

## **Bundle Reading Room 10 February 2026**

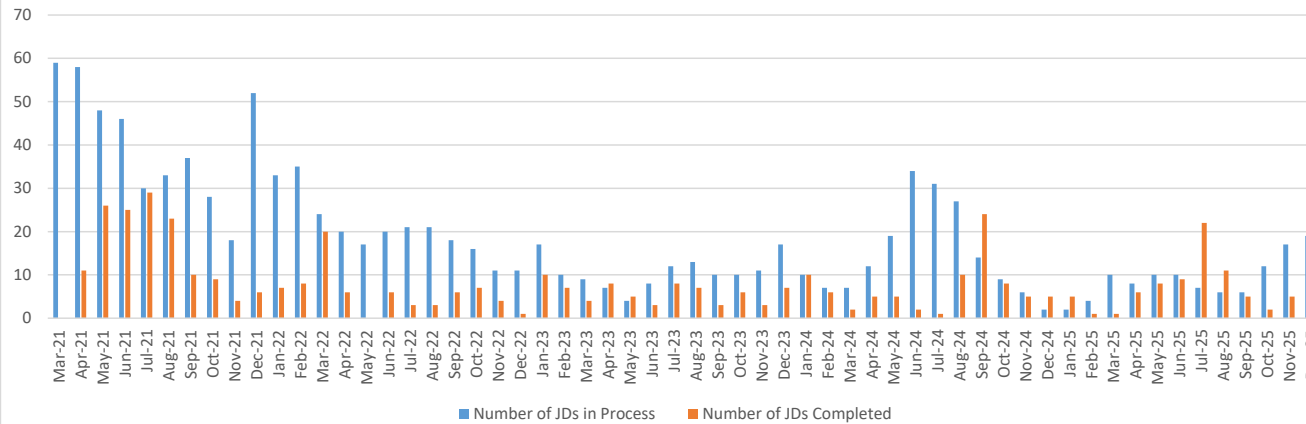
- 11.1 People and Culture KPIs December
  - Item 11.1 Annex 2 People and Culture KPIs December 25
- 18 Board Assurance Framework BAF Annex 2
  - Item 18 BAF Annex 2 – Reading Room



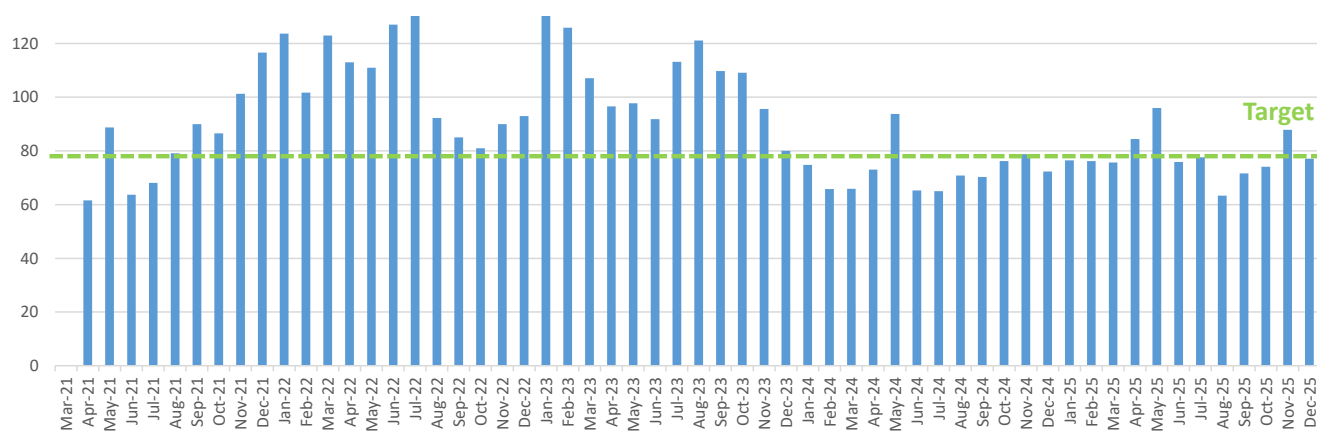


Ymddiriedolaeth GIG  
Gwasanaethau Ambiwllans Cymru  
Welsh Ambulance Services  
NHS Trust

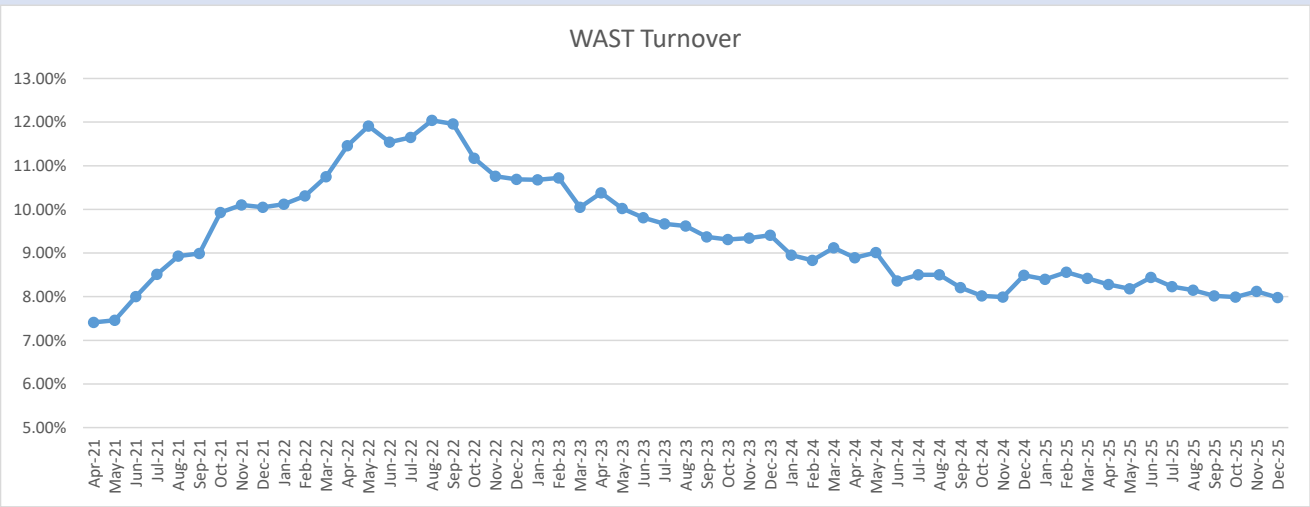
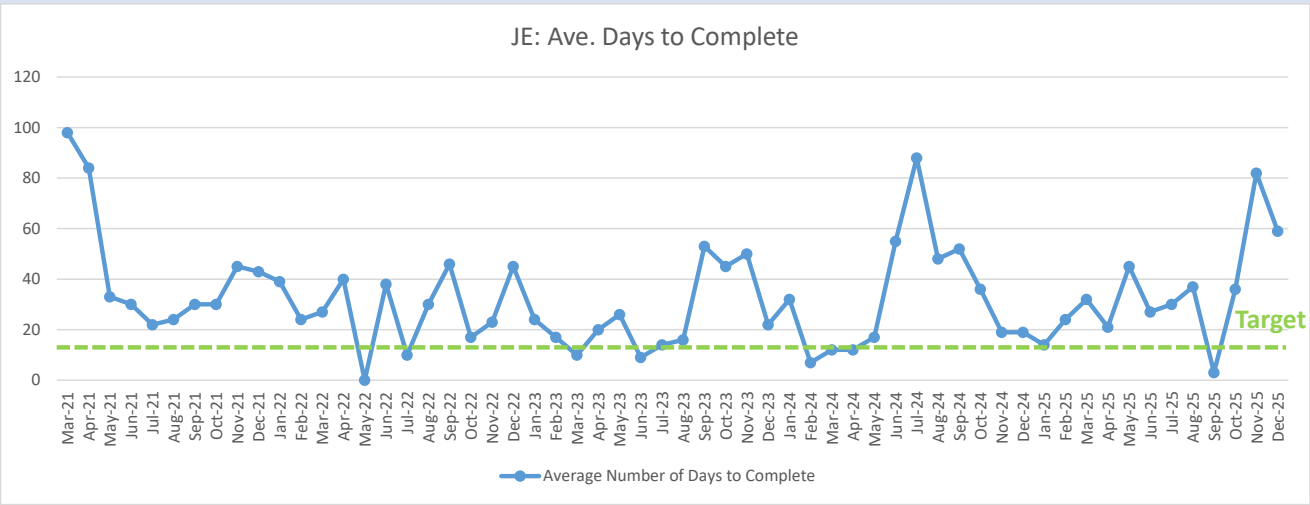
### JE: JDs in Process / Completed



