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Ymddiriedolaeth Brifysgol GIG
Gwasanaethau Ambiwylans Cymru
Welsh Ambulance Services
University NHS Trust

CONFIRMED MINUTES OF THE PEOPLE AND CULTURE COMMITTEE MEETING (OPEN SESSION) HELD AT CARDIFF MRD AND REMOTELY VIA MICROSOFT TEAMS ON 9 MAY 2024

Chair: Ceri Jackson

Members:

Ceri Jackson	Non-Executive Director and Chair
Hannah Rowan	Non-Executive Director
Joga Singh	Non-Executive Director

Prescribed Attendees:

Alex Crawford	Assistant Director of Planning and Transformation
Estelle Hitchon	Director of Partnerships and Engagement
Angie Lewis	Director of People and Culture
Hugh Parry	Trade Union Partner
Sonia Thompson	Assistant Director of Operations, EMS
Andy Swinburn	Executive Director of Paramedicine
Chris Turley	Executive Director of Finance and Corporate Resources
Jonathan Turnbull-Ross	Assistant Director of Quality Governance
Damon Turner	Trade Union Partner

Attendees:

Julie Boalch	Head of Risk/Deputy Board Secretary
Kathryn Cobley	Head of Inclusion and Engagement
Peter Curran	Non-Executive Director (joined during 39/24)
Sarah Davies	People and Culture Directorate Business Manager
Fflur Jones	Audit Wales (joined during 38/24)
Dr Catherine Goodwin	Assistant Director Inclusion, Culture and Wellbeing
Caroline Jones	Corporate Governance Officer
Matthew Jones	Pembrokeshire Locality Manager
Jo Kelso	Head of Workforce Education & Development
Sara Mills	Head of Culture and OD
Alex Payne	Corporate Governance Manager
Felicity Quance	NWSSP Audit and Assurance
Julie Stokes	Head of People Services
Hayley Jones-Dunne	Organisational Development Manager (observing)

Apologies:

Lee Brooks	Executive Director of Operations
Tim Cahalane	Trade Union Partner
Bethan Evans	Non-Executive Director
Christian Fox	Trade Union Partner
Ian James	Trade Union Partner
Mark Marsden	Trade Union Partner
Trish Mills	Director of Corporate Governance/Board Secretary
Liam Williams	Executive Director of Quality and Nursing

31/24 WELCOME AND APOLOGIES FOR ABSENCE

The Chair welcomed everyone to the hybrid meeting of the People and Culture Committee noting that this was her first People and Culture Committee as Chair. Apologies were recorded from Bethan Evans, Mark Marsden, Trish Mills, Lee Brooks Christian Fox, Tim Cahalane, Ian James, and Liam Williams, with Julie Boalch, Sonia Thompson, Jonathan Turnbull-Ross, and Hugh Parry attending as deputies.

She congratulated Angie Lewis, Director of People and Culture on winning a leadership award with the International People and Culture Awards 2024 this week, also recognising the effort of the wider People and Culture Directorate within the Trust.

Ceri Jackson welcomed Hayley Jones-Dunne as an observer to the meeting following her recent appointment to the Trust. She also noted that Peter Curran would be joining for parts of the meeting. .

32/24 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.

33/24 MINUTES OF PREVIOUS MEETING, ACTION LOG AND HIGHLIGHT REPORT

The Minutes of the Open meeting held on 20 February 2024 were considered and agreed as a correct record.

The actions 57/23,11/24(a) and 11/24(b) were agreed complete with explanations against each action in the log.

Ceri Jackson queried if the action Qu01/24 that had been transferred to QuEST had been tabled and it was confirmed it would be picked up for the next meeting of the QuEST Committee. The action was closed.

Ceri spoke of her action (07/24) relating to Equality, Diversity and Inclusion and suggested that the action remain open as additional conversations were still needed with the Governance Team and Kat Cobley. Hannah Rowan confirmed that the action related more to practical action than induction guidance.

