

**CONFIRMED MINUTES OF THE PEOPLE AND CULTURE COMMITTEE MEETING  
(OPEN SESSION) HELD REMOTELY VIA MICROSOFT TEAMS ON  
10 May 2022**

**Chair: Paul Hollard**

**PRESENT:**

Paul Hollard	Non Executive Director and Chair
Hugh Bennett	Assistant Director, Commissioning & Performance
Julie Boalch	Head of Risk and Deputy Board Secretary
Lee Brooks	Director of Operations
Craig Brown	Trade Union Partner
Andrew Challenger	Assistant Director, Professional Education & Training
Sarah Davies	Workforce and OD Business Manager
Bethan Evans	Non Executive Director
Dr Catherine Goodwin	Deputy Director of Workforce and OD
Wendy Herbert	Assistant Director of Quality & Nursing
Estelle Hitchon	Director of Partnerships and Engagement
Melfyn Hughes	Welsh Language Officer
Ian James	Trade Union Partner
Paula Jeffery	Regional Clinical Lead
Fflur Jones	External Audit
Jo Kelso	National Ambulance Training College
Trish Mills	Board Secretary
Donna Morgan	Principal Auditor, NWSSP
Lisa O'Sullivan	Senior Paramedic (Staff Story)
Steve Owen	Corporate Governance Officer
Hugh Parry	Trade Union Partner
Angela Roberts	Trade Union Partner
Liz Rogers	Organisational Culture & Workplace Wellbeing Lead
Hannah Rowan	Non Executive Director
Paul Seppman	Trade Union Partner
Joga Singh	Non Executive Director
Andy Swinburn	Associate Director of Paramedicine
Chris Turley	Director of Finance and Corporate Resources

**APOLOGIES:**

Rachel Marsh	Executive Director of Strategy and Planning
Bethan Evans	Non Executive Director
Jeff Prescott	Corporate Governance Officer
Alex Crawford	Assistant Director of Planning

## **22/22 WELCOME AND APOLOGIES FOR ABSENCE**

The Chair welcomed all to the meeting of the People and Culture Committee and advised that the meeting was being audio recorded. Apologies were recorded from Rachel Marsh, Bethan Evans, Jeff Prescott and Alex Crawford.

## **23/22 DECLARATIONS OF INTEREST**

No new declarations were made in addition to the standing declarations which were already noted on the Trust register.

## **24/21 MINUTES OF PREVIOUS MEETING AND ACTION LOG**

The Minutes of the Open meeting held on 22 February 2022 were considered and agreed as a correct record. The Action log was considered, reviewed and updated.

**RESOLVED: That the Minutes of the meeting held on 22 February 2022 were AGREED.**

## **25/22 DIRECTOR OF WORKFORCE & OD UPDATE**

Dr Catherine Goodwin presented the Workforce and OD update and gave a brief overview on highlights within the Directorate. Dr Goodwin drew Members attention to the ongoing work and progress around the PADR process and also the very welcome investment in people services. Other highlights on the report included the behaviours launch, where the Trust had launched the new behaviours at the CEO Roadshows in March 2022, the Allyship programme, which Since its launch at Board Development Day in December 2020, had seen over 100 colleagues attend an Allyship Programme workshop and Occupational Health and Wellbeing, where the TRiM Lead had visited all A&E departments weekly in South Wales, helping Staff understand the Wellbeing offered within the Trust.

Finally, Members offered their congratulations and sincere thanks to Andrew Challenger, Assistant Director of Professional Education and Training, who would soon be retiring from the Trust after 35 years' service, with Jo Kelso taking over leadership of the Education and Training Team. Members noted and acknowledged the contributions and wealth of experience he had brought to the Education and Training department during his many years of service.

**RESOLVED: That the update was NOTED.**

## **26/22 OPERATIONS QUARTERLY REPORT**

Lee Brooks introduced the Operations Quarterly Report as read and gave a brief overview and update on some of the main areas covered within the report. These included the welcome reduction from REAP 4, which after a month, had now gone to REAP 3 and while this was an easing of the pressure, it still represented significant strain upon the service.

Members attention was also drawn to the withdrawal of Military support, which the Trust had so far managed well with minimal impact upon resourcing. However, Covid related absences remained high and sickness rates, particularly in the EMS field were very high, with a clear trend toward lower resourcing at weekends do to these absences.

Other areas of note were the Training of CSD staff in the new Emergency Communication Nurse System (ECNS), which had commenced alongside other areas of the project. A go live date was being honed by the Project Board with a view to this happening during May.

