

**CONFIRMED MINUTES OF THE OPEN MEETING OF THE WELSH AMBULANCE SERVICES NHS TRUST BOARD, HELD on THURSDAY 25 MAY 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 (Absent for Items 47/23 and 48/23)
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
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 (Via Zoom)
Hannah Rowan	Non-Executive Director (Via Zoom)
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

Alison Johnstone	Programme Manager for Dementia (Item 43/23 only)
Steve Owen	Corporate Governance Officer (Via Zoom)
Alex Payne	Corporate Governance Manager
Jeff Prescott	Corporate Governance Officer (Via Zoom)
Dr Andy Woodhead	Patient Story (Item 43/23 only)

Apologies

Joga Singh	Non-Executive Director
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38/23 WELCOME AND APOLOGIES FOR ABSENCE

Welcome and apologies

The Chair welcomed all to the meeting and noted apologies had been received from Joga Singh, Non-Executive Director.

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 apologies as described above and declarations of interest on the register were formally recorded.

39/23 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 meeting held on 30 March 2023 were presented and confirmed as a correct record.

Action Log: The Board received the action log and noted the updated position. Action number: 133/22, Monthly Integrated Quarterly Performance Report (MIQPR), update on cultural measure. Rachel Marsh explained that a further update would be provided at the next meeting. Item to remain open.

RESOLVED: That

- (1) the Minutes of the meeting held on 30 March 2023 were confirmed as a correct record.**
- (2) the update on the action log was noted.**

40/23 CHAIR'S REPORT AND UPDATE

The Chair updated the Board on the recent Board Development Day in which several topics were considered in more detail: The Trust's Charity strategy, Welsh Government's Structured Assessment on the Trust and the Trust's strategy. Board

members also had the opportunity to view the new Non-Emergency Patient Transport Services (NEPTS) vehicles.

RESOLVED: The update was noted.

41/23

CHIEF EXECUTIVE'S UPDATE

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

1. A Leadership Conference for senior managers and leaders was held on 24 May. The day was spent developing and fostering team spirit with a focus on communication, recognising and celebrating the value and the strengths of all team members and colleagues.
2. He had the pleasure of attending the coronation of King Charles III on behalf of the Trust's staff and volunteers.
3. A note of thanks was recorded for Chris Turley and his finance team in delivering a small surplus of £64k, subject to audit at year-end.
4. A new site had been identified for Dolgellau ambulance station; work was underway to scope out the site.
5. Significant improvement has been made with sickness absence returning to more normal levels; an overall sickness absence rate of 7.95% was recorded February, the lowest level of absence since June 2021.
6. In line with the launch of the Trust's People and Culture Plan, the Directorate name has changed from the Workforce and Organisational Development Directorate to the 'People and Culture Directorate' to better reflect the focus creating a positive and engaging workplace culture that supports and develops our employees at all stages of their career.
7. The three major trade unions; GMB, UNISON and UNITE have voted on a majority basis to accept the revised two year pay offer; however, the Royal College of Nursing (RCN) have rejected the latest offer and will take Industrial Action on 6 and 7 June 2023.
8. The Trust will be celebrating International Nurses Day by promoting and acknowledging nurses that work across a variety of roles within the Trust. Similar work will occur on International Paramedics Day in July.
9. The Mental Health and Dementia Care Team won the Professional Excellence Award at the 2023 Alzheimer's Society Dementia Hero Awards, highlighting the

value the Trust gives towards co-producing its work programme with people affected by dementia.

10. The Board were asked to note the great achievement by Kerry Robertshaw, the Trust's Professional Development Lead, who had been appointed as the College of Paramedics Honorary Secretary (Vice President). This was a great step towards building relationships and strengthening professional development within paramedicine, and the Board congratulated her on this fantastic appointment.

Comments:

1. The Board welcomed the report and acknowledged the positive updates which included the Dementia award and the success of the 'Big Bang' recruitment. Andy Swinburn updated the Board on further details regarding recruitment.
2. In terms of the NHS 111 Wales Website, a Member queried if there were any accessibility issues. Leanne Smith explained that a review had been undertaken by Welsh Government Digital Services which gave rise to several recommendations to improve accessibility which the Trust was currently addressing.
3. It was questioned what the timelines were in terms of the work being carried out by Price Waterhouse Coopers to develop the case for a change document for 'Inverting the Triangle' going forward. Rachel Marsh explained this work would be concluded shortly. Estelle Hitchon gave an outline of the engagement work.
4. Members suggested it would be useful to have an update on the improvements made in last few years to the Trust's estate. Chris Turley reminded Members of the work carried out and gave an outline of the large-scale developments; he agreed to provide a compare and contrast report at a future Board Development Day.

