

CONFIRMED MINUTES OF THE OPEN MEETING OF THE WELSH AMBULANCE SERVICES NHS TRUST BOARD, HELD on THURSDAY 26 MAY 2022
MEETING HELD IN BEACON HOUSE, WILLIAM BROWN CLOSE, CWMBRAN, NP44 3AB AND BROADCASTED VIA ZOOM

PRESENT:

Martin Woodford	Chair of the Board
Jason Killens	Chief Executive
Lee Brooks	Director of Operations
Craig Brown	Trade Union Partner
Bethan Evans	Non Executive Director
Dr Catherine Goodwin	Interim Director of Workforce & Organisational Development
Andy Haywood	Director of Digital Services
Wendy Herbert	Interim Executive Director of Quality and Nursing
Estelle Hitchon	Director of Partnerships and Engagement
Paul Hollard	Non Executive Director
Dr Brendan Lloyd	Executive Medical Director
Rachel Marsh	Director of Strategy, Planning and Performance
Trish Mills	Board Secretary
Hannah Rowan	Non Executive Director
Andy Swinburn	Director of Paramedicine
Chris Turley	Executive Director of Finance and Corporate Resources
Damon Turner	Trade Union Partner

Members of staff in attendance and viewers on Facebook: 12

Apologies

Professor Kevin Davies	Non Executive Director and Vice Chair
Ceri Jackson	Non Executive Director
Joga Singh	Non Executive Director
Martin Turner	Non Executive Director

44/22 WELCOME AND APOLOGIES FOR ABSENCE

Welcome and apologies

The Chair welcomed all to the meeting and explained the preliminaries and administrative set up of the meeting and advised attendees that the meeting was being recorded. It was being held in person at Beacon House in Cwmbran with a live stream via zoom, it was also available to view through Facebook. He reminded those in

attendance that it was a meeting being held in public and not a public meeting. Unfortunately at this meeting there was no British Sign Language service available. He welcomed Hannah Rowan, Non Executive Director to her first Board meeting and Dr Catherine Goodwin to her first meeting as the Interim Director of Workforce and Organisational Development.

Apologies had been received from Professor Kevin Davies, Ceri Jackson, Joga Singh and Martin Turner.

Declarations of interest – None recorded

RESOLVED: That the apologies as described above were formally recorded.

45/22 PROCEDURAL MATTERS

Minutes: The Minutes of the last Board meeting on 24 March 2022 were presented and approved as a correct record

Action Log: The Board received the action log and noted the updated position.

RESOLVED: That

- (1) the Minutes of the meeting on 24 March 2022 were confirmed and approved as a correct record; and**
- (2) the action log was noted.**

46/22 CHAIR'S REPORT AND UPDATE

The Chair reported on the following meetings/events he had recently attended for the Board's attention:

1. The Long Service awards ceremony for staff and volunteers held in North Wales on 17 May was a particularly poignant occasion which acknowledged their sterling work, valued commitment and contribution over the years.
2. The unveiling of a new ambulance at Aberystwyth station which was purchased using charitable funds left by the late Morgan Jones who had emigrated to Canada many years ago.
3. Attended with Jason Killens, the Board of Community Health Councils meeting. There was concern raised at the meeting regarding the current system pressures.

RESOLVED: That the update was noted.

47/22 CHIEF EXECUTIVE UPDATE

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

1. The Emergency Medical Services (EMS) Roster Review project was to: deliver EMS Response rosters for Cymru High Acuity Response Unit (CHARU) replacing

Rapid Response Vehicles (RRV); Emergency Ambulance (EA) and Urgent Care Service (UCS) aligned to patient demand; improve staff well-being and achieve an efficiency gain (not saving) of 72 Full Time Equivalents, by December 2024. A separate independent simulation on the modelling had recently concluded that this was still the right approach to take; albeit taking into account the changes and disruption since 2018 when the original roster review was implemented. It was noted there had been no material change to Red performance as a result of the roster change as was currently configured; however there has been a noticeable reduction in the tail on Amber performance.

