



Report Title	People and Organisational Development Highlight Report
Author	Suzanne Hartshorne, Deputy Director of People and Organisational Development Dawn Adams, Associate Director of People Development
Accountable Director	Mandy Wilcock, Director of People and Organisational Development
Previous committees/groups	N/A
Recommended action(s) (assurance, approval, information)	Information/Assurance
Purpose of the paper	This paper updates the Trust Board on the key achievements and ongoing work of the People and Organisational Development (OD) Directorate.
Executive Summary	
<p>This report updates the Trust Board on the People and Organisational Development (OD) Directorate’s achievements and ongoing work to mitigate four Board Assurance Framework risks: workplace culture, staff health and wellbeing, recruitment and retention, and leadership, training and development.</p> <p>Key culture messages from the NHS National Staff Survey show best-in-sector results in seven of nine areas, while priorities include staff involvement in change, tackling violence, presenteeism, career progression and team cohesion.</p> <p>Sexual safety reporting remains stable, mandated eLearning compliance is 91.98%, and further communication on outcomes and tolerance levels is planned; employee relations casework is stabilising, though tribunal complexity and legal costs remain a concern.</p> <p>Wellbeing delivery is largely on track, but sickness absence remains high (8.2% in February 2026 vs 6.58% threshold), prompting a 2026/27 priority programme. Recruitment has met key workforce planning demands, turnover has improved overall to 8.16%, although Remote Patient Care rates remain a concern. Paramedic recruitment processes are being strengthened.</p> <p>Leadership priorities include improving appraisal compliance (85%) and strengthening essential learning oversight and accountability.</p>	
Recommendation(s)	The Trust Board are asked to note the contents of the paper.
Link to Board Assurance Framework Risks (board and level 2 committees only)	<p>6. Develop and sustain an open and positive workplace culture.</p> <p>7. Support staff health and well-being effectively.</p> <p>8. Deliver and sustain improvements in recruitment and retention.</p> <p>9. Develop and sustain improvements in leadership and staff training and development.</p>

People and Organisational Development Highlight Report

1.0 INTRODUCTION

- 1.1 This paper updates the Trust Board on the key achievements and ongoing work of the People and Organisational Development (OD) Directorate, focusing on mitigating four principal risks from the Board Assurance Framework: workplace culture, staff health and well-being, recruitment and retention, and leadership and training.
- 1.2 The Directorate's efforts are wide-ranging, aiming to support the Trust's strategic ambitions, YAS Together and the NHS People Plan.
- 1.3 The Trust Board are asked to note the contents of the paper.

2.0 BACKGROUND

- 2.1 The NHS People Plan sets out the agenda, which supports how the NHS workforce can enable improvement of the patient experience. The Trust Strategy 'Great Care, Great People, Great Partner' supports the NHS People Plan and has a bold ambition 'Our People', that guides our work locally.
- 2.2 The above two plans guide the work the People and Organisational Development Directorate as well as the day-to-day operations of managing a workforce within the Ambulance Service.
- 2.3 The Board Assurance Framework also sets out four key risks concerning the Our People bold ambition; hence the Directorate work is directed to be able to mitigate and resolve these. The four risks are:
 - #6 Ability to develop and sustain an open and positive workplace culture.
 - #7 Ability to support staff health and well-being effectively.
 - #8 Ability to deliver and sustain improvements in recruitment and retention.
 - #9 Ability to deliver and sustain improvements in leadership and staff training and development.

3.0 PEOPLE AND ORGANISATIONAL DEVELOPMENT DIRECTORATE HIGHLIGHTS

- 3.1 The following sets out the key highlights of the directorate's work to mitigate and reduce the BAF risks.
 - 3.1.1 **#6 Ability to develop and sustain an open and positive workplace culture.**
 - **NHS National Staff Survey** results show a strong response for all People Promise themes as well as engagement and morale achieving best in sector in seven out of nine themes. Although the outcomes are very encouraging, we have areas that require focus for development including, strengthening staff involvement in change and improvement, tackling violence towards staff, presenteeism, career progression and team cohesion. The next steps are to engage with the wider organisation to feedback local results, listen and generate high level commitments to development.
 - **Sexual Safety:** Our Charter and commitment to this important agenda has been in place for over two years and reported cases remain at a stable level. The NHS England 'Understanding Sexual Misconduct in the Workplace' locally mandated eLearning compliance is at 91.98%. The implementation of the training and

communication strategy, including the 'Let's Talk Sexual Safety' campaign, has been a factor in the number of reported cases which suggests that staff have greater confidence that their concerns will be appropriately addressed. Planned work includes communicating a summary of case outcomes, numbers of staff dismissed and stronger messages regarding behavioural tolerance levels through sharing of case studies. The HR Business Partnering team review all sexual safety case outcomes quarterly to review lessons learned and to check consistency and proportionality of outcomes are in line with the Trust's strategic vision.