Fianlly, the rept noted that Cardiff and Vale core 111 and '111 First' service had gone live on 16th March 2022. This marked the culmination of a six-year programme of roll out, as a result 111 was now live across Wales. This national platform provided the basis for 111 to continue towards the organisational ambition of 111 representing the 'Gateway to Care' in Wales.

Members received the report and queried how the roll out of the 111 service within the Cardiff and Vale Health Board area had gone in terms of teathing issues or technical problems. Lee Brooks confirmed that the roll out had gone well with no areas of concern or technical issues to report.

Members then commented on the high sickness absence rates, particularly in the EMS and CCC settings and observed that a deep dive into these absences may be required in order to better understand the reasons for the high rates compared to other areas of the Trust.

**RESOLVED: That the update was NOTED.**

## **27/22 STAFF STORY – SENIOR PARAMEDIC ROLE**

Andy Swinburn introduced Lisa O'Sullivan, a Senior Paramedic (SP) based in the Cardiff and Vale locality. Lisa O'Sullivan talked to Members about her career in the Trust, the journey which had led to her becoming an SP and what the role meant to her.

Members heard about the typical working week for an SP and what that would generally entail, including some of the specialist skills that the SP's were able to offer to patients as well as when supporting colleagues. These included essential skills in cases of cardiac arrest, including CPR and intubation with figures showing that cardiac incidents attended by an SP had a Return of Spontaneous Circulation (RoSC) in 40% of cases compared with just 8.5% when an SP was not on scene.

Lisa O'Sullivan then spoke to Members about the challenges of the role and the way in which this impacted her directly, noting that sometimes she would be the only SP within the area, which could result in being asked travel relatively large distances, attend one critical incident after another.

Lisa O'Sullivan also informed Members that it was apparent that some staff within the Clinical Contact Centres did not fully understand the role of an SP, with some tasks being allocated to Duty Operations Managers when it would have been more suitable for it to be attended by an SP.

Members thanked Lisa O'Sullivan for discussing her experiences with the Committee and asked whether the current, lengthy handover delays were effecting her ability as an SP to offer effective clinical support to colleagues. Lisa O'Sullivan confirmed that the delays were a significant issue which meant that colleagues within her team were unable to attend as many calls as they would ideally like to. In turn, this reduced the opportunity for them to be observed and for them to receive clinical advice or feedback when dealing with patients.

**RESOLVED: That the staff story was NOTED.**

## **28/22 CORPORATE RISK REGISTER AND BOARD ASSURANCE FRAMEWORK**

Julie Boalch presented the Corporate Risk Register and Board Assurance Framework report as read, drawing out highlights for the Committees attention. The purpose of the report was to provide the Committee with an update in respect of the corporate risk activity since the previous meeting in February.

The report showed that there were 3 of 17 Corporate Risks currently assigned to the Committee for overview, namely Risk 160 – High Absence Rates, Risk 163 – Maintaining Strong and Effective Trade Union Partnerships and Risk 201 - Damage to Trust reputation following a loss of stakeholder confidence. Each of these 3 risks had been reviewed as part of the transformation programme of work and had been rearticulated and approved by the Executive Management Team.

Members were informed that two of the risks had increased in score since the last meeting. These were Risk 160 and Risk 163, with the latter being escalated to the Corporate Risk Register and subsequently, reported to the Trust Board.

Members received the report and welcomed the increase in score for Risk 160 as high sickness absence rates remained a key issue for the Trust. Members also noted the importance of maintaining strong and effective Trade Union Partners as this had been positive and beneficial to the Trust and TU partners previously.

**RESOLVED: That**

- 1. The re-articulation of the 3 Corporate Risks assigned to the Committee for oversight as part of the risk transformation work programme were NOTED.**
- 2. The increase in score of Risk 160 from 16 to 20 were NOTED.**
- 3. The escalation of Risk 163 to the Corporate Risk Register was NOTED.**
- 4. The suspension of the Board Assurance Framework (BAF) for 3 months was NOTED.**

## 29/22 ABSENCE MANAGEMENT ACTION PLAN

Liz Rogers introduced a reports on the project plan to support the reduction of sickness absence levels within the Trust. The purpose of the report was to provide the Committee with an update on progress, findings and outcomes while also giving assurance and information on any areas of risk.

The report showed that in order to address the high levels of absence, a project plan had been developed with a range of workstreams tackling various challenges, including support to managers, building on the wellbeing offer and interventions for supporting colleagues off on long term sick.