2. The Emergency Communications Nurse System (ECNS), the new triage system in Integrated Care, Clinical Support Desk has now gone live. ECNS provides for a more streamlined triage of the 999 caller once they reach the Clinical Support Desk and more efficient processes for quality assurance and governance. The Trust will continue to work with the supplier of the system to ensure maximum benefit is gained.
3. The Board were updated on the following Capital and Estates projects in particular:
 - a. Cardiff Ambulance Station opened at the end of March 2022 which has been transformational for staff previously stationed in Blackweir.
 - b. Beacon House, where this meeting is being held, opened at the end of April 2022 and the Grange University Hospital Discharge and Transfer staff have relocated. Corporate staff were working from Beacon House on an agile basis
4. Sadly, the Trust continued to see, despite the Trust's #WithUsNotAgainstUs campaign and several other initiatives, a rise in violence and aggression against front line and contact centre staff. The Trust was also working with BBC Wales on a package to mark one year since the launch of the Trust's flagship anti-violence campaign.
5. The Trust celebrated the rollout of NHS 111 Wales pan-Wales, holding a '111 week' in April, in a concerted effort to raise the profile of the service and educate the public on what it had to offer. An initial evaluation indicates that activity of the health board partners we had enlisted to amplify the message, had been widespread.
6. The Trust marked International Nurses Day on 12 May 2022 and celebrated this event in recognition of all its wonderful nurses. Nurses and midwives told their personal stories so that the general public could gain a greater understanding of the vast diversity of roles and expertise and how these professionals had an impact on our patients and wider society.

The Board welcomed the comprehensive report and raised the following comments:

1. The Hazardous Area Response Team (HART) was shortly reaching its 10 years in operation, how was the Trust intending to mark this milestone? Estelle Hitchon agreed to update the Board at its next meeting on the details.

2. Members recognised the extreme pressure the Trust was facing and welcomed and thanked those involved with the ongoing work with Welsh language, the palliative care paramedic scheme and the expansion of the Falls and Frailty response provision.
3. In respect of specialist palliative care, what were the Trust's plans to extend this? Dr Brendan Lloyd gave an overview of the work being undertaken in collaboration with health boards with particular support from the Cardiff area in partnership with palliative care networks. Rachel Marsh added that every health board was in the process of developing a local plan.
4. Violence and aggression was challenging for all staff and thanks were recorded for the Executive Management Team (EMT) in their work to combat and manage this effectively.

RESOLVED: That the update was noted, received and commented upon.

48/22 QUESTIONS FROM MEMBERS OF THE PUBLIC

One question had been received which would be addressed by Estelle Hitchon offline after the meeting.

49/22 STAFF EXPERIENCE

Due to technical issues with the sound, the staff story was deferred to the next meeting.

RESOLVED: That the staff experience was deferred to the next meeting.

50/22 MONTHLY INTEGRATED QUALITY AND PERFORMANCE REPORT INTEGRATED MEDIUM TERM PLAN (IMTP) 2022-25

In terms of background information Rachel Marsh reminded the Board that the Integrated Quality & Performance Report contains information on 28 key indicators at a highly summarised level which aims to demonstrate how the Trust was performing across four integrated areas of focus; Our patients, our people, finance and value and partnerships and system contribution. The metrics are updated on an annual basis to ensure they continue to represent the most efficient way of tracking progress against the Trust's IMTP and strategies.

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

1. Call answering (safety): The speed at which the Trust was able to answer a 999 or 111 call was a key patient safety measure. 999 answering times have been challenged through significant increases in demand. The median and 65th percentile performance remain good, but the call answering tail remains at just over one minute. 111 call answering performance saw a slight decline in April 2022 with an increased demand over the Easter period. The Trust was in the process, for 999 calls, to recruit more staff with ongoing discussions with the Commissioner to secure suitable funding.
2. Red and Amber response times had declined into April 2022 despite a decrease in patient demand. In particular, the Amber 1 tail (95th centile) was

the longest it has ever been, at 7 hours 18 minutes. These long response times have a direct impact on outcomes for many patients. Actions within the Trust's control to mitigate this included recruitment to improve the capacity to respond; improve efficiency through the roster review and managing attendance to reduce staff sickness levels; and demand management, through the recruitment of an additional 41 clinicians in the Clinical Support Desk which has increased the consult and close rates, thereby reducing the demand on ambulance response.

