

Bundle Reading Room 13 November 2025

Item 08 People and Culture Plan Metrics

Item 08 Appendix 1 Quantitative Metrics September 2025

Item 08 Appendix 2 Scorecard September 2025

Item 17 Audit Tracker 2025/26 Q2 Reporting (July-September 2025)

Item 17 Annex 1 – Audit Tracker 2.0 – 2526 Q2 Updates – Internal Audit up to 2324 (PCC)

Item 17 Annex 2 – Audit Tracker 2.0 – 2526 Q2 Updates – Internal Audit 2425 (PCC)

Item 17 Annex 3 – Audit Tracker 2.0 – 2526 Q2 Updates – Internal Audit 2526 (PCC)



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Gwasanaethau Ambiwylans Cymru
Welsh Ambulance Services
University NHS Trust

Our People and Culture Metrics

A Focus on Quantitative Data
September 2025



Culture

	Baseline	Sept 23	Mar 24	May 24	Sept 24	Mar 25	Sept 25	
Staff Survey Completion Rate:	39%	9.12%	23.2%	23.2%	-	35.2%	*	
Network Membership:	N/A	184	202	220	404	542	732	↑
Disciplinary Cases:	28	28	32	39	47**	42**	41**	↓
Formal Requests for Resolution:	15	8	13	13	13	13	12	↓
Cultural Reviews Underway:			3	3	2	2	2	↔
Open Safeguarding Allegations:						46	38	↓

Capacity

Turnover:	9.81%	9.37%	9.12%	9.01%	8.21%	8.42%	8.02%	↓
Sickness (12 Month Rolling):	8.78%	8.69%	8.52%	8.46%	8.18%	7.83%	7.79%	↓
Sickness (In Month):	7.5%	8.78%	7.67%	7.55%	7.43%	7.35%	7.77%	↑

Capability

MIST Compliance:	N/A	15.5%	92%	20%	47.18%	90.44%	56.59%***	↑
Stat Mand Compliance:	78.73%	79.71%	81.2%	82.71%	86.53%	87.84%	90.17%	↑
PADR Completions:	73.5%	70.72%	79.51%	78.11%	75.89%	77.91%	75.35%	↓

Notes to accompany dataset:

* 2025 Staff Survey opened 6th October 2025; response rate as at 22.10.25 was 26.8%

** Grey (neutral) coloured arrows used as a reminder to treat increases / decreases against these metrics with caution; an increase could be associated with increased confidence for our people to report concerns and not necessarily an indicator of poor cultural health

*** MIST 2025 programme commenced in Q1



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People and Culture KPIs September 2025

Plan

Job Evaluation

JDs currently in process:	6	↔
JDs completed in month:	5	↓
Ave. days to complete:	3	↓

Recruitment

Vacancy creation to unconditional offer:	63.7	↑
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Resource

Sickness

Rolling 12 month:	7.79%	↑
In month:	7.77%	↓

Wellbeing

OH referral to first offer of appointment:	10.4	↓
Sickness absence attributable to MH:	38.17%	↑

Educate

Stat Mand training compliance:	90.17%	↑
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Apprenticeships

Apprenticeships in progress:	65	↑
Apprenticeships completed:	17	↑

Engage

PADR Compliance:	75.35%	↓
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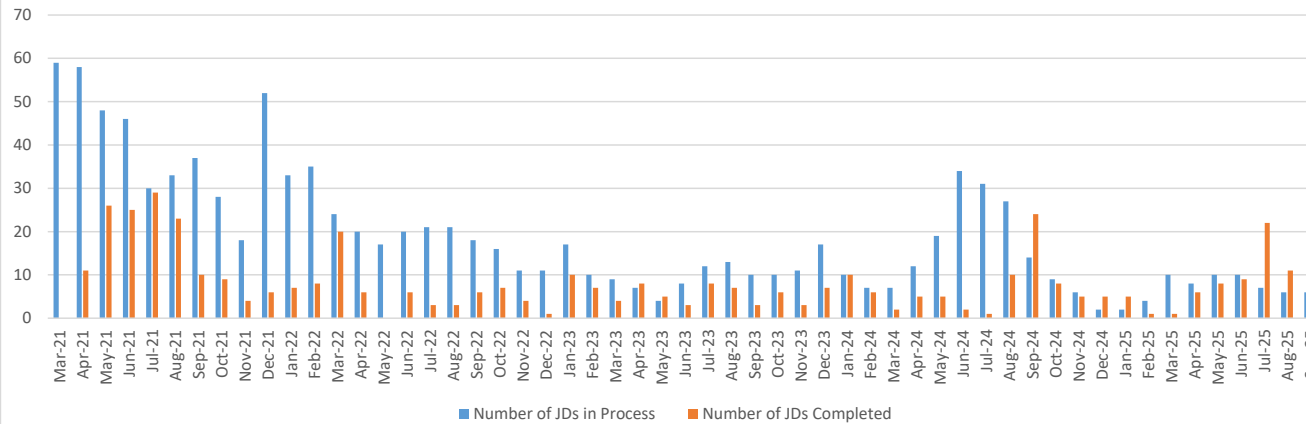
Open ER cases:	41	↓
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Formal requests for resolution:	12	↓
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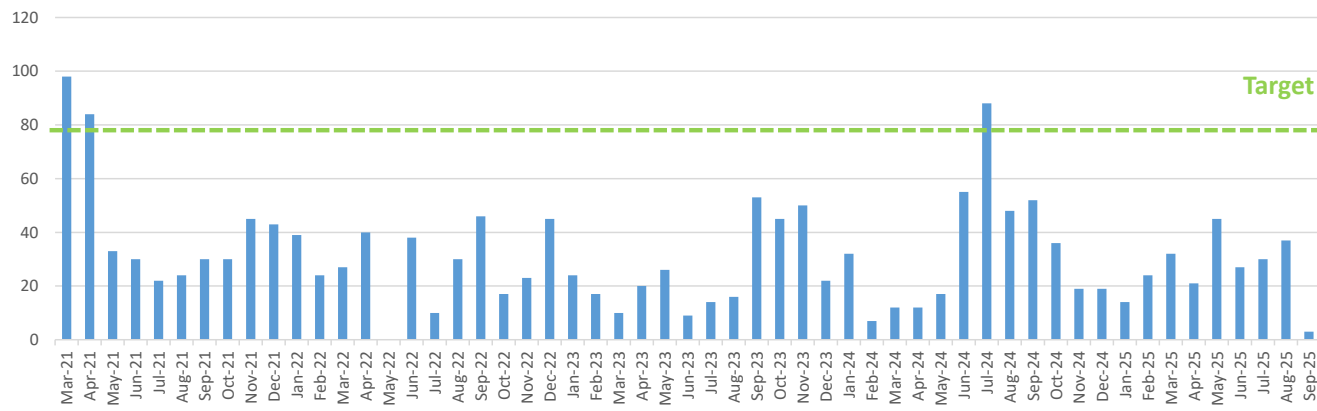


