

**CONFIRMED MINUTES OF THE OPEN MEETING OF THE WELSH AMBULANCE SERVICES NHS TRUST BOARD, HELD on THURSDAY 27 JULY 2023 MEETING HELD IN CARDIFF AMBULANCE STATION, and VIA ZOOM**

**Meeting started at 09:30**

**PRESENT:**

Colin Dennis	Non-Executive Director and Chair of the Board
Jason Killens	Chief Executive
Lee Brooks	Executive Director of Operations
Professor Kevin Davies	Non-Executive Director and Vice Chair of the Board
Bethan Evans	Non-Executive Director
Estelle Hitchon	Director of Partnerships and Engagement
Paul Hollard	Non-Executive Director
Ceri Jackson	Non-Executive Director (Via Zoom)
Angela Lewis	Director of People and Culture
Dr Brendan Lloyd	Executive Director of Medical and Clinical Services
Rachel Marsh	Executive Director of Strategy, Planning and Performance
Trish Mills	Board Secretary
Hugh Parry	Trade Union Partner
Hannah Rowan	Non-Executive Director (Via Zoom)
Joga Singh	Non-Executive Director
Leanne Smith	Interim Director of Digital Services
Andy Swinburn	Director of Paramedicine
Chris Turley	Executive Director of Finance and Corporate Resources
Damon Turner	Trade Union Partner
Martin Turner	Non-Executive Director
Liam Williams	Executive Director of Quality and Nursing

**Attendees**

Navin Kalia	Deputy Director of Finance and Corporate Resources
Steve Owen	Corporate Governance Officer (Via Zoom)
Alex Payne	Corporate Governance Manager
Erin Pollard	Audit Wales (Item 64/23 only)

## 58/23 WELCOME AND APOLOGIES FOR ABSENCE

### Welcome and apologies

The Chair welcomed all to the meeting, particularly Navin Kalia the Deputy Director of Finance and Corporate Resources, and noted there were no apologies.

### Declarations of interest

The Board noted that all declarations of interest were formally recorded on the Trust's declarations of interest register.

**RESOLVED: That the declarations of interest on the register were formally recorded.**

## 59/23 PROCEDURAL MATTERS

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. He added that all Committee meetings had been quorate and well attended.

Minutes: The Minutes of the Board meetings held on 25 May 2023 were presented and confirmed as a correct record.

Action Log: The Board received the action log:

Action number 133/22. Update on cultural measures. An update on this featured under Item 14 on the agenda. Action Closed.

Action number 41/23. Chris Turley advised the Board that an update would be provided at a future Board Development Day which would demonstrate the improvements to the Trust Estate over the last few years. Action Closed.

**RESOLVED: That**

- (1) the Minutes of the meeting held on 25 May 2023 were confirmed as a correct record; and**
- (2) the update on the action log was noted.**

## **60/23 CHAIR'S REPORT AND UPDATE**

The Chair updated the Board on a recent Board Development session where the focus had included strategy development and the People and Culture plan.

**RESOLVED: The update was noted.**

## **61/23 CHIEF EXECUTIVE'S UPDATE**

In presenting his report, Jason Killens drew the Board's attention to the following:

1. South East Fleet Workshop. Work had progressed well, and the building work was almost complete. This has now meant that Blackweir workshop was no longer occupied, with staff moving to the new facility.
2. Delivery of the 2022/23 Fleet Programme. Jason Killens outlined the current position and asked for a note of thanks to be recorded for the Fleet Team involved in implementing the programme and enabling its readiness; particularly as the mix of vehicles has changed over the last few years.
3. Members were updated on the development of a new role within the Trust, Emergency Medical Technician 3 (EMT) on a permanent basis. This would enable EMT grade 2 to progress to EMT 3 on a Band 5. This role would receive additional training giving them to opportunity to manage patients in the Community differently. It was anticipated, following further liaison with Trade Union partners, that the EMT 3 role will be implemented shortly.
4. The Trust continues to implement ways to improve Clinical Leadership within the 111 Wales service. Part of this is the implementation and delivery of the Clinical Supervision Module.
5. In developing the Trust's commitment to build a safe environment for staff, several initiatives including the Sexual Safety Charter, International Women's Day and the Allyship programme were underway.
6. Jason referred to the Wish Ambulance in which staff in the Trust gave up their time to organise and take part in journeys for patients who were at the end of their life. He asked that the Board recognise the excellent work of the staff, who give up their own time, to enable those journeys to take place.