RESOLVED: That the

- 1) minutes of the meeting held on 20 February 2024 were approved; and**
- 2) Actions as set out above were agreed.**

34/24

DIRECTOR OF PEOPLE AND CULTURE DIRECTORATE UPDATE

Angie Lewis spoke of the positive interactions with colleagues across the organisation over that last couple of months. She highlighted the areas below from her update report:

- Continued progress of the Culture Champions Network and the positive impact on shaping Trust culture; an increased focus on visibility, programme of support and opportunities to empower CCs in their roles.
- Awards with the voices networks advocates.
- Time with Trade Union colleagues and a road trip to North Wales for the partnership session.
- Executive Team 360 process undertaken to continue to develop as a team.
- Clinical transformation workshops with focus on change management and building the change management capability.
- Commitment and endorsement on investigation team to move forward – ready to go to advert for those posts.
- Assurance given on Occupational Health work plan.
- The Roadshows provided an opportunity to engage with colleagues on workplace safety, as well as the positive engagement balanced with realism in relation to the level of change taking place across the Trust.
- Counselling sessions being offered by the Employee Assistance Provider has increased to 8 sessions following a recent retender exercise resulting in the same provider being selected.
- Appointed a full time dedicated Freedom to Speak Up Guardian role from next month.

Hannah Rowan, whilst agreeing that reporting was helpful, sought assurance around the safeguards in place for total anonymity for the new occupational health reporting to ensure trust was maintained. It was confirmed that currently it was only for use in clinical sessions and supervision purposes, with automated questionnaires sent by the Psychologists.

Within the challenges and risks, Angie Lewis referenced the increased workload and significant change across the organisation within the document, however she

agreed to share the level of change happening across the organisation in the next report.

Angie Lewis thanked Hugh Parry as a Trade Union Partner and an incredible Champion for Change, for his involvement and feedback following his attendance at the Change Management Course.

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

35/24

OPERATIONS QUARTERLY REPORT

Sonia Thompson drew out pertinent aspects for Members, which included:

- Relief planning has been extended following a successful first stage pilot from 5 to 6 weeks' notice. The move was expected to improve the working experience of our people.
- The Emergency Medical Service Coordination restructure had been agreed in principle to increase management and leadership support capacity and career development opportunities.
- Quality and Support days had been held promoting culture and behaviours with key areas such as seatbelt and safety harness use, process, and policy; all providing opportunities to have conversations with operational managers. Themes and trends data would be gathered from these sessions.
- End of Shift OVERRUNS (EoS) – whilst the holding area has been lost at the Grange University Hospital, new premises were being sought. Despite that there is a reduced average EoS overrun length reducing to a lower level than the previous 15 months.
- Operations staff encouraged to drop into culture workshops which utilise the Cultural Early Warning Score tools to facilitate feedback from staff on their experiences and expectations.
- Clinical Assessment Software replacement project for NHS 111 went live successfully on 30 April 2024 and a major achievement for the Trust and all involved.

Members congratulated the team on the CAS work, for achieving so much whilst under pressure; whilst Damon Turner recognised the positive impact the relief planning and reduction in overruns had on staff, the latter of which were at lower levels than in the previous month

Hannah Rowan queried if the resource in NHS 111 would be reviewed to match the demand with Sonia Thompson confirming that some demand and capacity modelling would need to be undertaken which was incorporated in the IMTP and that conversations were ongoing.

RESOLVED: That the Operations Quarterly Report was noted.

STAFF STORY – A VIEW OF FRONTLINE LEADERSHIP

Matthew T Jones, Locality Manager in Pembrokeshire, attended the meeting to share his learning on the work he had undertaken on attendance and sickness absence. Matt started as a student Paramedic in 2010 and worked in Surrey for a year before returning to join the Trust in Pembrokeshire in 2013. He became a Clinical Team Leader in 2019 and then acted up as a Locality Manager during the pandemic. He was appointed permanently in May 2020 and transitioned into the Duty Operations Manager (DOM) role, and then substantively as a Locality Manager.