RESOLVED: That the Chief Executive's update was noted.

42/23

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 media channels for any live questions received during the meeting.

43/23

PATIENT STORY

Prior to introducing Dr Andy Woodhead, who was the subject of today's patient

story, Alison Johnstone provided an update on some of the Trust's current dementia work which was being developed and delivered in partnership with people living with dementia. People living with dementia have supported the Trust in delivering training opportunities to our workforce, and support webinars and podcast development.

Over the past few years, the Trust has focussed on the need to provide dementia and sensory friendly environments; consultation and engagement with dementia communities has informed the development of dementia/sensory friendly ambulance environments. The Trust has been exploring art, music and reminiscence therapy across its services to support people who may be distressed and confused in these environments.

The Trust was piloting around 25 Reminiscence Interactive Therapy Activities (RITA) tablets (interactive touch screen systems) in the Emergency Medical Service (EMS) and feedback from staff, patients and carers on the tablets had been very positive; particularly when patients were stressed. The Trust is the first ambulance service in the UK to pilot RITA.

The dementia work undertaken by the Trust has helped in receiving a UK award for Professional Excellence a few weeks ago at the Alzheimer's Society Dementia Hero Awards.

Dr Andy Woodhead outlined his experience living with Vascular Dementia and his involvement working with the Trust at Swansea University. He has, unfortunately, used the ambulance on a number of occasions and has nothing but high praise for the staff who have cared for him.

In terms of the RITA system, he added that this had proven to be invaluable to dementia patients and thoroughly welcomed its use in the Trust.

Comments:

The Board reiterated their pride in the dementia work and were pleased to see the significant progress being made in this field and thanked Dr Andy Woodhead for sharing his experience.

In terms of the RITA pilot, it was queried where any updates would be shared going forward. Alison Johnstone explained that once the pilot was finished she would share the findings across the Trust.

Following a query regarding dementia training for Community First Responders (CFR) who were often first on a scene, Alison Johnstone advised that the Trust was looking to increase its dementia awareness training for CFRs. The training will include how to identify early onset dementia.

It was queried how the Trust could capitalise in supporting people with other hidden disabilities. Dr Andy Woodhead explained there were several other disabilities which had similar issues to dementia, for example autism and the work on dementia around providing sensory and friendly spaces on ambulances was extremely beneficial.

Liam Williams updated the Board on how the dementia work aligned closely with the Trust's overall clinical strategy. He further outlined how the Trust will prioritise in supporting people with dementia and other mental health conditions.

Members noted that during the last six months the Trust had been called out to around 1,300 patients living with dementia; this underlined the importance of the dementia work.

A Member raised a point on whether there was an opportunity to access charity funds to aid in developing the work on dementia. Alison Johnstone explained that whilst there were case studies and learning being captured regarding the impact of RITA, there were still further opportunities to invest into more research on its impact.

Brendan Lloyd reminded the Board that the Trust was one of the most active ambulance trusts in terms of research across the UK.

RESOLVED: That the patient experience was noted.

44/23

PROGRESS ON ACTIONS TO MITIGATE AVOIDABLE PATIENT HARM

Jason Killens explained that the report was designed to inform the Board of progress on the actions to mitigate avoidable patient harm. He drew out the following areas for the Board's attention:

1. Whilst the reduction in emergency department (ED) handover lost hours remained too high, there had overall been an improvement.
2. There had been some improvement in response times particularly around Red and the Amber median; however, there was still work required to improve performance.
3. Eradication of hospital handover waits greater than four hours in the Cardiff and Vale area; this has now moved to a two hour backstop which they were delivering. The current situation is that the average waiting time was in the region of 20 Minutes. This has demonstrated to other Health Boards across Wales that it was possible to show this significant improvement.

4. Jason Killens updated the Board on the recent additional actions to the initial action plan. One of these was to reduce the number of resources attending an incident freeing them up to attend other calls.

Comments:

Concern was expressed in that the performance in Health Boards other than the Cardiff and Vale University Health Board (C&VUHB) was poor overall. Jason Killens commented that the Grange Hospital in the Aneurin Health Board area had recently implemented a four-hour backstop in terms of handovers.

He added that the Trust was continually highlighting the great work in the C&VUHB and other Health Boards were beginning to take note. He further added there was a direct correlation between a reduction in lost hours and an improvement in the Trust's ability to respond to patients in the community in a timely manner.

Lee Brooks gave a brief summary of the ED handover lost hours in each Health Board and added that the current position across Wales was starting to improve.