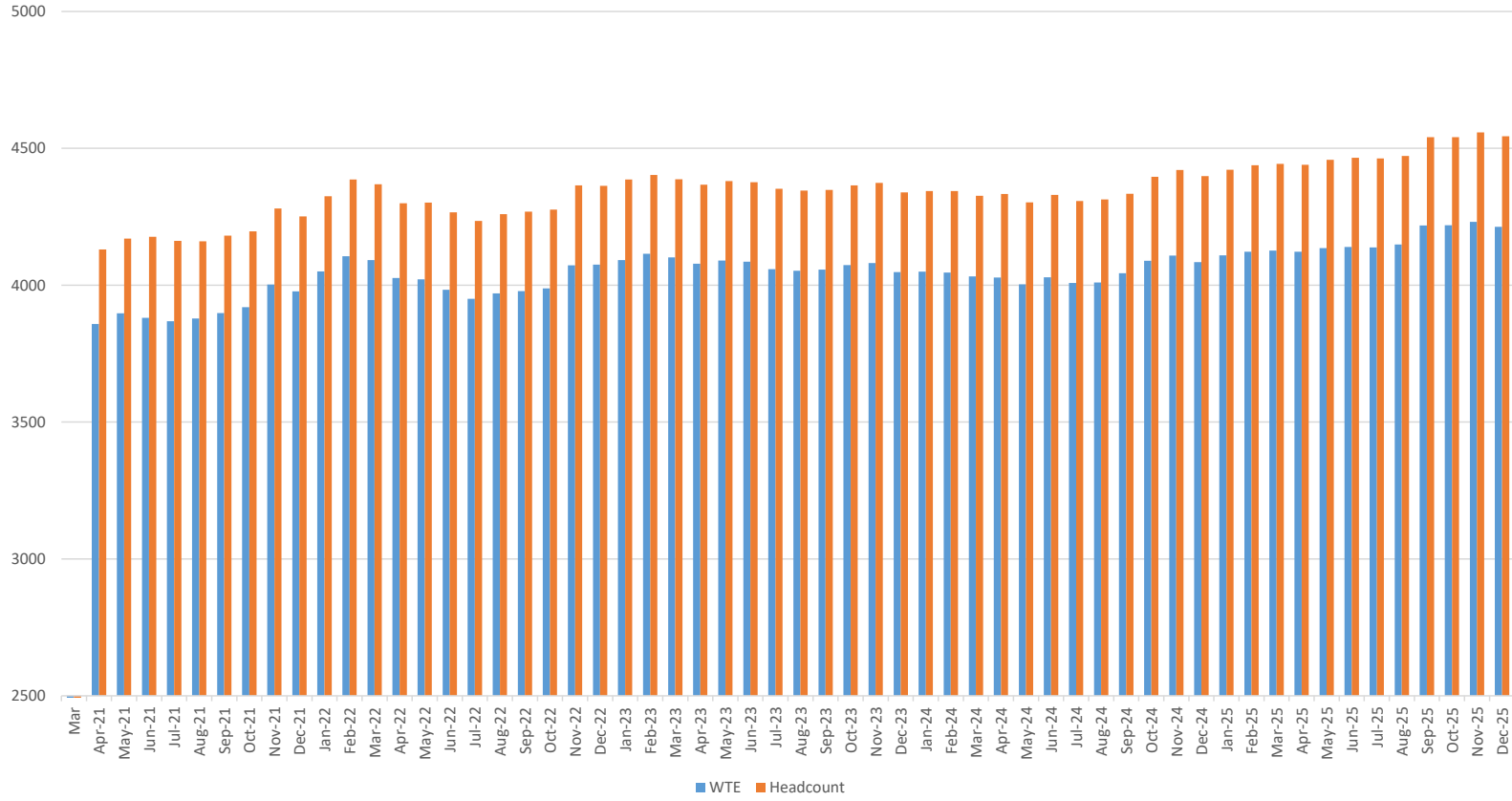
### Ave. Days Vacancy Creation to Conditional Offer



**Return to Summary**

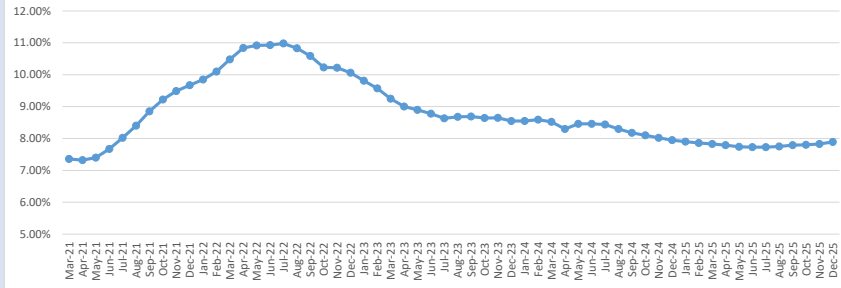


WAST Headcount / WTE

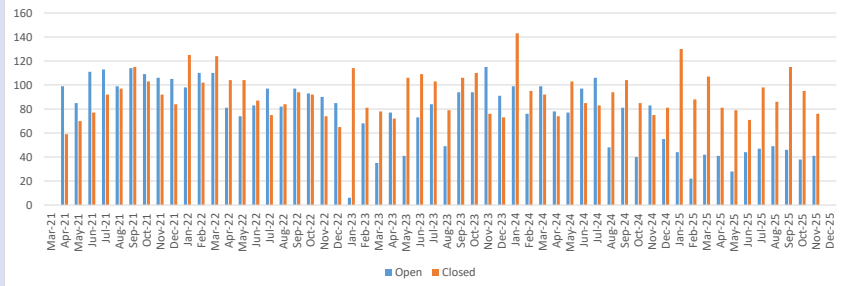




### Overall Sickness - Rolling 12 Month

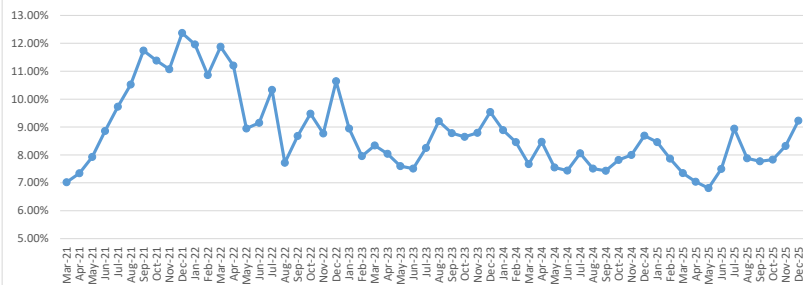


### New LTS Opened vs. Closed LTS Cases

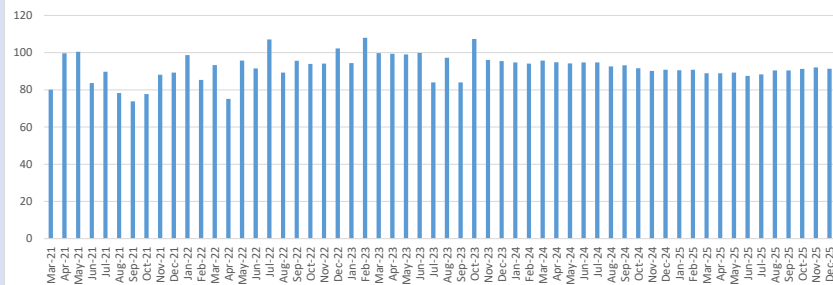


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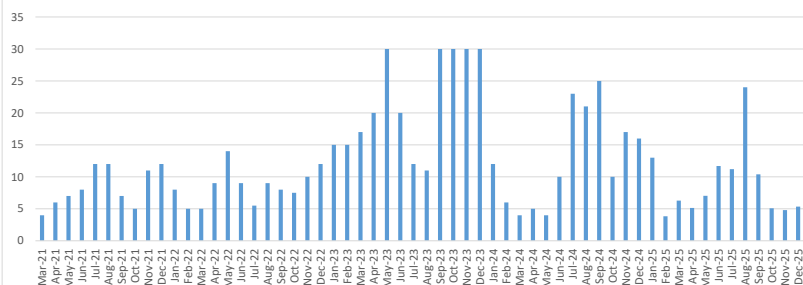
Overall Sickness - In Month



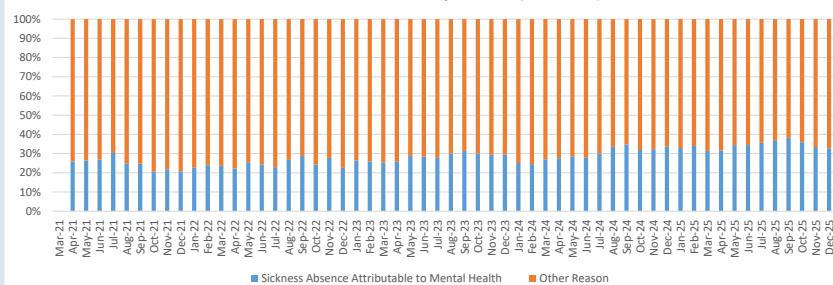
Ave. Length of Closed LTS (Days)



Ave. Days from Receipt of OH Referral to First Offer of Appointment



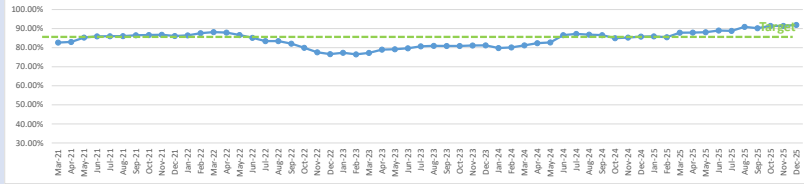
% of Sickness Absence by Reason (In Month)



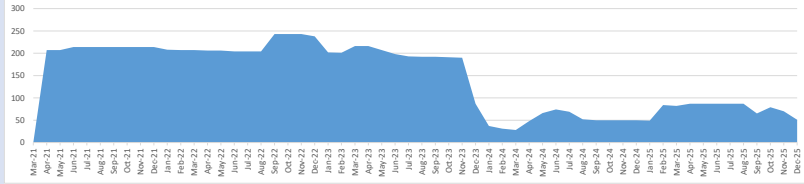


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Statutory and Mandatory Training Compliance



