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

**MINUTES OF THE OPEN MEETING OF THE WELSH AMBULANCE SERVICES
UNIVERSITY NHS TRUST BOARD, HELD on THURSDAY 29 MAY 2025
MEETING HELD AT THE CARDIFF MAKE READY DEPOT AND VIA TEAMS**

Meeting started at 09:30

PRESENT:

Colin Dennis	Non-Executive Director and Chair of the Board
Jason Killens	Chief Executive
Rhiannon Beaumont-Wood	Non-Executive Director
Lee Brooks	Executive Director of Operations
Peter Curran	Non-Executive Director
Professor Hutchings	Non-Executive Director
Estelle Hitchon	Director of Partnerships and Engagement
Ceri Jackson	Vice Chair and Non-Executive Director
Carl Kneeshaw	Director of People
Angela Lewis	Director of Culture Change
Rachel Marsh	Executive Director of Strategy, Planning and Performance
Trish Mills	Director of Corporate Governance/Board Secretary
Hannah Rowan	Non-Executive Director (Virtual)
Jonny Sammut	Director of Digital Services
Andy Swinburn	Executive Director of Paramedicine
Chris Turley	Executive Director of Finance and Corporate Resources
Marcus Viggers	Trade Union Partner
Liam Williams	Executive Director of Quality and Nursing

ATTENDEES:

Sarah Harland	Corporate Governance Officer
Alex Payne	Corporate Governance Manager

APOLOGIES:

Jayne Beeslee	Non-Executive Director
Bethan Evans	Non-Executive Director
Angela Mutlow	Llais
Hugh Parry	Trade Union Partner
Damon Turner	Trade Union Partner

44/25

WELCOME AND APOLOGIES FOR ABSENCE

The Chair reiterated that the Board meeting was part of the overall scrutiny and assurance process with much of the detailed work undertaken in the Committees, that met prior to the Trust Board, and that Committee AAA highlight reports, which featured later in the agenda, together with committee minutes, all added to the overall assurance and scrutiny process.

Welcome and Apologies:

The Chair welcomed all to the meeting, apologies were received from Jayne Beeslee, Bethan Evans, Hugh Parry and Damon Turner.

Declarations of Interest:

The Board noted that all declarations of interest were formally recorded on the Trust's Register of Interests and no new declarations were declared.

Minutes

The minutes of the Board meetings held on 27 March 2025 and 7 May 2025 were confirmed as correct record.

Action Log

Action 24/25 - *The Chair asked that future reports include a narrative on the progress of and feedback from the Cabinet Secretary's Ambulance Patient Handover Improvement Implementation (APHID) Group which was addressing handover delays.* Details were contained in the Actions to mitigate avoidable harm report – Action closed.

The Board RESOLVED TO:

- (1) Note the declarations of interest on the Trust's Register of Interests.**
- (2) Note the apologies of Jayne Beeslee, Bethan Evans, Hugh Parry and Damon Turner.**
- (3) Approve the minutes of 27 March 2025 and 7 May 2025.**
- (4) Note the closure of the action as described.**

45/25

CHAIR AND VICE CHAIR'S REPORT

The report was presented as read.

The Chair congratulated the Chief Executive Jason Killens on his appointment as CEO of the London Ambulance Service.

The Board RESOLVED TO note the update.

Jason Killens presented the report and drew attention to the following areas:

1. The WAST way, a leadership management development programme, has launched, and the NHS Wales Compassionate Leadership pledge was signed.
2. Violence and Aggression Against Staff: Media coverage highlighted a 15% increase in violence and aggression against staff. Meetings with health secretaries were planned to seek support in this matter going forward. Jason Killens agreed to share dialogue from the upcoming meeting with the Cabinet Secretary regarding Violence and Aggression against staff.
3. A national roster review for Non-Emergency Patient Transport Services (NEPTS) was underway to modernise working patterns.
4. Refurbishments for clinical contact centres in Central and West and North Wales were completed.
5. Clinical Transformation Model (CMT): There was ongoing work on the CMT which included task and finish group meetings.
6. Digital Front End: Introduction of a virtual agent (Chatbot) on the 111 website was expected to go live by the end of June 2025. Jonny Sammut elaborated on further detail.
7. There had been a very successful stroke study day for pre-registration students at Swansea. Andy Swinburn added that feedback from staff had been positive.
8. HSJ Digital Awards: The team has been shortlisted for HSJ Digital Awards, with results expected on 26 June.
9. There has been a significant impact on maternity care led by the team, including updates to triage protocols. Liam Williams added that the Trust has seen continual improvement in this area a result of the investment made.
10. Supreme Court Ruling on Definition of a Woman: The CEO recently issued a statement to reassure staff and service users, emphasising respect for differences and was awaiting national guidance on the court ruling.