Rachel Marsh informed the Board that regular Integrated Commissioning Action Plan meetings (ICAP) monthly meetings took place with each Health Board and were designed to improve hand over delays through discussion and shared learning.

Brendan Lloyd, following a query as to why Betsi Cadwaladr University Health Board (BCUHB) was an outlier and appeared to be the worst performer in terms of reducing ED handover lost hours, explained the complexities involved at BCUHB of patient flow.

Liam Williams informed the Board how the C&VUHB had implemented several changes which had led to improvements in performance.

Bethan Evans, Chair of the Quality, Patient Experience and Safety Committee (Quest), outlined several points from the Quest Committee AAA report and in particular noted;

1. The staff story at the last Quest meeting highlighted the impact on a CFR, Keith Jones, who had attended to a patient at their home. Keith was with the patient and their partner for over four hours waiting for an ambulance and during that time the patient went into cardiac arrest. Despite attempts to resuscitate him, the patient died.
2. The Committee noted that the significant number of handover delays were

causing patient harm or death and recognised the actions being taken to mitigate this issue.

3. The Committee discussed the Trust's two highest rated risks; *risk 223 (the Trust's inability to reach patients in the community causing patient harm and death) and risk 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)* and considered how long they should remain at the highest level.
4. There have not been improvements in the Putting Things Right response times, despite additional resources being provided, which highlights the increasing volumes and complexity of concerns being raised.

In the absence of the Chair of the Finance and Performance Committee (FPC), Bethan Evans advised the Board there was no further updates to the FPC AAA report and added that several of the points raised at Quest had also been discussed at FPC.

Martin Turner, Chair of the Audit Committee, presented the AAA as read and noted the need to consider partnership arrangements to address the system pressures. Estelle Hitchon advised the Board that recent direction from the Welsh Government (WG) has stipulated that the Trust be a member of Regional Partnership Boards.

Paul Hollard, Chair of the People and Culture Committee, further to the contents of the Committee AAA report, reiterated the Committee's concerns regarding the Putting Things Right (PTR) Team given the significant volume, complexity and nature of concerns dealt by them on a regular basis. It was anticipated the requirement of the Duty of Candour would place additional stress on these colleagues.

RESOLVED: The Board

- (1) Noted the report;**
- (2) Considered whether there are any further actions available to the Trust to mitigate patient harm.**

45/23

RISK MANAGEMENT AND BOARD ASSURANCE FRAMEWORK

Trish Mills presented the report and reminded the Board that the 17 principal risks as described within the Board Assurance framework (BAF) were reviewed in detail at the relevant Committees before their consideration by Board

In addition to the two 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 scoring 25 and which had been discussed throughout today's agenda, the Board were further advised of the other two highest scoring risks.. These were risk 160 (*high absence rates impacting on patient safety, staff wellbeing and the Trust's ability to provide a safe and effective service*) and 201 (*damage to the Trust's reputation following a loss of stakeholder confidence*), both of which had a risk rating score of 20.

A new risk had been added to the Corporate Risk Register since the last meeting with a score of 15 (*The Trust's inability to provide a civil contingency response in the event of a major incident and maintain business continuity causing patient harm and death*).

A deep dive had been carried out on risk 139 (*the failure to deliver our statutory financial duties in accordance with legislation*) at the last FPC meeting. The risk was currently scored at 16 which was felt appropriate, but it was noted that it would be reviewed regularly.

The Board noted a minor amendment to the previous report received by the Board at the January 2023 meeting. The report identified that Risk 245 has been closed when in fact it was Risk 244 that had been recommended for closure. The Risk detail included in the report was correct, however.

RESOLVED: The Board:

- (1) Noted the review of each principal risk including mitigating actions;**
- (2) Noted the inclusion of the Civil Contingencies Risk on the Corporate Risk Register at a score of 15;**
- (3) Noted the correction to the report presented at January 2023 meeting;**
- (4) Received the Guidance on Interpreting the Board Assurance Framework;**
- (5) Noted the development of a suite of new risks;**
- (6) Noted the update on the Risk Management Transformation Programme.**

46/23

INTEGRATED MEDIUM-TERM PLAN (IMTP) YEAR END POSITION

Rachel Marsh advised the Board that the report set out the end of year position on actions in the IMTP 2022/25, including the Accountability Conditions set by Welsh Government.

For next year's IMTP (2023-/6), the Board noted that going forward it would consider the processes involved with strengthening the IMTP.

Comments:

The Board were advised by Bethan Evans that the IMTP was discussed at the last FPC meeting in which it was widely acknowledged that despite the challenges, huge achievements had been made.