- **Employee Relations:** Case work levels have started to stabilise, although complexity has remained, which is evidenced in the number of Employment Tribunals facing the Trust. Although our prospects of success, for the majority, are good, the legal costs could be of concern. The Community of Practice (CoP) has met for the first time and serves as a confidential, supportive, and structured forum designed to enhance organisational capability, consistency, and confidence in managing sexual safety and disciplinary matters. This initiative facilitates shared learning, emotional support, reflective practice, and ongoing refinement of methodologies aligned with Trust values and behavioural frameworks. The inaugural session focused on methods for conducting a credibility analysis when confronted with conflicting evidence.
- **YAS Together Cultural Development:** To improve organisational culture and staff engagement, the programme's most recent developments include the 'See Something Wrong, Do Something Right' initiative, designed to empower employees and reinforce a culture of kindness and respect. This campaign is in the 'test and challenge' phase of development with stakeholders. The inclusive recruitment project is planning centralisation of development opportunities which will be streamlined access through a dedicated hub. The launch of the culture dashboard, featuring key workforce metrics, has enhanced visibility and understanding of flexible working arrangements. Ongoing union involvement and operational leadership engagement remain central to ensuring these initiatives are embedded effectively and meet the evolving needs of staff.

3.1.2 #7 Ability to support staff health and well-being effectively.

- **Health & Wellbeing Plan:** Year-end position against 2025/26 plan is positive with all but one priority finishing on track. The off-track priority was in reference to reducing Trust sickness absence by 0.5%, to a target of 6.58%. This area remains a challenge hence more focused work will continue into 2026/27 as detailed below. Work on the proposed 2026/27 health and wellbeing priorities will be formalised following ratification by this Board. Collaboration and staff engagement from across the Trust will be imperative to the success of the proposed priorities.
- **Sickness Absence:** The Trust sickness rate improved slightly from 8.7% in January 2026 to 8.2% in February 2026 but remains well-above the Trust annual target of 6.58%. This is concerning as sustained high absence can seriously affect Trust patient activities/patient safety. Given the risks, this is one of the three Trust priorities for 2026/27 business plan. A dual approach will now be led by the Absence Reduction Delivery Group: a PMO led programme focusing on reasonable adjustments, alternative duties and compassionate health conversations for managers, alongside a QI led, data driven discovery phase initially targeting six stations (three of the most challenged v three with positive indicators that can provide comparative learning). Early feedback from the staff voice discovery has highlighted the impact of rostering, annual leave booking processes, workload pressures and leadership, as areas for focus. Ongoing progress continues to be monitored via the People and Culture Group.

- **Occupational Health:** Visible improvement to making quality and appropriate Occupational Health (OH) referrals is being seen, with work continuing to strengthen this further to align with our commitment to staff wellbeing. These improvements have also positively impacted on cost savings. In readiness for 2027/28, work has started on developing a full business case focused on enhancing OH service delivery model with the aim to support continual improvements in the quality and suitability of the services delivered.

3.1.3 #8 Ability to deliver and sustain improvements in recruitment and retention.

