrediadau milwrol (ii) i gyflawni eu rhan yn strategaeth amddiffyn y DU. Mae Deddf y Lluoedd Wrth Gefn 1996 a Deddf Diwygio Amddiffyn 2014 yn darparu'r sail gyfreithiol ar gyfer ymfyddino. Gan ddibynnu ar ddifrifoldeb yr argyfwng rhoddid o leiaf 30 diwrnod o rybudd fel arfer. Fel arfer bydd y galw i wasanaethu yn para rhwng 3 a 12 mis ond ar adegau gallai fod mor fyr â phythefnos.
- 4.2 Rhaid i weithiwr sy'n dymuno gwirfoddoli ar gyfer galw i wasanaethu **geisio cytundeb ymlaen llaw gan ei gyflogwr trwy ei reolwr llinell er cwртеisi**. Bydd unrhyw gais o'r fath yn cael ei ystyried cyn pen 5 diwrnod gwaith.
- 4.3 Os ceir nifer o geisiadau mewn un adran/uned cyfeirir y rhain at yr Uwch Reolwr priodol.
- 4.4 Os bydd gweithiwr cyflogedig yn cael galwad orfodol i wasanaethu bydd y cyflogwr (yn dilyn proses debyg i 4.2 uchod) yn penderfynu a ddylid gwneud cais i eithrio neu ohirio. Mae'r rhesymau dros eithrio yn gyfyngedig iawn a

byddai'n rhaid dangos niwed difrifol i allu'r cyflogwr i ddarparu gwasanaethau. Dim ond mewn amgylchiadau eithriadol iawn y byddai'r cyflogwr yn gwneud cais am eithrio.

4.5 Mae gwybodaeth ychwanegol am eithrio a gohirio ymfyddino i'w gweld yn Atodiad 2.

5. Cymorth Ariannol i Gyflogwyr

5.1 Os bydd y cyflogwr yn wynebu costau ychwanegol pan fydd gweithiwr yn cael ei alw i wasanaethu gall wneud cais am iawndal gan y Weinyddiaeth Amddiffyn e.e.

- Costau goramser os defnyddir gweithiwr arall i wneud gwaith y Milwr Wrth Gefn.
- Costau cyflogi gweithiwr dros dro sy'n fwy nag enillion y Milwr Wrth Gefn.
- Hysbysebu am weithiwr yn lle'r Milwr Wrth Gefn neu gostau asiantaeth.
- Costau hyfforddi ar gyfer unrhyw hyfforddiant y mae ar y gweithiwr ei angen o ganlyniad i gael ei alw i wasanaethu (ni fydd y Weinyddiaeth Amddiffyn yn talu am hyfforddiant y byddem wedi ei roi beth bynnag) pan fydd y gweithiwr yn dychwelyd i'r gwaith i gyflawni ei ddyletswyddau'n iawn.

5.2 Tra bydd y Milwr Wrth Gefn ar wasanaeth, nid oes rhaid i'r cyflogwr dalu ei gyflog na buddion sy'n rhan o'i gontract. Fodd bynnag, bydd staff yn derbyn eu cyflog llawn gan y cyflogwr yn ystod eu mis cyntaf ar wasanaeth neu nes y byddant yn cael cyflog am eu mis cyntaf gan y Weinyddiaeth Amddiffyn. Bydd cyflog dros ben a dalwyd ar ôl dyddiad y galw i wasanaethu yn cael ei adennill pan fydd yr unigolyn yn dychwelyd i'r gwaith. Dylai'r person cyswllt dynodedig ar gyfer Sefydliad y GIG sicrhau y rhoddir gwybod i'r adran gyflogau bod y gweithiwr wedi cael ei alw i wasanaethu ac ar ba ddyddiad y dylai ei gyflog ddod i ben.

5.3 Er mwyn hawlio cymorth ariannol bydd y cyflogwr yn rhoi tystiolaeth ddogfennol ategol briodol i'r Weinyddiaeth Amddiffyn e.e. anfonebau.

5.4 Y dyddiad hwyraf ar gyfer cyflwyno hawliadau am gymorth ariannol, ar wahân i gymorth ariannol ar gyfer hyfforddiant, yw cyn pen pedair wythnos o'r dyddiad y mae cyfnod y Milwr wrth Gefn ar wasanaeth yn dod i ben.

