

**CONFIRMED MINUTES OF THE PEOPLE AND CULTURE COMMITTEE MEETING
 (OPEN SESSION) HELD REMOTELY VIA MICROSOFT TEAMS ON 16 NOVEMBER
 2023**

Chair: Paul Hollard

Members:

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| Paul Hollard | Non-Executive Director and Chair |
| Bethan Evans | Non-Executive Director |
| Hannah Rowan | Non-Executive Director |

Prescribed Attendee:

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| Lee Brooks | Executive Director of Operations |
| Tim Cahalane | Trade Union Partner |
| Alex Crawford | Assistant Director of Planning and Transformation |
| Estelle Hitchon | Director of Partnerships and Engagement |
| Angie Lewis | Director of People and Culture Services |
| Trish Mills | Board Secretary |
| Paul Seppman | Trade Union Partner |
| Andy Swinburn | Director of Paramedicine |
| Chris Turley | Executive Director of Finance and Corporate Resources |
| Jonathan Turnbull-Ross | Assistant Director of Quality |
| Damon Turner | Trade Union Partner |

Attendee:

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| Julie Boalch | Head of Risk/Deputy Board Secretary |
| Sarah Davies | People and Culture Directorate Business Manager |
| Colin Dennis | Trust Chair |
| Dr Catherine Goodwin | Assistant Director Inclusion, Culture and Wellbeing |
| Osian Lloyd | NWSSP Internal Audit |
| Caroline Jones | Corporate Governance Officer |
| Fflur Jones | Audit Wales (attended for item 97/23) |
| Kathryn Cobleby | Head of Inclusion and Engagement |
| Sara Mills | Head of Culture and OD |
| Alex Payne | Corporate Governance Manager |
| Liz Rogers | Deputy Director of People and Culture |

APOLOGIES:

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|---------------|---|
| Joga Singh | Non-Executive Director |
| Ian James | Trade Union Partner |
| Liam Williams | Executive Director of Quality and Nursing |

83/23 WELCOME AND APOLOGIES FOR ABSENCE

The Chair welcomed everyone to the hybrid meeting of the People and Culture Committee noting that some members, including the Trust Chair and the Executive Lead were in the room, with others attending via Teams.

Apologies were recorded from Joga Singh, Ian James and Liam Williams.

84/23 DECLARATIONS OF INTEREST

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

RESOLVED: That no new declarations were received.

85/23 MINUTES OF PREVIOUS MEETING, ACTION LOG AND HIGHLIGHT REPORT

The Minutes of the Open meeting held on 17 August 2023 were considered and agreed as a correct record.

There were no actions to be reviewed at this meeting.

The highlight report from the August 2023 meeting had been received by the Board and there were no comments on the report.

RESOLVED: That the minutes of the meeting held on 17 August 2023 were approved.

86/23 DIRECTOR OF PEOPLE AND CULTURE DIRECTION UPDATE

The Director of People and Culture highlighted some areas from the report which included the NHS staff survey with the position reported at a 19.94% response rate; which as an organisation was higher than Health Boards, but not as high as other Trusts. The deadline had been extended by two weeks and a last push to encourage staff to participate would be needed. It was hoped that NHS Wales as a whole would achieve a 30% response rate. Trade Union Partners confirmed they were engaging with members. It was also confirmed that the results would be broken down into staff groups.

Recognition was given to the 100 colleagues who had attended the leadership symposium, building on the work that had already taken place regarding insights colour preferences and thinking about the broader impact, with the development programs continuing. There had also been a recent development session between

the Executive Team and Trade Union partners to build on the insights preferences as part of the commitment to enhance partnership working.

The Director of People and Culture encouraged members to look at Business Goose, a tool to help people navigate some of the digital tools used within WAST and was designed by a colleague in the Learning and Development Team, and also highlighted the training on LMS 365 around newborn thermoregulation which was delivered via the ipads.

The Director of People and Culture requested that colleagues book onto the active bystanders and allyship training sessions if they hadn't already done so.