- **Recruitment and retention:** Recruitment against our workforce plan has been successful as we have fulfilled demand for roles in Remote Patient Care (Emergency Operations Centre (EOC) and Integrated Urgent Care (IUC)), as well as for Ambulance Support Worker (ASW) and Paramedic training programmes. The external recruitment of paramedics for 2026/27 has commenced, with assessments during March. Trust turnover remains stable at 8.16% in February 2026, improved from 9.3% in March 2025 due to targeted interventions in high-turnover areas like Remote Patient Care, such as the introduction of stay interviews. Turnover has reduced from 18.1% to 10.78% in EOC and from 25.7% to 23.1% in IUC over the last year. These efforts are designed to ensure the Trust maintains sufficient capacity and capability across all staff groups to deliver quality patient care.
- **Review of External Paramedic Recruitment:** Following a decision sprint with key stakeholders, in partnership with QI, to conduct an end-to-end review of the external Paramedic recruitment process, a paper was approved by Trust Executive Group to implement a new Clinical Assessment element to the selection process. An implementation group is working to run the 3-stage process to select 150 candidates from the 250 shortlisted. YAS Academy will deliver practical assessments on weekend dates with 999 Operations leading the assessments and interviews. Standard operating processes and moderation are being applied to ensure fair and consistent decision making.
- **Core Workforce Development Apprenticeship Programmes:** The working group set-up to mitigate for the corporate risk of apprentices Past Planned End Date (PPED) for their apprenticeship programme exceeding the 15% acceptable tolerance level, has critiqued a newly proposed Supporting Learning standard operating procedure providing a framework of escalation. This was well received as it gives clear support and guidance where concerns may arise in relation to the progress of apprentices.
- **Bank Worker Project and Employment Rights Act -** The bank workers project has a current focus on ensuring full compliance with upcoming legislative changes due to take effect from 6 April 2026. Our work includes new requirements relating to Statutory Sick Pay, which will be applicable from day one of sickness rather than day three, and also on implementing day one rights for bank workers. These changes are significant, hence a requirement to align our processes and systems to meet these new terms. Our next priority is reviewing hiring processes for these workers.
- **Job Evaluation:** As part of the 2023 Agenda for Change non-pay national agreement, a local working group is reviewing all nursing and midwifery job descriptions to ensure they are current, accurate, and aligned with updated national profiles. The working group, led by the Head of Patient Experience and Nursing and Deputy Director of People, has established that only six roles require a review under this national ask. A separate paper is on the Trust Board agenda for the Board to understand their specific responsibilities for this work.

3.1.4 #9 Ability to deliver and sustain improvements in leadership and staff training and development.

- **Appraisal and career conversations:** Achieving compliance across the entire organisation, with a target of 90%, continues to be a key priority. The current Trust-wide compliance is currently 85.0% (as of 17 March) showing a marked improvement since end of January 2026 ((79.3%). Final compliance data will be provided week commencing 13 April 2026. This will allow for reporting on appraisal achievement up to 31 March which will take a number of days to be reported on the system. The Senior Leadership Community achieved a 94% compliance rate for the 2025/26 appraisal and career conversation cycle. The window for these discussions will be open from 1 April to 30 June, with an expectation of 100% completion compliance.
- **Essential Learning Training Compliance:** Overall essential learning compliance rates remain steady at around 90%, which has prompted a deep dive of the data to surface issues below the overall aggregated score. The scale of historical non-compliance, noting patient safety and legal risks particularly for moving and handling training, was presented to the People & Culture Group and escalated to the People Committee. Committee members emphasised the need for clearer prioritisation, stronger accountability and escalation, and potential removal from duty where required. A strengthened action plan and further assurance will be reported to the Committee and Quality Committee in May. YAS Academy is working in partnership with Capacity Planning and Scheduling and 999 Operations to contact and prioritise those staff whose compliance is the furthest out-of-date.
- **Essential Learning Oversight Group (ELOG)** established in response to the NHS England Statutory and Mandatory Training Optimise, Rationalise and Redesign project. A sub-group of People and Culture Group, the ELOG provides governance and oversight of the alignment to national standards, local mandated learning and Trust-wide reporting. The Group has reviewed the topics to be used for Trust-wide reporting (essential learning) with a revised bundle being proposed to the People and Culture Group on 27 March. The exemption criteria applied for reporting has been reviewed and presented at the People and Culture Group. A critical review of the full list of nationally and locally mandated learning will take place in 2026/27 following release of the NHS England 'Competencies' For All Framework due to be released in April 2026.

4.0 RISKS

4.1 Key risks being managed by the Directorate are set out in Appendix A.

5.0 CONCLUSION

5.1 The work of the Directorate aims to reduce the risks set out in the Board Assurance Framework as well as meet the Trust's bold ambitions and NHS People Plan.

5.2 We are committed to improving the staff experience to ensure our patients get the 'Best Care' possible. Our workforce is crucial to our operations, and we know that there is much more we can do to ensure they come to work and give their best on every shift. The above work demonstrates that our work programme is extensive and wide-ranging, and we will strive to ensure that our people can thrive at every opportunity.