RESOLVED: That the Board;

- (1) Noted the update against the Trust's IMTP 2022/25 Accountability Conditions;**
- (2) Noted the overall delivery of the IMTP detailed in this paper;**
- (3) Noted the forward view for IMTP assurance in 2023/24.**

47/23 FINANCIAL PERFORMANCE MONTH 1

Chris Turley presented the report noting it had been presented to the FPC earlier in the month. In terms of highlights he drew the Board's attention to the following:

1. The funding (c£6m full year) for the 100 front-line Whole-Time Equivalents (WTE) funded non recurrently and appointed in 2022/23 was fully assumed. It had recently been confirmed that non-recurrent funding will be made available to the Trust in 2023/24.
2. The Board were advised that since the submission of the 2023/24 financial plan, over £1m of additional savings has been identified.
3. Chris Turley gave an overview of the initial capital programme.

Comments:

Professor Kevin Davies advised the Board it was very clear the Finance Team considered patient safety and quality as was evident during the finance presentation at the last FPC meeting.

Members discussed the report in more detail acknowledging it was an early report and very encouraging; however, the biggest risk was to achieve the necessary savings in-year.

RESOLVED: The Board;

- (1) Noted and gained assurance in relation to the Month 1 revenue financial position and performance of the Trust as at 30 April 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 initial capital programme for 2023/24, and**
- (4) Noted the Month 1 Welsh Government monitoring return submission (as required by WG);**

48/23

MONTHLY INTEGRATED QUALITY AND PERFORMANCE REPORT

Rachel Marsh advised that the report had recently been presented and discussed in detail at recent Committee meetings in which they had the opportunity to reflect on those metrics specifically targeted for each Committee. In terms of highlights from the report, the following were brought to the Board's attention:

111 call answering performance remained poorer than the Trust would want. December 2022 saw unprecedented levels of demand and poor performance. Further work was being conducted to improve this situation.

Comments:

The Board recognised that each Committee had discussed the report in detail at their respective meetings.

It was asked if the Trust had received any feedback from hospitals on patients who may not have required admission. Brendan Lloyd advised that overwhelmingly feedback had been received that the Trust was not taking patients into EDs inappropriately.

Andy Swinburn added that all patients taken to EDs were appropriately monitored at the point of entry. Liam Williams added that work was required to ensure the correct data was captured on patients being appropriately taken to ED.

RESOLVED: The Board considered the March/April 2023 Integrated Quality and Performance Report and actions being taken and determined it provided sufficient assurance.

Angela Lewis presented the People and Culture Plan for approval and implementation.

Consultation and socialisation has taken place with Trade Union Partners, Trust Committees, Executive Management Team, Assistant Director Leadership Team, People and Culture Directorate members, Non-Executive Directors and teams across the organisation, with feedback reflected in the final version. WAST has also sought input from external experts on culture change, the College of Paramedics, and Workforce and Organisational Development Directors from within NHS Wales, and the wider Ambulance Service across the UK.

The Plan has been developed using the seven-stage framework of strategy development for the Trust, in which co-production and engagement formed a fundamental part of the development process.

The Trust was committed to ensure that the Trust was the best place to work where staff have the opportunity to flourish, have the best possible experience and progress and develop.

One of the keys to the success of the Plan was the pivotal role of managers and leaders within the Trust. Angela Lewis added that an emphasis going forward was on the work-life balance of colleagues, with a particular focus on shift over runs.

The topic of culture, putting our people at the top of our focus and as managers to ensure people are at the forefront when decisions were being made, will be pivotal to the success of this plan.

Comments:

Paul Hollard explained this Plan had been developing over the past several months and the ongoing implementation will be monitored at the People and Culture Committee.

It was questioned how the plan will be introduced to line managers. Angela Lewis explained that all first line managers will be written to outlining how the Trust will take the plan forward.

The Board were keen to understand, following feedback from staff roadshows, if staff felt they were able to freely discuss any issues with managers. Angela Lewis assured the Board that measures such as the Freedom to Speak up platform was a tool by which staff could communicate with managers.

It was queried whether it was feasible to develop a user-friendly version of the plan and distribute that to staff. Angela Lewis commented that the goal was to make the plan as accessible and relatable as possible.

It was suggested that an external cultural audit, to measure progress against all the actions be undertaken could be beneficial. Angela Lewis advised this had already been considered, adding that the Trust already has rich data of its own and would be conducting its own reputational audit. It should also be noted that further consideration on the plan will be held at future Board Development Day.

Jason Killens reminded the Board that an external cultural audit had been conducted about two years ago which could be used as a starting point to measure success going forward.