Also referenced within the report were challenges and risks with winter pressures a significant issue, and the financial landscape still challenging. The Head of Culture and OD asked that Laura Stephen be recognised for winning the Inspiring Others award, whilst the Director of People and Culture confirmed that Darren Anthony had also won an award and would be invited to the next meeting of the Committee to share his apprenticeship experience.

RESOLVED: That the update from the Director of People & Culture was noted.

87/23

OPERATIONS QUARTERLY REPORT

Condolences were extended to Michelle Perry's family, a colleague who recently passed away, recognising that this would also be a difficult time for staff who had known Michelle throughout her time with the Trust.

Exercise Dollhouse was undertaken in July with representatives from across the Trust participating. The exercise tested the Trust's response to a Manchester Arena style attack and our collaboration with multiagency colleagues using the Joint Emergency Service Interoperability Programme (JESIP). Overall, the exercise showed that our Commanders had a robust understanding of the need to deploy front line staff quickly but safely in the event of a Marauding Terrorist Attack environment to save lives.

Two volunteer conferences had been held and were a huge success. The Director of Volunteering Delivery from Volunteering Matters, provided the keynote, and was extremely complementary in terms of the Trust's approach to volunteering in the organisation.

An increase in the sickness rates for EMS coordinations was reported which had previously been down to 8% however the long term sickness rates had pushed the figures up.

It was reported that there would be some change within the EMSC Department for

the North, which would be an unsettling period for the staff, as remaining at the current site was not an option. The Project Board would be making progress in the coming weeks.

A need to engage on the single allocator model would alter the ways in which work was undertaken but needed to be included in the structure for EMSC.

The structure of the department was an issue in terms of capacity for supervision, and support and work was underway to do more on the structure with what was currently available.

System pressures had worsened in recent weeks culminating in an incident declaration in October. The Executive Director of Operations spoke at the recent roadshows of the impact on our people which influenced the business continuity decisions that were made.

From meetings with other Directors of Operations, it was recognised that the lower take up of overtime during the summer months was not unique to the Trust, and despite the tighter spending controls that were in place for a period of time, the forecast for going into Winter was improved.

Positive feedback was received in relation to 111 conversations in 111 which had opened up two way conversations with simple changes being made to make life easier for staff.

During a levelling exercise delivered by the International Academy of Emergency Dispatch (IAED), it was identified that there was a widespread issue relating to the compliance of audits relating to breathing problems. Auditors had been over-auditing breathing problems and marking them as non-compliant due to ineffective breathing descriptors, which was now recognised to be incorrect. The Director of Paramedicine confirmed the complexity around this issue and the difficulties faced in trying to navigate it and welcomed the the deep dive to see what could be done.

The demand for coroner's statements across Wales continued to remain high with 18 statements currently with Operations Quality that required completion. The due date had lapsed for 13 of these. The team had been supported by wider Operations Team colleagues to complete these statements, which had resulted in an improved position from over 40 outstanding at the end of 2022/23 Q4.

It was confirmed, in response to a query raised in relation to having the correct staffing levels, that committed additional investment for managing concerns was in place across both the Operations and Nursing Directorates; however due to the current operational pressures generating much activity, there remained a shortage of resources. Coroners were not issuing extensions therefore some of the simpler cases in terms of our involvement and what the issue was, were sent to EMS Managers to complete.

RESOLVED: That the Operations Quarterly Report was noted.

88/23

STAFF STORY – CEO ROADSHOWS – STAFF FEEDBACK

Approximately 400 colleagues who attended and participated in the recent Roadshows were thanked by the Director of People and Culture. Each table was facilitated by a member of the Executive Team or Assistant Director Leadership Team. A survey had been issued to provide feedback, not only from those who attended, but to look at the barriers for those who weren't able to attend in order to widen accessibility as much as possible. With varying numbers of operational staff attending the roadshows it was acknowledged that more operational attendance would be welcomed.

