



Report Title	People and Organisational Development Directorate Highlight Report
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Accountable Director	Mandy Wilcock, Director of People and Organisational Development
Previous committees/groups	People and Culture Group 24/04/2026 People Committee 05/05/2026
Recommended action(s) (assurance, approval, information)	Information/Assurance
Purpose of the paper	The report provides a brief overview of the highlights, lowlights, and risks within the services in the People Directorate.
<b>Executive Summary</b>	
<p>This report provides an overview of progress and risks within the People and Organisational Development Directorate against four Board Assurance Framework risks: workplace culture, staff health and wellbeing, recruitment and retention, and leadership and development.</p> <p>Significant progress has been made in strengthening workplace culture, evidenced by record NHS Staff Survey response rates and improvements across all People Promise themes. The YAS Together programme and Behavioural Framework are embedding consistent expectations, though challenges remain around involvement in change, reporting confidence and career progression. Sexual safety governance has been strengthened, although case resolution times remain above target and employee relations case volumes are high.</p> <p>Sickness absence remains a key risk although attendance has begun to increase remains well-below target. Targeted quality improvement interventions are in development to support a reduction, alongside progress in occupational health efficiency and workplace adjustments.</p> <p>Recruitment is strong overall, though specific operational areas continue to experience vacancy and turnover pressures. Improvements in essential learning, appraisal compliance and delivery of the 2026/27 Training Plan support leadership and capability development.</p> <p>Overall, the Directorate's work programme is extensive and aligned to strategic priorities, though sustained focus is required to mitigate ongoing risks.</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 Directorate - Highlight Report

## 1.0 INTRODUCTION

1.1 This paper updates the Board on the key achievements and ongoing work of the People and Organisational Development 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:

## 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. These plans guide the Directorate as well as the day-to-day operations of leadership of an ambulance workforce.

2.2 The Board Assurance Framework (BAF) identifies four main risks linked to the Our People ambition, guiding the Directorate to address and resolve them. 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 OD DIRECTORATE HIGHLIGHTS

3.1 The following sets out the key highlights of the directorate's work to mitigate and reduce the BAF risks.

### **#6 Ability to develop and sustain an open and positive workplace culture.**

- **NHS National Staff Survey:** YAS achieved Trust-record response rates and showed improvement across all People Promise themes with 7 being best in sector. Key gains were higher staff satisfaction with staffing levels, cross-team collaboration, line manager support, reduced burnout, and improved inclusion. Staff feel more secure speaking up and valued by managers, with a stronger likelihood to recommend YAS. Challenges remain around involvement in change, public violence, reporting confidence, career progression, and team cohesion. The Trust is moving forward but must prioritise staff influence, sustainability, and visible career development. The current work is to provide feedback on Directorate outcomes and facilitate targeted initiatives that drive meaningful improvements for staff at the local level.
- **YAS Together** Culture Development Programme is now embedded as the Trust's approach to improving culture, staff experience and workforce outcomes, with 2026/27 focusing on consolidation and consistent delivery. Programme activity has been shaped by insight from the NHS Staff Survey, the Board-level Culture Maturity Framework, NHS England Staff Experience self-assessments, which informed priorities including Inclusive Talent Development, the Behavioural Framework *Call to Action*, Flexible Working, Inclusive Recruitment and strengthened cultural governance. The NHS Staff Survey 2025 results provide evidence of the impact of the programme with the next delivery phase centred on responding to these findings, embedding existing priorities more deeply and using

improved workforce insight, including the Culture Dashboard, to support consistent practice across the organisation.