6. Pensiwn y GIG tra ar Wasanaeth Gweithredol

6.1 Mae gan Filwr Wrth Gefn sy'n cael ei galw i fyny i gadw'i aelodaeth o Gynllun Pensiwn y GIG. Bydd y Weinyddiaeth Amddiffyn yn talu cyfraniadau pensiwn y cyflogwr tra bydd yr unigolyn ar wasanaeth cyn belled bod yr unigolyn yn dal i dalu ei gyfraniadau unigol. Os bydd gweithiwr sy'n Filwr Wrth Gefn yn cael ei alw i wasanaethu bydd yn cael absenoldeb di-dâl arbennig. Byddai cyfraniadau

pensiwn y gweithiwr yn cael eu cyfrifo a'u gohirio nes bydd y gweithiwr yn dychwelyd. Byddai'r rhain wedyn yn cael eu hadennill yn fisol o'r cyflog a thros yr un cyfnod ag yr oedd y gweithiwr yn absennol. Bydd y cyflogwr, ar gais y gweithiwr, yn dal i dalu cyfraniadau cyflogwr i Gynllun Pensiwn y GIG am y cyfnod galw i wasanaethu ac yn anfonebu'r Weinyddiaeth Amddiffyn er mwyn adennill y swm hwn.

Gweler adran 12

(http://www.nhsbsa.nhs.uk/Documents/Pensions/Call_up_of_Reservists_factsheet_V2_07.13.pdf)

7. Gwyliau Blynyddol tra'n Gwasanaethu gyda'r Lluoedd

- 7.1 Nid oes gan Filwyr Wrth Gefn hawl i grynhoi gwyliau blynyddol tra maent ar wasanaeth ac yn cael absenoldeb di-dâl.
- 7.2 Bydd Milwyr Wrth Gefn yn **cronni cyfnod o absenoldeb 'ar ôl dyletswydd' ar gyfradd o un diwrnod am bob naw diwrnod calendr ar wasanaeth** (Cyfarwyddeb JSP 753 – Rheoliadau ar gyfer Ymfyddino Lluoedd Wrth Gefn y DU) gan y Weinyddiaeth Amddiffyn. Bydd yn rhaid i'r absenoldeb hwn gael ei gymryd cyn i gyfnod yr unigolyn ar wasanaeth ddod i ben.

8. Cario Gwyliau Blynyddol Drosodd

- 8.1 Dylid annog Milwyr Wrth Gefn i gymryd gwyliau sydd wedi crynhoi cyn ymfyddino. Fodd bynnag, bydd gwyliau blynyddol na fyddant wedi'u cymryd yn cael eu cario drosodd.

9. Datblygiad Cyflog

- 9.1 Pan fydd gweithiwr yn absennol o'r gwaith ar ôl cael ei alw i wasanaethu, ystyrir bod ei wasanaeth yn ddi-dor, ac ni chaiff y gweithiwr ei gosbi os bydd hyn yn cyd-daro â chodiad cyflog.
- 9.2 Dylai rheolwyr llinell sy'n cynnal cyfarfodydd Gwerthuso Perfformiad ac Adolygu Datblygiad (AGDP) a / neu gyfarfodydd arfarnu gyda milwr wrth gefn fod yn ymwybodol bod gweithgareddau'r Lluoedd Wrth Gefn Gwirfoddol a gyflawnir gan unigolyn (naill ai drwy hyfforddiant neu alw i wasanaethu) yn dod â sgiliau hanfodol i'r gweithle. Mae'r sgiliau yma'n cynnwys arweinyddiaeth, cyfathrebu, gweithio mewn tîm a'r gallu i drefnu a fydd, yn y pen draw, yn arwain at well perfformiad yn y gweithle. Felly, mae'n arfer da ein bod yn cydnabod y sgiliau a'r galluoedd hyn yn ystod AGDP neu gyfarfod arfarnu unigolyn ac yn cydnabod y gellir ystyried bod y gweithgareddau'n dystiolaeth o gyflawniad neu, o dan rai amgylchiadau, eu bod yn cyfrannu at allu unigolyn i ddangos tystiolaeth o gymhwyso gwybodaeth a sgiliau. Bydd yr egwyddorion hyn hefyd yn berthnasol i Filwyr Wrth Gefn na chânt eu cyflogi ar Delerau ac Amodau'r Agenda ar gyfer Newid, gan ystyried ceisiadau proffesiynol, fel ailddilysu.