Comments:

Regarding the additional duties of Trust staff in Health Boards and the notice from WAST to end this. Members were disappointed that not all Health Board had responded to the Executive Director of Operations letter regarding issues raised. Lee Brooks outlined details of a meeting he had attended with his peer group across the Health Boards. During this and other meetings, the rationale for the Trust's position on cessation of the additional duties was set out. Having allowed time for reflection, he felt more comfortable that colleagues across the Health Boards have acknowledged that these additional duties were not part of the Trust's role. Work continued with Health Boards to aid the transition from the cessation of additional duties whilst they enhance their pathways.

Jason Killens commented that high-level dialogue continued with one particular Health Board to consider ways to loosen the bottleneck at the ED, either by defraying activity in the Community or conveying patients somewhere else: thus not creating the problem at the Emergency Department (ED) in the first place.

The Board noted all the positives within the report and were pleased to see that a Welsh Language translator had been appointed and that work on the Welsh Language Strategy was moving forward.

Members also noted the increase of patient experience returns through the Trust's Civica Experience Platform. Liam Williams added that the Quality, Patient Experience and Safety Committee would be kept updated on this feedback going forward.

The Chair asked that an update report on the use of Analgesia by volunteers be presented to the Board at the next meeting. It was agreed that Andy Swinburn would provide this.

The Board sought confirmation that the vacancies in the Clinical Support Desk (CSD) had been filled. Lee Brooks advised that in respect of the CSD there were still vacancies, but it was envisaged full establishment would be met before Winter.

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

## **62/23 QUESTIONS FROM MEMBERS OF THE PUBLIC**

The Board were advised that at this time no questions had been received. Estelle Hitchon informed the Board that the Communications Team were actively monitoring for any live questions during the meeting.

## **63/23 STAFF STORY**

Liam Williams introduced the story which was an experience being shared through a video by Theresa Stevens, an EMT, which focused on supporting a dementia patient and the impact of all involved. Prior to the story he asked the Board to

consider the role of our staff and the use of technical equipment, namely a tablet: Reminiscence Therapy Interactive Activities (RITA). It was recognised that Theresa was a RITA champion.

The Board listened to Theresa who had recorded a video setting out details of a recent experience she had involving a patient with dementia.

Theresa and a colleague received a call to attend to a patient at their property as a doctor referral from Singleton hospital, for social needs. The information they had was that the patient was an 83-year-old male.

On arrival at the property, they noticed that the front door was slightly open and on approaching the door, were hit by an awful smell. Theresa opened the door and called out to the patient; he was lying on a broken bed, and he had a catheter in place which was full of dark urine. The patient was half naked and covered in excrement. It became increasingly obvious that the patient was living in extremely squalid and neglected conditions.

The patient asked Theresa to leave his property claiming that he did not require any help. He kept asking for his wife but realised she had died some time ago, and for Theresa and her colleague to leave.

Theresa advised the patient that she was there as the Doctor had requested ambulance assistance. On hearing this the patient responded positively and agreed to be taken to hospital.

On the way to hospital Theresa interacted with the patient through RITA, showing him videos and pictures of Ballroom dancing, as this was an activity he enjoyed with his wife. He was very talkative and described details of his life he shared with his wife.

On arrival at Singleton hospital, Theresa and her colleague took him to the ward and assisted him to a bed. Before Theresa left, the patient thanked her for taking the time to talk to him about his wife.

Theresa explained this incident was very sad and distressing, adding that the use of RITA had assisted the patient to reminisce of good times gone by.