Members were informed that the delivery of the project plan was in the mobilisation phase with some pilots already underway, including a pilot project for employees calling in sick to contact their line manager rather than the Resourcing Team. In addition, Occupational Health and Wellbeing Team activities, including working with the 111 team on the wellbeing offer to employees was well underway, ensuring people knew what support was available and how this could be accessed.

Members heard how there was a strong focus on supporting managers to undertake their role in terms of managing attendance within their team and for them to access the data they needed to make decisions. To facilitate this, the Deputy Director of Workforce and OD was working with the Assistant Director of EMS on operational support for managers across the business with the proposal to utilise two Locality Managers or one Locality Manager and two Duty Operations Managers to support in the reduction of absence across operations teams. Training would be mandated and will be delivered through short sessions, focussing on a particular element of sickness management such as the return to work conversation, getting the best results from Occupational Health and supporting colleagues with an underlying health condition.

Members received the report and commented on the importance of early intervention when reducing the overall length of time a person was off sick, particularly when support and help was available but staff may not necessarily be aware of it. Members agreed that good communication was important in making sure that staff were aware of the available support and that working in partnership with Trade Unions would be beneficial to all parties when spreading the message.

**RESOLVED: That the Committee COMMENTED on the report and the contents were NOTED.**

## 30/22 TU PARTNERSHIP ARRANGEMENT UPDATE

Dr Catherine Goodwin and Paul Seppman gave an update and feedback on the Trade Union Partnership arrangements. Members were informed that they were in the process of agreeing the terms of reference and would provisionally look to convene every six weeks with the group consisting of several decision making members.

The TU Partnership would be focussing on strategic initiatives with a more operationally focussed group meeting in between. It was recognised that the Trade Union Cell, which had been important throughout the pandemic was not sustainable and conversely, the arrangements seen previously with the WASPT group would not be suitable for the current needs, aims and ambitions of the TU Partnership.

Members welcomed the update and acknowledged that the organisation was now in a different place to where it was pre-pandemic. Given this, it would not be suitable to go back to the old arrangements and the new TU Partnership arrangements represented a very positive step which would be beneficial to all parties moving forward.

**RESOLVED: That the update was NOTED.**

**31/22**

## **MONTHLY INTEGRATED QUALITY AND PERFORMANCE REPORT**

Hugh Bennett gave an update on the Monthly Integrated Quality and Performance Report (MIQPR). Members were informed that in many areas, the indicators showed a continued poor picture in terms of the quality and safety of the service that the Trust provided to patients. Demand across all areas of the service increased in Mar-22, this coupled with other factors such as the continuation of the Omicron and Deltacron CoVID-19 variants, high levels of sickness (including CoVID-19 related absence) and extreme handover lost hours continued to impact on the Trust.

During this reporting period, the Emergency Ambulance Services Committee, Welsh Government and the 111 Programme Board had been very supportive of the Trust through the pandemic, supporting a range of mitigations. However, whilst the patient safety concerns were set to increase in 2022/23 as system pressure remained high, most short term in year non-recurrent mitigations, such as military support were due to end on 31 March 2022. In addition, recurrent and increased funding for more permanent patient safety initiatives into 2022/23 looked unlikely at this point in time.

Members received the report and expressed concerns over the impact that such high pressure would have upon staff, the public and stakeholders given the declining ability to reach patients within the community. It was noted that many of these problems were being exacerbated by events which were largely beyond the Trust's control such high sickness absence levels, excessive handover delays and a sharp increase in post production lost hours.

After considering the report, Members felt that there was not currently sufficient assurance around performance and that further information was required, possibly following the deep dive into Post Production Lost Hours at the upcoming Finance and Performance Committee. In addition, further remedial actions may become apparent after the next meeting of the Quality and Patient Safety Committee.

**RESOLVED: That**

- 1. Whether the Mar-22 Integrated Quality and Performance Report and actions being taken provided sufficient assurance;**
- 2. Whether further information, scrutiny or assurance is required, or**
- 3. Whether further remedial actions are to be undertaken through Executives was CONSIDERED.**

**32/22**

**WORKFORCE PERFORMANCE SCORECARD REPORT (INCLUDING PADR PERFORMANCE AND 22/23 APPROACH)**

Dr Catherine Goodwin and Liz Rogers updated Members on the Workforce Performance Scorecard. The purpose of the report was to provide an overview of the key workforce performance data and trends as of March 2022 along with the associated improvement actions. The Committee's attention was drawn to two main areas, namely plans to address PADR completion and progress around Employee Relations, with a view to reducing existing disciplinary cases and to ensure any new allegations were dealt with appropriately at the initial assessment stage of the disciplinary process.