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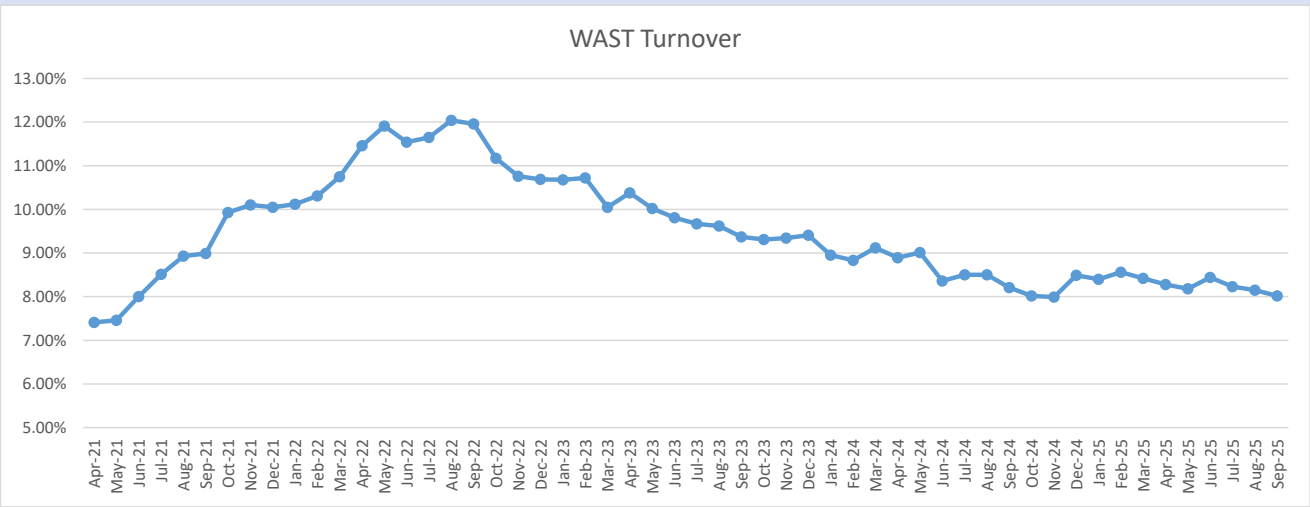
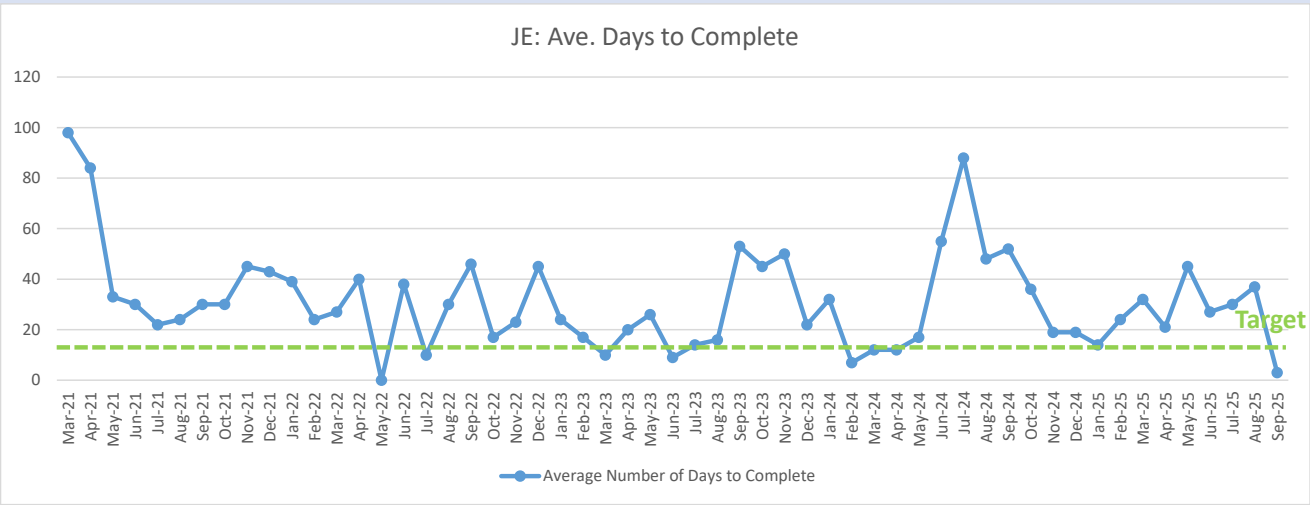
JE: JDs in Process / Completed



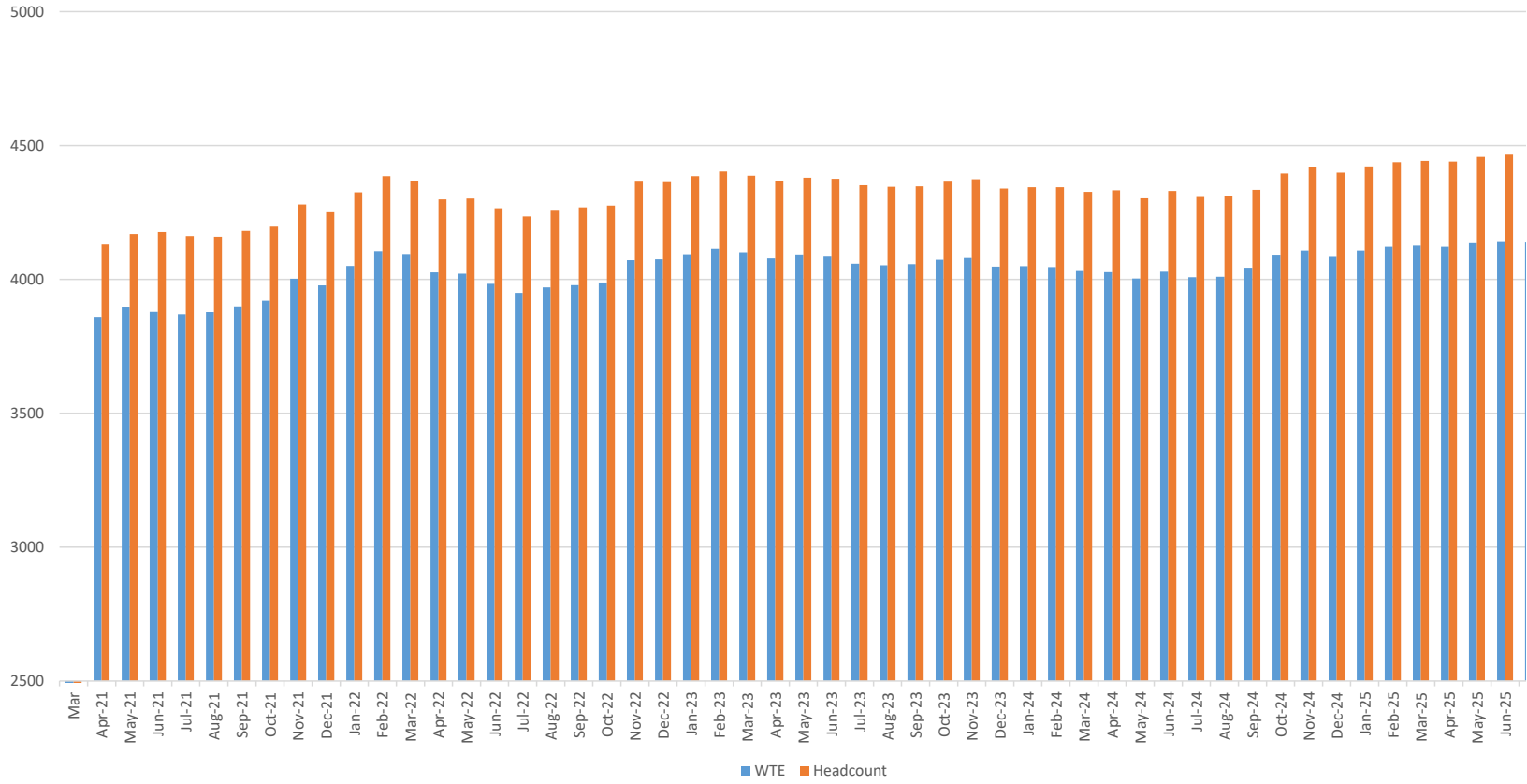
Ave. Days Vacancy Creation to Conditional Offer



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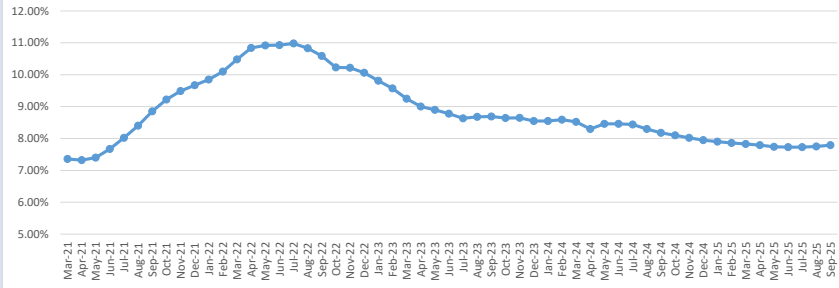