10. Cymorth wrth Ddychwelyd i'r Gwaith (Dadfyddino)

10.1 Gall dadfyddino fod yn gyfnod anodd, gyda Milwr Wrth Gefn Gwirfoddol yn dychwelyd i'r gwaith ar ôl cyfnod anodd ar leoliad. Er mwyn helpu i sicrhau y caiff yr unigolyn ei ailintegreiddio i'r gweithle/tîm yn ddidrafferth, bydd angen ystyried y canlynol:

- Yr angen i roi'r wybodaeth ddiweddaraf i'r unigolyn am newidiadau a datblygiadau yn y sefydliad.
- Yr angen i gynnig hyfforddiant gloywi penodol lle y gofynnir am hynny/lle yr ystyrir bod hynny'n angenrheidiol.
- Os bydd dyletswyddau'r swydd wedi newid ers i'r unigolyn gael ei alw i wasanaethu, mae'n bosibl y bydd angen cyfnod o hyfforddiant sgiliau i'w helpu gydag agweddau newydd ar y swydd.
- A all y Milwr Wrth Gefn gwrdd â chydweithwyr yn anffurfiol neu'n gymdeithasol (os bydd hynny'n briodol) cyn neu ar ôl dychwelyd i'r gwaith er mwyn atal unrhyw ymdeimlad o ddadleoli, os gofynnir am hynny.
- Amser rhesymol i ffwrdd o'r gwaith i geisio cymorth therapiwtig.

10.2 Pan fydd Milwr Wrth Gefn yn rhoi gwybod i gyflogwr ei fod yn dymuno dychwelyd i'r gwaith, bydd yn rhaid i'r cyflogwr ei gyflogi yn ei hen swydd fel y nodir yn Neddf y Lluoedd Wrth Gefn (Diogelu Cyflogaeth) 1985. Os na fydd hyn yn bosibl, bydd yn rhaid cynnig swydd gyfatebol iddo ar yr un telerau ac amodau gwasanaeth yn unol â'r Polisi Newid Sefydliadol. Bydd yr hawl i ddychwelyd i'r gwaith yn para chwe mis ar ôl dadfyddino.

10.3 Er mwyn i gyflogwr allu cynllunio ar gyfer pan fydd Milwr Wrth Gefn yn dychwelyd i'r gwaith ar ôl i'w wasanaeth milwrol ddod i ben, rhaid i'r Milwr Wrth Gefn gysylltu â'r unigolyn cyswllt dynodedig yn y sefydliad ar lafar ac/neu yn ysgrifenedig gan anfon copi at ei reolwr llinell, i roi gwybod ar ba ddyddiad y bydd ar gael i ddechrau gweithio. Dylid gwneud hyn o fewn tair wythnos ar ôl cwblhau'r gwasanaeth milwrol.

10.4 Rhaid i'r cyflogwr gael gwybod cyn gynted â phosibl os na fydd y gweithiwr yn gallu dechrau gweithio ar y dyddiad y cytunwyd arno oherwydd salwch neu am ryw reswm rhesymol arall.

11. Adolydiad

11.1 Bydd y polisi hwn yn cael ei fonitro a'i adolygu bob dwy flynedd, neu cyn hynny os bydd newidiadau deddfwriaethol, ac yn unol â newidiadau yn y GIG.

12. Ffynonellau Cymorth Defnyddiol

Cymdeithas Lluoedd Wrth Gefn a Chadetiaid Cymru

Rhif ffôn: 02920 375746 www.wales-rcfa.org

Cyfeiriad: Asiantaeth Bensiynau'r GIG

PO Box 2269

Bolton

BL6 9JS

Rhif ffôn: 0300 3301 346 www.nhsbsa.nhs.uk

Atodiad 1 – Unigolion Cyswllt Dynodedig Sefydliad y GIG

Mae cyfrifoldeb ar bob un o sefydliadau'r GIG i nodi pwy yw'r unigolyn cyswllt dynodedig, ond, at ddibenion y polisi hwn, cyfrifoldeb Cyfarwyddwr y Gweithlu a Datblygu Sefydliadol ym mhob sefydliad fydd hyn.