6.0 RECOMMENDATIONS

6.1 The Trust Board are asked to note the contents of the paper.

APPENDIX A: Risks managed by the People and OD Directorate

Key Issues/Risks to Address	Actions Implemented	Further Actions to be Undertaken
<p>Sickness Absence is well above the Trust target of 6.58% and has been increasing month on month. Abstraction for absence can have a significant impact on staff availability and therefore on patient care.</p>	<ul style="list-style-type: none"> • Absence reduction plan for 2025/26 progressed with 5 out of 7 interventions Completed and the remainder to move to the new 2026/27 plan. • HR Case, a system to manage absence cases has been implemented with clear reminders on actions to be taken in accordance with the Attendance Management Policy • Attendance Management Policy has been updated to cover changes to absence management systems • Deep dive of 12 absence indicators to determine influencing factors regards to attendance at work. Staff voice discovery at six 999 locations is currently being undertaken. 	<ul style="list-style-type: none"> • PMO-led absence plan for 2026/27 to be progressed through a new Absence Reduction Delivery Group; a sub-group of the People and Culture Group. • QI-led approach qualitative data to be analysed with a thematic analysis to determine interventions to support attendance at work. Any interventions to be managed by Absence Reduction Delivery Group. • Workplace Adjustments Policy to be implemented with a full communications plan. • Health and Wellbeing Commitment statement to be developed for staff to understand the support they can receive from the Trust.
<p>Appraisal compliance</p>	<ul style="list-style-type: none"> • Appraisal dashboard developed for managers to understand when staff appraisals are due to breach or have expired. • Appraisal training has been delivered to managers • A new appraisal system has been implemented to record appraisal outcomes with a robotic process to ensure transfer to ESR 	<ul style="list-style-type: none"> • Expectations made clear through Senior Leadership Community of 90% compliance by 31 March 2026. • SLC window due to open on 1 April through to 30 June 2026 for appraisal completion with clear cascade through directorates.
<p>Essential Learning compliance</p>	<ul style="list-style-type: none"> • A deep dive, to understand the scale of historical non-compliance, has taken place. The patient safety and legal risks particularly for moving and handling training, has been presented to the People & Culture Group and escalated to the People Committee. 	<ul style="list-style-type: none"> • YAS Academy is working in partnership with Capacity Planning and Scheduling and 999 Operations to contact and prioritise those staff whose compliance is the furthest out-of-date. • A strengthened action plan with escalation routes and clear consequences including, potential removal from duty, is in development.

Key Issues/Risks to Address	Actions Implemented	Further Actions to be Undertaken
<p>Number of AAP apprentices past their planned end date above the 15% threshold monitored by the Education and Skills Funding Agency (currently 36%) resulting in workforce not progressing through the pipeline and financial risk of levy clawback.</p>	<ul style="list-style-type: none"> • YAS Academy Apprenticeships Team resource requirements built into Training Plan 26/27. • BI dashboard of individual apprentice performance against expected completion • Use of alternative duties staff to contact apprentices and enable portfolio and assessment completion • Apprentice survey to better understand challenges to completion. • Standing agenda item at Heads of Ops meetings to review data and actions • Revisions to terms and conditions in collaboration with trade unions. • Onboarding of new Awarding Organisation for autumn registrations and streamlined assessment. 	<ul style="list-style-type: none"> • Progress the Supporting Learning standard operating procedure providing a framework of escalation
<p>The Trust lacks systematic approach to managing bank workers including the recruitment, management, and leavers processes.</p>	<ul style="list-style-type: none"> • Established a Bank task and finish group focused on joiners/leavers processes, sick pay, expenses, Essential Learning compliance and preparations for Employment Rights changes. • Undertook a review of the Employment Rights Act (ERA) changes and impact on contracts, policies and working arrangements related to bank workers. 	<ul style="list-style-type: none"> • Validate the bank worker data held on ESR and remove inactive bank workers. • Conduct a risk assessment for bank workers to identify 'true' bank workers and bank workers with employment contracts and ensure correctly identified on ESR. • Implement Statutory Sick Pay (SSP) for bank workers in line with ERA from April. • Implement new process for hiring/exiting bank workers.