3. Ambulance Care (formally NEPTS) (Patient Experience): performance was above target for enhanced renal patient arrivals prior to appointment in April 2022 and has improved for patients requiring discharge; however, overall demand for the service continued to increase, although it has not yet recovered to pre CoVID-19 levels. Other areas of focus include call answering performance, which was currently being addressed through a range of actions.
4. Staff abstraction levels had decreased in April 2022, which was positive, however, they remained very high at 41% (benchmark 30%). COVID-19 has had a significant impact on abstractions with sickness abstractions being 13% in April 2022 (benchmark 5.99%). Workforce fatigue was also an issue.
5. Post-production lost hours (PPLH): The reasons for PPLHs were many and varied, with around 5,500 hours attributed to return to base for meal break in April. The EMS Demand & Capacity Review identified that the Trust benchmarked favourably on all elements of PPLH other than return to base meal breaks. The Trust and Trade Union (TU) partners continued to work together on options for change. Modelling indicates that the efficiency gain in PPLH was very small in comparison to the impact of handover lost hours.
6. The Trust conveyed 34% of patients to emergency departments in April 2022, analysis has shown that conveyance rates may be linked to pressures within the system.

Comments:

1. Martin Woodford reported that the Board would be having a fuller discussion on service pressures in its private session following this meeting.
2. Jason Killens commented that the current situation of far too many patients waiting outside hospitals far too long was unacceptable and formally apologised for this. He added that the Trust was working hard to relieve those system pressures which were under its own control and outlined the initiatives and schemes it was continuing to undertake to achieve this, including recruitment to improve the capacity to respond; improve efficiency through the roster review and managing attendance to reduce staff sickness levels.
3. Dr Brendan Lloyd updated the Board on further developments and work to improve patient flow at hospitals which included work on new technology to improve the stroke pathway.

4. Lee Brooks referred to 999 call handling performance which was directly attributed to a decline in staff attendance. In terms of Amber responses he added that there was a noticeable improvement in May.
5. On Consult and Close, Lee Brooks advised that whilst the Trust's revised ambition was 15%, during April 2022 11.8% was achieved. In order to achieve its ambition in this area, the Trust has increased the establishment in the Clinical Support Desk by 41 Full Time Equivalents (FTEs), almost doubling the existing establishment, with 36 Paramedic FTEs and 5 mental health professionals FTEs into the Clinical Support Desk (CSD). The Trust was also implementing new clinical triage software (now live) and working with health boards on how they can support remote demand management.
6. In terms of Ambulance Care (formally NEPTS) (Patient Experience), Lee Brooks informed the Board that financial balance had been attained.
7. With regards to lost hours Lee Brooks advised that, whilst there have been some improvements it was still around 5k hours per week.

RESOLVED: The Trust Board;

Considered the April 2022 Integrated Quality and Performance Report and actions being taken and determined that:

- (1) **the report provided sufficient assurance and noted the further remedial actions undertaken through Executives.**

51/22 QUALITY, PATIENT SAFETY AND EXPERIENCE COMMITTEE HIGHLIGHT REPORT

Bethan Evans updated the Board on the following areas and the concerns raised in the alert section of the highlight report.

1. The Committee noted the significant impact on staff and patients as a result of system pressures, and particularly as a consequence of delays in handover at Emergency Departments. The Chair expressed grave concerns over this and highlighted its focus during the meeting.
2. The NHS Wales Delivery Unit attended the May Committee meeting to present their Analysis of Appendix B reports which covered the period June to November 2021. The report outlined areas of concern in terms of the deficiency in Appendix B reports being reviewed by Health Boards.
3. The Committee also noted and discussed the issues concerning immediate red releases.
4. The Committee received and were updated on a report on the two Coroner Regulation 28 – Prevention of Future Deaths.
5. The Patient Safety Highlight Report was presented at Committee and this demonstrated the level and depth of increasing risk and harm to individuals, as a result of the system wide pressures, which was extremely concerning.