Rôl unigolyn cyswllt dynodedig y sefydliad o fewn y GIG fydd sicrhau'r canlynol: -

- ei fod yn gwbl ymwybodol o ddarpariaethau'r polisi hwn ac felly'n gallu rhoi gwybod i weithwyr am y cymorth sydd ar gael iddynt;
- ei fod yn cynnal cronfa ddata gyfredol o'r holl Filwyr Wrth Gefn sy'n gweithio yn ei faes sefydliadol;
- ei fod ar gael i weithio gyda'r gweithiwr a rheolwr llinell y gweithiwr i sicrhau bod darpariaethau'r polisi ar gael;
- bod mecanweithiau ar waith i sicrhau bod yr adran gyflogau yn cael gwybod bod y gweithiwr yn cael ei alw i wasanaethu ac ar ba ddyddiad y dylai ei gyflog gael ei atal;
- bod mecanweithiau ar waith i sicrhau ei fod yn cadw mewn cysylltiad â'r gweithiwr er mwyn iddo gael yr wybodaeth ddiweddaraf am ei faes. Gall hyn fod drwy gylchlythyr staff, diweddariadau drwy e-bost, nodiadau briffio ac ati;
- ei fod yn gweithredu fel pwynt cyswllt cyntaf mewn anghydfod.

Atodiad 2 – Eithrio rhag Gwasanaethu a Gohirio Galw i Wasanaethu

- 1.1 Mae gan y cyflogwr hawl i ofyn am gael eithrio neu ohirio ymfyddino os yw'n credu y bydd y sefydliad yn dioddef niwed difrifol o ganlyniad i absenoldeb y gweithiwr.
- 1.2 Bydd y diffiniad o 'niwed difrifol' yn amrywio o achos i achos, ond mae'r canllawiau cyffredinol a nodir yn CORFA 05 yn cyfeirio'n benodol at y canlynol;
 - Effaith ddifrifol o ganlyniad i golli gwerthiant, marchnadoedd, enw da neu ewyllys da neu niwed ariannol difrifol arall.
 - Amhariad difrifol ar y gallu i gynhyrchu nwyddau neu ddarparu gwasanaethau
 - Niwed amlwg i waith ymchwil a'r gwaith o ddatblygu cynhyrchion, gwasanaethau neu brosesau newydd, ar yr amod na ellid atal y niwed drwy roi cymorth ariannol i'r cyflogwr o dan CORFA 05.
- 1.3 Cyn y gellir ystyried eithrio neu ohirio, rhaid i'r Milwr Wrth Gefn neu'r cyflogwr gyflwyno cais, cyn pen saith niwrnod ar ôl i'r Milwr Wrth Gefn dderbyn hysbysiad ymfyddino. Dylid anfon y cais at Swyddog Dyfarnu'r Gwasanaeth y bydd y Milwr Wrth Gefn yn gwasanaethu ynddo. Dim ond gyda chaniatâd y Swyddog Dyfarnu a benodwyd gan y Weinyddiaeth Amddiffyn y gellir gwneud ceisiadau hwyr. Swyddog sy'n gwasanaethu neu un o swyddogion y Weinyddiaeth Amddiffyn fydd yn dal y swydd hon fel arfer.

Cyfeiriad: Army Adjudication Officer
Army Personnel Centre
PO Box 26703
GLASGOW G2 8YN

Rhif ffôn: 0800 389 6585

Ffacs: 0141 224 2689

E-bost: apc-cmops-mob-so2@mod.uk

Cyfeiriad: Royal Navy and Royal Marines Adjudication Officer
West Battery (MPG-2)
Whale Island
PORTSMOUTH PO2 8BX

Rhif ffôn: 02392 628858

Ffacs: 02392 628660
E-bost: NAVYLEGAL-RESERVESADJSO2@MOD.UK

Cyfeiriad: Royal Air Force Adjudication Officer
Royal Air Force Adjudication Service
c/o Imjin Barracks
GLOUCESTER GL3 1HW

Rhif ffôn: 01452 712612 est 6107
Ffacs: 01452 510939
E-bost: aira1-adjmlbx@mod.gov.uk