- **Sexual Safety:** The Sexual Safety and Domestic Abuse Strategic Steering Group has reviewed progress, refreshed its membership and Terms of Reference, and clarified its strategic focus for the year ahead. A recent multi-stakeholder workshop highlighted the need for clearer alignment between sexual safety work and related cultural initiatives, including Civility Saves Lives. The Steering Group has agreed to place greater emphasis on outcomes, organisational learning and impact, including learning from sexual safety cases to inform prevention activity, communications and improvement actions. Work has commenced with the Communications Team to support a more focused campaign. Trade union colleagues are now part of membership of the Strategic Steering Group which is welcomed to address concerns raised by staff. In respect of cases, between April 2025 to March 2026, 42 were resolved, with 10 cases leading to dismissal and 3 to final written warning; the majority were resolved informally, although the average resolution time (23.6 weeks) remains above target.
- **Employee Relations:** Case volumes remained high during Quarter 4 with a notable rise in formal grievances, possibly indicating challenges in partnership working and inconsistent application of policies and procedures. The average length for disciplinary cases was 18.8 weeks—over the target of 16 weeks—due high volumes as well as some particularly complex cases, including sexual safety, issues under police investigation. Improvement efforts, such as the ‘Avoidable Harm’ and disciplinary improvement programmes, aim to bolster decision-making, enhance documentation quality, improve communication with concern reporters, and encourage earlier, appropriate resolutions to limit escalation, case duration, and litigation risk. Suspension governance is managed by the Professional Standards Panel, while a structured lessons-learned process—including Employment Tribunal (ET) learning—will shape the 2026/27 Employee Relations improvement action plan to increase speed, consistency, and staff satisfaction.
- **The Trust’s Behavioural Framework ‘Call to Action’:** See Something Wrong, Do Something Right, is progressing a structured and phased strategy aimed at enhancing confidence in addressing early concerns and behaviours inconsistent with Trust values. This initiative establishes a unified expectation that all staff are responsible for observing, responding promptly, and acting with kindness and respect, supported by practical guidance. The framework is being integrated with ongoing culture programmes, including those focused on sexual safety and civility, with progress and engagement tracked via organisational culture and dignity at work metrics to reinforce assurance. In February, efforts concentrated on strengthening the Behavioural Framework and Living and Leading Our Values, followed by organisation-wide visibility and engagement activities throughout March to validate the approach. From April to June, attention will shift to comprehensive implementation through leadership channels, staff guidance, case studies, and incorporation into training and development initiatives.

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

- **2026/27 Health and Wellbeing Plan:** Four high level priorities have now been approved and delivery commenced against these. The key focus of the plan is on sickness absence, fit for purpose occupational health and immunisations service and a focus on awareness and reduction in harm caused through musculoskeletal injuries. A number of core health and wellbeing interventions will continue to be delivered alongside this plan.
- **Sickness Absence:** The Trust's sickness rate improved from 8.78% in January 2026 to 8.07% in March 2026 but remains considerably above the Trust's target of 6.58%. Although rates are gradually improving since their peak in December

2025, they've remained above 8%, giving an annual average of 7.56%. Two workstreams, supported by Quality Improvement (QI) and Project Management Office (PMO), are being managed through the Absence Reduction Delivery Group. To support the QI workstream, a staff listening exercise was conducted at stations with the three highest absence indicators, and feedback from this is shaping targeted interventions. Progress has been made on PMO-supported workstreams, focusing on alternative duties, implementing a workplace adjustments framework, and developing a wellbeing prevention and recovery pathway.

- **Workplace adjustments:** The new policy was recently approved, which supported the launch of the Workplace Adjustments Pulse Page during March 2026. The process for requesting additional support has been given clarification as well as the timeline to manage expectations for delivery of equipment and IT software. Further work to support budget administration, as well as a review of the wellbeing passport are continuing.
- **Occupational Health:** Demonstrable progress has been made in the quality and appropriateness of Occupational Health (OH) referrals achieved through engagement initiatives and awareness campaigns. These enhancements have produced significant cost avoidance of £245,185 (34%) for the period 2025/26 in comparison to 2024/25, including £46,064 attributed to a reduction in non-attendance and short-notice cancellations. Ongoing improvement efforts include the establishment of a comprehensive business case to support the strategic implementation of an enhanced OH service provision, scheduled for 2027/28.