Comments:

Liam Williams reassured the Board that Theresa was being supported from within her own team and with the dementia care lead. The Board recognised the impact this had on Theresa and were pleased to learn that the relevant support was being provided.

Kevin Davies added that sadly this was not an isolated case and prompted that this was a real reason to properly resource and develop virtual wards, noting that with the proper support the patient may have been able to be supported in the Community.

Liam Williams added that work on virtual wards was ongoing, and from a Trust perspective there was ambition in Health Boards to progress this.

Details of the outcome of the patient was not known, but Liam Williams advised that he had been assured by the relevant Executive Director of Nursing that the right steps were being taken to care for the patient.

Liam Williams reiterated that regrettably these situations do occur, adding that both patient and staff stories are used extensively as case studies within the Trust. He was aware that more could be done externally going forward. Furthermore, the use of the RITA tablet on this occasion has proved invaluable.

The Board queried whether there was a formal reporting framework in these circumstances to report to other organisations, given this was not an isolated case. Liam Williams explained the processes in place which the Trust carried out in respect of vulnerable adults and the safeguarding route, followed with alerts being raised to the appropriate organisation as required.

Members were keen to understand how effective the RITA initiative was and whether there were any other similar initiatives that could make a difference to patients. Liam Williams reiterated that Theresa was a RITA champion. He advised that the RITA tablets have also been used to support patients in similar circumstances and those not necessarily living with dementia whilst waiting in ambulances outside the ED. There is comprehensive dementia training for staff and several online training modules where staff can access further information.

Brendan Lloyd added that incidents of this nature were happening all too frequently. In terms of this case, notwithstanding the impact on the crew attending, it went very smoothly because it was a situation where the GP had already arranged admission. This patient was unlikely to return to his place of residence and may become a patient who is medically fit to be discharged from hospital but unable to return home / to the community. He advised the Board that one of the considerations of the Trust's Clinical Strategy was accommodation / care of patients in the most appropriate setting.

Jason Killens extended his thanks on behalf of the Board to Theresa and her crewmate with the compassionate care they showed for this patient. He added that the compassion and kindness shown was typical for all staff who encountered similar incidents daily.

The Chair reiterated the Board's recognition of the compassion shown and asked that the letter of thanks to Theresa included the fact the Board were fully engaged and noted the clear benefits of RITA.

**RESOLVED: That the staff experience was noted.**

## **64/23 TRUST BOARD ANNUAL REPORT AND ACCOUNTS 2022-23**

### Annual Accounts

Chris Turley introduced the presentation, which was given by Navin Kalia - recognising that it had recently been reviewed by the Audit Committee - who drew the Board's attention to the following key points:

1. The draft accounts had been formally submitted to Audit Wales on 5 May 2023 with all statutory financial duties being met.
2. A retained surplus for the year of £0.062m had been achieved; effectively a break-even position with total income of £296.092m and Net expenditure of £296.030m.
3. The breakdown of income from patient care activities was £283.2m consisting of: Emergency Ambulance Services Committee, £230m, Local Health Boards, £17m, Welsh Government, £34m and income from other Trusts, £2m. The total increase from the previous year was £21.6m.
4. In terms of expenditure, pay costs were £204m and Non-pay and other costs came to £92m. The main differences for the previous year were an increase of £14.6m in pay and a net increase of £5.4m in Non-pay expenditure.
5. With respect to the Balance Sheet, the Net Book Value as of 31 March 2023 was £99m. Debtors had increased by £1.4m, with borrowings increasing by £10m.
6. Capital Investment funds of £28.795m was expended thereby utilising 100% of the Trust's Capital Expenditure Limit (CEL).
7. Achieved Public Sector Payments Policy (PSPP) of 97.4% within 30 days against the 95% target.
8. Personal Injury Benefit Scheme (PIBS), the income of £2.5m reflected as other income instead of Welsh Government (WG) income.
9. Employee Costs – 6.3% pension support from WG was reflected in Employer Pension Contribution line instead of Salaries and wages line in the note. The figures were £8.4m and £7.8m for 2022/23 and 2021/22 respectively.