At the events, staff were asked to participate in an immediate feedback survey and asked how they were feeling in terms of stress levels. 53% of the respondents at the Roadshows positioned themselves in the 'highly' or 'very highly' stressed zone with workload, competing priorities, cultural conditions and insufficient resource being cited as stressors. It was hoped that with a baseline now to work from that in six months there would be a positive shift in terms of the key stressors.

The most popular themes on the question about "hopes for the future" included support, safety, progression, improvement, and stability. Furthermore, 70 questions were asked during the Roadshows, some of which were answered on the days with others being finalised and which would be published shortly.

It was felt that staff were more open at the roadshows and were willing to disclose issues of concern to senior members of staff, and work needed to continue to provide confidence to staff that they were being listened to. It was also recognised that conversations that were had during the breaks provided significant feedback and genuine interest in future plans. It was identified that table work and networking time which allowed staff the opportunity to connect could be increased during the next round of Roadshows, with a less focussed approach to format.

Trade Union Partners had not attended the roadshows as they felt that the flow of information from the Chair of the Trust and other senior staff on a routine basis was sufficient.

RESOLVED: That the experience and feedback from the roadshows was noted.

ENGAGEMENT FRAMEWORK DELIVERY PLAN AND ASSOCIATED ENGAGEMENT ACTIVITIES

The report provided an update on engagement activities, including engagement on the Trust's longer term strategy as outlined in the Engagement Framework Delivery Plan, approved by Trust Board in January 2023. The Engagement Framework differed from previous iterations in that it focused almost exclusively on the organisation's strategy and what had previously been described as inverting the triangle, and looking at how stakeholder support could be secured.

The widening of the Engagement Plan would begin in February 2024 but was not yet systemised. A significant amount of engagement on an informal basis had been ongoing around inverting the triangle, and now needed to test the broader piece of work.

Representation at the Regional Partnership Boards (bar one) was undertaken by the Director of Partnerships and Engagement or the Director of Strategy and Planning, which gave rise to identifying partnership opportunities.

The reputation audit conducted in the latter part of 2022/23 provided a mixed reception dependent upon the stakeholders. There were some very positive comments, similarly there were some that felt there was more work to be done. The reputation audit was revisited in quarter four of 2023/24, with results coming to Committee and to Board Development to understand the position with colleagues on reputation, as it would have an impact on the discussion outcomes.

In relation to Risk 201 – damage to trust reputation and loss of stakeholder confidence - it had been static (risk score of 20) for some time, and given the sustained pressures across the system and the patient experience, it was not deemed necessary to escalate. However, it could not be de-escalated either. Increased political scrutiny was likely to be elevated in the Winter.

A number of external stakeholder meetings were due to take place over the coming weeks, as well as an updated stakeholder briefing being developed for the Minister of Health and Social Services.

With regards to the pilot provision of a mental health vehicle, the Director of Paramedicine updated colleagues on discussions held with South East Coast Ambulance Service on their mental health vehicle whereby due to shortfalls within existing community provision in their area, it was actually driving activity and the vehicle had been rescinded. It was asked that learning be reviewed prior to moving forward with a similar provision. An evaluation would need to be provided to the Regional Partnership Board to warrant further investment.

RESOLVED: That

- 1) the contents of the report were noted; and**
- 2) the Committee would continue to be apprised of progress in the stakeholder engagement arena on at least a six-monthly basis.**

90/23

HEALTH AND CARE PROFESSIONAL COUNCIL REGISTRATION AND NURSING AND MIDWIFERY COUNCIL REVALIDATION 2023

The report set out the process for the ensuring all paramedic and allied health professionals (temporary, permanent, bank and voluntary) continued to maintain their professional obligations to the Health and Care Professions Council (HCPC) and all Registered Nurses and Midwives maintained their professional registration obligations with the Nursing and Midwifery Council (NMC).

Under the Health Professions Order 2001 it is the responsibility of the Paramedic to maintain their registration. In order to be registered with the NMC to practise in the UK, every nurse is expected to uphold a set of professional standards and act in line with the Code.