Matt had faced some challenges in leading a team that he used to work within as a colleague, in dealing with high sickness rates, outdated Stations, and had concerns regarding the support available to colleagues off long term. 'Chat with Matt' sessions were set up to discuss key issues such as sexual safety, sickness, handover delays, overruns, and an opportunity to explain things to staff. For example, the national Managing Attendance at Work Policy and delivering it locally and making the most of the People and Culture Plan as a guide to support staff and to have open and honest conversations. There was a clear need for change with abstraction rates.

Matt adopted a new system on O365 Microsoft Planner to track and manage staff absences and other operational matters. He said it was very intuitive and visual and helped him and the DOMs to provide timely and appropriate support to staff, linking in with Information Governance colleagues to ensure that data protection requirements were considered. A year on from using the system, it was clear when staff have received welfare calls, occupational health referrals etc and it intuitively tracks staff to enable customisation in the way absence is managed. The capability to attach long term sick records, e-files, staff information, time and date stamp of actions, letters to be sent out or supportive actions due, was invaluable. The results and benefits have been realised as a whole system change building a team back from 25% sickness to 7% and improving PADR completion rates.

Angie Lewis and Jason Killens visited Pembrokeshire Station and saw this in action, acknowledging that a lot had been achieved in a short space of time and most of it done in house by Matt and his team. Station facilities were improved by creating quiet rooms for staff to reflect and relax. He said he did this with very little money and with the help of the Estates Team and the staff themselves.

Matt's reflections of this activity included: having a safe space to learn from mistakes in the beginning of the project, linking into the People & Culture (P&C) Plan, that it is an excellent example of how a whole team in EMS has been involved in supporting staff back into work following a period of absence, and the work that has been done to support staff in complex cases and the innovation and creative thinking demonstrated by our people.

The Committee reflected how impressed they were with this innovation and creative thinking, whole scale support for staff and managing absence and whether this approach could be adopted nationally across EMS.

Hugh Parry suggested that it could be appropriate for operational colleagues in the North to engage with Matt to learn from his system and understand whether it could be applied. Damon Turner added that he was impressed by the system demonstrated and acknowledged Matt's honesty and can-do attitude. Matt responded that he would be happy to discuss his approach with others and noted that he had good working relationships with Trade Union representatives in his area.

Matt confirmed he had two supportive managers who were enthusiastic about his project in response to a question asked if there was more that the Trust could have done to support him. Matt continued by saying there were mistakes early on relating to information governance, which had been a learning curve and had been resolved. Joga Singh asked for discussions outside the meeting to ensure all records linked back centrally on individual personnel files.

Angie commended Matt for his great leadership from the front line, noting that the system and tools were great; however, it was the passion, commitment, and desire to help staff have a positive working experience which came through. The Trust was keen to keep shining a light where great practice was happening, learning, and evolving. Angie advised that she would take forward actions associated with this practice and consideration of extending it across the Trust.

37/24

NHS STAFF SURVEY RESULTS

The Committee received insights from NHS Staff Survey and Angie Lewis presented a focus on the issues of stress and burnout in the workplace as indicated by the survey results. There are links between addressing these issues with our overarching People & Culture ambitions, and in context of the Health and Wellbeing Plan. The data would be used to improve employee experience and organisational culture. The results would increase awareness of these issues and assist in developing meaningful actions against to address stress and burnout.

It was noted that the more detailed Directorate information that was due to be received from Health Education and Improvement Wales (HEIW) at the end of April had only recently been obtained. Work would now commence with Directorate Leads and TU Partners to share the richness of the data following completion of the necessary analysis.

The poor response rate was commented on and although similar to those of other UK ambulance services, with no single factor determining the lack of response, it was hoped for a higher response rate next time. Angie felt that demonstrating to our people that management is listening and learning, and that action was being

taken was important. There is a hope that future survey responses will increase in line with other NHS bodies in Wales.