RESOLVED: The Board received and approved the People & Culture Plan 2023/26.

51/23 BOARD VISITS STANDARD OPERATING PROCEDURE (SOP)

Trish Mills presented the report explaining that its purpose was to present the Standard Operating Procedure (SOP) 'Board Visibility and Engagement: Capturing Our Experience' for review and approval by the Trust Board.

The SOP outlined the details and guidance for Board visits, and it was noted that a dashboard had been incorporated which would capture Board member visits for governance purposes.

Trish Mills added that once approved the SOP would be published on Siren whereby staff would be able to view it.

Comments:

Members welcomed the report and recognised that visits would be informal and could be on an *ad hoc* basis.

RESOLVED: The Board received and approved the Board Visibility and Engagement – Capturing Out Experience Standard Operating Procedure.

52/23 BOARD AND COMMITTEE ANNUAL EFFECTIVENESS REVIEWS 2022/23 AND REVISED TERMS OF REFERENCE (INCLUDING; BOARD AND COMMITTEE REPRESENTATION, COMMITTEE DUTIES AND COMMITTEE PRIORITIES)

Trish Mills reminded Members that the Board was required to undertake an annual self-assessment of its effectiveness. Details of the outcome of this were contained within the update report.

Following the review of both Committees' and the Board's effectiveness it was concluded that several changes were required to the operating arrangements and corporate governance practices; these changes were listed in the report.

It was further recognised that monitoring the Committees' cycles of business on a regular basis ensured that effectiveness could be witnessed throughout the year through the monitoring arrangements.

RESOLVED: The Board:

- (1) Reviewed the external and internal sources of assurance to assure itself as to its effectiveness for 2022/23;**
- (2) Noted the priorities set by Committees for 2023/24;**
- (3) Approved changes to all of the Committee terms of reference; and**
- (4) Noted the changes to operating arrangements for the Board and Committees in 2023/24.**

53/23

STANDING ORDERS (SO), SCHEME OF RESERVATION AND DELEGATION (SoRD) OF POWERS, AND STANDING FINANCIAL INSTRUCTIONS (SFI)

In presenting the report, Trish Mills explained there had been no review by WG of its model Standing Orders as yet, but this was due shortly.

As part of the Trust's review there were some minor changes recommended which were within its gift to do so. One of the changes concerned the Annual General Meeting which WG had recently confirmed that it may be held after 31 July given the revised dates for filing of the Annual Report and Accounts for 2022/23. The deadline to hold this meeting was 28 September 2023. It was necessary for the Board to formally approve this amendment to SO 7.2.5 for 2023.

RESOLVED: The Board;

- (1) Approved the amendments to Schedule 3 of the SOs (the individual Committee Terms of Reference having been received in item 52/23) and Table A of the SoRD; and**
- (2) Approved the amendment to SO 7.2.5 in relation to the 2023 AGM date to be held no later than 28 September 2023 in response to the external audit schedule for the 2022/23 Annual Report and Accounts;**

BOARD COMMITTEE REPORTS

The following Committee highlight reports were received noting that updates had been provided earlier in the agenda under minute 44/23.

Charity Committee

The Chair of the Committee, Ceri Jackson updated the Board on several points from the report.

Audit Committee

Nothing further to add to previous update.

Academic Partnership Committee

Hannah Rowan, Chair of the Committee updated the Board on several points from the report.

People and Culture Committee

Paul Hollard, Chair of the Committee updated the Board on several points from the report.

Quest Committee

Bethan Evans, Chair of the Committee updated the Board on several points from the report.

Finance and Performance Committee

Bethan Evans updated the Board on several points from the report.

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

GOVERNANCE REPORT

The report was presented as read.

RESOLVED: The report was noted.

55/23 MINUTES OF COMMITTEES

The minutes of the following open meetings were received:

1. Charitable Funds Committee 30 January and 16 February 2023;
2. Audit Committee – 1 December 2022;
3. Academic Partnerships Committee – 17 January 2023;
4. Quest Committee – 9 February 2023;
5. People and Culture Committee – 14 March 2023;
6. Finance and Performance Committee – 21 March 2023.

Furthermore, the following NHS Wales Joint Committee update reports were received
NHS Wales Shared Services Partnership committee Assurance report 19 January 2023.

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

56/23 ANY OTHER BUSINESS

The Chair updated the Board on the replacement for Kevin Davies, Vice Chair.

57/23 EXCLUSION OF THE PRESS AND MEMBERS OF THE PUBLIC – 25 May 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 25 May 2023.

Date of next Open meeting: 27 July 2023

Meeting closed at 12:48