Rhiannon Beaumont-Wood sought clarification on the target audience for personas and the Trust's involvement with Public Service Boards (PSB). Rachel Marsh explained that the personas were used to describe the model to patients, making complex changes easier to understand and agreed to share them for further feedback. In terms of PSB membership, which the Trust was a member of one, Estelle Hitchon

outlined further details of the PSB and advised the Trust does not have the capacity to service the current 19 PSB.

The Chair commended all those involved in the seamless move of the contact centres from Bryn Tirion to Ty Elwy.

Members held a discussion on the use of drones for situational awareness and research on delivering defibrillators to remote communities.

The Chair referred to the introduction of the new Head of Research and the importance of strengthening the research team. Andy Swinburn provided further information on the successful applicant.

Lee Brooks addressed the Manchester Arena Inquiry question by explaining the rationale behind the four actions that have slipped.

The Board RESOLVED TO note the update.

47/25 QUESTIONS FROM MEMBERS OF THE PUBLIC

There were no questions received from the public.

48/25 PATIENT STORY

Lucie Jones presented the distressing story given by Dylan's parents, Mr and Mrs Cope. Dylan was a nine-year-old boy who tragically died in December 2022 from sepsis. An investigation led by Aneurin Bevan University Health Board examined Dylan's care leading up to his death, involving NHS 111 Wales. In December 2022, Mr Cope contacted 111 when call volumes were at their highest recorded level.

Dylan had experienced severe abdominal pain, initially suspected to be appendicitis, but later diagnosed as having flu, following a hospital assessment. Dylan was subsequently discharged from hospital but when his condition worsened, his parents contacted NHS 111 Wales (111) for advice. They experienced a significant delay for their call to be answered, with an incorrect estimated call answer time being provided. A call handler assessed Dylan's call, which resulted in the outcome for a clinician call back. While waiting for a call back from a clinician Dylan's condition rapidly deteriorated. Dylan became critically unwell and following emergency surgery at the University Hospital of Wales in Cardiff, Dylan tragically died several days later from a ruptured appendix and sepsis.

There were multiple failings and missed opportunities which may have prevented Dylan's death, and Members were moved both by the circumstances that led to his death, and the drive that Mr and Mrs Cope have to ensure that his legacy has meaningful change at all levels.

Members noted that the Trust has implemented a new call handling system that ensures sepsis indicators were flagged and prioritised appropriately. This included additional checks and balances to prevent similar failures which were important evidence based system change that the Trust has made. Liam Williams added that the Trust was collaborating with Mr and Mrs Cope, the Sepsis Trust, and Aneurin Bevan Health Board to increase sepsis awareness and understanding.

Liam Williams noted new Putting Things Right (PTR) regulations and updates were underway by the Welsh Government. This tragedy has guided the Trust on necessary adjustments and potential flexibility.

Lucie Jones explained that the main message conveyed today was that we need to hear Dylan's voice. Mr and Mrs Cope have reiterated that Dylan's voice can no longer be heard directly, so this must be shared as if through his own words.

Liam Williams mentioned that whenever there was a significant incident, processes were immediately initiated to support staff, be they call takers, dispatchers, or clinicians. In this instance, the primary individual was a call taker who received strong support.

Jason Killens thanked Dylan's parents for bringing this story to the meeting. He deeply appreciated their courage and commitment, acknowledging the challenges faced after the loss of Dylan.