WAST Headcount / WTE

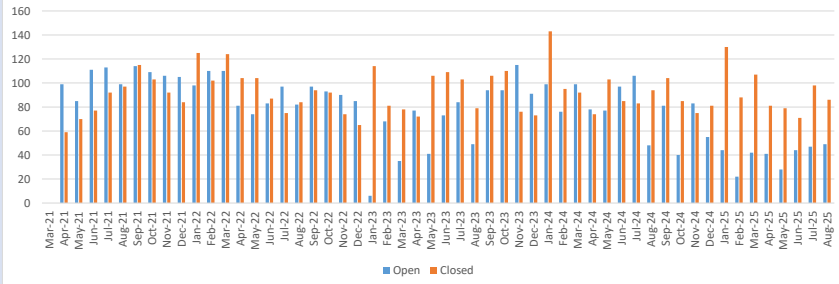




Overall Sickness - Rolling 12 Month

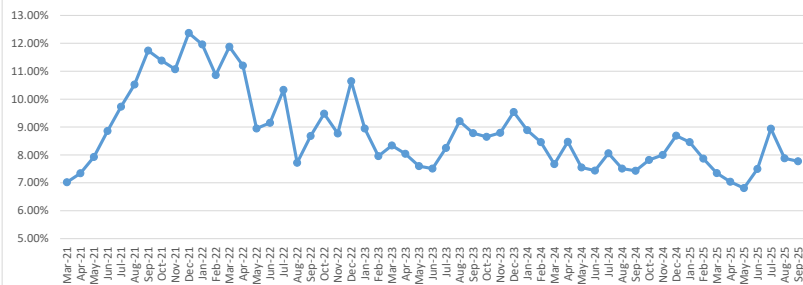


New LTS Opened vs. Closed LTS Cases

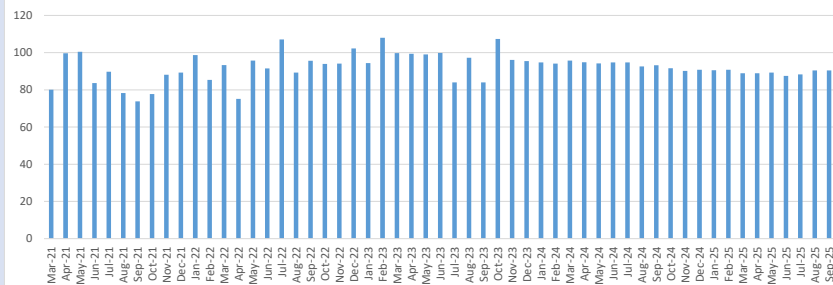


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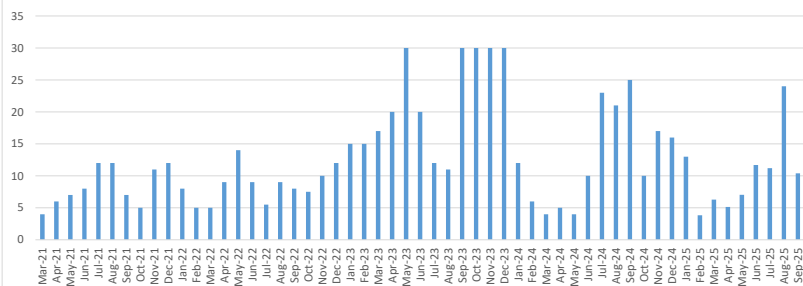
Overall Sickness - In Month



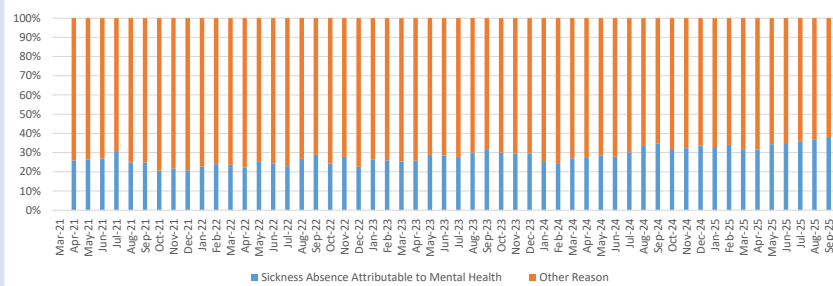
Ave. Length of Closed LTS (Days)



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



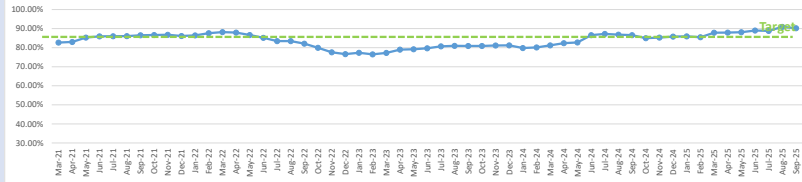
% of Sickness Absence by Reason (In Month)



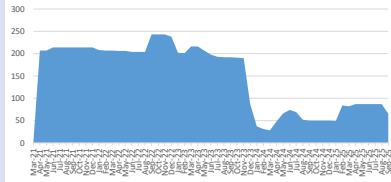


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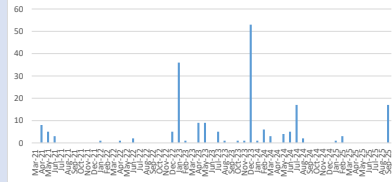
Statutory and Mandatory Training Compliance



Apprenticeships in Progress

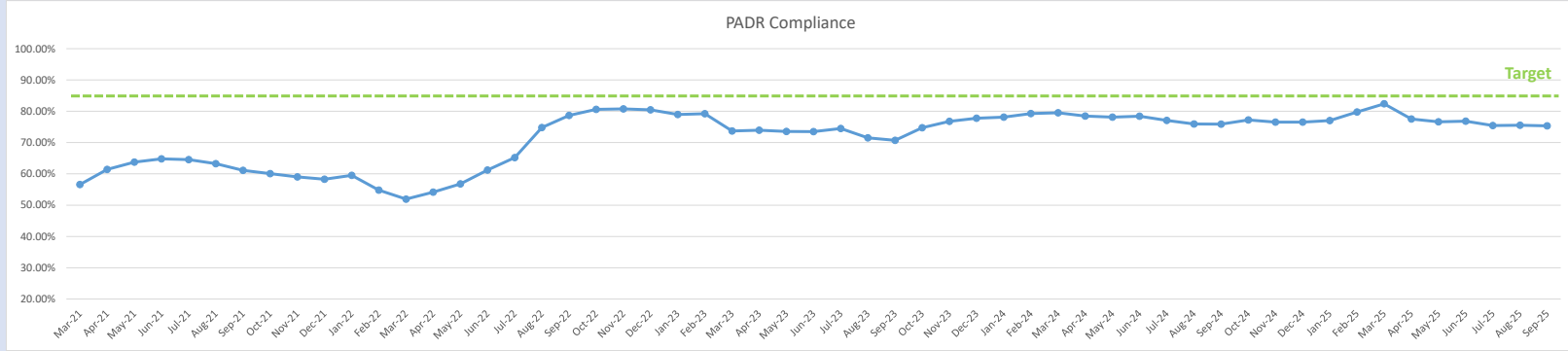
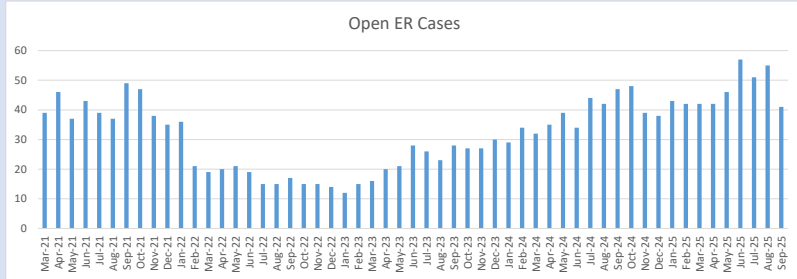
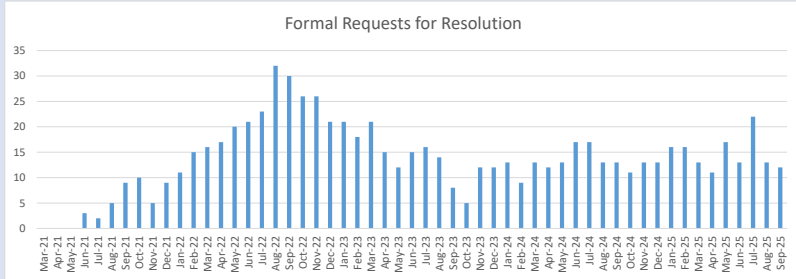