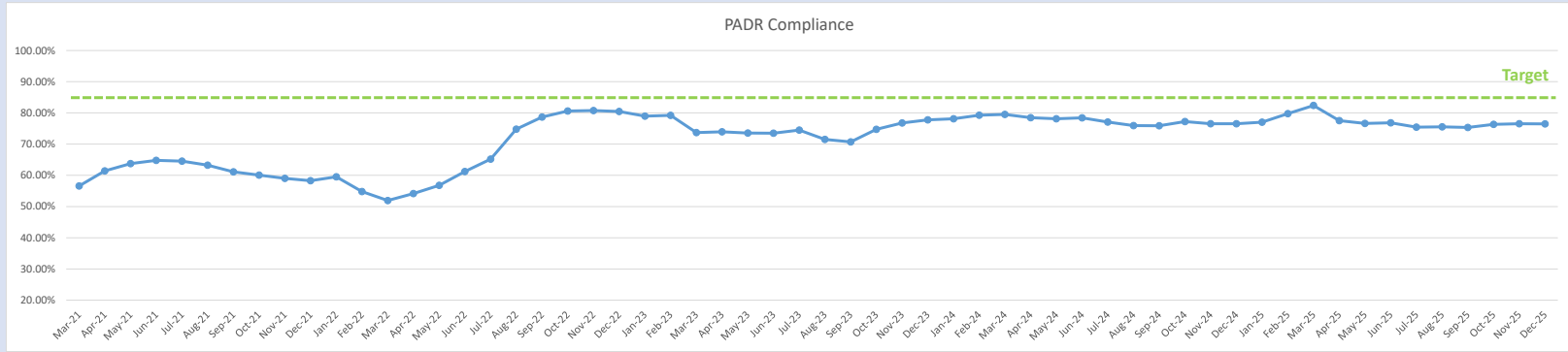
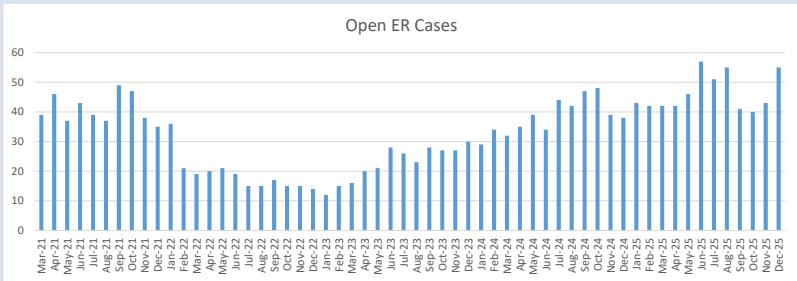
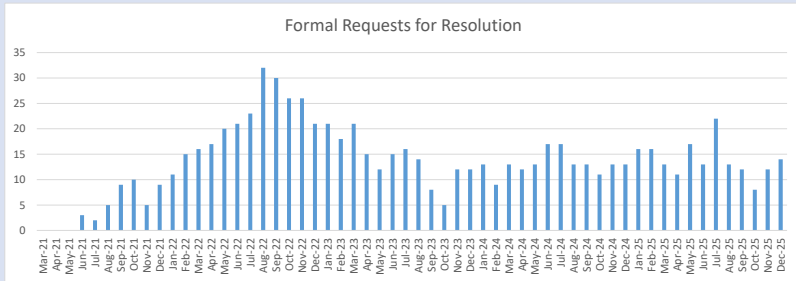
Apprenticeships in Progress



Apprenticeships Completed in Month



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PLAN

	Number of JDs i	Number of JDs Completec		Average Number of D:
Mar-21	59	0	Mar-21	98
Apr-21	58	11	Apr-21	84
May-21	48	26	May-21	33
Jun-21	46	25	Jun-21	30
Jul-21	30	29	Jul-21	22
Aug-21	33	23	Aug-21	24
Sep-21	37	10	Sep-21	30
Oct-21	28	9	Oct-21	30
Nov-21	18	4	Nov-21	45
Dec-21	52	6	Dec-21	43
Jan-22	33	7	Jan-22	39
Feb-22	35	8	Feb-22	24
Mar-22	24	20	Mar-22	27
Apr-22	20	6	Apr-22	40
May-22	17	0	May-22	0
Jun-22	20	6	Jun-22	38
Jul-22	21	3	Jul-22	10
Aug-22	21	3	Aug-22	30
Sep-22	18	6	Sep-22	46
Oct-22	16	7	Oct-22	17
Nov-22	11	4	Nov-22	23
Dec-22	11	1	Dec-22	45
Jan-23	17	10	Jan-23	24
Feb-23	10	7	Feb-23	17
Mar-23	9	4	Mar-23	10
Apr-23	7	8	Apr-23	20
May-23	4	5	May-23	26
Jun-23	8	3	Jun-23	9
Jul-23	12	8	Jul-23	14
Aug-23	13	7	Aug-23	16
Sep-23	10	3	Sep-23	53
Oct-23	10	6	Oct-23	45
Nov-23	11	3	Nov-23	50
Dec-23	17	7	Dec-23	22
Jan-24	10	10	Jan-24	32
Feb-24	7	6	Feb-24	7
Mar-24	7	2	Mar-24	12
Apr-24	12	5	Apr-24	12
May-24	19	5	May-24	17
Jun-24	34	2	Jun-24	55
Jul-24	31	1	Jul-24	88
Aug-24	27	10	Aug-24	48
Sep-24	14	24	Sep-24	52
Oct-24	9	8	Oct-24	36
Nov-24	6	5	Nov-24	19
Dec-24	2	5	Dec-24	19
Jan-25	2	5	Jan-25	14
Feb-25	4	1	Feb-25	24

Mar-25	10	1	Mar-25	32
Apr-25	8	6	Apr-25	21
May-25	10	8	May-25	45
Jun-25	10	9	Jun-25	27
Jul-25	7	22	Jul-25	30
Aug-25	6	11	Aug-25	37
Sep-25	6	5	Sep-25	3
Oct-25	12	2	Oct-25	36
Nov-25	17	5	Nov-25	82
Dec-25	19	3	Dec-25	59

RESOURCE

Overall Sickness - Rolling 12 Month		Overall Sickness - Rolling 12 Month	
Mar-21	7.36%	Mar-21	7.02%
Apr-21	7.32%	Apr-21	7.34%
May-21	7.40%	May-21	7.93%
Jun-21	7.67%	Jun-21	8.86%
Jul-21	8.02%	Jul-21	9.73%
Aug-21	8.40%	Aug-21	10.52%
Sep-21	8.85%	Sep-21	11.74%
Oct-21	9.22%	Oct-21	11.38%
Nov-21	9.49%	Nov-21	11.07%
Dec-21	9.67%	Dec-21	12.37%
Jan-22	9.85%	Jan-22	11.96%
Feb-22	10.10%	Feb-22	10.86%
Mar-22	10.48%	Mar-22	11.88%
Apr-22	10.84%	Apr-22	11.20%
May-22	10.92%	May-22	8.95%
Jun-22	10.93%	Jun-22	9.15%
Jul-22	10.98%	Jul-22	10.33%
Aug-22	10.83%	Aug-22	7.72%
Sep-22	10.59%	Sep-22	8.68%
Oct-22	10.23%	Oct-22	9.48%
Nov-22	10.22%	Nov-22	8.77%
Dec-22	10.06%	Dec-22	10.64%
Jan-23	9.81%	Jan-23	8.95%
Feb-23	9.57%	Feb-23	7.96%
Mar-23	9.25%	Mar-23	8.34%
Apr-23	9.00%	Apr-23	8.04%
May-23	8.90%	May-23	7.60%
Jun-23	8.78%	Jun-23	7.51%
Jul-23	8.63%	Jul-23	8.25%
Aug-23	8.68%	Aug-23	9.21%
Sep-23	8.69%	Sep-23	8.78%
Oct-23	8.64%	Oct-23	8.65%
Nov-23	8.65%	Nov-23	8.79%
Dec-23	8.55%	Dec-23	9.54%
Jan-24	8.55%	Jan-24	8.89%
Feb-24	8.59%	Feb-24	8.46%
Mar-24	8.52%	Mar-24	7.67%

Apr-24	8.30%
May-24	8.46%
Jun-24	8.46%
Jul-24	8.44%
Aug-24	8.30%
Sep-24	8.18%
Oct-24	8.10%
Nov-24	8.02%
Dec-24	7.95%
Jan-25	7.90%
Feb-25	7.86%
Mar-25	7.83%
Apr-25	7.79%
May-25	7.74%
Jun-25	7.73%
Jul-25	7.73%
Aug-25	7.75%
Sep-25	7.79%
Oct-25	7.80%
Nov-25	7.83%
Dec-25	7.89%

Apr-24	8.47%
May-24	7.55%
Jun-24	7.44%
Jul-24	8.06%
Aug-24	7.51%
Sep-24	7.43%
Oct-24	7.82%
Nov-24	8.00%
Dec-24	8.69%
Jan-25	8.46%
Feb-25	7.87%
Mar-25	7.35%
Apr-25	7.04%
May-25	6.81%
Jun-25	7.50%
Jul-25	8.94%
Aug-25	7.88%
Sep-25	7.77%
Oct-25	7.83%
Nov-25	8.32%
Dec-25	9.23%

Ave. Length of Closed LTS (Days)

Mar-21	80.11
Apr-21	99.69
May-21	100.51
Jun-21	83.68
Jul-21	89.71
Aug-21	78.24
Sep-21	73.78
Oct-21	77.75
Nov-21	88.1
Dec-21	89.29
Jan-22	98.72
Feb-22	85.39
Mar-22	93.27
Apr-22	75.17
May-22	95.72
Jun-22	91.48
Jul-22	107.09
Aug-22	89.32
Sep-22	95.6
Oct-22	93.93
Nov-22	94.12
Dec-22	102.23
Jan-23	94.39
Feb-23	107.96
Mar-23	99.78
Apr-23	99.43
May-23	99.01