Follow up on previous staff/patient story - Volunteer Car Service

Lee Brooks updated on the Volunteer Driver Programme. There were 168 drivers, with 25 involved in the oncology pilot. The operations assistant coordinates with control teams and cancer centres to match patients with volunteers. A funding proposal to extend this role will be presented to senior leadership in early June.

The Board RESOLVED TO note the story and the follow up from the previous staff/patient story.

49/25

ACTIONS TO MITIGATE AVOIDABLE PATIENT HARM IN THE CONTEXT OF EXTREME AND SUSTAINED PRESSURE ACROSS URGENT AND EMERGENCY CARE

Jason Killens updated members on the following areas:

1. Approximately 500 patients per month were estimated to have come to harm due to delays in the community or while waiting to enter emergency departments.

2. There has been a significant reduction in the number of patients with no send or cancelled ambulance calls, indicating better management of these cases within the Trust.
3. The number of cases successfully managed remotely has increased to 22%, up from 5% a few years ago. This improvement was attributed to changes in the Clinical Transformation Model.
4. Despite a 16% increase in red call activity over the last financial year, performance has remained relatively static, suggesting improved efficiency and effectiveness in managing the increased demand.
5. Sickness absence rates have decreased, with EMS field operations at around 6%, down from 14% post-pandemic. This improvement has positively impacted the capacity to respond to patients.
6. A reduction in emergency ambulance hours lost to handover delays has led to improved response times, with the amber median response time decreasing by 48 minutes in a recent week.

Rhiannon Beaumont-Wood sought further information on the palliative care expertise and how it was integrated into the broader palliative care approach. Andy Swinburn explained that palliative care paramedics rotate, spending half their time with health boards. They work closely with palliative care teams, enhancing multidisciplinary efforts with their unique expertise.

Following a discussion on Immediate Release Directive compliance, it was suggested to request to include this topic in the agenda for the next meeting of the Cabinet Secretary's Task and Finish Group to address the challenges related to Immediate Release Directive requests and their impact on patient harm.

Ceri Jackson inquired about the reasoning behind the decrease in no send calls and the proactive strategy for handling identified risks. Rachel Marsh clarified that the decision was made in partnership with health boards to more effectively manage patient risk and enhance outcomes.

Peter Curran questioned the green RAG rating for the average jobs per shift metric, given its correlation with handover delays and avoidable harm. Rachel Marsh clarified that the rating was based on the metric being higher than the two-year average but acknowledged the need for further improvement.

The Board RESOLVED TO:

- (1) **NOTE that the Trust's clinical model transformation is beginning to take effect.**
- (2) **NOTE the continued level of avoidable patient harm in the 999-emergency care pathway.**

- (3) NOTE the strategic imperative to continue delivering the clinical model transformation programme at pace, supported by early tactical planning for winter 2025/26.**

50/25

RISK MANAGEMENT AND BOARD ASSURANCE FRAMEWORK

Trish Mills provided an overview of the risk management report, highlighting the following points:

1. The full risk management document was placed in the iBabs reading room to reduce the volume of papers for the meeting. It was also available as supplementary material on the website.
2. There were no changes in risk scores for this reporting period, and all risks were reviewed. The changes were marked in blue type in the document.
3. The internal audit on risk management focused on the Board Assurance Framework (BAF) and resulted in a reasonable assurance rating with only one recommendation.
4. In terms of internal governance, several deep dives were taking place, including a review of the Trade Union relationship risk and the staff welfare risk both of which would be presented to the Welsh Ambulance Services Partnership Team Committee.
5. The Executive Leadership Team (ELT) reviewed the first draft of the updated risk 223 (*the Trust's inability to reach patients in the community causing patient harm and death*), which focused on what can be managed and monitored.

The Board RESOLVED TO:

Consider and discuss the contents of the report and:

- (1) Receive assurance on the review and attention to the principal risks, their review at ELT and at relevant Committees.**
- (2) Note the ratings and mitigating actions for each principal risk.**

51/25

MONTHLY INTEGRATED QUALITY & PERFORMANCE DASHBOARD – MARCH 2025 / APRIL 2025

Rachel Marsh drew the Board's attention to the following areas:

1. In terms of the data quality issues, the revised data definitions have been confirmed by the Commissioners, and internal reports will start using these definitions from mid-June.
2. There was a significant increase in the level of consult and close cases, which was a positive development.
3. The 111 service was not currently performing at the desired level and there was an increased focus on improving this service.