Apprenticeships Completed In Month





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Points of Contact, Directors and Owners of Audit Actions - Do Not Amend Any Column With an Orange Header
When reporting a recommendation as closed, please detail and supply email evidence to support this, clearly stating the recommendation in the email.
When proposing a revised date, please include the rationale for the movement and any progress on the action to date
ALL FINAL INTERNAL AUDIT REPORTS CAN BE FOUND ON THE CORPORATE GOVERNANCE SIREN PAGE

Trust Ref. No.	Year/ Audit Plan	Committee assigned to	Report Title	Assurance Rating	Responsible Officer	Director	Priority Level	Rec. No. in Audit	Recommendation	Action No. in Mgmt Response	Management Response	Agreed Deadline in Report	Status - met or not met agreed deadline in report	1st revised date	2nd revised date	3rd revised date <small>(NB: Removed / No Longer Available from Apr/25)</small>	Closure Status	DIRECTORATE UPDATES Where a management action has not met the agreed or revised date, Director must include here: 1. Date (of your update) 2. Proposed revised date 3. Reasons why action is overdue and 4. Progress made if not yet complete. Please add most recent update first
712	23/24	PCC	Volunteers Governance	Reasonable	Jennifer Wilson	Lee Brooks	Medium	4.1	The Trust should ensure the distribution of received guidance in relation to fundraising to the full CFR population.	4.1	On receipt of any guidance on fundraising, the National Volunteer Manager will within one month, convene a Task and Finish Group, under the governance of the Operations Directorate. The T&FG will be tasked with cascade of any guidance to volunteers	Mar-25	Not Met	Aug-25			Closed in Quarter	25/26 Q2 Update 120925 (TMN): SOP finalised and approved at SOT 26/08/2025. The SOP and Good practice documents will be shared with Volunteers w/c 15/09/2025. The Head of Charity will also be presenting these documents in the Voluntern Conference. Propose Closure of the actions. Evidence supplied to support proposed closure.
714	23/24	PCC	Volunteers Governance	Reasonable	Jennifer Wilson	Lee Brooks	Medium	4.3	The Trust should consider the development of good practice documents to support donation fund management, which could be incorporated into CFR team constitutions and processes.	4.3	The T&FG will be responsible for execution of the actions described at 4.1-4.4. Any issue escalation to be reported through ADLT to ELT, noting it is not yet possible to determine the outputs from the T&FG, including the risk owner.	Mar-25	Not Met	Aug-25			Closed in Quarter	25/26 Q2 Update 120925 (TMN): SOP finalised and approved at SOT 26/08/2025. The SOP and Good practice documents will be shared with Volunteers w/c 15/09/2025 and will also go through SOT for noting. The Head of Charity will also be presenting these documents in the Voluntern Conference. Propose Closure of the action. Evidence supplied to support proposed closure.
715	23/24	PCC	Volunteers Governance	Reasonable	Jennifer Wilson	Lee Brooks	Medium	4.4	The Trust should prioritise the completion of a Volunteer fundraising risk, including clarifying the ownership of the risk within the Trust.	4.4	The T&FG will be responsible for execution of the actions described at 4.1-4.4. Any issue escalation to be reported through ADLT to ELT, noting it is not yet possible to determine the outputs from the T&FG, including the risk owner.	Mar-25	Not Met	Aug-25			Closed in Quarter	25/26 Q2 Update 180925 (TMN): SLT has confirmed that the SOP and Good Practice Documents are in place, it has therefore been agreed that the documents serve as treatment for the risk, negating the need to raise a separate risk. SLT propose closure of this action. Evidence supplied to support proposed closure.
726	23/24	PCC	Volunteers Governance	Reasonable	Jennifer Wilson	Lee Brooks	Medium	10.1	The Trust should confirm a consistent selection criterion for the selection of claims to be validated which includes risk assessment and adequate coverage of outliers.	10.1	The Trust will agree a consistent selection criterion for validation of checks, to include risk assessment and coverage of outliers.	Oct-24	Not Met	Mar-25	Jul-25		Closed in Quarter	25/26 Q2 Update 12092025 (TMN) The paper was taken to SOT however not approved due to financial queries. Volunteer manager met with Finance to gain further financial assurance. Paper going back to SOT w/c 15th September for approval. Propose Closure of the actions. Evidence supplied to support proposed closure.

