

**MINUTES PUBLIC TRUST BOARD MEETING – PART A  
VELINDRE UNIVERSITY NHS TRUST LIVE STREAMED  
23<sup>rd</sup> MAY 2024 AT 10:00AM**

<p><b>PRESENT</b> Professor Donna Mead OBE Stephen Harries Professor Andrew Westwell Gareth Jones Lindsay Foyster Hilary Jones Steve Ham Sarah Morley  Carl James Nicola Williams  Jacinta Abraham Matthew Bunce</p>	<p>Velindre University NHS Trust Chair Vice Chair Independent Member Independent Member Independent Member Independent Member (<i>attending remotely from 11:30am</i>) Chief Executive Officer Executive Director of Organisational Development and Workforce Executive Director of Strategic Transformation, Planning &amp; Digital Executive Director of Nursing, Allied Health Professionals &amp; Health Science Executive Medical Director Executive Director of Finance</p>
<p><b>ATTENDEES</b> Lauren Fear</p>	<p>Director of Corporate Governance and Chief of Staff</p>

<b>1.0.0</b>	<b>PRESENTATIONS</b>	
<b>1.1.0</b>	<p><b>Health Technology Wales Annual Report (May 2024)</b> Led by Peter Groves, Chair and Susan Myles, Director</p> <p>Susan Myles introduced the Health Technology Wales (<b>HTW</b>) Annual Report 2024, noting the organisation’s Tripartite remit to promote a strategic and national approach to the <b>identification, appraisal</b> and the <b>adoption</b> of non-medicine care technologies across Wales. The following activity over the past year was highlighted:</p> <p><b>Identification</b></p> <ul style="list-style-type: none"> <li>• 66 topics had been referred to the organisation over the year, the majority of which were industry-related, followed by NHS Wales and other care organisations.</li> <li>• During the year, HTW had piloted a range of more proactive topic identification methods for assessment, which had been shared with Welsh professional and policy stakeholders to assess and prioritise topics of interest.</li> <li>• Topics had been further aligned with Ministerial priority areas.</li> </ul> <p><b>Appraisal</b></p> <ul style="list-style-type: none"> <li>• Of the 493 topics referred to HTW since 2017, 65 of these have progressed to comprehensive full evidence appraisals, to assess effectiveness of the technologies concerned.</li> <li>• 44 pieces of national guidance have been published to date, 16% of which have been recommended for routine adoption across Wales (11</li> </ul>	

pieces of national guidance were produced for the period to May 2024, with 5 recommended for routine or selective adoption).

- Topics proposed cover a considerable range of care areas, including primary, secondary, specialist, community and social care settings.

### **Adoption**

- An annual adoption audit is undertaken by HTW, to monitor the adoption of national guidance produced and Susan Myles advised that the report is available on the organisation's website.
- During the period, an audit of 3 pieces of NICE (National Institute for Health and Care Excellence) medical technologies guidance was undertaken, in addition to 11 pieces of national HTW guidance. It was noted that the adoption process worked well for the scrutiny of NICE guidance and it is anticipated that collaboration with the Welsh NICE Health Network will continue. Encouraging responses and valuable information was received as a result of the audit.

Peter Groves advised that the organisation had been approached to participate in a number of important strategic projects, including:

- Commissioning by Welsh Government for HTW to prepare an advisory report (due for submission by the end of 2024) on the development of a national Medical Technology Strategy, in support of the Welsh Government Innovation Strategy.
- The Innovative Devices Access Pathway (IDAP) initiative has been developed across the UK (a collaboration with the intention of introducing transformative medical technologies to the market more rapidly). HTW's involvement included the evaluation of eligible technologies selected to join IDAP.
- Establishment of the All Wales Clinical Effectiveness Group (AWCEG) to ensure a national approach to quality improvement across Wales; Rapid evidence reviews are undertaken by HTW to support AWCEG decision-making.
- Global engagement – HTW is part of a collaborative, involving Health Technology Assessment (HTA) bodies within the UK, Australia, Canada and New Zealand. The work of the collaborative could potentially benefit more than 134 million people worldwide. HTW is also a member of 49 worldwide Health Technology Assessment International (HTAi) Organisations, which meet on an annual basis.
- Artificial Intelligence (AI) – HTW is actively involved in this field, to better understand requirements and support evaluation and testing of AI technologies and changing the way care is delivered to patients.

Andrew Westwell queried how readily guidance is adopted across the NHS and whether challenges are encountered when requesting Health Boards change practices. Susan Myles indicated that while variable, the adoption of guidance (and audit responses) had been encouraging in the main.

As the majority of proposals had been received from industry, Andrew Westwell questioned how HTW remain independent of industry groups who may have a commercial agenda for the uptake of a particular diagnostic test. Peter Groves indicated that independence is fundamental and is maintained via a number of mechanisms and analysis of proposed topics is undertaken in a fair, evidence-based manner. Decision-making within HTW is additionally supported by independent professional advisory groups, individuals and patients.