Hugh Parry asked if there was any possibility of using Continuing Professional Development (CPD) hours to complete the survey. Angie Lewis confirmed that issues around incentivising and CPD were being discussed Nationally and the outcome would be fed back once known.

Ceri Jackson commented on the depth of the feedback and the insights that were now helping to move the Trust forward and confirmed that the NHS Staff Survey results and associated action plan is a priority for the Trust Board. The importance of engaging with Trade Union colleagues and staff networks to promote completion of the Survey was noted.

RESOLVED: That the report was noted and commented on.

38/24

PEOPLE AND CULTURE PLAN METRICS UPDATE

The Committee received a paper on the People and Culture Plan Metrics, including quantitative data that highlighted achievements and challenges related to the plan, such as the international award for culture, the work on change management, and the dedicated Investigation Team. Angie Lewis also mentioned positive trends, such as reduced turnover, sick absence (the best it has been for a while), and MIST compliance capability, as well as areas of concern, such as stress and burnout. More detailed information would be shared in the next Committee meeting.

It was recognised that a potential gap was not sharing the progress of the “you said we did” to ensure people across the organisation were aware of what was being done in different areas.

The downward trend in turnover was not uniform across the Trust with upward trends evident in both Allied Health Professional (AHP) and Nursing and Midwifery groups. This highlighted the challenges specific to nursing retention and it was recognised there was a UK shortfall in nursing, which could be attributed to the wealth of opportunity. Jonathan Turnbull-Ross proposed that the organisation should thoroughly explore the potential of nursing roles within the Trust. This opportunity is particularly exciting given the current demands on urgent and emergency care systems. Additionally, it would be valuable to compare this opportunity with other offers available. It was noted that a retention lead, funded by HEIW, had recently been appointed within the Trust.

An organisational change process was ongoing in the Quality and Nursing Directorate, with the final structure due to be released shortly, which would grow opportunities for nursing and enable more capacity for nursing leadership.

Joga Singh sighted the importance of capturing the exit interview data to understand the reasons for people leaving. Angie Lewis confirmed that a full moving on process across the organisation was about to be rolled out and recognised that moving on for opportunity or development was positive.

An increase in people coming forward to raise a concern showed the behind-the-scenes work was having an impact.

Deep Dive

A deep dive on the disciplinary processes and the compassionate practices approach was presented to Committee. The highlights included the increase in workload due to the rise in cases related to sexual safety and inappropriate behaviour having been reported, and the efforts to reduce the duration and harm of disciplinary cases.

The introduction of three independent investigators on a fixed term basis and the importance of decision-making officers having the capacity and pace to deal with cases was recognised, and it was hoped that once the benefit was realised that the post may be considered as a permanent post. Concern was raised regarding the harm caused by suspensions and the need to improve in that area.

Hugh Parry asked that the lessons learned and an action plan following disciplinary cases should be an automatic process to limit the damage, hurt and trust within the employee-employer relationship.

Joga referenced the timings of investigations and Chris Turley assured Committee that the Counter Fraud team do link in with People and Culture colleagues which would assist in the timings of some investigations. Angie Lewis agreed to segregate the cases where there was police involvement to provide a level of assurance in terms of the time taken to deal with cases.

RESOLVED: That the report was received and commented on.

39/24

WORKFORCE SCORECARD AND MONTHLY INTEGRATED QUALITY AND PERFORMANCE REPORT

The Scorecard referenced in more detail some of the key objective metrics which are required to be reported on as part of the Integrated Medium Term Plan and Monthly Integrated Quality and Performance Report.

There was acknowledgement on the sustained improvement made on sickness absence, compliance for statutory and mandatory training and PADR compliance.

Jo Kelso recognised that people were prioritising the elements of training that kept them safe and legal; however it was noted that the Trust needed to ensure staff had the opportunity to become compliant with all competencies. There was work ongoing to improve the quality of the learning and to make it more engaging. Hannah Rowan referred to some specific challenges she had faced and asked that the functionality of the platform be looked at together with possibility of adding transcripts.