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Trust Ref. No.	Year/ Audit Plan	Committee assigned to	Report Title	Assurance Rating	Responsible Officer	Director	Priority Level	Action No. in Mgmt Response	Recommendation	Response No.in Audit	Management Response	Agreed Deadline in Report	Status - met or not met agreed deadline in report	1st revised date	2nd revised date	3rd revised date <small>(NB: No Longer Available / Removed from Apr25)</small>	Closure Status	DIRECTORATE UPDATES Where a management action has not met the agreed or revised date, Director must include here: 1. Date (of your update) 2. Proposed revised date 3. Reasons why action is overdue and 4. Progress made if not yet complete.
014-24/25	2024/25	PCC	Resourcing Policy	Limited	Siobhain Frain	Lee Brooks	High	1.1	The mapping exercise should be completed to ensure that all local arrangements or differences in application of the Policy are appropriately recorded.	1.1	Resourcing Policy allows for local arrangements, which results in variation of process across the Trust which currently is not quantified. Resourcing will complete the process mapping and documentation of all local arrangements and differences in the application of the Policy across operational Hb's by function. This will be submitted via the Resourcing monthly management team meetings.	Nov-24	Not Met	Jun-25	Mar-26		Closed in Quarter	25/26 Q2 Update: 120925 (TWM) Process mapping undertaken. A paper summarising the findings submitted 02/09/2025 for review at the Resource Management meeting. The variations identified in the process mapping are informing the development of the functional SOPs. Proposed for closure. Evidence supplied to support proposed closure.
015-24/25	2024/25	PCC	Resourcing Policy	Limited	Siobhain Frain	Lee Brooks	High	1.2	The functional SOPs for each area should be completed, approved and communicated to all staff.	1.2	Resourcing will construct departmental Standard Operating Procedures to support consistent application relevant to individual functions. SOT will review and agree each of the SOPs will be published and communicated to staff and resourcing teams.	Mar-25	Not Met	Sep-25	Mar-26		Open	25/26 Q2 Update: 221025 (LT) 2nd Revised Date of Mar26 applied. Executive Director of Operations to be asked to attend ARAC to provide update and assurance. 120925 (TWM): 111 SOP work in progress aligned with GRS to 111/Optashift project - EMS Coordination draft document with Phil/Gill, TU engagement required - Ambulance Care - awaiting response from Senior TUP for T&F reps - EMS - SOP not yet started PROPOSE EXTENSION TO MARCH 2026
016-24/25	2024/25	PCC	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 SOT, SLT and ELT will ensure changes are agreed and recorded.	Oct-25	Not Yet Due	Mar-26			Open	25/26 Q1 Update: 232025 (LT): 1st Revised Date of Mar26 applied. 120925 (TWM) T&F Group will be established to focus on this action however dates to be confirmed - PROPOSE EXTENSION TO MARCH 26
019-24/25	2024/25	PCC	Resourcing Policy	Limited	Jonathan Edwards	Lee Brooks	Medium	3.1	The process for TOIL should be reviewed, revised, agreed and communicated to provide clarity for both the Resource co-ordinators and staff.	3.1	The process for agreeing TOIL will be reviewed, revised, agreed and communicated as part of the Resourcing Policy review (see Management Action response 1.3). This will provide clarity for both the Resource Co-ordinators and staff.	Oct-25	Not Yet Due	Mar-26			Open	25/26 Q2 Update: 120925 (TWM) T&F Group will be established to focus on this action however dates to be confirmed, this lines up with the resourcing policy action - PROPOSE EXTENSION TO MARCH 26
022-24/25	2024/25	PCC	Resourcing Policy	Limited	Siobhain Frain	Lee Brooks	Medium	5.1	The Trust should ensure that performance against all expected timeframes 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 reporting framework will be developed as part of the Resourcing Policy Review (see Management Action response 1.3). There are however two areas that have been completed or superseded as per below: Action 5.1c - visibility of vacant shift. This functionality exists and is evident within the GRS system options. This is complete. Action 5.1 d & e. Availability and acceptance of overtime - These KPIs are no longer applicable due to the implementation of the overtime allocation SOP and Financial Savings Plan.	Oct-25	Not Yet Due	Mar-26			Open	25/26 Q2 Update: 120925 (TWM) T&F Group will be established to focus on this action however dates to be confirmed, this lines up with the resourcing policy action - PROPOSE EXTENSION TO MARCH 26
035-24/25	2024/25	PCC	Exposure to Fumes	Reasonable	Nicola White	Liam Williams	Medium	1.1d	The Trust should formally communicate to staff that the manner by which the diesel heaters can be re-started should the shoreline trip.	1.1d	Information will also be produced through the Workforce Education & Development Learn365 platform on the use of shorelines to ensure the topic is incorporated in training and education sessions.	Mar-25	Not Met	Apr-25	Nov-25		Closed in Quarter	25/26 Q2 Update: 031025 (AK): Since the Exposure to Fumes Audit was undertaken, the team has reflected on this recommendation and a great deal of work has been completed to ensure that the use of shorelines is incorporated in training and education sessions. As opposed to utilising the Learn365 platform, a classroom instruction package (shoreline tripping for diesel heater restart) has been delivered to all new or promoted staff accessing Driver Education since March 2024. Proposed for closure. The evidence supplied will mirror that already provided for Trust Ref 35-24/25
038-24/25	2024/25	PCC	Exposure to Fumes	Reasonable	Nicola White	Liam Williams	Medium	3.1	The Trust need to reiterate to staff the importance to following guidance to ensure their safety and lower their exposure to diesel fumes.	3.1	Mandatory safety notice to be distributed to all operational staff on the updated controls for fume mitigation and the importance of implementing them during delays at EDs, along with evidence that it has been read and understood.	Jan-25	Not Met	May-25	Sep-25		Closed in Quarter	25/26 Q2 Update: 150925 (AK): Proposed for closure. Evidence supplied: - Screenshot of confirmation page which must be ticked by the individual before they can complete the course - Confirmation (figures) of those who have completed the course via LMS365 - Screenshot of LMS365 Training Management Page for Shoreline and Bladeless Fan
040-24/25	2024/25	PCC	Exposure to Fumes	Reasonable	Nicola White	Liam Williams	Medium	3.1	To ensure completeness of such, the Trust should ensure that the systems currently used are designed to routinely capture the information required.	4.2	Where possible, any relevant data source will be automated for transfer into the Data Vault.	Mar-25	Not Met	May-25	Dec-25		Open	25/26 Q2 Update: 120625 (AK) Assistant Director of Digital Service: Data & Digital has advised that her team will be unable to progress this until at least July 2025. Revised date of December 2025 proposed.
063-24/25	2024/25	PCC	Occupational Health & Wellbeing	Reasonable	Kim Crichton	Carl Kneeshaw	Medium	1	Delivery of Wellbeing Strategy The Health & Wellbeing Plan for 2025-29 was approved by Board in November 2024. It includes detail of deliverables, such as the development of a Trust's Health and Wellbeing Assessment Framework and outcomes. We note that the objectives remain the same as the previous plan and it is unclear the extent to which these have been achieved to date. From review of the document, the means by which the achievement of objectives will be measured and monitored were not identified, however we understand that local action plans are being developed to underpin the high-level outcomes set out within the Plan.	1	Full implementation and measurement plan to be finalised and agreed locally, reporting to the People and Culture Committee. The plan includes key deliverables, how they will be promoted and how effectiveness will be measured. This will consist of work programmes that are delivered by the Occupational Health & Wellbeing service alongside broader work programmes that are not exclusively delivered by the service.	Mar-25	Not Met	Oct-25			Closed in Quarter	25/26 Q2 Update: 250925 (KC): Delivery plan developed, progress is being monitored via Health & Wellbeing Steering Group. Propose to close. Evidence supplied to support closure: HWP Delivery Plan Sept 2025.

064-24/25	2024/25	PCC	Occupational Health & Wellbeing	Reasonable	Kim Crichton	Carl Kneeshaw	Medium	2	Enhance Occupational Health Performance Data Whilst the All Wales KPIs are monitored, further information is available within the occupational health referral system that could be analysed to enhance performance reporting.	2	Occupational Health will conduct a comprehensive review of available data within OPAS G2 to identify additional performance indicators that can enrich our reporting processes, alongside the All Wales KPIs. This will include monitoring areas such as needlestick injuries, 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.	May-25	Not Met	Sep-25	Mar-26	Open	25/26 O2 Update: 221025 (LT) Zns Revised Date (Mar26) therefore Director of People to be asked to attend ARAC to provide update and assurance. 250925 (KC): The enhanced Occupational Health & Wellbeing report has been implemented for monthly monitoring of service KPIs. However the reporting system is experiencing technical issues that currently prevent full extraction of data required for the KPI report. A partial report is available, however does not fully capture all the KPIs. Technical issues has been reported to COWCA to fix and awaiting resolution which may take up to 6 months. Propose revised deadline to Mar-26.
065-24/25	2024/25	PCC	Occupational Health & Wellbeing	Reasonable	Kim Crichton	Carl Kneeshaw	Medium	3	Trend Analysis to Focus Service Provision and Resources Occupational Health do not run routine reports to identify services with high absence rates or referral themes that could be used to focus resources proactively.	3	Occupational Health will develop and implement additional internal reporting process within the Occupational Health system OPAS G2, to identify key themes and trends from referrals, such as common reasons for referral, health conditions or patterns linked to specific service 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 key information can be shared at an organisational level to support wider workforce planning and potential wellbeing initiatives.	Jul-25	Not Met	Mar-26	Open	25/26 O2 Update: 250925 (KC): There is a plan to initiate regular meetings between the new Head of People and the OH Manager, in order to review key themes and trends recognised within Occupational Health referrals and support. However, these are yet to be established due to the unresolved reporting and dashboard issues causing a delay in progressing this action, as outlined in the above action. Propose revised deadline of Mar26.	
066-24/25	2024/25	PCC	Occupational Health & Wellbeing	Reasonable	Kim Crichton	Carl Kneeshaw	Medium	4	Evaluation of Service Quality and Outcome Measures Although we note that a range of early interventions have been implemented within the Trust, there has been limited evaluation data. The service is working hard to be proactive and is reaching out to managers. However, there is a need to improve the arrangements in place, to demonstrate the quality of the service and outcome measures, to demonstrate the value of the interventions the Trust has invested in. This could include deep dive exercises into those introduced to support the main causes of sickness absence, to further inform and tailor the development of the same.	4	The Occupational Health & Wellbeing service will establish routine reporting systems to track the effectiveness of the programmes implemented. Wellbeing practitioner support, TRIM, REACT, EAP, Physio, Manager consultation outcomes will be routinely reported via both patient-reported experience measures (PREMs) and patient-reported outcome measures (PROMs) to ensure that they are delivering for our staff. It is noted that the effectiveness of these interventions will vary and therefore routine reporting is necessary to assess these trends. For example, TRIM will report access rates, number of staff engaging in follow-up, number of staff requiring further support and the destination of support (e.g. EAP). Furthermore, the user experience of TRIM will be routinely reported.	Mar-25	Not Met	Jul-25	Closed in Quarter	25/26 O2 Update: 250925: (KC) Evaluation of data shows increased feedback response rates since transitioning to MS Forms, which is now fully anonymised. QR codes are available for staff to provide feedback, in addition to email links being shared; the use of text messages is also being considered to improve accessibility for staff. The new TRIM app will feature dashboards designed to facilitate monthly data collection and the evaluation of emerging themes and trends. Propose to close. Evidence supplied to support closure: Routine measures of quantitative measures in the form of Wellbeing Service Data Presentations for 3mths (Jun25, Jul25 & Aug25).	
070-24/25	2024/25	PCC	Speaking Up Safely	Reasonable	Speak Up Safely Lead Guardian	Angela Lewis	Medium	1	Although we can evidence that progress against the requirements of the Framework has been made there are still areas, from both the October 2023 and, more latterly, the November 2024 self-assessments which require development. There will also be some actions for consideration from the findings at this internal Audit report. However, there is no action plan in place to support the detail of the work, assigned responsibility and expected timeline. Regular reporting of the actions, to an appropriate forum, would facilitate monitoring of progress of implementation. Risk & Impact: Reduced accountability and evaluation of goals which may lead to missed deadlines.	1	We responded in detail to the request from Welsh Government to assess ourselves against the requirements of the framework in October 2023 and November 2024 and used this to plan our actions including the introduction of the lead Guardian. Agreed Action: We will transfer outstanding actions into an action plan format. Expected Evidence of Implementation: Action plan and governance route.	Sep-25	Met	Closed in Quarter	25/26 O2 Update: 230825 (LOS) Action Plan has been developed, with progress monitored via the Speaking Up Safely Team. Propose to close action. Evidence supplied to support closure of action.		
071-24/25	2024/25	PCC	Speaking Up Safely	Reasonable	Speak Up Safely Lead Guardian	Angela Lewis	Medium	2	Surveys are 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 actions taken by the Trust post 'speaking up', and also how detriment is managed. Risk & Impact: Reduced opportunities to learn from lessons.	2.1	Progress continues to be made, and surveys have been routinely sent automatically from WIC since its introduction on closure of a conversation. The Guardian also sends a questionnaire on closure of all other cases that are reported to the Guardian via email, call or in person. The Director of Culture Change flagged that we were exploring how to address detriment and as such it falls outside the remit of this audit. However, we have carried out initial research and put support in place for those who have experienced detriment. Agreed Action: Lessons learned meetings regularly scheduled to review cases across key professions (Surveys and lessons meetings in place). Expected Evidence of Implementation: Routine recording that questionnaires have been sent. Meetings scheduled and lessons learned collated and shared in an appropriate forum. Risk Assessment framework.	Sep-25	Met	Closed in Quarter	25/26 O2 Update: 2180925 (LOS) Questionnaires post closure are routinely issued to individuals raising concerns, albeit the response rate is currently very low. Further work to encourage individuals to provide feedback is to be prioritised. Lesson learnt meetings will reconvene in September/early October 2025. Individual Risk Assessment developed and agreed ready for use. Propose to close. Evidence supplied to support closure.		