10. The Audit opinion resulted in an unqualified audit opinion and the accounts showed a true and fair view of the state of affairs of WAST as of 31 March 2023 and of its surplus for the year then ended.

11. The Accounts, following today's approval will be submitted to Welsh Government by 31 July 2023.

## **Annual Report**

The report was presented by Trish Mills who indicated the report consisted of two parts, the Performance Report, and the Accountability Report. The Performance Report contained details of how the Trust had performed during the last year. The Accountability Report detailed the key accountability requirements and how the Trust managed its risks and the Governance Statement. It also included the Corporate Governance Report, the Remuneration and Staff Report and the Parliamentary Accountability and Audit Report. The Board were further advised that the Trust's final Letter of Representation, provided by management to Audit Wales, was also contained with the suite of reports.

The Board were reminded of the various reviews the report had undertaken at both management and Committee level prior to its presentation at Board for approval. The report had also been reviewed and commented on by Audit Wales and WG.

Members were advised that the translation of the report into Welsh was in process and would be ready for the AGM on 27 September 2023.

Comments:

Martin Turner, Chair of the Audit Committee, commented that whilst the Trust had met its financial target, there was still an underlying concern that the Trust continued to use non-recurring savings to do so.

Erin Pollard from Audit Wales thanked the Finance team for their assistance and help in the production of the Accounts.

Jason Killens commented there was sufficient assurance to be able to sign the documents later based on the fact the Trust had met its statutory duties and asked that a note of thanks be recorded for all the teams involved.

## **RESOLVED: The Board**

- (1) The Trust's Annual Report and Annual Accounts for 2022/23 were adopted and approved by the Trust Board; and**



**(2) The Trust's Letter of Representation was accepted and approved.**

**65/23 PROGRESS ON ACTIONS TO MITIGATE AVOIDABLE PATIENT HARM**

The Chair explained that this report was received by the Board for them to be updated on the progress the Trust was making in completing the actions to mitigate real-time avoidable patient harm.

Jason Killens presented the report as read and drew the Board's attention to the following key points:

1. Whilst good progress has been made on the actions that the Trust can control, the extreme system pressure continues. In June 2023, over 18,000 hours were lost to hospital handover equivalent to 21% of the Trust's conveying capacity. This was a reduction from the 37% in December 2022, but was still extreme.
2. 13 of the 32 actions within the Trust's control have been completed with eight shown as being on target, five off target, five substantially off target and one that has been stopped. He added that several of the actions relied on other partners across the system to enable delivery.
3. The Board were updated on the changes to how the Trust uses its resources to respond to calls; this has proven to show a better use of the resources available with a reduction in 'multiple attendance ratio.'
4. Members were updated on Immediate Release Directions in which it was noted good progress and compliance with patients in the Amber category was being made against most Health Boards. In terms of patients in the Red category, during the last two weeks, most Health Boards did not reject and Red Release Directions.

Comments:

The Board held a discussion in which they recognised the improvements being made but noted there was still further work. Considering that the whole system was under pressure Members queried whether there were any outward signs of further improvement going forward. Lee Brooks explained there were signs of improvement; the numbers of hours lost due to handover delays was decreasing each month with 23,000 hours in May to 18,000 in June, and it was likely that the figures for July would be like June's. Reduction in lost hours was being seen in most Health Board areas, and also a reduction in the extremely long delays.

Lee Brooks added that the position with the Red Immediate Release Directions had significantly improved, but there were still some disparities amongst Health Boards.

He outlined the process the Trust used to capture data surrounding these directions, adding that it was shared on a weekly basis with Health Board counterparts. The analysis of this data included a review all declined Reds, and importantly whether the applications for immediate release were being treated on a consistent basis. Furthermore, a 10% dip sample on the Amber category was taken and passed on to Health Board colleagues.

In terms of six Welsh Government goals, it was questioned if there was any update. Rachel Marsh updated the Board on a recent meeting she had attended where each Health Board updated Welsh Government on their progress with the six-goal programme, which overall, was positive. Further updates will be provided at future Board meetings.