Hannah posed questions relating to the drop in apprenticeships in progress and if that was due to a change in policy. Jo Kelso explained the reasons for the change in statistics mainly due to EMT1s finishing studies and becoming EMT2s with some generalised housekeeping too.

Hannah also queried if the increase in instances of violence and aggression (V&A) were due to better reporting or an actual increase in instances.

Jonathan Turnbull-Ross confirmed in regard to V&A it was likely to relate to how the Trust was connecting with the workforce and the culture locally with much effort being focused on what is and what is not acceptable in the workplace. There had been a relaunch of the anti-violence collaborative at an all-Wales level. He also referred to an analysis paper which would be brought the next meeting.

Joga Singh commented on the upward trend of PADRs and also asked about the job evaluation process. It was noted that any staff member could ask for a job evaluation subject to the description being older than six months with clear differences set out between the old and new role. There was a formal structured approach to review jobs roles.

RESOLVED: That the report was received and reported performance and associated actions were commented on.

MIQPR

The Monthly Integrated Quality and Performance Report ("MIQPR") showed that continued system pressures including handover delays remained a significant pressure on our people. The Trust continued to work on actions within its control to mitigate avoidable patient harm. The Trust lost almost 23,500 hours to handover in March which is difficult to compensate for. The 2024/25 budget included further investment in activities designed to shift demand left and mitigate the impact of handover lost hours.

Demand in NHS 111 coupled with the decrease in the number of call handlers commissioned would have an impact on staff wellbeing. There was acknowledgement on the sustained improvement made on sickness absence; however, there was work to be done. Committee were assured that there was a

dynamic plan in place on areas such as Muscular Skeletal issues, Manual Handling and Mental Health that remain a priority given the challenging 6% sickness absence target.

Whilst sickness absence figures were aligned to that of other ambulance services, within NHS Wales the Trust was an outlier.

Ambulance Care, in particular, Non-Emergency Patient Transport Service's (NEPTS) performance remained stable with oncology remaining above target and renal performance achieving its target.

RESOLVED: That the report was considered.

40/24

HEALTH AND SAFETY REPORT

Committee were assured on the Health & Safety (H&S) Report which several positive aspects such as high compliance rates for Reporting of Injuries, Diseases and Dangerous Occurrences Regulations reporting demonstrated a grip of control and flows of work within the Trust.

A low number of RIDDOR incidents were reported in Quarter 4. There remain areas of concern in relation to mandatory training and increasing instances of violence and aggression. There is ongoing work and initiatives to address these issues such as the Right Care Right Person with the Police in the coming 12-24 months on the association of Mental Health with incidents of violence and aggression. Several highlights included:

- An IOSH article on H&S in December 2023 on the Trust's efforts.
- The Head of H&S has been invited to join an editorial board.
- The CEO has been invited to discuss learning with Blue Light partners across the UK.
- The H&S Annual report will be presented to the next meeting.

The Committee discussed in detail the concerns raised by staff relating to diesel fumes, recognising that this was a complex issue with no immediate resolution. Trade Union Partners raised this as an issue for discussion and confirmed the number of concerns had increased with staff complaining of feeling unwell whilst on shift. An internal audit had been included in the annual audit plan to be completed in the next quarter.

Jonathan Turnbull-Ross advised that the Trust has undertaken diesel monitoring and has a repeat exercise planned for the next quarter. They are also looking to commission some static site monitoring and have introduced a diesel data vault to capture incidents and outcomes, to improve the monitoring and reporting within the Trust. He acknowledged that diesel fumes are a significant concern and a hazard

for the people affected and that they are working with the industry and procurement services to find a solution.

Estelle Hitchon agreed to work with the Trade Union Partners and Jonathan Turnbull-Ross to agree some communications to be issued to our people around work ongoing in response to the diesel fumes issue, as it was acknowledged that there could be a communication gap.