6. The patient story concerned Mr Hughes who had raised funds to purchase a Mangar Elk lifting chair for the Community following the issues he had encountered with his mother who had fallen and the six hour wait for an ambulance to arrive.
7. In terms of the Quality strategy; the Committee noted the progress made and discussed the importance of everyone owning quality.
8. Committee Priorities; The Committee discussed whether the wording was appropriately written with sufficient clarity for the public and colleagues to understand, and it was agreed that this would be amended to reflect the Duty of Candour and Duty of Quality.
9. The Patient Experience and Community Involvement report described positive examples of engagement and palliative care.
10. An overview of Red performance was given and this had shown no indication demand would be lessening.
11. Despite the ongoing pressures, constraints and challenges, the Committee recognised the hard work of all staff across the Trust.
12. The Committee reviewed the risks related to its remit.

RESOLVED: The Board received the report.

52/22 FINANCE AND PERFORMANCE COMMITTEE HIGHLIGHT REPORT

Chris Turley and Paul Hollard raised the following points which had been discussed and reported at the last meeting for the Board's attention:

1. There was a deep dive on PPLH to ensure the efficiencies to be gained by some of the initiatives to reduce lost hours are balanced and proportionate. This was drawn out in the alert section of the highlight report for the Board. The Committee noted that PPLH in April was 7-10% of produced hours, appreciating that not all of this is avoidable as many of these hours are operationally legitimate and necessary, as compared to 30% of conveying resources lost to handover delays.
2. The outcome of a recent Project Assessment Review (PAR) in relation to Mobile Data Vehicle Solution was presented. The PAR provided a delivery confidence assessment of Amber (defined as 'successful delivery appears feasible but significant issues already exist requiring management attention. These appear resolvable at this stage and, if addressed promptly, should not present a cost/schedule overrun') The Committee reviewed the action plan against six key recommendations from the review and were assured on progress.
3. Progress on some areas of delivery with the Decarbonisation Action Plan was reviewed. The Trust was the only Ambulance Service in the UK to have ISO14001 (Environmental Management Systems) accreditation and the annual audit will take place in August, with some minor non-conformities from last year to

be progressed prior to that audit taking place. A presentation on the Dobshill Carbon Neutral station was received.

4. An update on delivery of year-end IMTP was given and the Committee reviewed the risks related to its remit.
5. The concerns raised regarding the impact on staff and patients as a result of system pressures raised in the Quality, Patient Experience and Safety Committee and the People and Culture Committee was echoed by this Committee.

RESOLVED: The Board received the report.

53/22 PEOPLE AND CULTURE COMMITTEE HIGHLIGHT REPORT

Paul Hollard drew attention to the following which was discussed at the last meeting and the concerns raised in the alert section of the highlight report:

1. There was a significant impact on staff as a result of system pressures, particularly as a consequence of the delays in handover at emergency departments. The Chair expressed grave concerns over this.
2. The PADR target was missed; work was continuing to improve this.
3. Sickness and absence levels were discussed and the efforts to improve them under the improving attendance programme. This is a key piece of work for the Committee to continue to closely monitor.
4. The staff story presented by Lisa O'Sullivan, Senior Paramedic, covered several areas of work of the CHARU including the increase in return of spontaneous circulation rates in Cardiff and the Vale.
5. Oversight of Health and Safety had been transferred from the Quality, Patient Experience and Safety Committee effective 1 April 2022 and the Committee received a report on this area and assurances it will receive.
6. The Corporate risk relating to maintaining effective and robust Trade Union (TU) Partnerships were discussed, and the TU annual report was received and was attached for the Board's review.
7. The disciplinary process was discussed and the Committee were updated on the progress to reduce the existing disciplinary cases.
8. The Audit Tracker was reviewed.
9. There had been a significant increase in translation costs and the intention was to centralise Welsh language translation services in house during 2022.
10. Details of the discussion held in the private session on suspension over four months was provided.
11. The Committee reviewed the risks related to its remit.