In respect of the issue of Same Day Emergency Care (SDEC), Jason Killens explained there was a nationally agreed referral protocol both for front line staff and Clinical Support Desk (CSD) Staff. He added the number of patients the Trust could send was minimal and have raised this issue consistently with WG, EASC and Health Boards. Direct referral to SDEC and other appropriate pathways would help in the flow of patients through the ED.

The Board considered this point in further detail, following a concern from a Member that clinical leadership should be more robust, with clinical leaders making effective change. Liam Williams assured the Board that the level of attention across all Health Boards and the intervention by senior managers and clinicians was having an impact.

An update was sought on current Advance Paramedic Practitioner (APP) training (22 staff), their deployment, and an update on how their impact was being captured to support any future bids for APP courses. Andy Swinburn confirmed that their training was complete, and a future bid had been successful. In terms of their deployment, the Trust was testing out various deployment models to ascertain how greater productivity could be gained. Several elements were still being tested, and going forward, will consider methods of capturing this data.

**RESOLVED: The Board**

- (1) NOTED the report; and**
- (2) CONSIDERED whether there were any further actions available to the Trust to mitigate patient harm.**

**66/23 RISK MANAGEMENT AND CORPORATE RISK REGISTER**

Trish Mills presented the report indicating there were 17 principal risks listed on the Corporate Risk Register (CRR).

The principal risks were updated as of 6th July 2023 and the high rated risks have been reviewed during this reporting period in line with the agreed schedule. The Board were reminded that focus had been given to the risk ratings and the mitigating actions identified and taken to ensure risks achieved their target score.

The Trust's highest scoring risks, 223 (the Trust's inability to reach patients in the community causing patient harm and death) and 224 (Significant handover of care delays outside accident and emergency departments impacts on access to definitive care being delayed and affects the Trust's ability to provide a safe & effective service for patients) both continue to be rated at a score of 25. Both these risks were constantly reviewed, and it was felt too early for any change in risk score to be considered.

The two other higher rated risks Risk 160 (high absence rates impacting on patient safety, staff wellbeing and the Trust's ability to provide a safe and effective service) and risk 201 (damage to the Trust's reputation following a loss of stakeholder confidence) were currently rated at 20. Whilst there have been improvements in sickness absence it was decided by the People and Culture Committee to maintain the current score with a further review to be conducted at its next meeting.

Two risks had increased in score, 424 (Prioritisation or Availability of Resources to Deliver the Trust's IMTP) from 12 to 16, and risk 163 (Maintaining Effective & Strong Trade Union Partnerships) from 12 to 16.

There were two risks which were set for closure, 557 (Potential impact on services because of Industrial Action) and 245 (Failure to have sufficient capacity at an alternative site for EMS Clinical Contact Centres (CCCs) which could cause a breach of Statutory Business Continuity regulations). Both risks had reached their target score and will be taken off the CRR.

In terms of those risks which have remained static, details of the rationale of any movement were contained in the report.

Comments:

In respect of risk 424 (Prioritisation or Availability of Resources to Deliver the Trust's IMTP) the Board sought clarity on the impact to patients of any savings, and where this was being captured. Rachel Marsh explained that the larger savings schemes which were likely to have an impact on the quality of the service, for example overtime, were being considered.

Navin Kalia further explained that as part of the Financial Sustainability Programme the impact on quality was highlighted using Quality Impact Assessments (QIA). Also, prior to considering new savings schemes a Quality Impact Assessment would be

carried out on each scheme. Liam Williams explained that QIA guidance had recently been re-issued; enabling a more robust process.