4. Currently there were challenges faced by the NEPTS (Non-Emergency Patient Transport Service), including increased demand, inefficiencies, and rising costs.

Ceri Jackson noted that the Trust received 1279 job applications during this period, with 777 from underrepresented groups, which seemed unusually high.

Carl Kneeshaw stated it was found that the numbers recorded in the system were accurate as per the method of recording and self-declaration. However, he had observed an increase in the number of overseas applicants submitting multiple applications across various jobs and organisations, which inflated the figures for job postings. This trend was consistent with other organisations, particularly in the public sector. Consequently, this increase impacted the data related to diversity and inclusion backgrounds, which showed in the statistics.

The Board RESOLVED TO:

Consider the March 2025/April 2025 Integrated Quality & Performance Report and actions being taken and determine whether:

- a) **The report provides sufficient assurance.**
- b) **Whether further information, scrutiny or assurance was required, or**
- c) **Further remedial actions were to be undertaken through Executives.**

52/25

**INTEGRATED MEDIUM TERM PLAN (IMTP) DELIVERY/ASSURANCE
END OF YEAR REPORT**

Rachel Marsh provided an overview of the IMTP assurance report, highlighting the scale of achievements from the previous year. Rachel added that the assurance report sets out the end of Q4 position. A number of deliverables at directorate level remain AMBER (in progress, off track) with some deliverables having rolled over into the 2025/28 IMTP. However, there were a number of key pieces of work COMPLETE and progress on track (GREEN) in a number of areas where delivery is across multiple years of the plan.

Peter Curran mentioned two specific issues discussed at the Finance and Performance Committee: The Head of Commercial post, which was out for advert again and the Clinical Model Transformation (CMT) programme, which were rated Amber due to documentation and workload pressures. Rachel Marsh advised that the Head of Commercial post had been readvertised. Rachel added that work was ongoing to improve the CMT programmes documentation.

Rhiannon Beaumont-Wood sought further clarity on the Trust's investment in mental health response and an update on the recent evaluation. Liam Williams advised that Welsh Government have recently published their mental health strategy, and he updated members on the role of the Trust in supporting this strategy. Liam noted

the recent evaluation that had been undertaken by the Trust to consider what was required from the Trust's resources.

The Board RESOLVED TO:

- (1) Note the progress in identifying 'what good looks like' through the continuing development of high-level outcomes measures.**
- (2) Note the CMT programme end of year position.**
- (3) Note the Directorate-led IMTP delivery end of year position.**
- (4) Note the end of year position for the Cabinet Secretary's priorities set out in the 2024-27 planning framework.**

53/25

FINANCIAL PERFORMANCE MONTH ONE AND MONTH TWELVE

Month One

Chris Turley explained that the update presented to the Board was the first Financial Performance Report of the 2025/26 financial year. A summarised presentation of the position was presented to the Finance and Performance Committee on 20 May 2025.

Chris Turley highlighted that the financial performance continued to be on track, reflecting the Trust's strong track record of delivering balanced budgets. He stressed that while the month one position was positive, there were still risks and challenges ahead for the year.

The Board RESOLVED TO:

- 1. Note and gain assurance in relation to the Month 1 revenue financial position and performance of the Trust as at 30 April 2025.**
- 2. Note the delivery of the 2025/26 savings plan, and the context of this within the overall financial position of the Trust.**
- 3. Note the initial capital programme for 2025/26, and**
- 4. Note the Month 1 Welsh Government monitoring returns submission included within *Appendices 1 – 2* (as required by WG).**

Month Twelve

This paper presents to members the Financial Performance Report of the 2024/25 financial year, the reported position as at Month 12 (March 2025) / year end for 2024/25.

Chris Turley noted that the year-end financial position was in line with the forecast presented throughout the year. The financial performance for the year was reflected in the draft set of annual accounts submitted to the Welsh Government (WG) and Audit Wales on 02 May 2025. The audit was currently ongoing, and the final audit completion was expected by the end of June.