- 1.4 Rhaid rhoi'r wybodaeth a ganlyn wrth wneud cais i eithrio neu ohirio;
- Manylion personol, sy'n cynnwys enw llawn, cyfeiriad, rhif cyflog a rhif yswiriant cenedlaethol.
 - Manylion y swydd neu'r rôl y mae'n ei chyflawni o fewn y Bwrdd.
 - Yr effaith y byddai ei absenoldeb yn ei chael ar y Bwrdd a/neu fusnes yr adran a/neu'r gwasanaeth a ddarperir.
 - Cyfiawnhad dros eithrio o ran y niwed difrifol i'r Bwrdd a'r adran.
- 1.5 Ar ôl i'r cais ddod i law, bydd y Swyddog Dyfarnu yn bwrw golwg drosto ac yn penderfynu a yw'r achos o blaid eithrio neu ohirio yn dderbyniol. Wrth wneud y penderfyniad hwn, bydd y Swyddog Dyfarnu'n ceisio cydbwysu anghenion y Bwrdd a'r adran sy'n cyflogi yn erbyn anghenion gweithredol y Lluoedd Arfog y mae'r Milwr Wrth Gefn wedi cael ei alw i wasanaethu gyda nhw.
- 1.6 Gellir apelio i Dribiwnlys Apêl y Lluoedd Wrth Gefn os bydd y Bwrdd yn anfodlon ar benderfyniad y Swyddog Dyfarnu. Bydd y Swyddog Dyfarnu'n darparu gwybodaeth am sut i apelio.
- 1.7 Mae Tribiwnlysoedd Apêl y Lluoedd Wrth Gefn yn annibynnol ar y Weinyddiaeth Amddiffyn, a chaiff penodiadau eu gwneud gan yr Ysgrifennydd Gwladol dros Faterion Cyfansoddiadol a'r Arglwydd Ganghellor. Bydd pob tribiwnlys yn cynnwys cadeirydd â chymwysterau cyfreithiol a dau aelod lleyg a ddewisir o restr a ddelir gan y Gwasanaeth Tribiwnlysoedd Cyflogaeth.
- 1.8 Rhaid i apelïadau gael eu cyflwyno i swyddfa Ysgrifennydd y Tribiwnlys o fewn pum diwrnod gwaith ar ôl i benderfyniad y Swyddog Dyfarnu ddod i law. Gellir ffacsio apelïadau neu eu hanfon drwy'r post dosbarth cyntaf.

Cyfeiriad: Reserve Forces Appeal Tribunal
Tribunals Service
Alexandra House

14 – 22 The Parsonage

Manchester

M3 2JA

E-bost: rfat@tribunals.gsi.gov.uk

- 1.9 Bydd y cyflogwr yn cael gwybod dyddiad, amser a lleoliad gwrandawriad yr apêl. Mae'n bosibl y gofynnir i gyflogwyr roi gwybodaeth ychwanegol i'r Tribiwnlys i ategu eu hachos, os credir bod hynny'n angenrheidiol. Fel arfer, caiff apeliadau eu gwrando o fewn 28 diwrnod ar ôl i'r apêl ddod i law ac, yn ystod y cyfnod hwnnw, ni chaiff y Milwr Wrth Gefn ei alw i wasanaethu y tu allan i'r Deyrnas Unedig.



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Agenda Item No. 21

REPORT TITLE

Committee Priorities and Cycle of Business Monitoring Report 2025/26

MEETING

Name of meeting	People and Culture Committee
Date of meeting	10 February 2026
Public or Private	Public
If private - rationale	n/a

REPORT SPONSOR

Executive sponsor	Trish Mills, Director of Corporate Governance/Board Secretary
Author(s) of report	Sarah Harland, Corporate Governance Officer

PURPOSE OF REPORT

- | | |
|---|--------------------------------------|
| <input type="checkbox"/> Approval | <input type="checkbox"/> Endorsement |
| <input type="checkbox"/> Assurance | <input type="checkbox"/> Discussion |
| <input checked="" type="checkbox"/> Information (goes in consent items) | <input type="checkbox"/> Noting |

REPORT SUMMARY:

[See writing and presentation guidance [here](#) to inform this section]

1. This report updates the committee on progress against the priorities it set for 2025/26 and progress against the agreed cycle of business for the committee.



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2. During 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 2025 and will be tracked quarterly.
3. The committee's cycle of business was approved by the committee in May 2025. The agenda is set with reference to that cycle, together with the forward planner, action log and highest rated principal risks. There are no matters to escalate to the committee on the monitoring report.
4. 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.
5. 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.