Members were informed that over the last three months, People Services have led the way in raising the issue of PADR completion at every meeting they had attended. Requests to increase completion of PADRs within portfolios and teams had been made at each management level from Executive Management Team, ADLT, SOT and throughout the Trust using traditional digital communication channels. However, this had not yet resulted in a significant rise in completion rates.

In terms of employee relations, the report showed that substantial progress has been made over the last 12-month period to reduce existing disciplinary cases and to ensure any new allegations were dealt with appropriately at the initial assessment stage of the disciplinary process. As a result, there has been a decrease from 46 disciplinary cases recorded in April 2021 to 19 cases recorded in March 2022.

However, formal requests for resolution, in accordance with the Respect and Resolution Policy, which was introduced in June 2021, had seen a substantial increase in number with 16 cases recorded in March 2022. Further work was now needed to gain a greater understanding of why concerns are unable to be dealt with and concluded at the informal stage of the Respect and Resolution process.

Members received the report and commented on the progress and actions being undertaken, particularly around PADR's and employee relations. Members welcomed the reduction in disciplinary cases but expressed concern over the rise in formal requests for resolution in accordance with the Respect and Resolution Policy. It was observed that the Roster Review and the changes this would bring to certain areas of the Trust was a likely driver for the increase in these applications.

**RESOLVED: That the Committee RECEIVED and COMMENTED on the reported performance and associated actions.**

### **33/22 WORKING SAFELY PROGRAMME INTRODUCTION**

Wendy Herbert provided a brief overview of the changes to reporting arrangements for the Health and Safety function from May 2022, with the People and Culture Committee now overseeing the Trust's health and safety provision and performance on behalf of the Trust Board. Previously, this function was undertaken the Quality, Patient Experience and Safety Committee (QuEST).

The report outlined the recent history of the function, providing context for the transformational efforts currently underway. Additionally, the report provided advice to the Committee on key matters for consideration, and priority areas for scrutiny and support, with the Health and Safety Annual Report 2021-22 being provided to the People and Culture Committee at the next available meeting.

Members were informed that over recent years, the Trust had identified a high corporate risk (Ref: 199) in regard to health and safety compliance. Over the pandemic, and into the post pandemic period, the risk had been broadened to include the safety culture of the organisation. The Committee was asked to note the significant improvement work undertaken over 2021, which had enabled the Trust to ascertain the level and significance of the improvement actions required, and to commence action.

The report showed that over the next 12 months, the Trust expected to see further positive change implemented within the health and Safety function and Committee members were requested to positively challenge, seek assurances, and support efforts in driving the transformational agenda forward.

Members received the report and welcomed the transition of health and safety reporting to the People and Culture Committee, particularly in aligning matters with the wider reports received by the Committee such as Occupational Health and Wellbeing and the Committees focus upon staff, patients, partners and contractors.

**RESOLVED: That the report was NOTED.**

### **34/22 COMMITTEE PRIORITIES**

Trish Mills informed Members that discussions had previously taken place around what the Committee should be prioritising and focussing upon. While these priorities were yet to be confirmed, it was becoming increasingly clear from earlier discussions and agenda items, which areas would likely be priorities moving forward.

Paul Hollard confirmed that during earlier discussions, a number of priorities were identified within the IMTP and that the Committees focus should remain in that area.

Trish Mills informed members that these priorities would be circulated and discussed at the next People and Culture Committee meeting along with the Cycle of Business.

**RESOLVED: That the update was NOTED.**

## **35/22 INTERNAL AUDIT FOR COMMITTEE**

Julie Boalch provided the Committee with an update in relation to the outstanding recommendations from Internal Audit reviews. In addition, the paper set out the Internal Audit plan activity and included copies of current and relevant Audit Reports that provided a fundamental line of assurance to the Committee.

Members were informed that currently, there were two internal audit reports relevant to the Committee which formed part of the 2021/22 Internal Audit Plan. These were the report on recruitment practices – Equality, Diversity & Inclusion and the report on Organisational Culture – A Learning Organisation.

In addition, there were two internal audit reviews relevant to the Committee on Sickness Absence Management and Trade Union release time. Both of these were included in the 2022/23 Internal Audit Plan. While no high priority recommendations were showing as overdue, there were three lower priority recommendations that were showing as overdue. Therefore, the Governance team continued to seek assurance from Senior Management relating specifically to each report that recommendations had been considered and completed within agreed timeframes and that all was being done to ensure that the follow up of recommendations would not result in further Limited or No Assurance rated reports.