Peter Curran, on behalf of the Board and in his capacity as the Chair of the Audit, Risk and Assurance Committee (ARAC), congratulated colleagues on the collaborative effort across the Trust to ensure that budgets were well managed, avoiding both surpluses and deficits.

The Board RESOLVED TO:

- 1. Note and gain assurance in relation to the Month 12 (and therefore draft 2024/25 year end) revenue and capital financial position and performance of the Trust as at 31 March 2025.**
- 2. Note the delivery of the 2024/25 savings plan, and the context of this within the overall financial position of the Trust.**
- 3. Note the Month 12 Welsh Government monitoring returns submission included within *Appendices 1 – 2* (as required by WG).**

54/25

**2024/25 ANNUAL BOARD AND COMMITTEE EFFECTIVENESS REVIEW
COMMITTEE TERMS OF REFERENCE**

Trish Mills explained that the update was in two parts, part one was an overview of the effectiveness of the Trust and part two focused on the effectiveness of the seven committees of the board. Of note, this report was accompanied by a significant pack of papers for approval, however much of it has been reviewed by members through their attendance at relevant committees and the ARAC.

Trish Mills provided an overview of the Board's effectiveness for 2024/2025, reflecting on member feedback and the Board's own assessment. She noted that the Board met as scheduled throughout the year with strong attendance and participation across both public and private sessions. Decisions taken in private were subsequently brought into public to maintain transparency.

Trish highlighted the value of board development sessions for in-depth informal discussions and long-term views. Trish noted that while the Board has delegated detailed work to its committees, allowing for a focus on strategic direction, there was still some duplication in meeting agendas that requirement refinement.

She acknowledged that the Trust does not yet adequately reflect the communities it serves and outlined steps to address this, including participation in the Aspiring Board Members Programme with WG, and considering holding board meetings at other Trust locations.

Externally, Trish cited the positive opinion from the 2024 Audit Wales Structured Assessment and the final annual opinion from the Head of Internal Audit for 2024/25 which was of reasonable assurance.

Peter Curran expressed gratitude to Trish and the team for their work, emphasising the importance of the continuous improvement. He acknowledged the board's effectiveness but stressed the need to avoid complacency and continue seeking improvements.

The Board received and approved the terms of reference.

The Board RESOLVED TO:

- 1. Receive assurance on the effectiveness of the board and its committees as set out in this paper and the committee annual reports.**
- 2. Approve the terms of reference (as endorsed by ARAC) for:**
 - a) Audit, Risk and Assurance Committee**
 - b) Finance and Performance Committee**
 - c) People and Culture Committee**
 - d) Quality, Patient Experience and Safety Committee**
 - e) Remuneration Committee**
- 3. Note the changes to the operating arrangements for the board and committees**
- 4. Note the future work to be carried out on streamlining committees in Q1 and Q2**
- 5. Note the progress against the changes to operating arrangements agreed following the 2023/24 effectiveness reviews and further work on conducting board visits pan-Wales.**

55/25

AUDIT WALES DETAILED ANNUAL AUDIT PLAN 2025

The Audit Wales Annual Audit Plan sets out details of the planned work for the forthcoming year in respect of Audit Wales. This included performance audit work and a structured assessment.

Peter Curran outlined several details within the Audit Wales report, noting that Audit Wales had brought forward their timeline by two weeks compared to the 2023/24 reporting period. He emphasised the importance of the Board approving the accounts on 26 June 2025, with the ARAC meeting two days prior for scrutiny and endorsement.

Chris Turley mentioned that the audit of the annual accounts was progressing well, with the team being halfway through the audit period. He noted that the accounts were submitted to Welsh Government and Audit Wales on 02 May 2025. Chris expressed confidence that the audit would be completed in good time, with a closure meeting scheduled in less than two weeks' time.

The Board RESOLVED TO approve the plan.