Priority	Progress
<ul style="list-style-type: none"> • A focus on Equality, Diversity and Inclusion 	<ul style="list-style-type: none"> • At the November 2025 meeting, the committee received the Workforce Race Equality Standards (WRES) Annual Report 2024/25. • At the August 2025 meeting, the committee received the following suite of Strategic Equality Reports 2024/2025: <ul style="list-style-type: none"> - Strategic Equality Plan Annual Report 2024/25 - Annual Gender Pay Gap Annual Report 2024/25 - Annual Workforce Quality Monitoring Report Annual Report 2024/25 • The Welsh Language Report was presented at the August 2025 meeting. Within this update the Committee also received receive the year 3 "More Than Just Words" Action progress report for assurance.
<ul style="list-style-type: none"> • The Trust's approach to development of our people. 	<ul style="list-style-type: none"> • At the February 2026 meeting the committee will receive the Education Commissioning Report which incorporates pre-registration commissioning for commencement for studies in financial year 2027/28 and all other commissioning for commencement of studies in financial year 2025/26. • At the February 2026, the committee will also receive the Skills Mix on Emergency Ambulances paper. The



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ongoing Skills Mix work related to the Clinical Model Transformation and Ambulance Performance Framework has been taken into consideration regarding the impact on Education Commissioning requirements alongside the financial settlement and budget pressures.

- The November meeting agreed to amend the TOR to include development and training for a broader staff group and membership to reflect that update. It discussed senior EMD training, apprenticeships, EAP training, and the training provided for staff ahead of the go-live of Phase two of the CMT. The lived experience was from the essential skills tutors.
- At the November 2025 meeting, the committee received the People and Culture Plan extension, and the purpose of which as to discuss and support the proposal to extend the current People and Culture Plan (2023-26), until at least April 2027. This was based on its continued relevance, alignment with strategic priorities, and timeframes to refresh the Trust Long-Term Strategic Framework.
- At the November 2025 committee meeting, the presentation from the Essential Skills Tutors highlighted the breadth and diversity of experience within their team. This illustrated how their collective strengths foster an inclusive environment, where individual contributions are valued and complement each other. The Committee gained an understanding of how Essential Skills initiatives help advance shared objectives and promote ongoing development for all members of WAST.
- A progress update on the People Development Plan was received at August 2025 meeting. The committee were updated on the progress made in implementing the People Development Plan and the development of the supporting policy. The Committee received an overview of the ongoing work to develop professional group frameworks and associated professional proficiencies. The Committee were informed of the



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outline of the next phase of planned activity and priorities.

- At the May 2025 meeting, the committee received the People and Culture Plan Metrics, which highlighted:
 - an increase in PADR completion rates reflected for March (82.38%); This represents the highest recorded rate within this dataset. PADR process improvements are in progress with a focus on making the conversation the core of the process, with the form acting as a simple tool to guide (not define) the discussion.
 - an increase in statutory and mandatory training compliance (87.84%, against a Welsh Government target of 85%). At 31st March 2025, 90.44% of colleagues required to attend Mandatory In-Service Training (MIST) had done so.

2024/25 Progress (included as this priority was carried over into 2025/26)

- At its meeting in May 2024 the committee received the 'Staff Development Outline Plan' which was a deliverable of the People & Culture Plan. The aim of this was to provide equity in development opportunities for our people to undertake their roles and benefit from progression opportunities.
- At the May 2024 meeting the committee were assured that mapping was underway on professions and roles, which define skills and competencies. It was noted that the 'Learning and Development' reporting was still in development.
- The People and Culture Plan metrics – which the committee receives at every meeting – includes metrics regarding the statutory and mandatory training (giving organisational compliance figures) in addition to the MIST compliance.
- The People and Culture Plan metrics provided to the committee also included qualitative feedback



regarding the Trust’s learning and development initiatives, which enables us to take a continuous improvement approach to the development of our people.

RECOMMENDATION(S)

See writing and presentation guidance [here](#) to inform this section

The Committee is requested to NOTE the update.

ADDITIONAL PAPER(S)

Set out here any annexes. See writing and presentation guidance [here](#) regarding materiality and use of the Reading Room

The Committee is requested to receive the following:

1. People and Culture Committee Cycle of Business Monitoring Report February 2026.

Governance and assurance checks to support decision-making and demonstrate alignment and risk mitigation

STRATEGIC OBJECTIVE(S) THIS REPORT SUPPORTS

Narrative here (select all that apply) [\[link to objectives and what good looks like\]](#)

<input checked="" type="checkbox"/> SO1: Providing the right care or advice, in the right place, every time	<input type="checkbox"/> SO2: Enabling our people to be the best they can be
<input type="checkbox"/> SO3: Being at the forefront of innovation and technology	<input type="checkbox"/> SO4: Developing services in collaboration
<input checked="" type="checkbox"/> SO5: Being quality driven and clinically led	<input checked="" type="checkbox"/> SO6: Delivering exceptional value

