

MINUTES PUBLIC TRUST BOARD MEETING – PART A
VELINDRE UNIVERSITY NHS TRUST LIVE STREAMED
26 MARCH 2024 AT 10:00AM

PRESENT Stephen Harries Vicky Morris Professor Andrew Westwell Hilary Jones Gareth Jones Sarah Morley Carl James Nicola Williams Jacinta Abraham	Vice Chair (<i>Acting Chair</i>) Independent Member Independent Member Independent Member (<i>attending remotely</i>) Independent Member (<i>attending remotely</i>) Executive Director of Organisational Development and Workforce Executive Director of Strategic Transformation, Planning & Digital (<i>deputising for Steve Ham</i>) Executive Director of Nursing, Allied Health Professionals & Health Science (<i>attending remotely</i>) (<i>in part</i>) Executive Medical Director
ATTENDEES Lauren Fear Kyle Page	Director of Corporate Governance and Chief of Staff (<i>attending remotely</i>) (<i>in part</i>) Business Support Manager (<i>Secretariat</i>)

1.0.0	STANDARD BUSINESS	
1.1.0	Apologies noted: <ul style="list-style-type: none"> • Professor Donna Mead OBE, Velindre University NHS Trust Chair • Steve Ham, Chief Executive Officer • Matthew Bunce, Executive Director of Finance • Amy English, Deputy Regional Director, Llais Cymru • David Cogan, Patient Representative <p>It was noted that Alan Prosser, Director of Welsh Blood Service, would join the meeting as soon as possible, following a prior appointment.</p>	
1.2.0	In Attendance <p>The Vice Chair extended a warm welcome to the following additional attendees:</p> <ul style="list-style-type: none"> • Katrina Febry, Audit Lead, Audit Wales • Steve Wyndham, Audit Manager, Audit Wales (<i>remotely</i>) (<i>in part</i>) • Chris Moreton, Deputy Director of Finance (<i>deputising for Matthew Bunce</i>) (<i>remotely</i>) • Phil Hodson, Deputy Director of Planning & Performance (<i>in support of items under section 5</i>) (<i>remotely</i>) • Tina Jenkins, Interim Deputy Director of Nursing, Quality & Patient Experience (<i>deputising for Nicola Williams</i>) (<i>in part</i>) 	

	<ul style="list-style-type: none"> • Rachel Hennessy, Interim Director of Velindre Cancer Service (<i>in part</i>) • Alan Prosser, Director of Welsh Blood Service (<i>in part</i>) • Susanna Whawell, Associate Independent Member • Steffan William, Simultaneous Welsh Translation Service 	
1.3.0	<p>Declarations of Interest There were no declarations of interest to note in respect of today's agenda.</p>	
1.4.0	<p>Minutes from the Public Trust Board meeting held on 30th January 2024 and Extraordinary Public Trust Board meeting held on 7th February 2024</p> <p>Gareth Jones raised the following points: Minutes from 30th January 2024 item 2.3.0 (Chief Executive's Report) – The minutes stated that the Chief Executive's Report "was not discussed in detail"; it was felt that this should read "The Chief Executive's Report was discussed". This will be amended appropriately.</p> <p>Minutes from 30th January 2024 item 4.1.0 (Risk Register) – The minutes stated that further review of risk 2515 (Brachytherapy) would take place at the February 2024 meeting of the Executive Management Board and Gareth Jones requested an update. Rachel Hennessy advised that while the risk had been reviewed and still remains, she was not in a position to comment on potential discussions at Executive Management Board (as she had not been present). As Lauren Fear experienced loss of connection with the meeting, it was agreed to confirm outside the meeting whether this had been addressed at February's Executive Management Board. Rachel Hennessy also advised that an update would be provided at today's meeting under item 4.1.0.</p> <p>Subject to the minor amendment to item 2.3.0 and further clarification on risk 2515 (Brachytherapy), the minutes from the public Trust Board meeting held on 30th January 2024 and extraordinary public Trust Board meeting held on 7th February 2024 were accepted as an accurate reflection of proceedings.</p>	<p>Secretariat</p> <p>LF</p>
1.5.0	<p>Action Log</p> <p>The Trust Board was content that all actions marked as closed was an accurate reflection.</p> <p>The Trust Board reviewed the status of open actions arising from the January 2024 meeting:</p> <p>3.1.0 – Executive Team to discuss how Committee Highlight Reports can be used more effectively to summarise discussions and resulting actions to avoid repeat discussions at Board meetings – The Board noted that this is to be discussed at the 4th April 2024 Executive Management Board meeting and that Executive Leads would then action with respective Committee Chairs.</p> <p>4.3.0 – Include detail of action taken to increase capacity within Pharmacy and non-emergency SACT treatment in Performance Management Framework – This is to be addressed later in today's meeting under item 4.3.0.</p> <p>4.3.0 – Clarify % increase in SACT referral rate noted in Performance Management Framework – This is to be addressed later in today's meeting under item 4.3.0.</p>	