	<p>Lindsay Foyster requested further information regarding involvement of patients and other individuals in decision-making and the resulting difference. Peter Groves advised that it had been the intention to involve patients and members of the public at every stage from the outset and had been achieved via patient / public representation on Independent Professional Advisory Committees. For each topic addressed, the Public and Patient Involvement (PPI) group is asked to assess how involvement of patients and members of the public could support this particular appraisal. Such individuals with an interest in a particular area or technology are invited by the appraisal panel to decision-making meetings and questioned by panel members, to understand their experience around a specific technology and ensure this is taken into account.</p> <p>Nicola Williams advised that following the establishment of the Clinical and Scientific Strategic Board, significant opportunity may arise to link with HTW's work. It was also noted that this should be reflected in the Clinical and Scientific Strategy, currently in the final stages of development.</p> <p>Nicola Williams queried how the Trust had linked into HTW's work from an innovation perspective and subsequent translation of this into the Trust's overall planning. Jacinta Abraham referenced AMaT (clinical audit assurance software for the central registering / tracking of all audits / inspections across the Trust), which had been adopted by the Trust through a partnership with HTW.</p> <p>The Trust Board <b>NOTED</b> the Health Technology Wales Annual Report and commended the development and impact of the service. The Chair congratulated Peter Groves, following his election as a Fellow to The Learned Society of Wales.</p> <p>Peter Groves expressed gratitude to the Chair and Velindre Colleagues for their support in the work of HTW over the course of the year.</p>	
<b>2.0.0</b>	<b>STANDARD BUSINESS</b>	
<b>2.1.0</b>	<p>The Chair welcomed Lindsay Foyster, the Trust's newly appointed Independent Member for Equality, Diversity and Inclusion and introductions were made.</p> <p><b>Apologies noted:</b></p> <ul style="list-style-type: none"> <li>• Vicky Morris, Independent Member</li> <li>• Susanna Whawell, Associate Independent Member</li> <li>• Katrina Febry, Audit Lead, Audit Wales</li> <li>• David Cogan, Patient Representative</li> <li>• Kyle Page, Business Support Manager (Secretariat)</li> </ul>	
<b>2.2.0</b>	<p><b>In Attendance</b></p> <p>The Chair extended a warm welcome to the following additional attendees:</p> <ul style="list-style-type: none"> <li>• Bethan Davies (HEIW) (simultaneous Welsh translation service)</li> <li>• Rachel Hennessy, Interim Director of Velindre Cancer Service (<i>for item 5.3.0</i>)</li> <li>• Alan Prosser, Director of Welsh Blood Service (<i>for item 5.3.0</i>)</li> <li>• Susan Myles, Director, Health Technology Wales (<i>for item 1.1.0</i>)</li> <li>• Peter Groves, Chair, Health Technology Wales (<i>for item 1.1.0</i>)</li> </ul>	

	<ul style="list-style-type: none"> <li>• Emma Rees, Deputy Head of Internal Audit (NWSSP)</li> <li>• Helen Williams, Interim Regional Director, Llais Cymru (Cardiff &amp; Vale)</li> </ul>	
<b>2.3.0</b>	<p><b>Declarations of Interest</b> There were no declarations of interest pertinent to today's agenda.</p>	
<b>2.4.0</b>	<p><b>Draft Minutes from the previous Public Trust Board meeting held on 26<sup>th</sup> March 2024</b> Led by Professor Donna Mead OBE, Chair</p> <p>Gareth Jones referred to the Performance Management Framework section of the minutes, noting that despite the GREEN rating allocated to the proportion of the Workforce who are Welsh-speaking, no target was present. Following Sarah Morley's agreement at the last meeting to refine the report in this respect, Gareth Jones requested an update. Sarah Morley advised that no target is available, however the number of Welsh Speakers will be reported in the meantime.</p> <p>Gareth Jones also requested an update on Long Term Agreements between the Trust and Health Boards due to the requirement for completion prior to the end of June 2024. Matthew Bunce advised that further discussion is still required with Health Boards and main Commissioners in relation to the 3.67% uplift to Health Boards. Matthew Bunce advised that a further meeting with the Director of Finance of Cwm Taf Morgannwg would take place imminently, indicating a potential arbitration process.</p> <p>Steve Ham indicated positive statements following last week's Joint Executive Team meeting, however, a discussion at Chief Executive Level was anticipated.</p> <p>The Trust Board confirmed that the minutes of the meeting held on the 26th March 2024 were an accurate and true reflection of proceedings, noting the observations made.</p>	
<b>2.5.0</b>	<p><b>Action Log</b> The Board was content that all actions marked as closed was an accurate reflection.</p> <p>Lauren Fear reviewed the status of open actions as follows:</p> <p><b>3.1.0 – Executive Team members to discuss how Committee highlight reports could be utilised more effectively to summarise discussions to avoid repeat discussions at Board meetings</b> – Following further discussion, it is the intention to review Committee highlight reports to avoid producing a 'shorter version of Committee minutes'. It was suggested that the Board would agree format and detail. This will be discussed at Executive Management Board and Independent Members' Group before adding to the updated governance manual. Nicola Williams also suggested receiving either the Highlight Report or minutes as a possible option.</p> <p><b>4.3.0 – Clarify % increase in Systemic Anti-Cancer Therapy (SACT) referral rate noted in Performance Management Framework (PMF)</b> – Rachel Hennessy advised that the forecast referral rate for SACT (for this financial year 2024-25) is based on a 10% increase of the outturn as at 31<sup>st</sup> March 2024. Going forward for the next 4 years, this will be an 8% increase (year on year) based on outturn as at 31<sup>st</sup> March of the previous year. Work is</p>	<b>LF</b>