RISK(S) THIS REPORT MITIGATES

Where relevant note the local, directorate, corporate or BAF risk number

N/A



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HEALTH & CARE QUALITY STANDARD(S) THIS REPORT SUPPORTS

Quality Domains (select all that apply) [link to standards]		
<input type="checkbox"/> Safe	<input type="checkbox"/> Timely	<input checked="" type="checkbox"/> Effective
<input checked="" type="checkbox"/> Efficient	<input type="checkbox"/> Equitable	<input type="checkbox"/> Person Centred
Quality Enablers (select all that apply) [link to standards]		
<input checked="" type="checkbox"/> Leadership	<input type="checkbox"/> Workforce	<input type="checkbox"/> Culture
<input checked="" type="checkbox"/> Information	<input type="checkbox"/> Learning Improvement & Research	<input type="checkbox"/> Whole Systems Approach

WAST WELLBEING OBJECTIVE(S) THIS REPORT SUPPORTS

Narrative here (select all that apply) [link to goals]		
<input type="checkbox"/> A socially responsible and inclusive employer	<input checked="" type="checkbox"/> An innovative and sustainable organisation	<input type="checkbox"/> A pro-active, accessible and equitable care provider
<input checked="" type="checkbox"/> n/a	<input type="checkbox"/> n/a	<input checked="" type="checkbox"/> n/a

IMPACT ASSESSMENTS FOR CONSIDERATION

Where a strategic decision is being sought, an Equality Impact Assessment must accompany this paper. You may need to do other impact assessments also so please refer to this signpost document [here](#) for further details.

Does this paper require an impact assessment	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
If yes, what impact assessment is attached	