The Committee noted that the Health & Safety Committee (H&SC) would continue discussions in relation to diesel fumes and undertake monitoring within the next quarter as a priority area for the Trust. This would continue to be monitored at Committee through the H&SC AAA report and the Health and Safety updates, in addition to receipt of the internal audit report when it is available. Ceri Jackson stated her confidence that the Trust Board were sighted on the issues with diesel fumes and that the Committee would continue to monitor the position through the reporting mechanisms indicated.

RESOLVED: That the

- 1) Contents of the report were noted; and**
- 2) Health and Safety Committee would continue discussions in relation to diesel fumes with the AAA report informing Committee in addition to receipt of the internal audit report.**

41/24

STAFF DEVELOPMENT OUTLINE PLAN

Jo Kelso presented the report acknowledging it was a deliverable of the People & Culture plan to categorise professions into job families to provide a clear route of how individuals could progress, which aimed to provide equity in development opportunities for our people to undertake their roles and benefit from progression opportunities.

Mapping was underway on professions and roles and would define skills and competencies and create a progression diagram tapping into external best practice in this area.

It was noted that the recent admin review had shaped this work together with the service review which was ongoing.

Members fully supported the work and were keen for a communications plan to be put in place for staff to raise awareness.

RESOLVED: That the report was noted and supported.

42/24

RISK MANAGEMENT AND BOARD ASSURANCE FRAMEWORK REPORT

The report provided an overview of the risks relevant to the Committee's remit together with the two highest scoring risks; Risk 223: The Trust's inability to reach patients in the community causing patient harm and death and Risk 224: Significant handover delays outside A&E departments impacts on access to definitive care being delayed and affects the trust's ability to provide a safe and effective service, which sit within the oversight of the Quality, Safety and Patient Experience Committee which impact every area of the Trust.

The four risks within the remit of this Committee were reviewed as below:

160 – High absence rates impacting on patient safety, staff wellbeing and the Trust's ability to provide a safe and effective service remained at a rating of 20 (5x4). Committee acknowledged that elements of the risk had been discussed throughout the agenda including controls, mitigations and additional actions being taken.

163 – Maintaining effective and strong Trade Union partnerships remained at a score of 16 (4x4). The risk was presented in detail to the Welsh Ambulance Services Partnership Forum for the first time in May 2024 recognising this was a dynamic risk.

201 was discussed as a separate agenda item

Risk 558 (deterioration of staff health and wellbeing in the face of continued system pressures as a consequence of workplace experiences) remained unchanged at a score of 15 (3x5).

Each risk had been reviewed in accordance with their review timetable with updates being presented to the Board meeting at the end of May.

RESOLVED: That Members considered and discussed the report.

43/24

DEEP DIVE ON REPUTATIONAL RISK 201

Committee received a short presentation on risk 201- Damage to the Trust's reputation following a loss of stakeholder confidence which remained at a score of 20 (4x5). Estelle Hitchon advised that what others think of the Trust was often grounded in perception rather than fact. The risk was inextricably linked to several of the metrics measured at PCC and was not solely related to performance and would include key issues such as the impact of diesel fumes, for example, which was discussed at length during the meeting. The latest reputation audit closed in May 2024 and evidence showed there was more work to do to understand our service offer.

The qualitative feedback was being thematically reviewed and triangulated against intelligence from the ELT 360 and stakeholder engagement. This would inform the revised influencing plan. To continue to mitigate the risk is to position and promote the Trust as a credible 'system voice', shape the media narrative and political engagement, formal and informal engagement with key stakeholders, internal communications in light of the strategy, engaging the Board, senior leaders and TUPs on their influencing role. Building confidence, improving performance and patient experience would lead to enhanced morale and improved cultural climate.

The recent reputational audit, commissioned by the Board to understand the Trust's reputation among key stakeholders including staff, partners, politicians, media, patients and focus groups had closed, and Estelle shared some findings with Committee. Whilst fewer responses had been received than for the previous audit, there was rich feedback in the free text opportunities given to stakeholders. With people asked to say what services the Trust provides, 111 was barely mentioned, which may be down to a communications gap, which would need to be reviewed and addressed.