Open

Mar-21	
Apr-21	99
May-21	85
Jun-21	111
Jul-21	113
Aug-21	99
Sep-21	114
Oct-21	109
Nov-21	106
Dec-21	105
Jan-22	98
Feb-22	110
Mar-22	110
Apr-22	81
May-22	74
Jun-22	83
Jul-22	97
Aug-22	82
Sep-22	97
Oct-22	93
Nov-22	90
Dec-22	85
Jan-23	6
Feb-23	68
Mar-23	35
Apr-23	77
May-23	41

Jun-23	99.89	Jun-23	73
Jul-23	84.02	Jul-23	84
Aug-23	97.24	Aug-23	49
Sep-23	84.01	Sep-23	94
Oct-23	107.39	Oct-23	94
Nov-23	96.13	Nov-23	115
Dec-23	95.42	Dec-23	91
Jan-24	94.72	Jan-24	99
Feb-24	94.16	Feb-24	76
Mar-24	95.71	Mar-24	99
Apr-24	94.86	Apr-24	78
May-24	94.24	May-24	77
Jun-24	94.7	Jun-24	97
Jul-24	94.75	Jul-24	106
Aug-24	92.62	Aug-24	48
Sep-24	93.21	Sep-24	81
Oct-24	91.57	Oct-24	40
Nov-24	90.18	Nov-24	83
Dec-24	90.83	<b>Dec-24</b>	55
Jan-25	90.54	Jan-25	44
Feb-25	90.81	Feb-25	22
Mar-25	88.96	Mar-25	42
Apr-25	88.89	Apr-25	41
May-25	89.3	May-25	28
Jun-25	87.46	Jun-25	44
Jul-25	88.33	Jul-25	47
Aug-25	90.44	Aug-25	49
Sep-25	90.45	Sep-25	46
Oct-25	91.27	Oct-25	38
Nov-25	92.07	Nov-25	41
Dec-25	91.36	Dec-25	

Ave. Number of Days from Receipt of OH Referral to First Offer o Sickness A

Mar-21	4	Mar-21	
Apr-21	6	Apr-21	26%
May-21	7	May-21	26.30%
Jun-21	8	Jun-21	26.90%
Jul-21	12	Jul-21	30.30%
Aug-21	12	Aug-21	24.90%
Sep-21	7	Sep-21	24.80%
Oct-21	5	Oct-21	20.60%
Nov-21	11	Nov-21	21.80%
Dec-21	12	Dec-21	20.80%
Jan-22	8	Jan-22	22.70%
Feb-22	5	Feb-22	24.00%
Mar-22	5	Mar-22	23.60%
Apr-22	9	Apr-22	22.20%
May-22	14	May-22	25.50%
Jun-22	9	Jun-22	24.40%
Jul-22	5.5	Jul-22	22.90%

Aug-22	9	Aug-22	26.70%
Sep-22	8	Sep-22	28.80%
Oct-22	7.5	Oct-22	24.30%
Nov-22	10	Nov-22	27.80%
Dec-22	12	Dec-22	22.60%
Jan-23	15	Jan-23	26.37%
Feb-23	15	Feb-23	26.00%
Mar-23	17	Mar-23	25.30%
Apr-23	20	Apr-23	25.80%
May-23	30	May-23	28.80%
Jun-23	20	Jun-23	28.50%
Jul-23	12	Jul-23	27.80%
Aug-23	11	Aug-23	30.00%
Sep-23	30	Sep-23	31.40%
Oct-23	30	Oct-23	30.00%
Nov-23	30	Nov-23	29.40%
Dec-23	30	Dec-23	29.50%
Jan-24	12	Jan-24	25.10%
Feb-24	6	Feb-24	24.50%
Mar-24	4	Mar-24	27%
Apr-24	5	Apr-24	27.60%
May-24	4	May-24	28.60%
Jun-24	10	Jun-24	27.87%
Jul-24	23	Jul-24	30.11%
Aug-24	21	Aug-24	33.52%
Sep-24	25	Sep-24	34.80%
Oct-24	10	Oct-24	31.82%
Nov-24	17	Nov-24	32.30%
Dec-24	16	Dec-24	33.73%
Jan-25	13	Jan-25	32.87%
Feb-25	3.82	Feb-25	33.99%
Mar-25	6.28	Mar-25	31.46%
Apr-25	5.13	Apr-25	31.58%
May-25	7.03	May-25	34.37%
Jun-25	11.7	Jun-25	34.45%
Jul-25	11.2	Jul-25	35.59%
Aug-25	24	Aug-25	36.66%
Sep-25	10.4	Sep-25	38.17%
Oct-25	5.09	Oct-25	35.89%
Nov-25	4.8	Nov-25	33.45%
Dec-25	5.34	Dec-25	32.75%

#### Statutory and Mandatory Training Compliance

Mar-21	82.69%	Mar-21
Apr-21	83.01%	Apr-21
May-21	85.29%	May-21
Jun-21	85.92%	Jun-21
Jul-21	86.00%	Jul-21
Aug-21	86.03%	Aug-21
Sep-21	86.52%	Sep-21

EDUCATE	Oct-21	86.62%
	Nov-21	86.73%
	Dec-21	86.09%
	Jan-22	86.45%
	Feb-22	87.56%
	Mar-22	88.15%
	Apr-22	87.87%
	May-22	86.60%
	Jun-22	85.17%
	Jul-22	83.45%
	Aug-22	83.44%
	Sep-22	82.07%
	Oct-22	79.90%
	Nov-22	77.56%
	Dec-22	76.59%
	Jan-23	77.33%
	Feb-23	76.49%
	Mar-23	77.26%
	Apr-23	78.96%
	May-23	79.17%
	Jun-23	79.69%
	Jul-23	80.68%
	Aug-23	80.95%
	Sep-23	80.85%
	Oct-23	80.85%
	Nov-23	81.15%
	Dec-23	81.20%
	Jan-24	79.80%
	Feb-24	80.14%
	Mar-24	81.20%
	Apr-24	82.35%
	May-24	82.71%
Jun-24	86.56%	
Jul-24	87.17%	
Aug-24	86.83%	
Sep-24	86.53%	
Oct-24	84.99%	
Nov-24	85.27%	
Dec-24	85.80%	
Jan-25	85.90%	
Feb-25	85.50%	
Mar-25	87.84%	
Apr-25	87.88%	
May-25	88.07%	
Jun-25	88.96%	
Jul-25	88.82%	
Aug-25	90.91%	
Sep-25	90.17%	
Oct-25	91.41%	
Nov-25	91.43%	

Oct-21  
Nov-21  
Dec-21  
Jan-22  
Feb-22  
Mar-22

Dec-25 91.92%

ENGAGE

PADR Compliance

Open ER Cases

Mar-21	56.60%	Mar-21	39
Apr-21	61.42%	Apr-21	46
May-21	63.76%	May-21	37
Jun-21	64.81%	Jun-21	43
Jul-21	64.55%	Jul-21	39
Aug-21	63.23%	Aug-21	37
Sep-21	61.10%	Sep-21	49
Oct-21	60.08%	Oct-21	47
Nov-21	59.05%	Nov-21	38
Dec-21	58.30%	Dec-21	35
Jan-22	59.54%	Jan-22	36
Feb-22	54.81%	Feb-22	21
Mar-22	51.93%	Mar-22	19
Apr-22	54.13%	Apr-22	20
May-22	56.78%	May-22	21
Jun-22	61.23%	Jun-22	19
Jul-22	65.18%	Jul-22	15
Aug-22	74.78%	Aug-22	15
Sep-22	78.68%	Sep-22	17
Oct-22	80.63%	Oct-22	15
Nov-22	80.75%	Nov-22	15
Dec-22	80.47%	Dec-22	14
Jan-23	78.98%	Jan-23	12
Feb-23	79.20%	Feb-23	15
Mar-23	73.69%	Mar-23	16
Apr-23	73.96%	Apr-23	20
May-23	73.55%	May-23	21
Jun-23	73.50%	Jun-23	28
Jul-23	74.50%	Jul-23	26
Aug-23	71.52%	Aug-23	23
Sep-23	70.72%	Sep-23	28
Oct-23	74.75%	Oct-23	27
Nov-23	76.78%	Nov-23	27
Dec-23	77.78%	Dec-23	30
Jan-24	78.14%	Jan-24	29
Feb-24	79.25%	Feb-24	34
Mar-24	79.51%	Mar-24	32
Apr-24	78.46%	Apr-24	35
May-24	78.11%	May-24	39
Jun-24	78.42%	Jun-24	34
Jul-24	77.08%	Jul-24	44
Aug-24	75.96%	Aug-24	42
Sep-24	75.89%	Sep-24	47
Oct-24	77.22%	Oct-24	48
Nov-24	76.51%	Nov-24	39
Dec-24	76.55%	Dec-24	38
Jan-25	77.02%	Jan-25	43

Feb-25	79.79%
Mar-25	82.38%
Apr-25	77.54%
May-25	76.64%
Jun-25	76.84%
Jul-25	75.46%
Aug-25	75.53%
Sep-25	75.35%
Oct-25	76.32%
Nov-25	76.53%
Dec-25	76.48%

Feb-25	42
Mar-25	42
Apr-25	42
May-25	46
Jun-25	57
Jul-25	51
Aug-25	55
Sep-25	41
Oct-25	40
Nov-25	43
Dec-25	55