Members received the update and questioned the Recruitment Practices - Equality, Diversity & Inclusion report, querying whether this contained any provision to ensure the recruitment of Welsh Language skills across the organisation. Members commented that the Trust was committed to ensuring, promoting and strengthening the use of Welsh language skills across the organisation and that this commitment was documented at paragraph 2.2 within the report.

**RESOLVED: That:**

- 1. the contents of the report were CONSIDERED and NOTED.**
- 2. the Internal Audit Plan activity was CONSIDERED.**
- 3. the two current Internal Audit Reports relevant to the Committee were RECEIVED.**
- 4. the Trust's proposals to address each recommendation with the inclusion of revised completion dates were CONSIDERED; and**
- 5. any specific items that the Committee wished to see raised to Senior Management and Audit Committee were AGREED.**

**WELSH LANGUAGE ADVISORY GROUP REPORT**

Melfyn Hughes gave an update on developments within the Welsh Language advisory group and advised Members that there had been a significant increase in demand and costs for translations to meet compliance with the Standards. A business case for centralising translation services and having the bulk of translations done by an in-house translator had been developed on an invest to save model and it was anticipated that this would be considered by the Executive Management Team in May 2022.

In addition, the Board Secretary had informed members of the Welsh Language Advisory Group that one of her objectives for next year under her PADR was to develop a Welsh language Framework that would pull together all areas of work involving the Welsh language rather than have a single Welsh language strategy.

Members were then informed of the outstanding effort and assurance being provided by the 111 Service on work carried out to improve service delivery for Welsh speaking service users, including focused staff CPD training on how to deal with Welsh calls and weekly Welsh language provision service analysis.

Members received the update and noted the current developments, querying when the Committee would be able to get a first look at the Welsh Language Framework being developed by the Board Secretary. Melfyn Hughes confirmed that this would be available to the Committee at the next scheduled meeting, due to take place in September 2022.

**RESOLVED: That the update was NOTED.**

**LEARNING FROM RECENT DISCIPLINARY CASES**

Liz Rogers introduced a report which focused on the learning identified from recent disciplinary cases, bringing into consideration the recommendations from those cases which could be adopted by the Trust. The recommendations were designed to reflect ways in which the Trust could improve how future cases were managed

The report also considered the learning in the framework of 'just culture' principles and how the Trust could explore and take forward these principles in partnership with Trade Union colleagues. Some of the main recommendations included:

- Introducing a stage prior to the investigation of fact to consider if the formal initial assessment of fact (IAF) was appropriate in exceptional cases.
- Ensuring there was a robust IAF for a case prior to an investigation being triggered which should be completed by an independent manager outside of the line management chain
- Taking a pause to reflect on the IAF findings

- Increasing WOD team engagement in the process to improve support to investigating officers and increase the pace
- Prioritising the completion of investigations to avoid unnecessary delays
- Preparing witnesses in advance on what to expect and have clarity on questioning processes.

These recommendations recognised that each case was different and that in each case there were people at the heart of the process. Dealing with allegations which resulted in the triggering of an investigation was challenging for those at the centre of the allegations and as such, these would always need to be handled with sensitivity and care.

Members received the report and agreed that the resolution of disciplinary cases in the most efficient and least disruptive manner was in the best interests of all concerned. However, it was observed that in order for this to happen, some flexibility would be required from both the Trust and Trade Union Partners to achieve this goal.

Members also noted the need for guidance on referrals to professional regulatory bodies such as the Health and Care Professions Council (HCPC) and the Royal College of Nursing (RCN) to be incorporated into the process in order to tie in with the Trust's Professional Regulation Policy.

**RESOLVED: That the report was NOTED and the recommendations contained within were APPROVED.**

### **38/22 TUP ANNUAL REPORT**

The TUP Annual report was received by the Committee. Members noted the contents and commented that although the report was presented as read, it provided significant assurance to the Committee in regards to the partnership activity being undertaken.

**RESOLVED: That the contents of the report were NOTED.**

### **39/22 MINUTES OF SUB-GROUPS**

The Minutes of the sub-groups were presented as read and for information purposes only.

### **40/22 ISSUES TO BE RAISED AT BOARD**

The Chair informed Members that discussions with Trish Mills would take place outside of the meeting to determine which items would be taken forward and raised at Board.

**41/22 ANY OTHER BUSINESS**

There was no other business

**42/22 DATE OF NEXT MEETING**

The date of the next meeting was scheduled for 05 September 2022.