	<p>currently being undertaken to explore the data and management of forecast in more detail. It was agreed to close the action.</p> <p><b>5.1.0 – Board to be kept up to date regarding rollout of plan to embed Trust Values (currently being finalised)</b> – Sarah Morley advised that work around Values and Behaviours work is key to staff engagement and organisational culture and it is anticipated that the Values and Behaviour Framework will be presented to the July 2024 Board meeting; Trust Values will be formally launched on the 5<sup>th</sup> June 2024 in the interim.</p> <p><b>1.4.0 – Confirm that Risk 2515 (Brachytherapy) was addressed at February 2024 Executive Management Board</b> – It was agreed to close this action once addressed under item 5.1.0 at today’s meeting.</p> <p><b>4.1.0 – Detail for each phase of recruitment programme for Radiotherapy Physics Department to be provided</b> – Action not due for completion until July 2024 Board and the update in the action log remains current. Further information is also included in item 5.1.0.</p> <p><b>4.1.0 – Discuss mechanism to enable more frequent updates to Board and Quality, Safety &amp; Performance Committee regarding risks associated with SACT services</b> – Following initial discussion with the Chair of the Quality, Safety &amp; Performance Committee, Carl James advised that in terms of SACT services, updates exist in the form of progress against the action plan, a dashboard currently under development by the Business Intelligence Team and SACT performance updates included within the PMF. Following completion of the dashboard, a view will be taken regarding further information requirements for the Committee. Nicola Williams noted that it was proposed to present a SACT Gold brief at each Committee until such time that an acceptable position has been achieved. It is also the intention to produce a monthly ‘Gold Command’ Board briefing for circulation between Board meetings, commencing beginning of June 2024. It was agreed to close the action. <b>** Gold Command provides strategic command and control for the Trust, including coordinated Trust communication / response to minimise disruption to services during emergency situations.</b></p> <p><b>4.2.0 – Most recent updates / narrative to be inserted in section 5 of the Trust Assurance Framework for ease of visibility</b> – Lauren Fear advised that this would be addressed under item 5.2.0 and it was agreed to close the action.</p> <p><b>6.1.4 – Background and Assessment sections of cover paper for Charitable Funds Terms of Reference to be completed, including context for inclusion of narrative in relation to ARC Programme Board (Terms of Reference for this to be appended)</b> – Lauren Fear advised that this would be addressed under item 7.1.4 and it was agreed to close the action.</p>	
<b>2.6.0</b>	<p><b>Matters Arising</b></p> <p>There were no matters arising that were not covered by today’s agenda or the action log.</p>	
<b>3.0.0</b>	<b>KEY REPORTS</b>	
<b>3.1.0</b>	<p><b>Chair’s Report</b></p> <p>The report provided an overview of the Chair’s activity since the previous meeting of the Trust Board. The Chair highlighted the following:</p> <ul style="list-style-type: none"> <li>• A list of discussions at the private Board meeting held on 26<sup>th</sup> March 2024.</li> <li>• The appointment of Lindsay Foyster as Independent Board Member for Equality, Diversity and Inclusion and Susanna Whawell as Associate Independent Member (to assist the Board in overseeing the governance system).</li> </ul>	

	<ul style="list-style-type: none"> <li>• The Chair's end of year appraisal with the Minister had been undertaken and objectives for the coming year received. The appraisal mechanism will shortly be extended to all Independent Members.</li> <li>• Two successful Welsh Blood Service Donor Award ceremonies had taken place during March and April (in Cardiff and Caernarvon respectively).</li> <li>• To coincide with Victory in Europe (VE) Day celebrations, Armed Forces Veteran (currently employed within Digital Services) had collaborated with a local artist to bring to life the relationship between the Welsh Blood Service and the Military in the form of a piece of art, now on display at the Welsh Blood Service.</li> <li>• The hosting of the second successful Nursing Conference at Cardiff City Stadium, which included a number of inspiring presentations from Trust staff and external speakers.</li> <li>• The awarding of four fellowships from The Learned Society of Wales to 3 Trust staff and Andrew Westwell, Independent Member.</li> <li>• Recycling of walking aids initiative.</li> <li>• The imminent retirement of the Trust's Chief Executive Officer, Steve Ham, after almost 15 years with the Trust, including 10 years in his current position.</li> </ul> <p>The Trust Board <b>NOTED</b> the content of the Chair's Update Report.</p>	
<p><b>3.2.0</b></p>	<p><b>Vice Chair's Report</b></p> <p>The report provided an overview of the Vice Chair's activity since the previous meeting of the Trust Board. Stephen Harries highlighted the following:</p> <ul style="list-style-type: none"> <li>• His undertaking of the additional role of Mentor to Susanna Whawell, Associate Independent Member, as part of a Welsh Government pilot programme aimed at developing individuals who may wish to become an Independent Member of the Board.</li> <li>• Meetings with the Executive Director of Organisational Development and Workforce, in his roles as the Trust's 'Speaking up Safely Board Independent Member Champion' and 'Wellbeing Board Independent Member Champion'.</li> </ul> <p>Stephen Harries also extended thanks to Rachel Hennessy, Interim Director Velindre Cancer Services, for accommodating a tour of Velindre Cancer Centre for the Chair and Chief Executive of City Hospice.</p> <p>The Trust Board <b>RECEIVED</b> and <b>NOTED</b> the content of the Vice Chair's Update Report and no comments were raised.</p>	
<p><b>3.3.0</b></p>	<p><b>Chief Executive's Report</b></p> <p>The report provided information to the Board regarding a number of matters and activity since the previous meeting of the Trust Board. Steve Ham advised that he, Alan Prosser and Dr Edwin Massey (Welsh Blood Service), had attended the launch of the Infected Blood Inquiry's final report on 20<sup>th</sup> May 2024 in London, which had been a humbling experience. The Trust had also published a statement (contained within the Chief Executive's report), which was re-iterated by Steve Ham. The Trust is already working with colleagues across blood services, Welsh Government and NHS Wales to coordinate the Trust's response to the recommendations and Steve Ham advised that the Board would be kept up to date regarding developments.</p>	