56/25

PARTNERSHIPS AND ENGAGEMENT REPORT MAY 2025

Estelle Hitchon explained that this initial paper to Board provided a broad outline of current key priorities within the partnership and engagement arena. It was anticipated that a report will be provided biannually, with additional reporting as required and appropriate. Estelle highlighted several key points:

1. Political Engagement: the importance of continuing political engagement, especially with the upcoming election year and changes in the Senate. She noted that Jason Killens has been strong in this area, and it was crucial to maintain this activity.
2. Manifestos: these will be reviewed over the coming months, which will be interesting for the Trust to analyse.
3. Format and Frequency: this was the first report in the new format, coming back to the board for assurance. these reports should ideally be twice a year.
4. Scope of Report: the report covered areas firmly rooted within Estelle's purview and invited board members to provide feedback on areas they would like to see explored in future reports.
5. Broader Partnerships Activity: much of the partnerships activity does not sit within her portfolio and happened across various portfolios within the Trust.
6. Public Service Boards (PSB) and Regional Partnership Boards (RPB) Membership: the challenges and benefits of engaging with PSBs and RPBs, noting the recent success in securing membership in the Gwent RPB was highlighted.
7. Reputational Risk: the discrepancy in reputational risk between formal stakeholders and public perception was recognised.

Rhiannon Beaumont-Wood suggested exploring opportunities to engage with PSB chairs at a national level, as they likely meet regularly, like RPB chairs.

Rhiannon Beaumont-Wood proposed a matrix approach to reflect the full breadth of engagement activities across different portfolios, not just Estelle's purview. Estelle acknowledged the challenge of mapping partnership activities and stressed the importance of highlighting key areas to influence or address gaps.

Hannah Rowan highlighted the need for a centralised database to capture all partnership activities, which would help in identifying gaps and ensuring comprehensive coverage. Estelle mentioned that work had been undertaken to understand where the interfaces within the Academic Partnership Committee purview were. She agreed to include this information in the next report.

The Board RESOLVED TO note the content of this report and provide feedback on areas of particular interest for future reports.

57/25

GOVERNANCE REPORT

Trish Mills outlined the report which asked the Board to ratify a chair's action made on 08 April regarding the St. John's Ambulance Cymru (SJAC) award of the Level 1 falls contract.

The board was asked to approve the application of the Trust seal.

Public Session Confirmation: It was confirmed that the extraordinary meeting on 07 May, which discussed the new ambulance performance framework and the EqIA, was a public session.

The Board RESOLVED TO;

- 1. RATIFY the decision made by Chair's Action on 08 April 2025 in regard to SJAC and the award of the Level 1 Falls Contract.**
- 2. APPROVE the application of the Trust Seal to documents in relation to the surrender and grant of a new lease between Dyfed Powys Police & Crime Commissioner (Landlord) and the Welsh Ambulance Services University NHS Trust (the tenant).**
- 3. NOTE the use of the Trust Seal and the receipt of business on 07 May 2025 and the associated documents, and the outcome of the meeting as now presented in public.**

58/25

BOARD COMMITTEE REPORTS

Peter Curran provided the following updates in relation to the Audit and Risk Assurance Committee (ARAC) report dated 1 May 2025:

1. The committee focused on the annual effectiveness review, the outcome of which was discussed in the meeting.
2. The committee scrutinised and considered the Audit Wales plan.
3. Three internal audit reports were received, all of which had reasonable assurance:
 1. Risk Management and Board Assurance Framework
 2. Occupational Health and Well-being Supports
 3. Speaking Up Safely
4. The committee received assurance that the Trust was complying with all elements of the Corporate Governance 2017 code.
5. The committee reviewed the board members' interests, and the gifts hospitality register to ensure transparency and proper disclosure.

Ceri Jackson provided the following updates in relation to the Quality, Patient Experience, and Safety Committee (QuEST) report dated 9 May 2025:

There were several alerts from this meeting. One matter was brought to the Board for approval: The Strategic Quality Plan 2025-27, which was received and endorsed at QuEST on the 09 May, ahead of Trust Board. The plan, with the required Equality Impact Assessment has been presented for approval.