Key findings showed the Trust's strengths in clinical performance, innovation, and staff engagement, as well as the challenges in communicating its vision, strategy, and role in the wider system.

The recommendations included developing a clear narrative and brand identity, enhancing the Trust's digital presence and media relations, and engaging more proactively with stakeholders and the public.

RESOLVED: That the

1) ongoing risk was being reviewed; and

2) the audit findings would be examined and action taken as identified.

44/24

AUDIT TRACKER AND INTERNAL AUDIT REPORTS

The report provided the Committee with the current position with respect to management actions for audits within the purview of the Committee, in addition to the wider progress in quarter.

Excellent engagement with Directorates on the revised Tracker 2.0 resulting in 14 internal audit actions related to Committee closed in quarter. Of the actions due in quarter, nine action due dates had been moved and none had a third revised date. The external audit actions remain open where there have been changes in due dates or proposed by the Director.

Work was still ongoing to develop Tracker 3.0, the Sharepoint solution, with Digital Health and Care Wales colleagues for which testing was now in progress.

The Seatbelt Action Plan final Internal Audit Report was included which had been considered by Audit and QUEST recently.

RESOLVED: That

- 1) the actions contained in the Tracker were noted; and**
- 2) The Seatbelt Action Plan final Internal Audit Report was received.**

45/24 POLICIES FOR APPROVAL: HOMEWORKING POLICY

The Committee were pleased to approve the Homeworking Policy v3.5 which was a slightly amended version to that approved at the last meeting and acknowledged that the Exit Interview Policy had been reclassified as a Standard Operating Procedure.

RESOLVED:

- 1) Homeworking Policy v3.5 was approved; and**
- 2) acknowledged that the Exit Interview Policy had been reclassified as a Standard Operating Procedure.**

46/24 COMMITTEE CYCLE OF BUSINESS 2024/25 & MONITORING REPORT

Members received the Committee Cycle of Business (CoB)_updated following the effectiveness review conducted in Q4 along with the Q1 Monitoring Report. The CoB for 2024/25 was presented to the Committee for approval.

The cycle had been developed with direct correlation to the duties as set out in the Terms of Reference allowing Members to review the appropriateness of the proposed reports and their frequency.

The cycle for the Committee was a maturing document which would grow organically over the coming year.

RESOLVED: That

- 1) The 2024/25 cycle of business was reviewed and approved; and**
- 2) The cycle of business monitoring document was noted.**

47/24 WASPT HIGHLIGHT REPORT (INCLUDING ANNUAL REPORT)

The WASPT highlight report was received following their meeting on 19 February 2024, with no specific issues escalated. A verbal update noted from the 2 May 2024 meeting was provided acknowledging that whilst there were open and constructive discussions it had been a challenging meeting.

Focus on the nature of the issue being raised and ensuring this was done in the

right forum was a key issue with a resolution to meet and progress this.

The Committee Members praised the work of the WASPT team, expressed their support for the partnership approach, and asked questions about the data quality, the feedback mechanisms, and the future plans for the WASPT.

The annual report was received which highlighted the progress being made which would be presented to Trust Board for endorsement and awareness.

Work around walking in each other's shoes was being progressed with potential for Non Executive Directors to be involved in that space, to understand the Trade Union perspective. Hannah Rowan expressed her interest in being involved in this.

RESOLVED: That the WASPT highlight report was received.

48/24 CONSENT ITEMS

The Staff Story Driver Diagram together with the Committee Highlight Report of 20 February 2024 were received for information.

49/24 KEY MESSAGES FOR BOARD

Any messages for Trust Board would be included in the highlight report from the Committee.

50/24 ANY OTHER BUSINESS

Members welcomed Ceri as the Chair for her first meeting and thanked her for reviewing timings throughout the meeting.

51/24 DATE OF NEXT MEETING

The next meeting is scheduled for the 30 August 2024.