The process identified two cases which were investigated and addressed, which provided assurance to the Committee that registration requirements for all colleagues affected had been reviewed and any issues highlighted/addressed.

RESOLVED that the People and Culture Committee received this report and confirmed assurance was taken from the processes in place to ensure that all Paramedic and Allied Health Professionals (temporary, bank and voluntary) continue to maintain their professional registration obligations to the HCPC and that all Registered Nurses and Midwives maintain their professional registration obligations with the NMC.

91/23

PEOPLE AND CULTURE ELEMENTS OF 2024-2027 IMTP

The report updated the People and Culture Committee with an initial and draft overview of year two of the 2023-2026 IMTP and our People and Culture Plan, along with our Workforce Plan.

The delivery of the year one objectives was well underway. Monthly monitoring of progress and updating of the Directorate Plan was completed by the team. Key items were reported through either Executive Leadership Team, Strategic Transformation Board or through the Committees of the Trust Board.

Year two activities would be updated shortly as the 2024-27 round of the IMTP developed. Headlines of proposed activities were included in the report. The

development of the Strategic Workforce Plan was underway with significant consultation across the organisation.

Members welcomed the ambition of the People and Culture Team, but sought to ensure that these were focused on key activities and priorities, aligned to our principal risks, financial envelope, and capacity.

RESOLVED: That

- 1) The report was noted; and**
- 2) The proposed priorities were commented on and discussed.**

92/23

HEALTH AND SAFETY UPDATE AND POLICY

This item was considered earlier in the meeting than scheduled to provide discussion time.

Jonathan Turnbull-Ross outlined key areas from the report which included training compliance, fumes, road traffic collisions and seat belts. Diesel fumes continued to be an issue and continue to raise the issue with counterparts. Assurance on the installation of shorelines nationally has been received from the Operations Management Team, which was not a solution, but would help the situation. It was recommended that incidents were logged accurately by way of a diesel register. Trade Union Partners warned not to take assurance on lower reporting as the problem would increase over the winter when heaters would be required more often.

Risk 199 – The Trust Corporate Health and Safety risk, as reviewed recently and would be reduced to the target score of ten, previously 15, with the rationale being presented in the report to Trust Board.

The cultural journey of Health and Safety in the organisation was discussed, recognising that health and safety advisors were supporting more with working safely as opposed to a tick box exercise working with from line and locality managers. The workplace compliance position was that four out of five sites had a risk assessment with a rolling programme, which Health and Safety advisors were supporting.

The growing confidence of the team and improvements in areas such as RIDDOR compliance which had substantially improved to 82%, was highlighted.

The recent internal audit provided confidence that progress was being made and made recommendations to areas that required more work.

Reference was made to the injuries sustained due to the way staff exited an ambulance with an Ergonomist working with the team to improve the experience for staff.

It was also noted that the Executive Director of Operations wrote to staff members who had been the victim of an assault, which was appreciated by those colleagues; however due to an issue around notification, this had not happened since July 2023.

The next Health & Safety report would focus on violence and aggression and manual handling.

Health and Safety Policy

The Health and Safety Policy was approved and would be presented to the next Trust Board meeting.

RESOLVED: That

- 1) The report was noted; and**
- 2) The Policy was approved and would be presented to the next Trust Board meeting for ratification (as required by the Trust Standing Orders).**

93/23

STRATEGIC EQUALITY PLAN

Under the requirements of the Equality Act 2010: The Public Sector Equality Duty, the Trust is required to publish a Strategic Equality Plan (SEP) and a set of objectives by 31 March 2024 which will demonstrate how the Trust will:

- eliminate discrimination, harassment and victimisation and other conduct prohibited by the Act;
- advance equality of opportunity between people who share a protected characteristic and those who do not;
- foster good relations between people who share a protected characteristic and those who do not.