072-24/25	2024/25	PCC	Speaking Up Safely	Reasonable	Speak Up Safely Lead Guardian	Angela Lewis	Medium	2	<p>Surveys are 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 actions taken by the Trust post 'speaking up', and also how detriment is managed.</p> <p>Risk & Impact:Reduced opportunities to learn from lessons.</p>	2.2	<p>Progress continues to be made, and surveys have been routinely sent automatically from WIC since its introduction on closure of a conversation.</p> <p>The Guardian also sends a questionnaire on closure of all other cases that are reported to the Guardian via email, call or in person. The Director of Culture Change flagged that we were exploring how to address detriment and as such it falls outside the remit of this audit. However, we have carried out initial research and put support in place for those who have experienced detriment.</p> <p>Agreed Action: Develop risk assessment framework to mitigate potential detriment (sharing of lessons learned process)</p> <p>Expected Evidence of Implementation: - Routine recording that questionnaires have been sent. - Meetings scheduled and lessons learned collated and shared in an appropriate forum. - Risk Assessment framework.</p>	Mar-26	Not Yet Due			Open	<p>25/26 Q2 Update: 180925 (LOS) Individual Risk Assessment developed, ready for use. Appropriate implementation route to be agreed.</p>
073-24/25	2024/25	PCC	Speaking Up Safely	Reasonable	Speak Up Safely Lead Guardian	Angela Lewis	Medium	3	<p>As has already been recognised, more work is required to embed the requirements of the national SUS Framework within the training offerings.</p> <p>The need for further training on the internal processes available has been identified to ensure the correct and timely direction for the concern/issue raised 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.</p> <p>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 minimise the fear of alienation / retribution.</p>	3	<p>The people and culture plan aspires to cultivate a culture of psychological safety and while training on the speak up process is helpful, dialogue and awareness raising is our preferred medium.</p> <p>Agreed Action: - Formal plan to raise awareness of Speaking Up Safely process that encourages reporting through appropriate channels. - Signposting to SUS training included in Manager's Essentials. - Collaboration across People and Culture directorate to work more closely and understand each other's roles. - Continued culture work to increase psychological safety.</p> <p>Expected Evidence of Implementation: - Record of numbers of people completing training. - Awareness raising and engagement plan. - Support for those who speak up including clinical psychology support in line with recommendations from NGO. - People and Culture Plan milestones. - Weekly meetings with deputy head of people services and Guardian (in place).</p>	Mar-26	Not Yet Due			Open	<p>25/26 Q2 Update: 180925 (LOS) Management Essentials continues to be rolled out within the organisation, including section on SUS.</p> <p>Awareness of Speaking Up Safely process to be emphasised during Speaking Up Safely month, in October 2025.</p>
074-24/25	2024/25	PCC	Speaking Up Safely	Reasonable	Speak Up Safely Lead Guardian	Angela Lewis	Medium	4	<p>The functionality and capability of the WIC platform is currently not being maximised by the Trust. There is a lack of recording across all available fields, including key elements of the framework, such as to capture key timescales (date received, date acknowledged, followed up every 14 days, date outcome communicated), outcome of concern, and to better understand the reason for raising via the WIC platform. All of which would improve the triangulation of data in relation to SUS.</p> <p>The same is applicable to the records that are maintained by the Guardian for those cases received directly.</p> <p>We note that the Q3 report to the Chief Executive, Non-Executive Director (SUS Champion), Director of Culture Change has been updated to incorporate reporting on timescales but such is limited to the most serious ongoing cases from that quarter (3 cases).</p> <p>Further, whilst the report provides a status update of cases, it is only in relation to those raised within that given period rather than a cumulative position.</p> <p>There is a lack of reporting and analysis of the above, including compliance with timescales, both locally and to Board-level committee.</p> <p>Risk & Impact: Limited assurances in respect of wider concerns and Speaking Up Safely cases. Timelines for dealing with cases may be protracted leading to detriment.</p>	4	<p>The lead guardian maintains an excel database that includes all cases reported to the Guardian via the four routes in scope – email, call, in person, WIC. All the information outlined in the findings (4) is recorded there and has been since the start of Q4. WIC routinely records the data outlined for all conversations raised via that platform. We are working with WIC to include the additional information the Guardian holds on their database to streamline and automate reporting, this relates to demographic data that will be reported once there is sufficient to ensure those who have spoken up are not identifiable.</p> <p>Agreed Action: Work with WIC so that their product can replicate the Guardian's database to reduce data management time in producing reports.</p> <p>Routine reporting of timescales in quarterly reports.</p> <p>Expected Evidence of Implementation: Reports at appropriate meetings on time with robust confidential data.</p>	Oct-25	Not Yet Due			Open	<p>25/26 Q2 Update: 180925 (LOS) Work continues in respect of WIC reporting and the exploration of the platforms reporting mechanisms for robust confidential data. Reports from the WIC system were however used to produce data for both Q1 and Annual Speaking Up Safely reports.</p>