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

- **Recruitment and retention:** Recruitment remains strong for Remote Patient Care, Ambulance Support Workers, and Paramedic programmes with a clear alignment with the Trust workforce plan. Although the Trust is nearly at full establishment overall, there are still vacancies in certain areas. Specifically, Integrated Urgent Care has a vacancy rate of 7.7%, Emergency Operations Centre stands at 6.2%, with 999 Operations currently exceeding their establishment by 7.6%. Turnover remains stable at a healthy 8% although, for IUC, it has remained high at 22.3%, with vacancies of 7.7%.
- **External Paramedic Recruitment:** A revised recruitment and selection process has been implemented working collaboratively with stakeholders across January to May. A quality improvement approach has redefined the process, implemented clinical assessments and revised and standardised the interview questions, with overall moderation. Weekly working group meetings are ongoing to manage the process with all parties and to monitor pass rates for the various elements to ensure the workforce requirement for Paramedics is met.
- **Bank workers:** To address the corporate risk, a working group is reviewing the Trust's procedures for managing bank workers. This includes recruitment and exit processes, mandatory training, statutory sick pay entitlement, and contract status. This will ensure robust processes and governance for safe, compliant management of bank workers. It will support compliance with the recent changes in employment law as a result of the Employment Rights Act 2025.
- **Staff Expenses:** Following approval of the new Expenses Policy, at People and Culture Group, a review of the EASY Expenses system functionality is complete ensuring alignment. The changes follow the recommendations of an internal audit of the Trust's staff expenses claim process and their management. The review focussed on consolidating all expenses-related policies and guidance into a single place, clarifying entitlements to expenses, updating claim limits/rates and identifying appropriate approval/compliance/audit arrangements. The structural

changes to EASY Expenses to uphold the policy provisions, aim to give assurance that claims are being managed within policy.

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

- **Essential Learning Oversight Group (ELOG)** has reviewed the competencies used for Trust-wide reporting, deemed Essential Learning. The proposed approach to use those nationally mandated, set out in statute and those included in the YAS Pay Progression framework was endorsed by the People and Culture Group and approved by the Trust Executive Group as part of the 2026/27 Training Plan. The Business Intelligence Portal dashboards will be updated to reflect these competencies for ease of monitoring. The new 'Competencies for All' framework for nationally mandated competencies is expected in April/May.
- **Appraisal and Career Conversations** - As of 31 March 2026, Trust compliance is 88.1%, narrowly missing the 90% target. However, 999 operations and Chief Executive Directorates are above 90% with other Directorates only slightly below. The Senior Leadership Community window is now open with completion expected by 31 June 2026. Targeted support through Trust Executive performance reviews, reporting through the Trust dashboard and, business partner interventions are in place. To further drive compliance Learning and OD team worked directly with service areas and senior leaders to provide support and solutions to compliance issues. Regular updates and information were shared to ensure accurate and up to date reporting. This will continue to meet the ambition of 90% completion compliance and to maintain this once achieved.
- **2026/27 Training Plan:** Trust Executive Group approved the ambitious but achievable 26/27 Training Plan which baselines a total of 831,799 training hours. The plan is designed to deliver 100% of the training requirement and is developed in collaboration with key stakeholders and partners. The plan highlighted areas for change in 26/27 in relation to the delivery model of associates, monitoring of occupancy rates and compliance. Targeted plans are in place to develop these opportunities throughout the financial year.
- **Apprenticeships:** There have been significant changes to the apprenticeship programme with the extension of the clinical taught elements of both ASW and AAP programmes. Following an early evaluation, initial feedback from learners has been positive. For those who are on an apprenticeship programme starting prior to January 2026 progress remains unchanged. The portfolio completion rate for these colleagues is considerably over the 15% threshold. Progress tracking is in place and remains a strong priority with the introduction of a RAG (Red, Amber, Green) rating of learner's achievements.

## **4.0 CONCLUSION**

- 4.1 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.
- 4.2 We are committed to improving the staff experience to ensure our patients get the 'Best Care' possible. 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 our work programme is extensive and wide-ranging, and we will strive to ensure that our people can thrive at every opportunity.