APPROVAL/SCRUTINY ROUTE

Date	Person/Group/Committee

PAPER	PRE C'EE FORUM	FREQUENCY	Q1	Q2	Q3	Q4	LEAD	PURPOSE	COMMENT
PEOPLE AND CULTURE COMMITTEE - CYCLE OF BUSINESS 2025-26									
TERMS OF REFERENCE NOTED IN RED TEXT									
Aligned strategies and plans	TBC	Ad Hoc					DPC/DCC	Endorsement	Q3: New People and Culture Plan 2026/29 Discussion (Presentation/Interactive Session), this was subsequently postponed for approximately a year.
TBC assurance reporting on 'what good looks like' for PCC remit	STB						DPC/DCC	Assurance	Reporting developing in 2025/26
End of Season Flu Campaign Report	COGG	Annually					EDP	Assurance	To include flu and general vaccination status in accordance with statutory and regulatory requirements
Cultural themes and trends report	TBC	Bi-annually					DCC	Assurance	
People and culture metrics report	TBC	Quarterly					DPC	Assurance	Q4: To include People and Culture IMPT 2025-28 Priorities.
Workforce Scorecard	TBC	Quarterly					DPC	Assurance	
MIQPR	ELT	Quarterly					EDSPP	Assurance	
Suspensions over 4 months report (closed)	TBC	Quarterly					DPC	Assurance	
Staff Story	N/A	Quarterly					DPC/DCC	Discussion	
Staff Story updates	None	Quarterly					DPC/DCC	Assurance	Q1: No update from Q4 24/25 available.
NHS Staff survey and action plan	ELT	Annually					DPC/DCC	Assurance	
Health and Safety Report		Quarterly					EDQN	Assurance	Q3: The Health Safety & Violence & Aggression Bi-annual report was received at this meeting and an action was raised, once the current review of the MIQPR work is completed, a review is to be conducted with Penny Durrant, Angie Lewis and Carl Kneeshaw to determine which metrics should be brought to the committee, aiming to reduce duplication and ensure clarity. This would allow Graham Stockford's biannual report to potentially become a more succinct quarterly dashboard, aligned with the committee's needs.
Annual Health & Safety Report	NH&S C'ee	Annually					EDQN	Assurance	Q1: The annual report received at this meeting and includes the quarterly updates required in line with the CoB.
WASPT AAA report	WASPT	Quarterly					DPC/WASPT Chair	Assurance	
Gender pay gap report	TBC	Annually					DPC	Endorsement	Q4: Will come in Q2 2026/27 as part of the SEP Annual Report.
Strategic Equality Report	TBC	Annually					DCC	Endorsement	Q1: SEP 6 monthly update / progress report.
WRES report	TBC	Annually					DPC	Endorsement	Q3: The Anti-Racist Wales Action Plan Update was presented, which included the WRES Report 2025 and a summary report with overview of WAST WRES report findings for 2025
Welsh language annual report	EDISG	Annually					BS	Endorsement	
Speaking Up Safety Report	TBC	Bi-annually					DCC	Assurance	Q1: Rec'd SUS Internal Audit Report, however agreed to take next substantive update to Q2 (which aligns with reporting to Trust Board). Q3: To be included within the Directors Update.
Policies for review and approval	Policy Group/ELT	Ad Hoc					Various	Approval	Board to approve Raising Concerns and H&S policy (SoRD para 17) Q4: Transfer Policy
Learning and development reporting	TBC	Quarterly					DPC	Assurance	Reporting to be developed in 2025/26 to assure the Committee on training, education, development & succession
HEIW commissioning report	TBC	Annually					DPC	Approval	
Revalidation and registration report	N/A	Annually					EDQN & EDP	Assurance	Report from EDQN and DP confirming revalidation of registered staff - see Note 4. Q2 Deferred to Q4 amendment requested to reflect all HCP Regulators and be submitted to COGG ahead of PCC.
People and culture metrics annual review	TBC	Annually					DPC	Approval	To review and agree the Committee level metrics for the coming year (i.e. those over and above MIQPR metrics)
MIQPR review for people and culture metrics	FPC	Annually					EDSPP	Endorsement	Q1: The annual review of metrics was received by the Board at the April Board Development session, as opposed to the committee.
Board Assurance Framework	Board	Quarterly					BS	Assurance	
Corporate Risk Register - People and culture	Board	Quarterly					BS	Assurance	
Audit Recommendation Tracker	ADLT	Quarterly					BS	Assurance	
Audits within purview of Committee	Audit Committee	Ad Hoc					Relevant Director	Assurance	
Operational Update	N/A	Quarterly					EDO	Information	
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	TORs provide that this is the first meeting of the year. Reports go to Audit C'ee in April and Board May
Review of Terms of Reference	Audit/Board	Annually					BS	Approval	TORs provide that this is the first meeting of the year. Reports go to Audit C'ee in April and Board May
Committee Cycle of Business annual refresh	N/A	Annually					BS	Approval	Q1: CoB received and approved by Chair's Action, so not necessary to take to Q1. Q4 CoB 2026/27 included in Committee Annual Report 2025/26
Committee Cycle of Business monthly review	N/A	Quarterly					BS	Review	Review against cycle progress at each meeting
Committee Review of Annual Priorities	N/A	Quarterly					BS	Review	
SUB-GROUPS									
Where applicable	N/A	Ad Hoc					N/A	N/A	WASPT reporting detailed above. No other sub-groups at this time
PROMPTS									
Relevant External Reports	N/A	Ad Hoc					Various	Assurance	

DPP = Director of People
 EDO = Executive Director of Operations
 EDQN = Executive Director of Quality and Nursing
 DPE = Director of Partnerships and Engagement
 EDP = Executive Director of Paramedicine
 BS = Board Secretary
 DCC = Director of Culture Change

Key: Pre-agenda setting
 Cycled for each meeting
 Ad hoc item - prompt for agenda setting
 Reporting developing

Key: Post-agenda setting
 Presented as cycled
 Ad hoc / item considered - not programmed
 Item deferred
 Reporting developing

1	Revalidation	RNC every 3 years; HCPC every 2 years; GMC every 3 years
2	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.
3	Staff survey	Staff survey goes out [Sept?] and reports end [March].
4	Speaking Up Safely	For 25/6 the timing of the PCC assurance to ARC on the FTSU arrangements (whistleblowing) needs to be considered - take to ARAC after PCC. Review for 25/26 CoB.
5	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.
6	Working in Partnership	Standing Orders 6.04 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'.
7	Annual Equality Report	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 coordinated 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.
8	PADR	Audit Wales Quality Governance Review 2022 made recommendations related to mortality reviews. The 2024 Quality Governance Follow Up Review (October 2024) re-opened previously closed recommendations as follows: R5 - The Trust has low Personal Appraisal and Development Reviews (PADR) compliance rates, for example in June 2022 the Trust's compliance was 59% against the 85% target. As part of embedding its new behaviours, the Trust should ensure that PADR rates are improved and set out the actions it will take to achieve this. The report found whilst PADR completion rates have improved since our original review, they continue to be below the Trust's target rate.