	<p>The Chair thanked those involved for attending the launch.</p> <p>Gareth Jones queried the timeline for action to be taken by the Trust. Lauren Fear advised that the infected / affected have prioritised actions, (compensation and apology in the first instance). In terms of compensation, confirmation has been received from the Welsh Infected Blood Support Scheme (WIBSS) that the next payment will be distributed (timeframe yet to be confirmed) to Welsh beneficiaries. In terms of wider lessons learnt, an initial update will be provided later in the meeting.</p> <p>Joint Executive Team meeting – Steve Ham advised that the Trust’s presentation was positively received by Welsh Government and accurately reflected the Trust’s current position in terms of achievements and future challenges. Positive feedback has since been received.</p> <p>The Trust Board <b>NOTED</b> the content of the Chief Executive’s Update Report.</p>	
<p><b>3.4.0</b></p>	<p><b>Board Champion Report – Welsh Language</b></p> <p>The report provided the opportunity to review the Trust’s progress in embracing the Welsh language, in addition to providing an update on governance, compliance and progress made in meeting the Trust’s legal requirements. Gareth Jones noted the following:</p> <ul style="list-style-type: none"> <li>• Similarly to other Health Boards, the RED, AMBER and GREEN (RAG) rating system is currently applied to the 118 Welsh Language Standards which apply to the Trust to assess compliance. As at April 2023, the Trust met 68.5% of the standards; therefore there is opportunity for improvement and the position will be reassessed during 2024.</li> <li>• There are currently 139 Welsh speakers within the Trust who are able to hold a stable conversation with patients and donors, representing 8.4% of the Workforce.</li> <li>• An agreed Welsh Language Cultural Plan has been developed alongside the Trust Values, which includes the following: <ul style="list-style-type: none"> <li>○ Divisional groups within the governance structure; the <b>Welsh Blood Service</b> group is extremely proactive in promoting use of the Welsh Language, identifying how Welsh is used, developing an intranet page and training reception staff and call handlers.</li> <li>○ At the <b>Velindre Cancer Service</b>, Radiology adopted the active offer of separate patient information boards, asking patients to identify themselves and their requirements. This is being shared with other departments.</li> <li>○ <b>Corporate Services</b> have prioritised translation of policies and included simultaneous Welsh translation at Trust Board meetings.</li> <li>○ A greater focus on identification of ‘essential’ and ‘desirable’ Welsh Language posts as opposed to an overall policy.</li> <li>○ Following 2 Welsh Language Investigations received from the Welsh Language Commissioner over the year, the Trust has responded with the assurance that training for telephone users has been provided, in addition to continued monitoring of web pages (see also Sarah Morley’s further comments below).</li> <li>○ Strengthening the Trust’s cultural support.</li> </ul> </li> </ul> <p>Sarah Morley extended thanks to Gareth Jones for his support as Board Champion for Welsh Language and the resulting positive difference to staff, patients, donors and families alike. Sarah Morley further advised that receipt of the 2 Welsh Language Commissioner investigations over the year had allowed the Trust the opportunity to focus on two key areas:</p>	

	<ul style="list-style-type: none"> <li>Supporting telephone calls in Welsh - an exercise is currently being undertaken to identify the volume of calls received by the Cancer Centre in Welsh.</li> <li>Trust website – gaps in bilingual provision have been addressed by the Communications team to ensure compliance wherever possible in relation to the Trust’s external website.</li> </ul> <p>Helen Williams noted that patients and donors welcomed the Trust increasing use of the Welsh language and its importance in the patient’s journey. The prioritisation of this on the Trust’s agenda was commended from the perspective of Llais Cymru. Rachel Hennessy indicated that a team of individuals from across both divisions would be attending an extended workshop with Welsh Government with particular focus on clinical consultation, in order to enable an increase in the number of clinical consultations with patients in Welsh.</p> <p>Gareth Jones thanked Welsh Language Champions for their important role in demonstrating the importance of use of the Welsh Language.</p> <p>The Trust Board <b>NOTED</b> the content of the report, which was commended by the Chair.</p>	
<b>4.0.0</b>	<b>INTEGRATED GOVERNANCE</b>	
	There were no items for discussion.	
<b>5.0.0</b>	<b>QUALITY, SAFETY AND PERFORMANCE</b>	
<b>5.1.0</b>	<p><b>VUNHST Risk Register</b></p> <p>The Trust Risk Register informed the Board of the latest position of reportable risks in line with renewed risk appetite levels and progress against the Risk Framework and how these are currently managed across the Trust. Lauren Fear advised the following:</p> <ul style="list-style-type: none"> <li>It had been noted that the report had become too large to view effectively and following discussion at the May Quality, Safety &amp; Performance Committee, it was agreed that there would be a clearer layout in the register going forward, clearly indicating changes since the previous report.</li> <li>Key changes since the previous reporting cycle were routinely reported via bullet point format; however, following the Quality, Safety &amp; Performance Committee, it had been agreed that these would now be displayed in a tabular, more structured format.</li> <li>Following feedback from the previous cycle, all risks which have a residual score of more than risk appetite levels had now been included for visibility.</li> <li>Lauren Fear confirmed her assumption of the position of Chair for the All Wales (national) Datix Group since March 2024, noting the intention to conclude the development of the All Wales new Datix Risk Module over the coming months; this is a positive opportunity for the Trust as support for the current version of Datix in use by the Trust will eventually be discontinued.</li> <li>Inclusion of further development and improvements within the tracker in the document.</li> </ul> <p>Gareth Jones referred to matter 12 within the report (timing of the cycle of risk review), noting that further input was required from Independent Members, querying how this could be achieved. Lauren Fear advised that</p>	<p style="text-align: right;"><b>LF</b></p>