The Head of Inclusion and Engagement presented the draft SEP as part of the consultation process, which was still ongoing. It was confirmed that many people had already been consulted both internally and externally. It was recognised that the Plan needed to be embedded across the Trust, so it would take time to see the progress made.

The four overarching Strategic Equality Objectives were:

- Designing Equitable Services;
- Leading by Example;
- Being an Employer of Choice;
- Creating Allyship.

It was noted that some Operational staff found it difficult to attend some of the training sessions due to the continued pressures faced by the service. It was intended that the Committee would receive the plan again in February ahead of its approval by the Trust Board in March 2024.

RESOLVED: That the

- 1) Committee discussed and noted the progress made on the Strategic Equality Plan; and**
- 2) Strategic Equality Plan would return to the Committee in February 2024 ahead of its approval by the Trust Board in March 2024.**

94/23 SPEAKING UP SAFELY FRAMEWORK

The Speaking up Safely Framework was designed to support individuals in speaking up safely and confidently within the NHS in Wales. It outlined the principles and expectations for employees, line managers, NHS boards, and executive leads.

The Framework document provided guidance on how to raise concerns, what support was available, and how concerns would be investigated. It emphasised that individuals did not need absolute proof of wrongdoing to raise a concern and that they would not be responsible for investigating the concern.

The Framework highlighted the importance of confidentiality and protection from retaliation for those who spoke up and overall, the Speaking up Safely framework aimed to create a culture of openness and transparency within the NHS in Wales. The Framework was to be considered alongside the slightly revised NHS Wales Raising Concerns Procedure and summarised the revisions that brought the procedure in line with the Framework, and the recommendation by Welsh Government that all NHS Wales organisations adopt the slightly revised version.

As part of the launch of the Framework, Welsh Government wrote to all NHS Wales Chief Executives requesting a response to the self-assessment in section six of the Framework. The self-assessment to Welsh Government demonstrated how much progress has been made by the the Trust in respect of speaking up safely.

Freedom to Speak Up month was in October and a Hive survey had been issued to understand how this campaign had been received.

RESOLVED: That the Committee adopted the All Wales Framework in line with Welsh Health Circular dated September 2023 and noted that it would be presented to the next Trust Board meeting for ratification.

95/23

RISK MANAGEMENT AND BOARD ASSURANCE FRAMEWORK REPORT

The report showed the risks that were presented to the September meeting of the Trust Board. The current updates were navigating Trust governance processes and further updates to risks will be presented to the November meeting of the Trust Board.

The risks within the remit of this Committee were reviewed. The three highest risks for this Committee are set out below:

160 – high absence rates impacting on patient safety, staff wellbeing and the Trust’s ability to provide a safe and effective service remains at a rating of 20 (5x4) as of July 2023. Despite positive movement in sickness rates, it was agreed that it was premature to reduce the score at this stage.

201 – damage to the Trust’s reputation following a loss of stakeholder confidence remains at 20 (4x5). This score has not changed. The bi-annual partnerships and engagement report was discussed as was the likelihood and consequence ratings, noting that appetite for questions in the Senedd regarding WAST was low.

163 – maintaining effective and strong Trade Union partnerships increased in score from 12 (3x4) to 16 (4x4). Whilst the national pay dispute had ended for most Trade Unions, relationships with Trade Union Partners needed to be approached sensitively. There were a range of issues that required engagement and partnership working, alongside the full implementation of all aspects of the WAST annex.

Updates were provided to risks **199** (failure to embed an interdependent and mature health and safety culture which could cause harm and a breach in compliance with health and safety statutory legislation – score of 15). As noted the recent internal audit on health and safety received a reasonable assurance rating.

Risk **558** (deterioration of staff health and wellbeing in the face of continued system pressures as a consequence of workplace experiences) remains static at a score of 15.

The Committee also reviewed risks 223 and 224 and agreed that the newly added commentary box for all risks was useful to provide rationale and context.

RESOLVED: That the contents of the report were discussed and considered.