Ave. Days from Vacancy Creation t		Budget	Target	SIP Mar	v. Budget	v. Target	
Mar-21		UCS	220.8	239.98	214.76	-2.74%	-10.51%
Apr-21	61.6	EMT	482.47	566.29	497.2	3.05%	-12.20%
May-21	88.7	Para	874.58	899	890.28	1.80%	-0.97%
Jun-21	63.7						
Jul-21	68.1						
Aug-21	79.1						
Sep-21	90						
Oct-21	86.5						
Nov-21	101.3						
Dec-21	116.6						
Jan-22	123.7						
Feb-22	101.7						
Mar-22	123						
Apr-22	113						
May-22	111						
Jun-22	127						
Jul-22	131						
Aug-22	92.3						
Sep-22	85						
Oct-22	81						
Nov-22	90						
Dec-22	93						
Jan-23	141.7						
Feb-23	125.9						
Mar-23	107.1						
Apr-23	96.6						
May-23	97.7						
Jun-23	91.8						
Jul-23	113.2						
Aug-23	121.1						
Sep-23	109.7						
Oct-23	109.1						
Nov-23	95.6						
Dec-23	80						
Jan-24	74.8						
Feb-24	65.8						
Mar-24	65.9						
Apr-24	73						
May-24	93.8						
Jun-24	65.3						
Jul-24	65						
Aug-24	70.8						
Sep-24	70.3						
Oct-24	76.2						
Nov-24	78.8						
Dec-24	72.3						
Jan-25	76.5						
Feb-25	76.2						



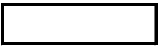
Closed	Formal Requests for Resolution		V&A Incide	
	Mar-21		Mar-21	
59	Apr-21		Apr-21	
70	May-21	0	May-21	59
77	Jun-21	3	Jun-21	44
92	Jul-21	2	Jul-21	42
97	Aug-21	5	Aug-21	38
115	Sep-21	9	Sep-21	31
103	Oct-21	10	Oct-21	33
92	Nov-21	5	Nov-21	37
84	Dec-21	9	Dec-21	48
125	Jan-22	11	Jan-22	44
102	Feb-22	15	Feb-22	47
124	Mar-22	16	Mar-22	42
104	Apr-22	17	Apr-22	51
104	May-22	20	May-22	47
87	Jun-22	21	Jun-22	46
75	Jul-22	23	Jul-22	51
84	Aug-22	32	Aug-22	52
94	Sep-22	30	Sep-22	38
92	Oct-22	26	Oct-22	46
74	Nov-22	26	Nov-22	46
65	Dec-22	21	Dec-22	34
114	Jan-23	21	Jan-23	33
81	Feb-23	18	Feb-23	35
78	Mar-23	21	Mar-23	58
72	Apr-23	15	Apr-23	56
106	May-23	12	May-23	61



73.30%  
71.20%  
75.70%  
72.20%  
77.40%  
73.63%  
74.00%  
74.70%  
74.20%  
71.20%  
71.50%  
72.20%  
70.00%  
68.60%  
70.00%  
70.60%  
70.50%  
74.90%  
75.50%  
73%  
72.40%  
71.60%  
72.13%  
69.89%  
66.48%  
65.20%  
68.18%  
67.70%  
66.27%  
67.13%  
66.01%  
68.54%  
68.42%  
65.63%  
65.55%  
64.41%  
63.34%  
61.83%  
64.11%  
66.55%  
67.25%

Compliant	Non-Compliant
90.13%	9.87%
90.07%	9.93%
88.56%	11.44%
88.56%	11.44%
88.36%	11.64%
87.94%	12.06%
86.64%	13.37%

91.20%	8.80%
97.00%	3%
99.00%	1%
100.00%	0.00%
100.00%	0.00%
100.00%	0.00%





|

		Turnover						
Mar	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	
	7.41%	7.46%	8.00%	8.51%	8.93%	8.99%	9.93%	

		WAST WTE						
Mar	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	
WTE	3858.2	3897.7	3880.69	3868.69	3878.21	3898	3919.60	
Headcount	4131	4170	4177	4162	4160	4181	4197	





Non-Compliant

Apprenticeships in Progress

Apprentic

	Mar-21		Mar-21	
	Apr-21	207	Apr-21	8
	May-21	207	May-21	5
92%	Jun-21	214	Jun-21	3
86.32%	Jul-21	214	Jul-21	0
79.57%	Aug-21	214	Aug-21	0
76.91%	Sep-21	214	Sep-21	0
97.30%	Oct-21	214	Oct-21	0
49%	Nov-21	214	Nov-21	0
38.80%	Dec-21	214	Dec-21	0
31.00%	Jan-22	208	Jan-22	1
22.00%	Feb-22	207	Feb-22	0
2.82%	Mar-22	207	Mar-22	0
	Apr-22	206	Apr-22	1
	May-22	206	May-22	0

Jun-22	204	Jun-22	2
Jul-22	204	Jul-22	0
Aug-22	204	Aug-22	0
Sep-22	243	Sep-22	0
Oct-22	243	Oct-22	0
Nov-22	243	Nov-22	0
Dec-22	238	Dec-22	5
Jan-23	202	Jan-23	36
Feb-23	201	Feb-23	1
Mar-23	216	Mar-23	0
Apr-23	216	Apr-23	9
May-23	207	May-23	9
Jun-23	198	Jun-23	0
Jul-23	193	Jul-23	5
Aug-23	192	Aug-23	1
Sep-23	192	Sep-23	0
Oct-23	191	Oct-23	1
Nov-23	190	Nov-23	1
Dec-23	87	Dec-23	53
Jan-24	37	Jan-24	1
Feb-24	31	Feb-24	6
Mar-24	28	Mar-24	3
Apr-24	48	Apr-24	0
May-24	66	May-24	4
Jun-24	74	Jun-24	5
Jul-24	69	Jul-24	17
Aug-24	52	Aug-24	2
Sep-24	50	Sep-24	0
Oct-24	50	Oct-24	0
Nov-24	50	Nov-24	0
Dec-24	50	Dec-24	0
Jan-25	49	Jan-25	1
Feb-25	84	Feb-25	3
Mar-25	82	Mar-25	0
Apr-25	87	Apr-25	0
May-25	87	May-25	0
Jun-25	87	Jun-25	0
Jul-25	87	Jul-25	0
Aug-25	87	Aug-25	0
Sep-25	65	Sep-25	17
Oct-25	79	Oct-25	10
Nov-25	70	Nov-25	9
Dec-25	51	Dec-25	15







Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22
10.10%	10.05%	10.12%	10.31%	10.75%	11.46%	11.91%	11.54%	11.65%

Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22
4002.53	3977.6	4050.74	4106.02	4091.66	4026.20	4021.80	3983.60	3949.90
4280	4251	4325	4386	4369	4299	4302	4266	4235















Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23
12.04%	11.96%	11.17%	10.76%	10.69%	10.68%	10.72%	10.05%	10.38%	10.02%

Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23
3970.12	3978.65	3988.20	4072.30	4074.90	4091.44	4115.07	4101.41	4,078.56	4,090.20
4260	4269	4276	4365	4363	4386	4403	4387	4,367	4,380















Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24
9.81%	9.67%	9.62%	9.37%	9.31%	9.34%	9.41%	8.95%	8.83%	9.12%

Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24
4,085.65	4,058.83	4,053.23	4,056.89	4,073.37	4,080.64	4,047.84	4,049.30	4,046.56	4,031.81
4,376	4,352	4,346	4,348	4,365	4,374	4,339	4,344	4,344	4,327















Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25
8.89%	9.01%	8.36%	8.50%	8.50%	8.21%	8.02%	7.99%	8.49%	8.40%

Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25
4,027.71	4,003.49	4,029.03	4,008.09	4,009.66	4,043.99	4,089.39	4,108.15	4,084.70	4,108.75
4,333	4,303	4,330	4,308	4,313	4,334	4,396	4,421	4,399	4,422















Feb-25	Mar-25	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25
8.56%	8.42%	8.28%	8.18%	8.44%	8.23%	8.15%	8.02%	7.99%	8.12%

Feb-25	Mar-25	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25
4,122.13	4,126.83	4122.6	4135.51	4139.85	4137.99	4148.89	4218.52	4219.35	4231.27
4,438	4,443	4440	4458	4466	4463	4472	4541	4541	4558