1. The committee discussed Dylan's story, which was also presented to the board, highlighting the importance of learning from patient experiences.
2. Risk 223 and 224: Extensive discussion on risks related to handover delays and patient safety, emphasising the ongoing challenges and the need for continuous monitoring.
3. The committee reviewed the 30-day target for complaints and the backlog of overdue investigations, noting the impact of the challenging winter and the recovery plan in place.
4. The committee endorsed the Strategic Quality Plan, recognising the significant work involved.
5. Two Section 23 public interest reports were received, focusing on missed opportunities for technical review and poor standard of complaint investigation. The committee was assured that recommendations were largely completed.
6. Learning from Death Mortality Reviews: The committee discussed the disproportionate impact on older people and the importance of equitable services across communities.
7. A presentation on the clinical indicator related to return of spontaneous circulation was received, emphasising continuous improvement in ROSC rates.
8. The committee reviewed efforts to increase feedback from service users, focusing on outcome measures and not just experience.
9. The committee received the health inequalities maturity metrics and population plan, recognising the efforts to address disparities.

Ceri Jackson provided the following updates in relation to the People and Culture Committee report dated 15 May 2025:

1. Feedback from the 2024 NHS Staff Survey was received and it was summarised at Annex 1. Additionally, the Annual Health and Safety Report for the Trust was received and approved and was presented at Annex 2 for the board's assurance.
2. Lived Experience Representative: Mandy shared her experience with menopause, highlighting the challenges and resilience she demonstrated. Mandy's journey emphasised the need for broader understanding and support within the Trust.
3. The committee welcomed the launch of Our WAST Way, recognising its pivotal role in leadership, transformation, and culture within the Trust.
4. The committee discussed the priority areas identified in the NHS staff survey, noting improvements in several indicators.

5. A presentation on the volunteer strategy was received, highlighting the progress and impact of volunteer development. The committee endorsed the inclusion of volunteer development in the People and Culture Plan.
6. The committee received and approved the annual health and safety report.
7. The committee reviewed the six-monthly progress update on strategic equality objectives, engaging in a good conversation about the challenges and achievements.
8. The committee discussed the audit on speaking up safely, recognising the challenges around confidentiality and the assurance provided by the audit.

Colin Dennis advised there were no alerts from the Remuneration Committee report dated 15 May 2025.

Peter Curran provided an update on the Finance and Performance Committee report dated 20 May 2025.

While not an alert for escalation, the Energy Management Internal Audit was presented which received substantial assurance and included three medium rated recommendations.

The Trust maintained an ISO accreditation in this area, which likely contributed to the positive audit outcome. The report highlighted that energy management involves a national contract for energy, meaning the Trust does not contract directly with energy suppliers which adds a layer of complexity to implementing some recommendations.

The Board RESOLVED To;

1. **Approve the Strategic Quality Plan 2025-27 as endorsed by the Quality, Patient Experience, and Safety Committee (QuEST) on 9 May 2025.**
2. **Receive the Committee highlight reports from the Audit and Risk Assurance Committee (ARAC) dated 1 May 2025, the Quality, Patient Experience, and Safety Committee (QuEST) dated 9 May 2025, the People and Culture Committee dated 15 May 2025, the Remuneration Committee dated 15 May 2025, and the Finance and Performance Committee dated 20 May 2025.**

59/25 MINUTES OF BOARD AND OTHER COMMITTEES

The Board received the following minutes:

1. 4 February 2025 - Quality, Patient Experience and Safety Committee
2. 18 February 2025- People and Culture Committee
3. 6 March 2025 - Audit, Risk and Assurance Committee
4. 18 March 2025- Finance and Performance Committee
5. JCC Highlight Report 18 March 2025

The Board RESOLVED TO Receive the following minutes:

1. **4 February 2025 - Quality, Patient Experience and Safety Committee**
2. **18 February 2025- People and Culture Committee**
3. **6 March 2025 - Audit, Risk and Assurance Committee**
4. **18 March 2025- Finance and Performance Committee**
5. **JCC Highlight Report 18 March 2025**

60/25 ANY OTHER BUSINESS

None

61/25 EXCLUSION OF THE PRESS AND MEMBERS OF THE PUBLIC – 27 MARCH 2025

Members of the Press and Public were invited to leave the meeting because of the confidential nature of the business about to be transacted (pursuant to Section 1(2) of the Public Bodies (Admission to Meetings) Act 1960).

Date of next meeting: 31 July 2025