96/23

WORKFORCE CHALLENGES

The report shared with People and Culture Committee includes the headlines from the Audit Wales NHS Workforce data briefing produced in September 2023. The document highlighted the growing workforce pressures in the NHS across Wales.

The Trust's performance against other Health Boards and Trusts was strong in terms of agency spend and vacancy numbers, mid table for turnover and low for sickness absence. However, the report noted how the Trust compared with the ambulance sector rather than health organisations across Wales.

It was noted that the West Midlands Ambulance Service had lower absences rates than other ambulance services and this was due to calculation of sickness which varied from other services. It was agreed that exit interview themes and trends would be brought back to the next meeting of the Committee.

RESOLVED: That the Committee recognised the challenges and noted the report.

97/23

WORKFORCE PLANNING AUDIT

The feedback from the Workforce Planning audit undertaken by Audit Wales was presented. This included audits across the Health Boards and Trusts in NHSWales to review approaches to workforce planning given the concerns about the sustainability of the NHS Workforce.

The audit outcome was positive with the Trust being in a good place, with no significant risks or urgent actions identified.

A lot of effort, energy and investment had gone into workforce planning with the Trust able to demonstrate areas of control, good improvements, responding to some of the immediate operational challenges, and diversity and recruitment challenges. The biggest challenge was how to approach implementing the strategic changes on a large scale and at pace in the current climate.

The Auditor thanked everyone for their time and expressed the positive experience of working with the Trust. The report would be presented to the Audit Committee at the end of November.

The Committee requested a couple of minor changes to the report prior to its publication, one in relation to cohorting spend not being typical agency spend and the second related to an amendment of a job title.

RESOLVED: That the report was noted.

98/23 PEOPLE AND CULTURE PLAN METRICS

The report was the first quarterly update against the metrics which were signed off in August, with focus on quantitative data, qualitative data would be presented to the February meeting, which would include the information gathered from HIVE, but also some high level information from the NHS staff survey.

There was an overall downward trend in terms of turnover whilst appreciating there were some areas within the organisation that had shown an increase. A forthcoming audit in relation to staff retention was due to be undertaken which would provide further insight and enable improvement.

The Executive Leadership Team would be sighted on cultural metrics, looking at trends every eight weeks.

RESOLVED: That the progress was noted and the report was received.

99/23 CULTURE REVIEW TOOL

The report set out to provide a high level overview of the tools designed to support and enable managers to develop and improve culture within teams and be able to identify and make recommendations for the next steps.

Both Welsh Government and Health Education and Improvement Wales (HEIW) had shown an interest in this work and whether the tools could be applied in other parts of the NHS in Wales.

It was recognised that managers would be critical in shaping the future culture of the organisation and the toolkit was designed to make culture feel more manageable and to set out a process that managers could follow with support and practical tools.

The toolkit would be piloted with some operational teams in order to develop it, then offer it more widely to managers of teams. It was hoped that areas that were doing well together with those where more work and improvement was needed, would be included in the pilot.

Cultural Early Warning Signs (CEWS) the diagnostic tool to help diagnose cultural issues within a team, had been shared with Trade Union Partners who had provided some useful feedback. This would create a score which would give a baseline measure to work from.

It is on Hive, a survey that uses our WAST behaviours and asks staff to rate the extent to which they're observing or experiencing those behaviours within the teams they're looking across the team.

RESOLVED: That the approach was endorsed as outlined.

100/23

PEOPLE AND CULTURE PERFORMANCE SCORECARD

The report provided an overview of the key people and culture performance data and trends and associated improvement actions. Key areas were Improvements against "time to shortlist" KPI and a deep dive into PADRs.

Sickness absence saw a blip in August but was now on a continuing downward trajectory with October looking good. There was a triangulation of other data as well, looking at things like missed meal breaks as well as violence and aggression cases, the muscular skeletal injuries to identify issues.

Corporate staff should be encouraged to complete their statutory and mandatory training. The Committee were asked to receive and comment on the reported performance and associated actions.