	<p>this is an action following the extraordinary joint Quality, Safety &amp; Performance / Audit Committee and would be facilitated accordingly.</p> <p>The Trust Board:</p> <ul style="list-style-type: none"> <li>• <b>NOTED</b> the risks level 15 and above, as well as risks in the safety domain with a risk level of 12 reported in the Trust Risk Register and highlighted in this paper.</li> <li>• <b>NOTED</b> the on-going developments of the Trust's risk framework.</li> </ul>	
<p><b>5.2.0</b></p>	<p><b>Trust Assurance Framework (TAF)</b></p> <p>The report summarised the latest view of the Trust Assurance Framework. Lauren Fear highlighted the following:</p> <ul style="list-style-type: none"> <li>• The translation of the Trust Assurance Framework onto a Power BI template, incorporating feedback received from the May 2024 Quality, Safety &amp; Performance Committee (this version had been subsequently been considered at last week's Executive Management Board).</li> <li>• The May 2024 Quality, Safety &amp; Performance Committee considered two risks recommended for a deep dive in the July 2024 Committee (TAF 06 Governance and TAF 05 Digital).</li> <li>• Work continues to progress with the support of the Chair of Quality, Safety &amp; Performance Committee regarding the alignment of the Integrated Medium Term Plan with the Trust Assurance Framework going forward.</li> </ul> <p>Changes are anticipated for the July 2024 report, including an additional section noting Integrated Medium Term Plan priorities, in order to align objectives with each TAF risk and triangulate between both mechanisms.</p> <p>Gareth Jones noted that the 'risk score trend' section of the report had not been populated. While Lauren Fear advised that no scores had changed since the previous report, it was acknowledged that there is an expectation that risk scores should reduce over time.</p> <p>The Trust Board <b>DISCUSSED</b> and <b>NOTED</b> the Trust Assurance Framework.</p>	
<p><b>5.3.0</b></p>	<p><b>Performance Management Framework (March 2024)</b></p> <p>The paper provided an update on the performance of the Trust for the month of March 2024, against a number of national targets. Alan Prosser reported the following in relation to Welsh Blood Service performance:</p> <ul style="list-style-type: none"> <li>• A challenging period during March 2024 in terms of supply chain activity. A Task &amp; Finish Group has been established to identify current constraints and to stabilise blood supply (reporting to Executive Management Board and Quality, Safety &amp; Performance Committee). April and May had seen encouraging supply chain activity.</li> <li>• All Quality Indicators remain within range, with satisfaction levels remaining very high.</li> <li>• Two adverse incidents had been reported to Medicines and Healthcare products Regulatory Agency (MHRA) during March 2024 (inclusion of 2 unsuitable donors), which had been discussed at length at the May 2024 Quality, Safety &amp; Performance Committee. Details were included in the Performance Management Framework and no harm had been identified.</li> <li>• The Bone Marrow volunteer recruitment campaign showed encouraging progress for March 2024, particularly among ethnic minority groups.</li> </ul>	

In summary, Alan Prosser acknowledged that while 2023-24 had been a challenging year in terms of supply, it was important to note the following:

- Implementation of new Senior Leadership Team within the service.
- Launch of the Welsh Bone Marrow Donor Registry 5 year strategy.
- Enablement of the Welsh Blood Service Futures Programme, to facilitate the delivery of a number of programmes of work over the next 5 years.
- Delivery of a new national shortage plan for Wales.
- Implementation of a number of service improvement initiatives.

Gareth Jones referred to the two adverse events that had been reported to the MHRA, querying whether there was confidence that safeguarding was now in place to prevent a re-occurrence of this in light of the publication of the Infected Blood Inquiry Report. Alan Prosser advised that the Serious Adverse Blood Reactions & Events (SABRE) is a national reporting system to the Trust's Regulator, investigating Adverse Events at a multi-disciplinary level with full assessment by the Quality & Safety laboratory prior to reporting to the MHRA; feedback from the MHRA then follows. Jacinta Abraham advised that a robust internal notification mechanism also enables an initial assessment and tracking of progress.

Rachel Hennessy reported the following in relation to the Velindre Cancer Service performance:

- Radiotherapy Services – Sustained improvement in position (performance for March stands at 94% for Scheduled, 85% for Urgent, 100% for Emergency and 100% for elective delay (against 100% compliance target)).
- Continued progress in relation to the Linac replacement programme.
- Active involvement (a number of Clinicians and Managers) in the All-Wales group, currently exploring emergency time to Radiotherapy measures, seeking to amend and develop these.
- SACT – 100% of emergencies were seen within the required time period, with evidence of improvement in non-emergency activity on the previous month; significant challenges remain and actions are currently progressing, with the support of the Executive Team.
- Patient satisfaction (via 2 surveys) – performance currently stands at 95% against an 85% target.
- Delayed pathways of care – only one patient recorded with a delay of 19 days, due to an issue with a nursing home placement.

Stephen Harries noted that while patient satisfaction appears high, the number of returns is low, querying whether action is being taken to increase the response rate. Additionally, it was queried whether it was possible to identify the issue where a patient had indicated a very poor score to enable improvement. Rachel Hennessy advised that significant work continues to identify how the Trust can engage with patients differently to enable more comprehensive feedback. The team is linking with the Patient Engagement Hub.

Nicola Williams advised that the Cancer Service had received provision of all necessary infrastructure to achieve this (iPads, QR codes, suggestion boxes etc), noting the importance for all staff at service delivery level to encourage and take note of the patient experience. It was advised that further support would be provided by the Quality & Safety Team.