## **5.0 RECOMMENDATION**

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

## People and OD Directorate - Risks aligned to the People Committee

Key issues/Risks to address	Actions implemented	Further actions to be undertaken
<p>Sickness Absence – Whilst absence is slowly improving, it remains above 8%; hence a potential patient safety risk, if there are insufficient staff to support demand. In addition, the Trust target of 6.58% has not been achieved.</p>	<ul style="list-style-type: none"> <li>• The 2025/26 Absence Reduction Plan was implemented with 2 actions continuing via the 2026/27 plan.</li> <li>• The 2026/27 Absence Reduction Plan is a Trust strategic priority, with Project Management Office support. The plan has been approved by the Trust Board for implementation.</li> <li>• The QI-led listening exercise involving 999 operations staff across six stations has been completed. This process identified clear themes that could improve staff experience and is helping to shape several development interventions.</li> <li>• Continued monitoring of interventions through the Health and Wellbeing Group.</li> </ul>	<ul style="list-style-type: none"> <li>• A project plan for QI interventions coming out of the above work, is in development. Further involvement from the Operational Leaders Group is required to ensure that the work is appropriately prioritised, resourced and has engagement from across 999 operations.</li> <li>• The Absence Reduction Group, co-chaired by the Deputy Director of People and OD and the Associate Director of Quality Improvement and Safety, includes senior leaders from all operational areas to proactively manage plans.</li> </ul>
<p>Continued increase in demand against physiotherapy services (risk).</p>	<ul style="list-style-type: none"> <li>• Continued work with Health and Safety and QI colleagues to better understand data and intervention planning to support the musculoskeletal injuries priority.</li> <li>• Close monitoring of referral data to understand trends.</li> <li>• Health and Fitness Advisors developing a resource bank to support preventative approaches to injuries.</li> </ul>	<ul style="list-style-type: none"> <li>• A project plan with a focus on impact to support the delivery of the musculoskeletal injuries' priority with buy-in from relevant areas.</li> <li>• Increased communication focus on physical wellbeing and self-care.</li> </ul>
<p>Number of apprentices past their planned end date continues to be above the 15% threshold monitored by the Education and Skills Funding Agency resulting in workforce not progressing through the pipeline and financial risk of levy clawback.</p>	<ul style="list-style-type: none"> <li>• YAS Academy Apprenticeships Team resource requirements built into Training Plan 2026/27</li> <li>• BI dashboard of individual apprentice performance against expected completion</li> </ul>	<ul style="list-style-type: none"> <li>• Development of panel approach to support learners.</li> <li>• Learner satisfaction survey currently open to gather more specific data; workload is a known issue</li> </ul>

Key issues/Risks to address	Actions implemented	Further actions to be undertaken
<p>51.39% ASW apprentices (n=74) 45.38% AAP apprentices (n=61)</p>	<ul style="list-style-type: none"> <li>• Revisions to terms and conditions in collaboration with trade unions</li> <li>• Implemented revised progress measures with apprentices put at risk of withdrawal for lack of progress, staged supportive process</li> <li>• Worked with regulatory body IFATE to enable removal of 16-week consolidation period to enable AAP to pass through the End Point Assessment quicker.</li> </ul>	<ul style="list-style-type: none"> <li>• Tracking specific data including average time on programme, number of knowledge tasks outstanding, SEND trends</li> <li>• Onboarding of new Awarding Organisation in readiness for Jan registrations and streamlined assessment</li> <li>• Build in-house Dyslexia Assessor capability to support SEND learners and reduce reliance on external provision</li> </ul>
<p>The Trust lacks systematic approach to managing bank staff including the recruitment, management, and leavers processes. Whilst the potential risks are to essential learning compliance and the implications for health and safety, safeguarding and clinical care overall. There are also risks to employment rights, regulatory compliance, clinical care and patient safety.</p>	<ul style="list-style-type: none"> <li>• Communicated entitlement for Statutory Sick Pay from 6 April, new entitlement also applies to bank workers.</li> <li>• Monitoring introduction of the Employment Rights Act (ERA) 2025 and identified the impact on Trust HR policies. Created plan for updating all HR policies.</li> <li>• Identified inactive bank workers in ESR and GRS, in preparation for removing inactive workers.</li> </ul>	<ul style="list-style-type: none"> <li>• Continue to monitor introduction of ERA in 2026/27 and reflect changes in Trust policies and processes.</li> <li>• Redesign model for managing bank staff in line with ERB.</li> <li>• To identify bank workers not compliant with essential learning and work with 999 managers to agree next steps.</li> </ul>
<p>Employment Tribunals are significantly high, which brings risks regarding Trust reputation, financial risk due to increased legal fees</p>	<ul style="list-style-type: none"> <li>• Provisions have been made in the Trust accounts to be able fund increased legal fees and potential awards.</li> <li>• Cases have clear direction and monitoring from Hill Dickinson.</li> </ul>	<ul style="list-style-type: none"> <li>• A Disciplinary improvement plan is being progressed to support learning from cases, and quality of processes.</li> <li>• Given the significant number of cases that relate to disability discrimination, work to support workplace adjustments and alternative duties are part of the sickness absence work.</li> <li>• The Equality and Diversity action plan also supports culture change to reduce risk in this area.</li> </ul>