**RESOLVED: The Board: considered and discussed the contents of the report and:**

- (1) Noted the review of each high rated principal risk including ratings and mitigating actions;**
- (2) Noted the increase in score of Risk 424 from 12 to 16;**
- (3) Noted the increase in score of Risk 163 from 12 to 16;**
- (4) Noted the closure of Risk 245 from the Corporate Risk Register;**
- (5) Noted the closure of Risk 557 from the Corporate Risk Register; and**
- (6) Noted the update on the Risk Management Transformation Programme.**

**67/23 INTEGRATED MEDIUM TERM PLAN (IMTP) 2023 – 2026 FY23/24 DELIVERY & ASSURANCE ARRANGEMENTS (INCORPORATING POST IMPLEMENTATION REVIEW)**

Rachel Marsh presented the report and drew out the following points:

1. Following Trust Board approval on 30 March 2023, the Trust IMTP for 2023-26 was submitted to Welsh Government on 31 March 2023. Formal feedback and approval, including any Accountability Conditions, was awaited.
2. Members noted that the delivery risk around Salus remained Red and had been raised for escalation by the Salus Programme Senior Responsible Owner.

**RESOLVED: That the Board;**

- (1) Noted the update against Trust's IMTP delivery governance and assurance mechanisms; and**
- (2) Noted the approach to project delivery and Post Implementation Review set out in this paper.**

**68/23 FINANCIAL PERFORMANCE MONTH 3**

Navin Kalia presented the report noting it had been presented to the Finance and Performance Committee earlier in the month. In terms of highlights, he drew the Board's attention to the following:

1. Month 3 financial position was a relatively break-even one of a deficit of £33k.
2. At this stage of the financial year, the forecast was to break-even for 2023/24.
3. Capital expenditure was expected to be fully achieved in the current year.
4. Funding for the £6m 100 front line Whole Time Equivalents funded non recurrently in and appointed to in 2022/23 was fully assumed. Negotiations with Commissioners was ongoing.
5. A fully identified £6m savings plan, albeit with risks to delivery, should see the Trust balance by 31 March 2024.

**RESOLVED: The Board;**

- (1) Noted and gained assurance in relation to the Month 3 revenue financial position and performance of the Trust as at 30<sup>th</sup> June 2023;**
- (2) Noted the update in relation to the Financial Sustainability Programme and progress in relation to residual savings to be identified;**
- (3) Noted the capital programme for 2023/24, and;**
- (4) Noted the Month 2 and Month 3 Welsh Government monitoring return submissions included within Appendices 1 – 4 (as required by WG).**

**69/23 MONTHLY INTEGRATED QUALITY AND PERFORMANCE REPORT (MIQPR) AND KEY METRICS 2023/24**

Rachel Marsh presented the report as read and in terms of highlights from the report, the following was brought to the Board's attention:

1. 111 call answering was improving, with the call abandonment target of 5% being achieved in June and 59.2% of calls being answered with 60 seconds.
2. Sickness absence, this was now below 8% against the expected target rate of 6%.

## Key metrics

Rachel Marsh explained that each year a review of Board level metrics was undertaken. A presentation was provided to Finance and Performance Committee in May 2023 setting out some proposed changes. These were discussed further at EMT, at a Board development meeting in June 2023, and again at Finance & Performance Committee this month. As a result of these discussions several changes have been made and the final set of metrics was set out in Appendix 2 of the report. A total of 43 metrics were proposed, which was a slight increase on those which have been reported this year.

Comments:

Kevin Davies, who had Chaired the Finance and Performance Committee meeting, supported and endorsed the proposed changes adding that a note of thanks was to be recorded for Hugh Bennett, Judith Bryce, and Jason Fernard for their respective presentations at that Committee.

Andy Swinburn highlighted the increase of Return to Spontaneous Circulation (ROSC) rates (22%), the highest recorded by the Trust, which directly aligned with the roll out of the Cymru High Acuity Response Unit (CHARU).

The Board sought clarity regarding the funding for 198 call handlers and whether this was the agreed number. Rachel Marsh explained that recruitment continued to secure this number, however there were still vacancies.

Lee Brooks gave an overview of the challenges over the next few weeks. He asked the Board to exercise caution when looking at the Unit Hours Production (UHP) percentage reporting between Emergency Ambulances (EA) and CHARU. At this stage there was a period of transition which may show an under resource of EA and an over resource of CHARU production.