	<p>Hilary Jones questioned whether text messaging was used to obtain feedback from patients. Nicola Williams advised that this required consideration as a whole and that text messaging could be utilised more widely than solely for obtaining feedback. Rachel Hennessy advised that there is already a high uptake of patient mobile numbers and that the Digital Team is seeking to take forward technological opportunities associated with mobile phone numbers during this financial year.</p> <p>Helen Williams noted that Llais Cymru had attended the Cancer Centre during February 2024 to engage with patients regarding their experience and that a report would follow within a month. Initial feedback was very positive.</p> <p>The Chair noted that in the event of delays to Radiotherapy and SACT treatment, it would be beneficial to be informed of the number of days' delay. Nicola Williams noted the improved position within the SACT service and significant work undertaken to achieve this; however, a less positive position is predicted throughout April and May due to increased volume / demand. During March 2024, 33 patients had waited beyond 21 days, 31 of whom were seen within 28 days; harm reviews were undertaken for the 2 patients outside of this timeframe and no harm was evidenced. It was advised that a daily escalation process in addition to an enhanced, Consultant-led clinical prioritisation process is in place, alongside the standing up of Gold Command through Business Continuity for a number of months to address the position. Senior NHS management support had also been commissioned to analyse predictions and to provide a comprehensive SACT Strategic Priorities Improvement Plan by 4<sup>th</sup> June 2024. An increase in capacity has been achieved to date and is expected to increase further.</p> <p>Sarah Morley provided the following update in relation to Workforce:</p> <ul style="list-style-type: none"> <li>• Absence levels stood at 5.15% for the year to date; a 1% point reduction from the previous year and testament to ongoing work to address this across the organisation.</li> <li>• A reduction in <u>long term</u> absences as a result of a number of interventions now in place.</li> <li>• Continued monitoring of short term absences for emerging trends.</li> <li>• Continued monitoring of Personal Appraisal Development Review (PADR) compliance, noting 73.62% compliance at the end of April 2024 against a target of 85%, with analysis of data at team level.</li> </ul> <p>The Trust Board:</p> <ul style="list-style-type: none"> <li>• <b>DISCUSSED</b> and <b>NOTED</b> the March 2024 Performance Management Framework (March data was absent in some areas).</li> <li>• <b>NOTED</b> the targeted work being undertaken through business continuity arrangements in respect of the delivery of SACT.</li> </ul>	<p>NW/JA</p>
<p>5.4.0</p>	<p><b>Financial Report (March 2024)</b></p> <p>In presenting the report outlining the financial position for the period ended (Month 12) 31<sup>st</sup> March 2024, Matthew Bunce highlighted the following key points:</p> <ul style="list-style-type: none"> <li>• The Trust had remained within the revenue income, reporting a small underspend for 2023-24.</li> <li>• The Trust achieved the Public Sector Payment Performance (PPSP) administrative target of 95% during 2023-24.</li> <li>• The Trust had remained within its Capital Resource funding limit.</li> </ul>	

	<ul style="list-style-type: none"> <li>• In terms of Long Term Agreements (LTA) income for the year, the Trust was able to invest in additional planned care capacity while remaining within the funding received from Commissioners.</li> <li>• The Trust was able to propose a £2,537m contribution (over the Trust's target) to support a reduction in the overall NHS Wales deficit.</li> </ul> <p>Nicola Williams expressed thanks for the work of the Finance Team, acknowledging the department's approach as an enabler as opposed to inhibitor, despite the current difficult financial climate.</p> <p>The Trust Board <b>NOTED</b> the content of the March 2024 financial report (<b>unaudited</b>) and in particular the expectation that the Trust will deliver against its 3 statutory Financial Targets at year end.</p>	
<b>6.0.0</b>	<b>PLANNING AND STRATEGIC DEVELOPMENT</b>	
<b>6.1.0</b>	<p><b>Integrated Medium Term Plan (IMTP) 2023-2024 Quarter 4 Update</b> Led by Carl James, Executive Director of Strategic Transformation, Planning &amp; Digital</p> <p>The report provided an update of progress against the actions included within the IMTP for 2023-24 as at Quarter 4. Carl James highlighted the following:</p> <ul style="list-style-type: none"> <li>• The three-year Integrated Medium Term Plan 2023-24/2025/26 enables the Trust to operate within the 3 year cycle and all actions set are progressing positively.</li> <li>• The majority of intentions were delivered during the financial year 2023/24. It is recognised that one remaining outstanding action (TrAMS programme) is delayed due to external issues beyond the Trust's control.</li> <li>• Good progress is being made in the majority of service areas within the plan, triangulation of which is evidenced within the performance report.</li> <li>• Assurance that the plan is discussed on a regular basis with Welsh Government.</li> </ul> <p>Andrew Westwell indicated that several items may have been incorrectly allocated a yellow progress rating, noting 2 examples (Digitisation and Brachytherapy) suggesting that an amber rating may be more appropriate. Carl James advised that the Digitisation of Medical Records Programme remains on track, with the intention to develop this during the second half of this financial year (realistically achievable within the stipulated timeframe). Regarding Brachytherapy, Nicola Williams advised that a number of recommendations aligned with the Clatterbridge review had already been completed, however there are a number of Workforce recommendations aligned with the Integrated Radiotherapy Solution (IRS) and an updated plan including revised timescales had been received by the Quality, Safety &amp; Performance Committee; therefore the yellow rating had been appropriately allocated.</p> <p>The Trust Board <b>NOTED</b> the progress made in the delivery of the agreed IMTP (2023-2026) actions as at Quarter 4, for both the Velindre Cancer Service, the Welsh Blood Service and Trust-wide initiatives.</p>	
<b>6.2.0</b>	<p><b>Accountability Conditions</b> Led by Carl James, Executive Director of Strategic Transformation, Planning &amp; Digital</p> <p>The report provided an update on progress against the 4 conditions set out in the Accountability Conditions letter (received October 2023) as at Quarter</p>	