Comments:

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1. Jason Killens commented it was pleasing to see the Committee hearing from senior colleagues through the staff story. He added that the Trust was committed to improve and progress the Senior Paramedic role
2. Craig Brown commented on the increase in score regarding the risk with TU partnership relations adding it was a reflection of the current system pressures. He thanked the Board and Committees for their acknowledgment of the challenges and pressures on staff.

RESOLVED: The Board received the report

54/22 ACADEMIC PARTNERSHIP COMMITTEE HIGHLIGHT REPORT

In the absence of Kevin Davies, Chair of this Committee, Paul Hollard updated the Board on the following:

1. We continue to await confirmation from Welsh Government regarding our University Trust Application, however priorities set as part of that process are progressing.
2. The Committee discussed how to increase the apprenticeship role.

Comments:

Estelle Hitchon commented that the priorities going forward had been identified and it was hoped the next meeting would be face to face.

RESOLVED: That the report was received.

55/22 CHARITABLE FUNDS COMMITTEE HIGHLIGHT REPORT

In the absence of Ceri Jackson, Chair of this Committee, Bethan Evans provided the update for the Board and included the following highlight:

1. The engagement of a charity consultant to provide recommendations for the charity's strategic direction will be re-tendered due to a conflict of interest which has arisen. It was agreed to re-issue the tender, noting that this will delay the start of the review.

Chris Turley further updated on the following points:

2. The Bursary Panel terms of reference were approved by the Committee as were six historical applications (from March 2020) against the bursary fund from staff. These included both clinical and non-clinical development opportunities for staff and ranged from the full amount requested to part funding. The total of the bids approved was £5,814.
3. The recognition of the donated asset of an ambulance as previously mentioned had been a first for the Trust, thanks went out to the family of the late Morgan Jones and also to the finance and fleet teams who had made this possible.

Comments

The Board commented it was looking forward to seeing what emerged from the strategy work for the charity.

RESOLVED: The Board received the report.

56/22 REMUNERATION COMMITTEE HIGHLIGHT REPORT

Martin Woodford advised the Board that the newly appointed Executive Director of Nursing Liam Williams would be in post on 1 August 2022.

RESOLVED: The update was received

57/22 RISK MANAGEMENT AND CORPORATE RISK REGISTER

Trish Mills presented the report noting it provides an update in relation to the Trust's Corporate Risks with a particular focus on the work that has taken place to rearticulate and strengthen these.

1. There were currently 16 Corporate Risks on the register.
2. The Board noted that 3 Corporate Risks have increased in score due to the rearticulating of the risks and subsequent review of the controls, assurances, gaps and mitigating actions. Risk 160, increased in score from 15 to 20 (High absence rates impacting on patient safety, staff wellbeing and the Trust's ability to provide a safe and effective service), Risk 201, increased in score from 15 to 20 (Damage to Trust reputation following a loss of stakeholder confidence) and Risk 245, increased in score from 15 to 16 (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).
3. Work continued on the transitional Board Assurance Framework (BAF) which would focus on key risks that could compromise the achievement of the Trust's strategic objectives.
4. The Trust has recently undergone an Internal Audit review on Risk Management & Assurance which received a Reasonable Assurance rating. This will be presented to the Audit Committee meeting in June 2022.

Comments:

Following a comment regarding risk 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), Lee Brooks advised that there have been challenges, especially in the smaller centres. The Trust was in the process of establishing a task and finish group to develop and implement a more sustainable solution going forward.

RESOLVED: The Board considered the report and noted the following:

- a) The Trust's rearticulated Corporate Risks including titles, summary

descriptions and scores.

- b) The increase in score of Risk 160 from 16 to 20.
- c) The increase in score of Risk 201 from 15 to 20.
- d) The increase in score of Risk 245 from 15 to 16.

58/22 FINANCIAL PERFORMANCE YEAR END 2021/22

Chris Turley presented the above report for the Board's attention.