RESOLVED: That the report was received and commented on.

101/23

MIQPR

The indicators used at this high-level showed an increase of system pressure (and warning signs for Winter), in particular, with increased handover lost hours and therefore worsening quality and performance for the Emergency Medical Service (EMS). 111 was showing continuous improvement throughout 2023, with abandonment rates and call answer times achieving the best performance since February 2022.

Ambulance Care, in particular, Non-Emergency Patient Transport Service's (NEPTS) performance had been stable, but with demand (with the exception of outpatients) increasing to pre-Covid levels, performance had dipped slightly over the past two months. Overall, the picture remains one in which the Trust can demonstrate clear improvement over things it controls, but a more mixed picture where there were system dependencies e.g., handover lost hours.

It was acknowledged that much of the work done in this Committee would be crucial over the next few months with the impact of the increasing handovers expected during Winter and the correlation of stress on staff.

RESOLVED: That assurance was gained from the report

102/23 PULSE SURVEY

In order to effectively establish the views and opinions of colleagues in a fast and responsive way, a product called Hive had been purchased. This would provide feedback quickly and enable a "you said, we did" environment.

The first survey was due to close imminently which entailed seven questions; four around freedom to speak up and how confident people were to raise a concern, with the remaining questions on advocacy, loyalty and pride. Currently there was approximately 11% return rate on the survey.

The People Science Team from Hive have a team of Occupational Psychologists who would work with the Trust to look at areas that required focus. It was recognised that pulse surveys were the direction of travel to respond quickly to rapidly changing environments.

RESOLVED: That the report was noted.

103/23 WASPT HIGHLIGHT REPORT

The report confirmed that lots of issues had been discussed and that the two meetings that had been held since the last Committee meeting had been constructive. It was noted that the conversations at these meetings was now back to pre-pandemic levels and that a huge amount of good work was being done in partnership, which needed to be promoted.

The WASPT specific insights training had taken place and was well received. The Corporate Partnership Forum had been set up which would provide a good forum for discussion alongside the operational forums. Members noted that despite industrial action there was a lot of good work to celebrate and capture.

RESOLVED: That the report and progress was noted.

104/23 AUDIT TRACKER and SENIOR PARAMEDIC ROLE INTERNAL AUDIT REPORT

Trish Mills advised that the current version of the Audit Tracker was named 2.0 and would be moving to 3.0 SharePoint solution shortly. Members of the People and Culture Team were thanked for their engagement in closing down 30% of their recommendations in the quarter. The historical action 496 relating to the EDI group terms of reference was also going to be closed.

It was reported that there were no 2021/22 open actions which was very positive, with constructive conversations held with auditors in reaching solutions to closing actions. Where there were revised date presented against management actions these were indicated in blue text within the Tracker.

There had been some scrutiny, concern, and challenge to focus on the impact of actions that had been closed, and it was suggested that some recommendations from the internal audits be brought back to the Committee in 12 or 18 months' time to review what the impact has been.

Senior Paramedic Role Internal Audit Report

The reports gave a positive review with a reasonable assurance rating and would be reviewed by the Audit Committee later this month. Some actions identified had already been completed and was recognised as a fair and balanced report by the Trust.

RESOLVED: That

- 1) the report was noted;**
- 2) the audit report was recognised as a positive report; and**
- 3) the Senior Paramedic Role Internal Audit report was received.**

105/23 STAFF STORY DIAGRAM

The feedback loop recognised the closure of the actions and was welcomed, which was recognised as being due to the calibre of management that the Volunteer Team now had.

106/23 COMMITTEE PRIORITIES AND CYCLE OF BUSINESS MONITORING REPORT

The priorities and cycle of business monitoring report was noted.

107/23 KEY MESSAGES FOR BOARD

Any messages for Trust Board would be picked up within the highlight report from the Committee.

108/23 ANY OTHER BUSINESS

None raised.

109/23 DATE OF NEXT MEETING

The date of the next meeting is 20 February 2024.