	<p>4. Carl James advised that the Welsh Government IMTP accountability conditions set for delivery during the period 2023-24 had been discharged.</p> <p>Trust Board <b>NOTED</b> the progress update against the Welsh Government Accountability Conditions detailed in <b>Appendices 1 and 2</b>.</p>	
<b>7.0.0</b>	<b>CONSENT ITEMS</b>	
<b>7.1.0</b>	<p><b>CONSENT FOR APPROVAL</b></p> <ul style="list-style-type: none"> <li>Gareth Jones requested the removal of item 7.1.1 from the consent agenda to allow for further discussion.</li> <li>Nicola Williams requested removal of item 7.1.4 to allow for further discussion.</li> </ul>	
<b>7.1.1</b>	<p><b>Commitment of Expenditure exceeding Chief Executive's Limit</b> Led by Matthew Bunce, Executive Director of Finance</p> <p>Gareth Jones referenced the agreement between NHS Wales Shared Services Partnership and NHS Resolution, suggesting that NHS Wales Shared Services is not a legal entity (and that Velindre University NHS Trust is the legal entity).</p> <p>Gareth Jones also noted that the NHS Resolution's cap on liability equated to the contract price, whereas NHS Wales Shared Services Partnership's cap on liability to NHS Resolution equated to the contract price plus 5%, appearing unreasonable when in reality NHS Resolution is providing all services under the contract. It was agreed to clarify the agreement outside the Board with NHS Wales Shared Services Partnership, before seeking subsequent Board / out of Board approval.</p> <p>Lauren Fear advised that documents were not considered 'legal' in relation to internal NHS matters of this nature, (therefore using the operational name of the organisation); however, Stephen Harries noted that while it had been recognised that these are not considered to be legal documents, reference is made to legal resolution / contracts / tort (legal remedies).</p> <p>The Trust Board <b>did not AUTHORISE</b> the Chief Executive to <b>APPROVE</b> the award of contracts summarised within this paper and supporting appendices <b>and did not AUTHORISE</b> the Chief Executive to <b>APPROVE</b> requisitions for expenditure under the named agreement until resolved as noted above.</p>	<b>LF</b>
<b>7.1.2</b>	<p><b>Digital Inclusion Plan</b> Led by Carl Taylor, Chief Digital Officer</p> <p>The Trust Board <b>APPROVED</b> the Digital Inclusion Plan.</p>	
<b>7.1.3</b>	<p><b>Surrender of NWSSP Leases within Companies House</b> Led by Carl James, Executive Director of Strategic Transformation, Planning &amp; Digital and Lauren Fear, Director of Corporate Governance &amp; Chief of Staff</p> <p>The Trust Board <b>formally APPROVED</b> the lease to be surrendered for the Trust to sign and seal the Deed on behalf of NWSSP.</p>	
<b>7.1.4</b>	<p><b>Revisions to Schedule 3 of Velindre University NHS Trust Standing Orders</b> Led by Lauren Fear, Director of Corporate Governance &amp; Chief of Staff</p>	

	<p>Nicola Williams referred to the various appended Terms of Reference, requesting the Board to consider the opportunity to include reference to the each Committee's requirements to demonstrate quality-led decision-making through receipt of Quality Impact Assessments, at Committees where strategic decisions are undertaken (in line with the Duty of Quality requirements).</p> <p>Lauren Fear advised that following discussion at Executive Management Board, it was agreed that a number of considerations are undertaken by Board in relation to decision-making (all of which include legal backing), effectively comprising the Impact Assessment section of the cover paper; therefore avoiding the necessity to list all items individually within the Terms of Reference. Nicola Williams indicated that the mechanism by which this responsibility is executed should not be via completion of a section in the cover paper, but should be via the receipt of a Quality Impact Assessment, which is a legal requirement to ensure discharge of the quality-led decision-making element of the Act.</p> <p>Nicola Williams proposed that relevant Terms of Reference are amended and it was agreed that this should be considered by Executive Management Board.</p> <p>Hilary Jones referenced section 2 (Purpose) of the Strategic Development Committee Terms of Reference, noting the inclusion of 'Strategic Workforce'. As the Quality, Safety &amp; Performance Committee Terms of Reference had not been brought to the meeting, Hilary Jones queried whether the reporting route for Workforce had been amended to the Strategic Development Committee. Lauren Fear advised that this was an addition and that no change had been made to the reporting route from a Quality, Safety &amp; Performance Committee perspective.</p> <p>The Trust Board <b>APPROVED</b> the revisions to the Terms of Reference for the following Committees/Sub-Committees which form part of Schedule 3 of the Trust's Standing Orders:</p> <ul style="list-style-type: none"> <li>• Research, Development and Innovation Sub-Committee (<b>Appendix 1</b>)</li> <li>• Strategic Development Committee (<b>Appendix 2</b>)</li> <li>• Charitable Funds Committee (<b>Appendix 3</b>)</li> </ul>	LF
7.1.5	<p><b>Trust Quality &amp; Safety Framework &amp; Quality Priorities Update</b> Led by Nicola Williams, Executive Director of Nursing, Allied Health Professionals and Health Science</p> <p>The Trust Board <b>APPROVED</b> the revised Trust Quality &amp; Safety Framework.</p>	
7.1.6	<p><b>Three-yearly Assurance Report on compliance with the Nurse Staffing Levels (Wales) Act (2016) – for National Reporting</b> Led by Nicola Williams, Executive Director of Nursing, Allied Health Professionals and Health Science</p> <p>The Trust Board <b>APPROVED</b> the 3-yearly assurance report 2021-2024 prior to submission to Welsh Government.</p>	
7.1.7	<p><b>Policies for Approval</b> Led by Sarah Morley, Executive Director of Organisational Development &amp; Workforce</p>	