075-24/25	2024/25	PCC	Speaking Up Safely	Reasonable	Speak Up Safely Lead Guardian	Angela Lewis	High	5	<p>The 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 therefore making it difficult to identify themes or trends and feed learning back to directorates.</p> <p>Risk & Impact: Speaking Up Safely cases.</p>	5	<p>Safety team, safeguarding, clinical concerns, people services, the EDI team, or highly confidential Datix in our reporting. However we meet with these teams in lessons learned forums to discuss and notice themes.</p> <p>We also feel it's important to highlight that it is 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.</p> <p>Given the relatively small numbers of SUS concerns in relation to numbers of people in directorates we are cautious about committing to reporting back directorate themes given increasing any fear of identification: inadvertently silencing people. Detriment is something we are trying to mitigate against and this is one area that can support that mitigation. This is certainly something that we could review once we have more years of data to share.</p> <p>Agreed Action: Share themes in reporting to CEO, Board champion and Directors of Culture Change and People (in place).</p> <p>Share themes in lessons learned forums and in discussion of people and culture themes and trends paper (in place).</p> <p>Expected Evidence of Implementation: Discussion at lessons learned forums and in reporting to CEO.</p>	May-25	Not Met	Oct-25		Open	<p>25/26 O2 Update: 180925 (LOS) Monthly confidential meeting with Lead Guardian and CEO remains in place. Meeting with Board Champion along with Directors of Culture Change and People also convened during Q2. Key themes highlighted.</p>
076-24/25	2024/25	PCC	Speaking Up Safely	Reasonable	Speak Up Safely Lead Guardian	Angela Lewis	Medium	6	<p>Whilst high level analysis of SUS cases is reported to PCC, and incorporated into the AAA report to ARAC as appropriate, there has been no annual report submitted to ARAC in line with expectation.</p> <p>Risk & Impact: Limited assurances in respect of Speaking Up Safely cases.</p>	6	<p>The lead Guardian has been in post less than a year and the annual report is due to go to ARAC in June 2025. The Trust Board has received a six-monthly report at its meeting on 27 March 2025.</p> <p>Agreed Action: Annual report to ARAC.</p> <p>Expected Evidence of Implementation: Report at ARAC.</p>	Jun-25	Not Met	Oct-25		Open	<p>25/26 O2 Update: 220925 (SP) Speaking Up Safely Annual Report presented to People and Culture Committee in August 2025. Report to proceed to ARAC on 2nd September 2025 and Trust Board on 25th September. Propose to close. Evidence supplied to support proposed closure.</p>

Points of Contact, Directors and Owners of Audit Actions - Do Not Amend Any Column With an Orange Header
When reporting a recommendation as closed, please detail and supply email evidence to support this, clearly stating the recommendation in the email.
When proposing a revised date, please include the rationale for the movement and any progress on the action to date
ALL FINAL INTERNAL AUDIT REPORTS CAN BE FOUND ON THE CORPORATE GOVERNANCE SIREN PAGE

Trust Ref. No.	Year/ Audit Plan	Committee assigned to	Report Title	Assurance Rating	Responsible Officer	Director	Priority Level	Action No. in Mngt Response	Recommendation	Response No. in Audit	Management Response	Agreed Deadline in Report	Status - met or not met agreed deadline in report	1st revised date	2nd revised date	Closure Status	DIRECTORATE UPDATES Where a management action has not met the agreed or revised date, Director must include here: 1. Date (of your update) 2. Proposed revised date 3. Reasons why action is overdue and 4. Progress made if not yet complete. Please add most recent update first
IA/2526-001	2025/26	PCC	Organisational Change	Reasonable	Karen Jones (Deputy Head of People Services)	Carl Kneeshaw	Medium	1	<p>Documented Procedures</p> <p>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 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.</p> <p>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 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 OCPs, 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).</p>	1.1	<p>Agreed Action: There is an OCP toolkit for Managers, including template letters and standardised templates. However, these aren't stored on SIREN. The People Business Leader would share with the appropriate Manager, to ensure that letters that may change Ts & Cs are not easily accessible without People Services advice. Following feedback from this audit and to raise line manager awareness of the OCP process we will include a Manager's Easy Read Guidance document, and a Manager's checklist, added to SIREN under People Services Toolkits.</p> <p>Expected Evidence of Implementation: Managers Easy Read Guidance Document and a Managers Checklist of OCP toolkit available on SIREN under People Services Toolkits.</p>	Dec-25				Open	
IA/2526-002	2025/26	PCC	Organisational Change	Reasonable	Bev Flood (Head of People Services)	Carl Kneeshaw	Medium	1	<p>Documented Procedures</p> <p>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 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.</p> <p>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 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 OCPs, 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).</p>	1.2	<p>Agreed Action: The All-Wales OCP process is the guide which steps out each consideration, however we will develop a more simplified guide for Managers on the People impact elements to consider- in the form of a flowchart.</p> <p>Expected Evidence of Implementation: Flow chart available on SIREN under People Services toolkits</p>	Feb-26				Open	
IA/2526-003	2025/26	PCC	Organisational Change	Reasonable	Karen Jones (Deputy Head of People Services) / Bev Flood (Head of People Services)	Carl Kneeshaw	High	2	<p>Organisational Change Planning and Coordination</p> <p>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 nine OCPs within a single area. Limited visibility of upcoming service-led changes continues to hinder effective resource planning.</p> <p>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.</p> <p>The People and Culture Directorate Plan records some change management support for 2025/26 (e.g. Ambulance Care and APP), but no entries were available for 2024/25, limiting its use for OCP audit sampling.</p>	2.1	<p>Agreed Action: Only large OCPs are recorded on the People and Culture Directorate Plan 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 resourcing issues wherever possible.</p> <p>Expected Evidence of Implementation: Manager's Easy Read Guidance Document and a Manager's Checklist of OCP Toolkit</p>	Dec-25				Open	
IA/2526-004	2025/26	PCC	Organisational Change	Reasonable	Karen Jones (Deputy Head of People Services) / Bev Flood (Head of People Services)	Carl Kneeshaw	High	2	<p>Organisational Change Planning and Coordination</p> <p>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 nine OCPs within a single area. Limited visibility of upcoming service-led changes continues to hinder effective resource planning.</p> <p>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.</p> <p>The People and Culture Directorate Plan records some change management support for 2025/26 (e.g. Ambulance Care and APP), but no entries were available for 2024/25, limiting its use for OCP audit sampling.</p>	2.2	<p>Agreed Action: An OCP tracker will be established so multiple teams across People & Culture can review, update and have better oversight of the OCPs in existence across the organisation. This will lead to better oversight.</p> <p>Expected Evidence of Implementation: OCP Tracker in existence (exploration if this can be done using the same software review for case management)</p>	Jan-26				Open	

IA/2526-005	2025/26	PCC	Organisational Change	Reasonable	Karen Jones (Deputy Head of People Services) / Bev Flood (Head of People Services)	Carl Kneeshaw	High	2	<p>Organisational Change Planning and Coordination</p> <p>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 nine OCPs within a single area. Limited visibility of upcoming service-led changes continues to hinder effective resource planning.</p> <p>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.</p> <p>The People and Culture Directorate Plan records some change management support for 2025/26 (e.g. Ambulance Care and APP), but no entries were available for 2024/25, limiting its use for OCP audit sampling.</p>	2.3	<p>Agreed Action: Project Classification: There are projects which will be led by Project Managers, Planning or SROs, 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 dedicated project manager this is treated as a formal project. Both formal and informal OCPs will be captured on the OCP tracker.</p> <p>Expected Evidence of Implementation: Review of OCP Tracker and People and Culture Directorate Plan. All projects captured on OCT Tracker.</p>	Jan-26						Open
IA/2526-006	2025/26	PCC	Organisational Change	Reasonable	Karen Jones (Deputy Head of People Services) / Bev Flood (Head of People Services)	Carl Kneeshaw	High	2	<p>Organisational Change Planning and Coordination</p> <p>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 nine OCPs within a single area. Limited visibility of upcoming service-led changes continues to hinder effective resource planning.</p> <p>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.</p> <p>The People and Culture Directorate Plan records some change management support for 2025/26 (e.g. Ambulance Care and APP), but no entries were available for 2024/25, limiting its use for OCP audit sampling.</p>	2.4	<p>Agreed Action: Experience and Support: OCP toolkit will be made available on SIREN and People Services support is always available for OCP processes.</p> <p>Expected Evidence of Implementation: PDF read only copies of OCP toolkit available on SIREN under People Services Toolkits.</p>	Dec-25						Open
IA/2526-007	2025/26	PCC	Organisational Change	Reasonable	Liz Rogers (Deputy Director of People Services) / Bev Flood (Head of People Services)	Carl Kneeshaw	Medium	3	<p>Monitoring and Reporting Organisational Change</p> <p>There is currently no 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 trade union 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.</p>	3.1	<p>Agreed Action: An OCP tracker will be established so multiple teams across People & Culture can review, update and have better oversight of the OCPs in existence across the organisation.</p> <p>Expected Evidence of Implementation: OCP Tracker in existence</p>	Jan-26						Open
IA/2526-008	2025/26	PCC	Organisational Change	Reasonable	Liz Rogers (Deputy Director of People Services) / Bev Flood (Head of People Services)	Carl Kneeshaw	Medium	3	<p>Monitoring and Reporting Organisational Change</p> <p>There is currently no 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 trade union 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.</p>	3.2	<p>Agreed Action: A quarterly review of OCPs in progress and completed will be undertaken to include lessons learned and benefits realisation.</p> <p>Expected Evidence of Implementation: Quarterly reviews completed</p>	Apr-26						Open
IA/2526-009	2025/26	PCC	Organisational Change	Reasonable	Liz Rogers (Deputy Director of People Services) / Bev Flood (Head of People Services)	Carl Kneeshaw	Medium	3	<p>Monitoring and Reporting Organisational Change</p> <p>There is currently no 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 trade union 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.</p>	3.3	<p>Agreed Action: A high level OCP update will be provided at Corporate Partnership Forum (CPF) for activity relating to that Directorate to ensure Trade Union awareness (OCP details will not be subject to discussion at the Local Partnership Form (LPF) meetings due to potential issues regarding confidentiality).</p> <p>Expected Evidence of Implementation: Minutes of CPF Meeting</p>	Feb-26						Open
IA/2526-010	2025/26	PCC	Organisational Change	Reasonable	Liz Rogers (Deputy Director of People Services)	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 continuous years or more, on the date on which they are displaced this 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 2020. We have since been advised that this individual was appointed on a permanent basis in December 2021, but the ESR system has not been updated to reflect this change.</p>	4.1	<p>Agreed Action: Approval from Recruitment Control Panel (RCP) for temporary/FTC/secondment appointments will be dip sampled using TRAC and ESR to establish if change requests are being managed effectively.</p> <p>Expected Evidence of Implementation: Dip sampling has taken place.</p>	Mar-26						Open