1. The revenue financial position reported a small underspend against budget of £0.075m (subject to audit).
2. In line with the financial plans that supported the submitted Annual Plan within the IMTP for this financial year, gross savings of £2.861m have been achieved against a target of £2.800m, thus a small over achievement of plan.
3. Public Sector Payment Policy was delivered with performance, against a target of 95%, of 97.2% for the number, and 98.4% of the value of non-NHS invoices paid within 30 days.
4. Finalisation of the Accounts and audit work continued in respect of the 2021/22 Trust Annual Accounts. The draft accounts were submitted to Welsh Government and Audit Wales, on 29th April 2022, with the audited accounts to be presented to Audit Committee on 7th June 2022 ahead of seeking final approval of these at Trust Board on 13th June 2022.

RESOLVED: The Board. Noted and gained assurance in relation to the Month 12 (and therefore draft 2021/22 year end) revenue and capital financial position and performance of the Trust as at 31st March 2022.

59/22 FINANCIAL PERFORMANCE MONTH 1

This paper presents to the Board the first Financial Performance Report of the 2022/23 financial year, the reported position as at Month 1 (April 2022). A summary presentation of this position was also provided to the Finance & Performance Committee on 16th May 2022.

Key highlights from the report for the Board to note are:

1. The Trust reported a small revenue surplus (£4k) for Month 1 2022/23. This was after funding has been assumed for all of the exceptional cost impacts that Welsh Government (WG) have indicated would be funded centrally as we go through the 2022/23 financial year.
2. In line with the balanced financial plan approved as part of the 2022-25 IMTP, the Trust was forecasting to breakeven for the 2022/23 financial year.
3. Capital expenditure was forecast to be fully spent in line with updated plans.
4. In line with the financial plans that supported the IMTP, gross savings of £0.342m have been achieved against a target of £0.371m.

5. Public Sector Payment Policy was on track with performance, against a target of 95%, of 96.9% for the number, and 97.2% of the value of non NHS invoices paid within 30 days.
6. Due to the COVID-19 pandemic, and that which has been indicated by WG which will continue to be supported by additional funding in 2022/23, the Trust has recorded additional unavoidable spend up to the Month 1 position totalling £0.037m relating to non-pay costs.
7. In addition to the COVID - 19 costs, there were other exceptional cost pressures which included the increase in energy and national insurance costs.
8. The Board recognised there were some variances between Directorates when compared to the budgets set at the outset of the financial year. Some of this was driven by staffing vacancies. These were fairly minor in nature, given it was early in the financial year, but would continue to be closely monitored.
9. Inevitably, as this was early on in the year, the risks reported were still being fully assessed, however at present it was considered that there were no further high likelihood risks that the Trust was aware of and these would continue to be reviewed. The Trust Board and the Finance & Performance Committee would remain fully apprised of such risks and any mitigating actions.

RESOLVED: The Board

(1) Noted and gained assurance in relation to the Month 1 revenue and capital financial position and performance of the Trust as at 30th April 2022 and;

(2) Noted the Month 1 Welsh Government monitoring return submission

60/22 INTEGRATED MEDIUM TERM PLAN (IMTP) 2022-25: OUTTURN FOR 2021/22

Rachel Marsh provide an outline of the report which set out the end of quarter 4 2021/22 outturn position on the delivery of the IMTP.

The report gave assurance on the information about transformation and covered the following aspects in respect of the IMTP delivery cycle; Programme Governance, IMTP Delivery, achievements, Escalation of any barriers and challenges to the Strategic Transformation Board and any remedial actions against any deviation from the IMTP delivery timescales.

In terms of the remaining actions that remained Red, these were outlined below

1. Implementation of the new 111 system: SALUS delivery had slipped until at least May 23. New date to be agreed.
2. Under Empower the digital patient- Deliver new interactive services to the 111 website via SALUS – this was linked to the SALUS implementation delay.
3. Develop a Quality Strategy Implementation Plan to support the Trust to self-assess progress with Quality Governance – Implementation Action Plan drafted, a small Quality, Safety & Patient Experience Working Group has been initiated in November

2021 to accelerate progress, ahead of wider organisational consultation on actions proposed.