	<ul style="list-style-type: none"> <li>All Wales Flexible Working Policy</li> </ul> <p>The Trust Board <b>APPROVED</b> the All Wales Flexible Working Policy for Trust Adoption.</p>	
<b>7.2.0</b>	<b>CONSENT FOR NOTING</b>	
<b>7.2.1</b>	<p><b>Public Quality, Safety &amp; Performance Committee Highlight Report (09/05/2024)</b></p> <p>Led by Stephen Harries, Independent Member, (in the absence of Vicky Morris, Independent Member and Chair of Quality, Safety &amp; Performance Committee)</p> <p>The Trust Board <b>NOTED</b> the key deliberations and highlights from the meeting held on the 9<sup>th</sup> May 2024.</p>	
<b>7.2.2</b>	<p><b>Public Audit Committee Highlight Report (including Audit Committee Annual Report)</b></p> <p>Led by Gareth Jones, Independent Member and Acting Chair of Audit Committee</p> <p>The Trust Board <b>NOTED</b> the content of the Highlight Report and Audit Committee Annual Report.</p>	
<b>7.2.3</b>	<p><b>Public Strategic Development Committee Highlight Report (21/03/2024)</b></p> <p>Led by Stephen Harries, Vice Chair and Chair of Strategic Development Committee</p> <p>The Trust Board <b>NOTED</b> the content of the report and actions being taken.</p>	
<b>7.2.4</b>	<p><b>Public Charitable Funds Committee Highlight Report (20/02/2024) and Annual Report and Accounts 2022-2023</b></p> <p>Led by Professor Donna Mead OBE, Chair of the Charitable Funds Committee</p> <p>The Trust Board <b>NOTED</b> the VUNHST Charity Annual Report and Accounts 2022-2023.</p> <p>The Public Charitable Funds Committee Highlight Report was not received.</p>	
<b>7.2.5</b>	<p><b>Public Transforming Cancer Services Programme Scrutiny Sub Committee Highlight Report (18/04/2024)</b></p> <p>Led by Stephen Harries, Vice Chair and Chair of the TCS Scrutiny Sub-Committee</p> <p>The Trust Board <b>NOTED</b> the content of the report and actions being taken.</p>	
<b>7.2.6</b>	<p><b>Joint Commissioning Committee (JCC) Reports (09/04/2024 &amp; 23/04/2024)</b></p> <p>Led by Lauren Fear, Director of Corporate Governance and Chief of Staff</p> <p>The Trust Board <b>NOTED</b> the content of the reports.</p>	

7.2.7	<p><b>NHS Wales Shared Services Partnership Committee Assurance Report (21/03/2024)</b> Led by Lauren Fear, Director of Corporate Governance &amp; Chief of Staff</p> <p>The Trust Board <b>NOTED</b> the work of the Shared Services Partnership Committee.</p>	
7.2.8	<p><b>Trust Seal Approval Report – (26<sup>th</sup> March 2024 – 22<sup>nd</sup> May 2024)</b> Led by Lauren Fear, Director of Corporate Governance and Chief of Staff</p> <p>The Trust Board <b>NOTED</b> the content of the Trust Board Seal Register that had been approved by the Chair and Chief Executive of the Trust at every Seal Request for the period <b>26<sup>th</sup> March 2024 – 22<sup>nd</sup> May 2024</b>.</p>	
7.2.9	<p><b>Trust-wide Policies Update</b> Led by Lauren Fear, Director of Corporate Governance &amp; Chief of Staff</p> <p>The Trust Board <b>NOTED</b> the policies that had been approved during the period <b>April 2024 to May 2024</b>.</p>	
8.0.0	<p><b>ANY OTHER BUSINESS</b></p> <p>The Chair had not received prior notice of any other business.</p> <p>The Chair had received notice of the Chief Executive’s retirement in April 2024 (intended retirement at the end of June 2024) and expressed thanks for his leadership, guidance and support over the last 10 years, for leading the Trust’s approach during the COVID-19 pandemic, overseeing the development and contract approval for the new Velindre Cancer Centre and shaping the organisation that stands today. Steve Ham thanked colleagues for their support during his time with the Trust.</p>	
9.0.0	<p><b>Date of the next meeting</b> - The next meeting of the Public Trust Board will take place on Tuesday 30th July 2024 at 10:00 hours.</p>	
10.0.0	<p><b>CLOSE</b></p>	
11.0.0	<p><b>It was noted that the following items would be addressed at the Private / Part B Session of the Trust Board:</b></p> <ul style="list-style-type: none"> <li>• Blood Establishment Computer System (BECS) Outline Business Case</li> <li>• Commitment of Expenditure exceeding Chief Executive’s Limit</li> <li>• Claim Approval</li> <li>• Private Quality, Safety &amp; Performance Committee Highlight Report (09/05/2024)</li> <li>• Private Strategic Development Committee Highlight Reports (21/03/2024 &amp; 30/04/2024)</li> <li>• Private Charitable Funds Committee Highlight Report (20/02/2024)</li> <li>• Private Transforming Cancer Services Programme Scrutiny Sub-Committee Highlight Report (18/04/2024)</li> </ul>	