Dec-25  
7.98%

Dec-25  
4213.51  
4544

<b>Risk ID</b> 160	<b>High absence rates impacting on patient safety, staff wellbeing and the trust’s ability to provide a safe and effective service</b>			<b>Date of Review:</b>	15/10/2025	<b>TREND</b>	16 (4x4)
				<b>Date of Next Review:</b>	15/11/2025	➔	
<b>IF</b> there are high levels of absence e.g., sickness and alternative duties.	<b>THEN</b> there is a risk that there is reduced resource capacity	<b>RESULTING IN</b> an inability to deliver services which adversely impacts on quality, safety, and patient/staff experience			<b>Likelihood</b>	<b>Consequence</b>	<b>Score</b>
				<b>Inherent</b>	4	4	16
				<b>Current</b>	4	4	16
				<b>Target</b>	3	4	12
IMTP Deliverable Numbers: 13, 14, 15, 22, 24, 25, 26							
Strategic Objective:							
<b>EXECUTIVE OWNER</b>		Director of People	<b>ASSURANCE COMMITTEE</b>	People and Culture Committee			
<b>Risk Commentary</b>							
Sickness absence remains one of the key challenges for the organisation. Whilst there has been a significant reduction in absence levels over the past 18 months, rates remain higher than desired and therefore a continued focus on supporting good attendance at work is needed by both managers and the People and Culture team. Increased pressures on our people like handover delay, missed breaks and cost of living impact on health and wellbeing. The Health and Wellbeing Plan 2025-2029 and People and Culture Plan 2023-2026 provide strategic direction for relevant initiatives. The risk has been reviewed and the Likelihood score reduced to 4 from the current 5 therefore reducing the overall score from 20 to 16. It is recognised that the rolling annual figures for sickness since March 2022 are reducing year on year and therefore a reduction in the score is appropriate. This will be closely monitored by the People & Culture team and Executive Leadership Team.							
<b>CONTROLS</b>				<b>ASSURANCES</b>			
				<b>Internal Management (1<sup>st</sup> Line of Assurance)</b>			
1. Significant policy frameworks and strategies embedded across the organisation including Managing Attendance at Work Policy, R&R, Speaking Up and the Health and Wellbeing Plan in place and followed with support from the P&C team.				1. (a) Audits undertaken by People Services Team (b) Outputs reviewed (c) Process reviews (d) PS team engagement on additional activities which could be delivered (e) Case support, advice and guidance with action planning to reduce absence  R&Rs addressed in timely way to reduce risks of sickness absence. Compassionate Practices approach engaged. Referral of colleagues to appropriate levels of support  Policy reviews to ensure policies and procedures are fit for purpose in line with agreed time frames Completed - 28/11/23 Speak Up Safely process introduced from the start of October 2023 including the appointment of one Trust guardian. The Health and Wellbeing Plan 2025-2029 and People and Culture Plan 2023-2026 provide strategic direction for initiatives to improve the workplace, in line with HEIW Best Practice Guide for Organisations. These documents support us in ensuring that our offer is focused, and evidence driven.			
2. Operational Workforce Recruitment Plans, roster reviews and implementation to actively address demand and capacity and ensure sufficient resources to meet workload pressure				2. Maintenance of the workforce establishment to seek to ensure that colleagues are not unnecessarily stretched through vacancies			
3. Return to Work interviews are undertaken - SharePoint Sway document ensuring accurate reporting of reason for absence and identifying any additional support required				3. Process regularly reviewed and managers are trained and coached on the need to complete returns to work promptly			
4. Training for managers on all aspects of Managing Attendance – ensures focus is high and understanding of why this is important is maintained				4. Managing Attendance training register of attendees.			
5. Reporting to Board, CASC, PCC, ELT, SLT, SOT, Directors and managers on sickness data. Leadership reporting includes deep dives and analysis of data.				5. Appropriate reporting for assurance to a range of audiences with feedback and support for further action.			
6. People Services & Occupational Health & Wellbeing support/Employee Assistance Programme- providing professional support				6. Managers have access to specialist advice and guidance from People and Culture team colleagues			
7. Suicide first aiders, TRIM, Peer Support Networks, coaching and mentoring framework in place giving additional layers of support, Health and Wellbeing Steering Group in place.				7. Reporting in place on numbers of suicide first aiders and demand for support. Reporting on access to TRIM and Wellbeing Service, including reporting themes and user experience feedback. Promotion of wellbeing support across WAST.			
8. Staff surveys- assess levels of engagement and wellbeing				8. Use of HIVE survey tool and insight data from the NHS Wales staff survey provides feedback on overall engagement and wellbeing			
9. Stress risk assessments- identify measures that can be taken to address issues				9. Reference to the assessments during attendance management line manager training and to the use of stress risk assessments promoted to managers			
10. External agencies support e.g., St John Ambulance, Fire and Rescue- if needed at times of increased demand pressure				10. SLA Agreements.			

Risk ID 160	High absence rates impacting on patient safety, staff wellbeing and the trust's ability to provide a safe and effective service	Date of Review:	15/10/2025	TREND	16 (4x4)
		Date of Next Review:	15/11/2025	➔	
11. Guidance for managers on alternative duties and monthly reviews of colleagues on Alternative duties	11. Action planning and timeboxed activities to support in a timely way.				
12. Sickness audits for localities- provides additional level of detail and additional support for areas with higher sickness levels to support work to reduce those levels	12. Delivery of audits and follow up actions				
13. Support by PS project lead with relevant PS team then supporting line managers and tracking actions on longest absence cases	13. Provides a focus on higher risk cases where more intense action or support may be required.				
14. Delivery of specific projects and pieces of work to support the reduction of sickness absence across the organisation.	14. Offers assurance to ELT on the activities and measures in place. Figures on absence are being reported monthly to ELT which is reflected in the minutes and AAA reports				
15. Work in Confidence system implemented and Guardian appointed to support colleagues coming forward with concerns and potentially reducing levels of stress and avoiding sickness absence.	15. External Management (2nd Line of Assurance) and Audit.				
16. Strengthen Speaking Up Safely Arrangements policy and advice and roll out of increased awareness of routes to speak up and raising concerns.	16. Monitor SUS concerns and they are dealt with in agreed timeframes and assessed whether absence related to mental health and anxiety reduces.				
17. Actions identified from the Managing Attendance Audit implemented	17. Agendas, minutes etc.				
18. PADR review undertaken and now including wellness questions	18. Underway and now BAU – ensures managers are talking about individuals' wellbeing and what additional support or signposting can be provided				
19. Specific interventions on all long-term sickness absence cases to ensure there is a tailored, individual action plan which identifies interventions that will support a return to work as soon as reasonably possible.	19. PADRs undertaken and questions asked; Discussion on levels of long-term sick absence is undertaken in a variety of forums including JCC, ELT and PCC.				
20. Accountability meetings on attendance management between People Services and senior ops managers to ensure this issue is given sufficient focus on priorities and ADs hold their senior teams accountable for their team figures	20. Meetings taking place and active on operational areas experiencing high levels of absence				
21. TU engagement on attendance issues e.g. muscular skeletal conditions is discussed regularly at the H&S Committee and relevant additional interventions are identified	21. Included on agendas and outcomes are available for discussion at H&SC.				
22. Wellbeing team have a referral pathway for mental ill health and are confident liaising with local services when necessary.	22. Regular reporting and the introduction of a user experience survey.				
23. Guidance and training available for line managers to equip them with the confidence and skills to have meaningful and sensitive conversations related to attendance.	23. Incorporated in Our WAST Way and measured through ongoing participation in development sessions				
24. Targeted culture change reviews are undertaken in areas of the business where levels of absence are high and other metrics such as turnover indicates concerns.	24. Culture review action plans are produced and taken forward. Sick absence in these areas is evaluated and monitored to assess whether reductions are achieved.				
25. Culture work on creating the sense of team and peer responsibility / ownership	25. Incorporated in Our WAST Way – Leadership at all levels and through the culture champions network, with focus on Our Best behaviours.				
26. Health Diagnostic Programme available for those over 46 to identify undiagnosed conditions	26. Launched and staff trained. Clinics to commence end June 2025.				
27. Reporting on All Wales OH KPIs	27. Reporting in place, additional reports alongside the All Wales OH KPIs.				
28. Men's Health Support	28. Links available within siren and via the wellbeing practitioners to support mental health				
29. Implementation of new approach to regularly checking in with staff. Piloting a simple conversation framework for Managers to use with their staff on a monthly basis which provides a focus on wellbeing, goals and personal development.	30. Part of Our WAST Way; all those with management responsibility are expected to complete the sessions.				
31. Areas of business where attendance management has improved significantly to share learning across WAST	30. Ongoing tool being utilised as BAU				
32. Connect to other Ambulance sector organisations to identify additional interventions they have implemented to address attendance management, share learning and consider whether to adopt in WAST	31. Continued discussions as part of our ongoing culture change.				
32. Review patterns of absence	35 Reported to ELT and PCC in Feb 25 on findings. Completed and now BAU				
36 Development of a refreshed stress risk assessment is underway. This will be relaunched with managers when completed	Source of assurance to be identified				
	Independent Assurance (3 <sup>rd</sup> Line of Assurance)				

Risk ID 160	High absence rates impacting on patient safety, staff wellbeing and the trust's ability to provide a safe and effective service	Date of Review:	15/10/2025	TREND	16 (4x4)
		Date of Next Review:	15/11/2025	➡	
		1b. Internal Audits scheduled through Shared Services Partnership. Last audit on attendance was November 2022 and the last actions from this due at the end of December 2023. (last audit November)			
		2. Internal audit of Occupational Health and Wellbeing completed with reasonable assurance, completed March 2025			
GAPS IN CONTROLS		GAPS IN ASSURANCE			
(a) Consistency and Application in Managing Attendance at Work Policy		There are other factors that impact on sickness which are difficult to control as they are linked to system wide challenges			
		Absence data is not updated in a timely manner into ESR by managers			
Opportunities to improve education and communication with managers about resources available and how to implement it e.g., stress risk assessments		Further roll out and access to learning around sickness absence on process, supporting docs and on how to approach managing attendance			
Actions to reduce risk score or address gaps in controls and assurances		Action Owner	By When/Milestone	Progress Notes:	
1. Development of the 2024/25 Managing Attendance Plan (see below for individual actions.		Deputy Director of People	To commence 30/05/24	Key plan actions noted below	
2. Increase manager support on data interpretation and analysis		Deputy Director of People	31.09.2025 <b>revised date 31.03.26</b>	Data analyst appointed in Workforce Planning team who will look at sickness data and reporting opportunities at a local level	
3. Analyse link between hot spots and the culture in these areas to address cultural issues		AD for Culture, Inclusion & Wellbeing	31.03.2025 <b>revised date 31.12.2025</b>	111 and 999 sickness levels reviewed: link to repetitive roles, exposure to distressed patients. Additional management layers in CCC should start to show positive impact on attendance. Consideration to be given to whether change management approach being applied in these areas is having an impact. New date due to focus on launch of Our WAST Way by the team	
4. Identify opportunities to improve roles – flexibility, control, confidence		Deputy Director of People / ADs, Operations	31.09.2025	Work to be undertaken to review whether any correlation between approved flexible working requests and attendance rates. Tracking of flexible working requests has seen an increase in requests and approvals, especially within operations.	
5. Opportunities to adapt the work environment. Link to Risk 224 and Risk 558 regarding the risk with the impact on WAST colleagues of overruns as well as patients.		Deputy Director of People ADs, Operations Directorate colleagues	31.03.2025		
6. Review workloads and hours of work undertaken by colleagues. Including colleagues not on GRS.		Deputy Director of People /ADs, Operations	31.03.2025 <b>Revised date 31.12.25</b>	Yet to start due to other key projects and task and finish groups underway. Also linked to overrun work.	
7. Develop the team around the person model / individual support network		Deputy Director of People and Culture	31.03.2025 <b>Revised date 13.12.25</b>	Closer working with P&C team and managers on supporting colleagues who are off. Case reviews undertaken where appropriate Happening in the majority of LTS cases. Will ask Head of PS to pick up and tighten up arrangements / process	
8. Increase lifestyle advice and guidance		AD for Culture, Inclusion and Wellbeing	31.03.2025 <b>30 November 2025</b>	Occupational Health and Wellbeing Team developing expertise in specific areas; calendars of events; health promotion. 1 April 2025 – Plans in place but team capacity means postponed. 11 August 2025 – Health Diagnostics launched.	