4. CHARU (Cymru High Acuity Response Unit): No funding for 90 FTEs required for CHARUs. Options have subsequently been discussed at EMT and Strategic Transformation Board. The preferred option was to maintain the CHARU Keys and partially fill (targeting a lower UHP to reflect the partial fill)
5. Roll out of Contact First: 111 First service commenced in C&VUHB on the 16th March 2022 aligned to the roll out of the core 111 service. However, further funding to roll out 111 First was not forthcoming and plans were being developed to mitigate the impact of this within the core 111 service.
6. 111 as access point for mental health crisis: The Trust continued to work with Health Boards on delivery of '111 press 2 for mental health support', 111 Press 2 scheduled for roll out across Wales by the end of March, this deadline will not be met by the 111 Programme Team Requirements and include: MOU, agreed governance processes and further discussion on implementation and roll out. This has been rolled over into this year's IMTP

RESOLVED: The Board noted the IMTP Delivery Assurance Report and the headlines highlighted in the executive summary.

61/22 ANNUAL BOARD AND COMMITTEE EFFECTIVENESS 2021/22

1. Trish Mills reported that the Board was required to undertake an annual self-assessment of its effectiveness. The purpose of this report was to bring together the sources of assurance that support this assessment process for 2021/22
2. The Board Committees underwent a programme of effectiveness reviews in Quarters 3 and 4. Their annual reports set out an evaluation of their effectiveness following completion of self-assessment questionnaires and meetings with the Chair and Executive leads and the full Committee, culminating in amendments being made to their Terms of Reference and their operating arrangements.
3. All the Committee effectiveness reviews, annual reports and changes to Terms of Reference and operating arrangements had been reviewed by the Executive Management Team and each Committee during Quarter 4 2021/22.

RESOLVED: The Board

(a) reviewed the external and internal sources of assurance to assure itself as to its effectiveness for 2021/22; and

(b) Reviewed and approved the annual reports and amendments to Terms of Reference and operating arrangements for:

- **Academic Partnership Committee**
- **Audit Committee**

- **Charitable Funds Committee**
- **Finance and Performance Committee**
- **People and Culture Committee**
- **Quality, Patient Experience and Safety Committee**
- **Remuneration Committee**

62/22 GOVERNANCE REPORT

Trish Mills updated the Board on the Chairs actions and the use of the Trust Seal as follows:

1. On 29 March 2022 Chair's Action was taken to approve the 2022-23 Initial Budget. The full minute of the virtual meeting to take this action was provided as was the paper upon which the decision was made.
2. On 27 April 2022 Chair's action was made to negotiate settlement of the Claimant's legal costs in a clinical negligence claim to a maximum authority of £133,300.60; and to pay a further £35,000 on account of costs which would form part of the maximum authority sought of £133,300.60.
3. On 9 May 2022 Chair's action was made to extend cohorting through ID Medical supporting the Grange and Morriston Hospitals from May to July 2022

The Trust Seal was used on 30 March 2022 for the following

1. Reference number: 0233 - Vantage Point House Storage lease.
2. Reference number: 0234 - Beacon House lease

RESOLVED: The Board ratified the Chair's actions and noted the use of the Trust seal as described.

63/22 CONSENT ITEMS

The following items were included in the consent item section of the agenda, and were noted for information.

Minutes of Board Committees:

1. Charitable Funds Committee dated 10 February 2022
2. Quality, Patient Safety and Experience dated 17 February 2022
3. People and Culture Committee dated 22 February 2022
4. Academic Partnership Committee dated 8 March 2022
5. Finance and Performance Committee dated 17 March 2022; and
6. The Emergency Ambulance Services Committee Minutes dated 15 March 2022
7. The Welsh Health Specialised Services Committee Joint Committee Joint Committee Meeting Briefing dated 15 March and 10 May 2022
8. The NHS Wales Shared Services Partnership Committee Assurance report dated 24 March 2022

RESOLVED: That the reports were noted and received.

64/22 CLOSING ITEMS

EXCLUSION OF THE PRESS AND MEMBERS OF THE PUBLIC – 26 MAY 2022

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). It was also noted that the Board would resolve to meet in private on 24 March 2022.

RESOLVED: The Board would meet in private on 26 May 2022.

Date of next Open meeting: 13 June 2022