IA/2526-011	2025/26	PCC	Organisational Change	Reasonable	Liz Rogers (Deputy Director of People Services)	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 continuous years or more, on the date on which they are displaced this 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 2020. We have since been advised that this individual was appointed on a permanent basis in December 2021, but the ESR system has not been updated to reflect this change.</p>	4.2	<p>Agreed Action: Reminder to LMs/recruiting managers about the need to ensure that ESR holds the correct employment status of team members will be communicated via SIREN.</p> <p>Expected Evidence of Implementation: Notice on SIREN</p>	Dec-25					Open
IA/2526-012	2025/26	PCC	Organisational Change	Reasonable	Liz Rogers (Deputy Director of People Services)	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 continuous years or more, on the date on which they are displaced this 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 2020. We have since been advised that this individual was appointed on a permanent basis in December 2021, but the ESR system has not been updated to reflect this change.</p>	4.3	<p>Agreed Action: Quarterly reporting for temporary/FTC/secondment appointments and reviewed by People Service Team and Workforce Planning Team.</p> <p>Expected Evidence of Implementation: Quarterly report.</p>	Apr-26					Open
IA/2526-013	2025/26	PCC	Organisational Change	Reasonable	Liz Rogers (Deputy Director of People Services)	Carl Kneeshaw	Medium	5	<p>Organisational Learning</p> <p>Our review of sampled OCPs identified varying approaches to capturing lessons learned and benefits realisation:</p> <ul style="list-style-type: none"> - 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. - Volunteers Services: No lessons learned, or benefits realisation have been recorded to date. A six-monthly review of the reconfigured service is, however, planned. - Bryn Tirion 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. - PTR: 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-months post implementation, we were advised that these discussions have occurred informally at team meetings and have not been formally recorded. <p>Currently, there is no structured process in place to prompt or support the consistent recording and sharing of lessons learned of benefits realisation across OCPs.</p>	5.1	<p>Agreed Action: Formal projects will continue to review lessons learnt and benefits realisation as part of the formal project management process. Those involved (People & Culture/Business areas/TUPs) 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 continuous improvement as well as the realisation of benefits. This will be supported by a checklist.</p> <p>Expected Evidence of Implementation: Checklist completed 3 months post OCP</p>	Apr-26					Open

IA/2526-014	2025/26	PCC	Organisational Change	Reasonable	Sarah Davies (Head of Change & People Insights)	Carl Kneeshaw	Medium	5	<p>Organisational Learning</p> <p>Our review of sampled OCPs identified varying approaches to capturing lessons learned and benefits realisation:</p> <ul style="list-style-type: none"> - 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. - Volunteers Services: No lessons learned, or benefits realisation have been recorded to date. A six-monthly review of the reconfigured service is, however, planned. - Bryn Tirion 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. - PTR: 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-months post implementation, we were advised that these discussions have occurred informally at team meetings and have not been formally recorded. <p>Currently, there is no structured process in place to prompt or support the consistent recording and sharing of lessons learned of 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. We will be documenting lessons learned through change initiatives and sharing these widely through a case study approach, highlighting practical examples of people focused changes and the impact on individuals, teams and outcomes. These case studies will be made available through our Change Community and other internal channels (including the CMT Change Management Workstream) helping to spread good practice, prompt reflection and inspire local adaptation. 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> <p>Expected Evidence of Implementation: Document lessons learned via case studies, share widely across the organisation and track impact through relevant staff survey indicators - 23d: I am involved in deciding on changes introduced that impact my work/area/tea/ department</p>	Mar-27					Open
IA/2526-015	2025/26	FPC	Manchester Arena Inquiry	Substantial	Judith Bryce (ADO - National Operations & Support)	Lee Brooks	Medium	1	<p>Impact of MIST Day Non-Attendance</p> <p>In relation to four recommendations from the MAI (including one not selected for sample testing), the Trust has developed and adopted specific measures to enhance its ability to respond effectively to a major incident. These measures were supported by face-to-face training sessions delivered through the Trust's MIST days. However, analysis of attendance data highlights potential gaps in training coverage:</p> <ul style="list-style-type: none"> (i) Ten Second Triage Tool (TST)/Major Incident Triage Tool (MITT) – These tools represent improved triage arrangements adopted by multi-agency emergency services across Wales. Training was delivered via a 17-slide presentation during the 2023/24 MIST days. However, attendance records indicate that 194 Emergency Medical Services (EMS) staff and 112 Ambulance Care Services (ACS) staff did not attend (approximately 10% of the workforce). There is no evidence to confirm whether these staff received the training through alternative means. (ii) Pax Carry Sheet – This lightweight, high-quality, and versatile rescue aid was procured for every emergency vehicle across the Trust. Training was delivered via a single slide within the broader 'Safer Handling' session during the 2024/25 MIST days. Attendance data shows that 168 EMS staff and 65 ACS staff did not attend (approximately 11% of the workforce), and again, there is no evidence of alternative training provision for these staff. <p>Whilst we acknowledge that an acceptable MIST compliance was deemed to have been reached, to facilitate 'go live' of the equipment from 1 April 2024 (81.45% as at 12 March 2024), review of the Trust's current training arrangements did not identify any plans to provide further coverage of these specific training needs.</p> <p>While the financial submission to the NHS Wales Joint Commissioning Committee (JCC) highlights training gaps, these relate specifically to additional training for</p>	1	<p>Agreed Action: Following the feedback received, a multi-disciplinary team has identified solutions to address the issue. It was noted that the audit numbers (194 EMS and 112 ACAs) may have decreased as employees returned from absences like long-term illness or maternity leave. The ESR team is working to identify those who still need training. The Learning & Development team will then engage with these individuals to ensure compliance with the new triage tools and PAX carry sheets.</p> <p>An eLearning package by L&D has been recommended as the most efficient method for delivering remedial training. This package will be hosted on the Trust's LMS365 platform and made available to all staff, supporting ongoing CPD activities and new starters. We are consulting with neighbouring ambulance services for similar training materials to expedite this process. If unavailable, the Trust can develop its own materials using existing resources. Development of a new eLearning package may take until the end of Q3, but utilising existing packages could significantly reduce this timeline.</p> <p>The EMS Management Group (EMG) will monitor compliance and progress. Once available, the eLearning package will be a monthly agenda item for EMG to track progress and address any issues. Progress reports will be provided through standard assurance routes. We aim for completion by the end of the 2025/26 financial year, assuming all staff can undertake training. EMG will oversee this action until all necessary staff have completed the required training with approval for sign off to be sought from SOT.</p> <p>Expected Evidence of Implementation: AAA reports from EMG into SOT on the monthly reporting of compliance.</p>	Feb-26				Open	