<b>Risk ID</b> 558	<b>Deterioration of staff health and wellbeing in the face of continued system pressures as a consequence of workplace experiences</b>		<b>Date of Review:</b>	15/10/2025	<b>TREND</b>	15 (3x5)
			<b>Date of Next Review:</b>	15/11/2025		
<b>IF</b> significant internal and external system pressures continue	<b>THEN</b> there is a risk of a significant deterioration in staff health and wellbeing within WAST	<b>RESULTING IN</b> increased sickness levels, staff burnout, poor staff and patient experience and patient harm		<b>Likelihood</b>	<b>Consequence</b>	<b>Score</b>
			<b>Inherent</b>	4	5	20
			<b>Current</b>	3	5	15
			<b>Target</b>	2	5	10
IMTP Deliverable Numbers: 13, 14, 21, 26						
Strategic Objective:						
<b>EXECUTIVE OWNER</b>	Director of People		<b>ASSURANCE COMMITTEE</b>	People & Culture Committee		
<b>Risk Commentary</b>						
<p>This risk should be considered alongside Risk 160 as the resulting increased sickness levels mentioned above will be addressed by the same controls and assurances. The ongoing system pressures including long handover delays, overruns and missed breaks continues to remain a challenge to mitigate this risk. WAST continues to work in partnership with the system to pilot viable options for addressing the external factors. Although there has been some success in some areas, we are yet to see these being scaled to an extent that the employee experience has been impacted. Since 2020 we have not seen the previous pattern of easing over the summer months and with the current public health risk of measles and continuing risks of covid this risk remains static. The People and Culture Plan 2023-2026 is a good summary of the controls and actions addressing this risk. Work on reducing shift overruns continues with various pilots being run to test viable options which could be implemented. Proposed increase in score as a result of system pressures. Whilst we are seeking to address this, and it will take time to have an impact. Adding in the potential future financial pressures (leaving vacant posts open for longer), will further exacerbate this issue.</p>						
<b>CONTROLS</b>			<b>ASSURANCES</b>			
			<b>Internal Management (1<sup>st</sup> Line of Assurance)</b>			
1. The new Health and Wellbeing Plan 2025-2029 has now been drafted and is out for consultation. The aim of the new plan is to expand on consideration of employee experience to recognise that individual wellbeing interventions are not sufficient in mitigating system wide pressures.			13. New Health and Wellbeing Plan 2025-2029 is aligned closely to People and Culture Plan and delivery monitored via the Health and Wellbeing Steering Group, reporting into the People and Culture Business Meetings. This plan was created in line with the HEIW Best Practice Guide for Organisations			
2. Occupational Health & Wellbeing team with range of support options for individual mental health intervention signposting, MSK support, reasonable accommodations and recommendations, supported by mental and physical health expert clinicians.			1. Current waiting times are just above the national SLA of 29 days, at 31 days. , External providers meet quarterly and provide monthly engagement figures. Reporting into OHW operational team meeting and MIQPR.			
3. Wellbeing Service providing training, consultation and advice to line managers supporting members of staff with severe and complex health and wellbeing challenges. Including REACT training that supports managers with difficult conversations.			2. Rolling programme of workshops, attendance at team events when requested, evaluation and numbers trained reported at OHW operational meetings. Diarised meetings, webinars and workshops in place through a rolling programme. These offers are now evaluated via user experience questionnaires which are reported to the health and wellbeing steering group. Wellbeing training uptake numbers is reported into the OHW Operational Team Meetings.			
4. TRiM (Trauma Risk Management Network) in place to support staff following exposure to potential traumatic events and materials. The approach of watchful waiting by a clinician or peer supporter means we can support those who have been exposed to such events and escalate to support if required.			3. TRiM is facilitated by the Wellbeing Service Assistant Psychologists supervised by a Clinical Psychologist to provide appropriate professional oversight. Numbers of referrals, assessments, follow-ups and further support needs are reported to the Health and Wellbeing Steering Group			
5. Acting on results of staff surveys relating to staff experience, data triangulated with pulse surveys and other cultural metrics as detailed in the People and Culture Plan.			4. Each Directorate has developed their own action plan to address staff surveys. NHS staff survey high level results released 19/02/24 with directorate specific data released in April 2024. The survey was repeated in Autumn 2024, and we are awaiting the next set of results.			
6. HSE stress risk assessments			5. Undertaken by managers and advice is provided on how to use them by Occupational Health and Health and Safety teams.			
7. KPIs are reported fortnightly regarding Occupational Health and Wellbeing activity			6. Received at OHW operational team meeting and reported in MIQPR.			
8. Wellbeing drop-in sessions for CCC and 111 staff			7. These sessions are now part of business as usual across services and a user experience form is collating more formal quantitative feedback for OHW operational team meetings. Data to date has been qualitative and the quantitative has been measured by engagement with the service. Themes of staff concerns are also collated by wellbeing staff attending WAST sites.			
9. Fast track physiotherapy to address MSK issues.			8. Regular review meetings with physiotherapy provider and monthly monitoring information received at People and Culture Business meetings and MIQPR			
10. Occupational Health team inclusion in sickness and absence meetings			9. Qualitative anecdotal feedback has been positive, and it has strengthened relationships with the OH team. More formal feedback mechanisms are in development in line with our overhaul of service feedback.			
11. Stress risk assessments			10. These are part of the IOSH Managing Safely Training.			

<b>Risk ID</b> 558	<b>Deterioration of staff health and wellbeing in the face of continued system pressures as a consequence of workplace experiences</b>	<b>Date of Review:</b>	15/10/2025	<b>TREND</b>	15 (3x5)
		<b>Date of Next Review:</b>	15/11/2025		
		<b>External - Independent Assurance</b> - Audit Wales – Taking Care of the Carers report in October 2021 – all actions complete			
<b>GAPS IN CONTROLS</b>		<b>GAPS IN ASSURANCE</b>			
11. Need to increase the education and communication with managers about stress risk assessments. Presentation developed and shared with people services. Delivery dates being agreed in conjunction with Health and Safety, along with a new policy. These discussions have restarted, and colleagues are directed to the stress risk assessment information and education sessions will be started in Q1 & Q2.		Lack of awareness about staff wellbeing services, this continues to be a challenge due to small team, non-wired colleagues and competing communication messages.			
		Effects of elevated REAP status affecting the ability of staff to engage with staff health and wellbeing services. Important to recognise the consistent reports of the impact of culture on wellbeing. Attendance at all events by operational staff consistently low due to service pressures.			
<b>Actions to reduce risk score or address gaps in controls and assurances</b>		<b>Action Owner</b>	<b>By When/Milestone</b>	<b>Progress Notes:</b>	
1. People and Culture Plan 2023-2026 relevant Actions		Assistant Director for Inclusion, culture and wellbeing	Annual Plan December 2026	First year reviewed at People and Culture Committee May 2024 23/7/24 Final year review included in consultation process for new plan	
2. Health and Wellbeing Plan 2025-2029		Assistant Director for Inclusion, Culture and Wellbeing	Approved by Board Q3 2024/25 2025/2026	Plan has been approved by Board. The delivery period begins 2025/2026. Promotion of the plan and key deliverables will commence then. 2 June 2025 Plan being delivered and overseen by the Health and Wellbeing Steering Group which meets quarterly.	