Whilst some improvements have been seen in staff absences throughout July, it is expected that there will be an increase in August when staff annual leave is maximised. He was optimistic there would be further improvement in September, with more resources joining the Trust.

Rachel Marsh added that the Trust was looking at a new metric whereby the totality of the hours produced against what the Trust was commissioned to do, was in development.

**RESOLVED: The Board considered the May/June 2023 Integrated Quality and Performance Report and actions being taken and approved the new metrics for 2023/24.**

## **70/23 STANDARDS OF BUSINESS CONDUCT POLICY**

Trish Mills advised the Board that following a limited assurance internal audit on standards of business conduct, it was recommended that a revised policy be developed.

The Audit Committee was provided with an update on the progress of management actions on the limited assurance internal audit. All audit recommendations have been addressed with one management response being extended to April 2024, and one due in August.

Members noted that the revised policy had followed a robust governance process adding that it had been reviewed by the Trust's Policy Group, and in partnership with Trade Union Partners.

A communications plan, following Board approval of the policy, will begin with the initial announcement on Siren of the revised policy and include regular announcements throughout the year, particularly at festive and religious holidays when issues with gifts is most prevalent.

The Board were given assurance that all the issues detailed in the limited assurance report have been addressed.

**RESOLVED: The Standards of Business Conduct Policy was approved.**

## **71/23 GOVERNANCE REPORT**

The Board was asked to approve the affixing of the Trust's seal to a licence for alterations for unit 3 Phoenix Park, Telford Street, Newport NP19 0LW, and to note the use of the Trust Seal entry number 0239 for fence installation at the Cardiff Make Ready Depot.

**RESOLVED: The Board approved the affixing of the seal to a licence for alterations for unit 3 Phoenix Park, Telford Street, Newport. NP19 0LW and noted the use of the seal for fence installation at the Cardiff Make Ready Depot.**

## **72/23 BOARD COMMITTEE REPORTS**

The following Committee highlight reports were received noting that updates had been provided earlier in the agenda.

### **Finance and Performance Committee – July 2023**

Kevin Davies, chaired the last Committee meeting and updated the Board on several points from the report as below:

1. An update on policies was received.
2. Emergency Preparedness, Resilience and Response

### **Audit Committee (Verbal) – July 2023**

Martin Turner advised that the main focus was on the Accounts and Annual report. A note of thanks was recorded for the teams involved in producing the report.

Trish Mills informed the Board that the Head of Internal Audit's Annual report and opinion was attached to the Committee highlight report for noting.

### **Remuneration Committee – July 2023**

Jason Killens updated the Board on the meeting held on 26 July 2023 which considered changes to the senior leadership in the clinical services directorate as a result of the retirement of Dr Brendan Lloyd on 31 December 2023. It was further noted that the Director of Paramedicine would become an Executive Director with full voting rights on the Board on 1 January 2024. Details of ongoing recruitment to replace Dr Brendan Lloyd was also given.

**RESOLVED: The Board received the above Committee Highlight Reports and received assurance that each of the Committees had fulfilled their Terms of Reference, and that matters of concern had been escalated in line with the Alert, Advise, Assure framework of reporting**

## **73/23 MINUTES OF COMMITTEES**

The minutes of the Finance and Performance Committee dated 15 May 2023 were received.

The following NHS Wales Joint Committee update reports were received:

1. Welsh Health Specialised Services Committee Joint Committee Meeting Briefing – 16 May 2023.
2. Emergency Ambulance Services Committee meeting – 16 May 2023.
3. NHS Wales Shared Services Partnership Committee meeting – 18 May 2023

**RESOLVED: That the above minutes and update reports were received.**

## **74/23 ANY OTHER BUSINESS**

None

## **75/23 EXCLUSION OF THE PRESS AND MEMBERS OF THE PUBLIC – 27 July 2023**



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).

**RESOLVED: The Board would meet in private on 27 July 2023.**

**Date of next Open meeting: 28 September 2023**

**Meeting closed at 12:06**