<b>Risk ID</b> 163	<b>Maintaining Effective &amp; Strong Trade Union Partnerships</b>		<b>Date of Review:</b>	15/10/2025	<b>TREND</b>	12 (4x3)
			<b>Date of Next Review:</b>	15/01/2025	➡	
<b>IF</b> the response to tensions and challenges in the relationships with TU partners is not effectively and swiftly addressed and trust and (early) engagement is not maintained	<b>THEN</b> there is a risk that TU partnership relationships increase in fragility and the ability to effectively deliver change is compromised	<b>RESULTING IN</b> a negative impact on colleague experience and/or services to patients		<b>Likelihood</b>	<b>Consequence</b>	<b>Score</b>
			<b>Inherent</b>	5	3	15
			<b>Current</b>	4	3	12
			<b>Target</b>	4	3	12
IMTP Deliverable Numbers: 1, 13, 14, 19, 22, 30, 32						
Strategic Objective:						
<b>EXECUTIVE OWNER</b>		Director of People	<b>ASSURANCE COMMITTEE</b>		People & Culture Committee	
<b>Risk Commentary</b>						
<p>A tailored bespoke development programme for managers and Trade Union Partners at all levels has been delivered with further training and activities to be developed for first line managers. The programme of engagement and relationship building will continue throughout 2025/26.</p> <p>Work continues on improving partnership working through the delivery of the action plan. The engagement structures below WASPT are in place and running. The Deputy Director of People and Head of Culture and OD have delivered workshop sessions for TU partners and managers across the organisation in senior and local roles. Personal relationships with TUPs are generally very good. At a local level there are ongoing discussions on a range of organisational change issues and currently engagement and partnership working is operating well and as a result the score has been reduced to 12 (3x4) . However, there is a recognition that the nature of partnership working and the issues that arise mean that the level of risk fluctuates more regularly than others and will be kept under review. It is noted that work required on financial sustainability to meet savings requirements and projects such as reviewing the skill mix has the potential to disrupt relationships and may lead to a review of the score. Also, the departure of the CEO may cause some concerns amongst TU partners in terms of the risk of a change in approach to partnership working. On a national level, TUPs have not confirmed acceptance of the 2025 pay offer of 3.6% and there is a risk for industrial action.</p>						
<b>CONTROLS</b>			<b>ASSURANCES</b>			
			<b>Internal Management (1<sup>st</sup> Line of Assurance)</b>			
1. Agreed (Refreshed) TU Facilities Agreement developed in partnership			1. Agreed document which states governance arrangements and the criteria for time off for TU activity etc.			
2. Go Together Go Far (GTGF) statement and CEO/TU Partners statement			2. Both parties refer to the documents and are signed up/committed to it			
3.			3.			
4. Trade Union representation at Trust Board, Committees			4. Committee or Board ask TU representative for feedback or whether they have been consulted. Big issues items progress as planned because of TU partner buy in			
5. Monthly Informal Lead TU representatives and Chief Executive meetings			5. Diarised meetings			
6. TU partners in Task & Finish and Project Groups			6. Good attendance and commitment are observed at the meetings. TU partners listed as members in terms of reference			
			7. Diarised meetings with a formal agenda. Any business needed to be discussed is included in the agenda. Good attendance and commitment observed at meetings.			
7. Local Partnership Forums, Corporate Partnership Forums and SLT/TUP and SOT/TUP well established and running and informal monthly meetings between TUPs and Senior Operations Team in place and operating			8. Consistency of invitation and good attendance/commitment observed at meetings. Trade Union representations on SOT meetings			
8. Quarterly Report on TU activity to People and Culture Committee			9. Report at every P& C committee meeting regarding activities TUPs involved with which is noted. Whenever Partnerships are discussed, the value of these is formally minuted in the Board and Committee minutes			
9.			10. Triple A reports through to WASPT and to PCC. Any escalations are appropriately noted.			
11. Ongoing project plan in place to support the improvement in relationships based on the ACAS report from 2022 updated and reported to WASPT			11. Development of mentoring and training opportunities for TUPs to support their roles.			
12. AAA report of formal Partnership Forum (WASPT) reported to PCC or Board in future (return to BAU).			12. Training for managers and TUPs delivered			
13. AAA from SLT Partnership Forum and Corporate Partnership Forum reported to WASPT			13. Stability in senior TU team			
14. Externally facilitated mediation session(s) building on the IPA workshops and specifically to address the thorny issue of what happens when we fail to agree. Completed			14. Action plan developed and shared with TUPs. Implementation underway. A series of partnership working sessions (5) have been delivered to around 120 colleagues – managers and TU partners. Feedback from the sessions was captured and next steps were reviewed. Completed			

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		There is an ACAS action plan which is a live doc and is reported to WASPT to update progress.			
15. Rhythm of meetings to curate and focus on relationships	15. AAA, minutes, monthly sessions with CEO, DoP and DoO. Informal sessions with CEO, DoP and Branch Chair and Sec on a quarterly basis. 6 weekly meetings with DoP on other partnership forum arrangements.				
16. Increased mutual respect and TU partner understanding and appreciation of challenges and pressures facing the Trust					
17. Rollout of partnership training across WAST now to be extended to first line managers					
18. Observation of partnership forums and development work on embedding partnership training is ongoing. Additional actions have been added to the action plan, and WASPT was updated on 27.01.25.					
19. Consider how we celebrate success and capture the positive learning	Captured as part of social partnership conference and subsequent comms But BAU in terms of partnership approach				
20. Delivery of Social Partnership Conference – completed					
21. Task and Finish group to be established to work on mitigating the impact of EAP Band 5 post introduction and wider skill mix discussions.	Email to TUPs from Director of Strategy and Planning. Meetings completed business case in development for feedback to ELT				
22. Output from Conference informing next steps in developing maturity of relationship					
GAPS IN CONTROLS		GAPS IN ASSURANCE			
1. In maintenance and further improvement mode	None identified				
2.					
Actions to reduce risk score or address gaps in controls and assurances	Action Owner	By When/Milestone	Progress Notes:		
1. Refresh of engagement programme post Industrial Action and establish work	Deputy Director of People	Q2 2025/26	Plan agreed and being monitored via WASPT. The plan is dynamic with actions being completed and additional actions added to the plan as they arise. Draft training development underway in partnership with TUPs – list of training needs shared from TUPs. - Completed Principles on engagement being developed (in part from the training) and as a result the partnership statement will be updated. eLearning courses created by WG Social Partnership Team to be added to Learn365 Further session of partnership training to be scheduled in Q2 2025/6 Development of learning events for first line managers including content in Our WAST Way <b>Task and Finish group to develop a partnership development day for first line managers has been re-established and work is underway.</b>		
2. Learning and Development opportunities for TU partners e.g. shadowing, digital skills, coaching and mentoring	Deputy Director of People	31/03/25 30.09.25	Awaiting refresh of the online learning by WG prior to publishing in WAST. <b>Online learning on 365 published and advertised via Siren</b>		
3. Develop consultation guidance for managers	Deputy Director of People	31/06/25 30/12/25	Date pushed out due to team capacity.		
4. Produce a report for ELT with a range of options on Skills Mix	Director of People	31/05/25 30.06.25 31/08/25 (completed)	Delay due to extended discussions with TUPs and second report for ELT in August 25 Second report provided in August. <b>Third report provided in September including a QIA and EIA completed and shared back to ELT with a risk register and communications strategy.</b>		

Key - List of Strategic and IMTP objectives

<b>Strategic Objective 1: Providing the right care or advice, in the right place, every time</b>		<b>BAF risks</b>
1.	A modern, easily accessible, user-friendly and integrated digital offer	163
2.	Rapid (111) call answering, initial triage and onward referral	
3.	Timely, high quality clinical assessment, advice and referral	
4.	Seamless transfer of 111 callers to wide range of available pathways	
5.	Immediate 999 call answering, and efficient and effective dispatch of the right resource	
6.	High quality, timely, clinical triage, assessment and consultation, with personalised response	
7.	High quality, immediate or timely on scene assessment, care and conveyance where needed	
8.	A range of 24/7 pathways available for further assessment or treatment, closer to home	
9.	A flexible, user-centred Non-Emergency Patient Transport Service with the right capacity in place to meet demand	
10.	A dedicated and timely transfer & discharge service supporting HBs with their transformation agendas	
11.	A clear vision for Ambulance care services that supports wider health and care transformation	
12.	A high quality, safe (NEPTS) service with improved patient experience	
<b>Strategic Objective 2: Enabling our people to be the best they can be</b>		
13.	Culture: <ul style="list-style-type: none"> <li>Enhance and strengthen internal capacity for delivering culture change</li> <li>Develop amplify employee voice to increase employee engagement</li> <li>Continue the implementation of our compassionate practices approach</li> </ul>	160, 558, 163
14.	Capacity: <ul style="list-style-type: none"> <li>Implement our Strategic Workforce Plan</li> <li>Continue to embed a culture of positive attendance management</li> <li>Continue our focus on 'getting the basics right.'</li> </ul>	160, 163, 558
15.	Capability: <ul style="list-style-type: none"> <li>Grow and develop our leadership and management capability</li> <li>Reinforce and promote career pathways and professional development.</li> <li>Create an environment centred around effective, ongoing conversations ('Check Ins')</li> </ul>	160
16.	Strengthen Welsh Language compliance through strong leadership, enabling Welsh language to flourish	
<b>Strategic Objective 3: Being at the forefront of innovation and technology</b>		
17.	The right buildings in the right place, enabling our staff to provide the best and safest care across Wales	
18.	The right fleet in the right place, enabling our staff to provide the best and safest care across Wales	
19.	Develop & agree Digital Plan <ul style="list-style-type: none"> <li>Everyday essentials</li> <li>Security, Safety &amp; Cyber</li> <li>Digital Pioneers</li> <li>Transformation</li> <li>Data, Information &amp; Insight</li> </ul>	163
<b>Strategic Objective 4: Developing services in collaboration</b>		
20.	Well-placed to influence system thinking / strategy development	
21.	Meet the requirements of the Wellbeing of Future Generations Act	558
22.	University Trust Status in collaboration with WG, embracing a 'democratised culture' of learning, research and innovation	160, 163
<b>Strategic Objective 5: Being quality driven and clinically led</b>		
23.	Systems that meet the requirements of the Duty of Quality and Duty of Candour	
24.	Excellent clinical leadership	160
25.	A culture of quality improvement with robust quality management systems	160
26.	High quality Putting Things Right, Safeguarding and Health & Safety systems	160, 558
27.	Meaningful engagement and co-production with communities	
28.	A risk management framework as a key enabler of our long-term strategy and decision making	No corporate/principal risks
29.	An integrated governance framework	No corporate/principal risks
<b>Strategic Objective 6: Delivering exceptional value</b>		
30.	Sustainable savings & efficiencies	163
31.	Generate income alongside our core commissioned functions	
32.	A Value-Based approach across the organisation which is embedded in culture	163
33.	Developing and implementing our plans for Environmental Sustainability and Adaptation	