	<p>5.1.0 – Board to be kept up to date regarding rollout of plan to embed Trust Values – Sarah Morley advised that the development phase of the Behaviour Framework (to align with the Values) had begun and an initial iteration of this, including graphics, had been developed. Following completion of a communications video outlining the new Values, more detail will be made available upon completion of the Framework.</p> <p>6.2.12 – Update to be provided to Board Members in relation to the 3 25A areas of the Nurse Staffing Level (Wales) Act, following a review of the establishment for these areas – It was noted that the minutes incorrectly stated that an update would be received at the March 2024 Trust Board meeting; this should read May 2024 and will be amended accordingly.</p> <p>All open actions remained as such.</p>	Secretariat
1.6.0	<p>Matters Arising</p> <p>There were no matters arising that were not covered by today’s agenda or the action log.</p>	
2.0.0	KEY REPORTS	
2.1.0	<p>Chair’s Report</p> <p>The report provided an overview of the Chair’s activity since the last meeting of the Trust Board. In the Chair’s absence the Vice Chair highlighted the following:</p> <ul style="list-style-type: none"> • Gareth Jones (Independent Member - Legal) and Hilary Jones (Independent Member - Estates) had been offered and accepted a second four year term of office by the Minister for Health and Social Care. Congratulations were extended to both. • Participation of the Trust in the Job Shadowing Initiative (led by the Public Appointments Unit), to provide successful applicants with a job shadowing opportunity for potential Independent Members. A pilot programme has been established, to attract individuals from diverse backgrounds in particular. Stephen Harries had agreed to mentor Susanna Whawell, Associate Independent Member (in attendance) for this initiative. • Arrangement for the appointment of two further Independent Members (Finance, and additional Independent Member resulting from the requirements set out in the Health and Social Care (Quality & Engagement) (Wales) Act are in progress. <p>Lastly, thanks were extended to Martin Veale (former Independent Member Finance) on behalf of the Board, for his contribution to the Board over the past seven years. The Board wished him well for the future.</p> <p>The Trust Board NOTED the content of the Chair’s Update Report.</p>	
2.2.0	<p>Vice Chair’s Report</p> <p>The report provided an overview of the Vice Chair’s activity since the last meeting of the Trust Board.</p> <p>The Trust Board RECEIVED and NOTED the content of the Vice Chair’s Update Report and no comments were raised.</p>	
2.3.0	Chief Executive’s Report	

	<p>Carl James, in the Chief Executive's absence, highlighted the following key matters:</p> <ul style="list-style-type: none"> • Industrial Action – Following February's Industrial Action by Junior Doctors, confirmation of further action from the 25th – 29th March 2024 had been received, for which appropriate planning is in place. It is anticipated that planning will continue, in order to accommodate the planned Industrial Action by Consultants due to take place from 16th – 18th April 2024. A level of concern was expressed in relation to the potential impact on services. The planning, support and professionalism of staff was recognised as they continue to work together to bridge the gaps resulting from this Action. • Recognition of the significant contribution that Cath O'Brien had made to the Trust, both in her role as Director of Welsh Blood Service and latterly as Chief Operating Officer. It was noted that Cath had left the Trust earlier in the month to undertake a new role at Digital Health and Care Wales. <p>The Trust Board NOTED the content of the Chief Executive's Update Report.</p>	
<p>2.4.0</p>	<p>Board Champion Report – Welsh Language</p> <p>The Trust Board NOTED that the Board Champion Report had been deferred to the May 2024 public meeting of the Trust Board.</p>	
<p>3.0.0</p>	<p>INTEGRATED GOVERNANCE</p>	
<p>3.1.0</p>	<p>Audit Wales Annual Audit Report 2023</p> <p>Steve Wyndham provided an overview of the Annual Report 2023, presenting a summary of both the financial and performance audit work undertaken over the past 12 months.</p> <p>Financial – An unqualified opinion for the Trust had been issued for 2023, summarising the final outcome of audit accounts work. While the audit fieldwork in relation to the Trust's Charitable Funds accounts is almost complete, it will not be possible to finalise the accounts until after March 2024 due to the delay in the receipt of independent assurances from the Fund's Investment Management Company, Brewin Dolphin. These assurances are expected imminently and it is anticipated that certification of the accounts will be concluded during early April 2024.</p> <p>It was also advised that the 2023 Audit Plan had set out a proposed audit fee of £243,111; however the actual fee for the year was £252,111. This was owing to the additional time required to complete the audit of the Trust's financial statements.</p> <p>Performance – Katrina Febry advised that the report set out the findings of the Structured Assessment Review, which had been outlined at the previous Trust Board meeting. The report also included the main findings from the Workforce planning work, which was completed and shared with the Trust during Autumn 2023.</p> <p>Two elements of audit work for the year 2022-23 remain outstanding (due to commence shortly) relating to Financial Efficiencies and setting of Wellbeing Objectives. Additionally, the audit plan for the year 2023-24 is currently being prepared and will be shared with the Trust over the coming weeks.</p>	

	<p>Gareth Jones indicated that the report had been discussed in detail at Audit Committee and while some concern had been expressed in relation to timely responses to enquiries made by auditors it was recognised that staff within the Trust had been working under difficult circumstances over recent months and no significant concerns had been identified for escalation to the Board.</p> <p>Vicky Morris referred to point 50 of the report, which referenced that the Board Assurance Framework had not been reviewed by the Board for more than six months. Vicky Morris advised that this had been discussed at both Audit Committee and Quality, Safety & Performance Committee and following formal escalation to Trust Board, significant progress had been made.</p> <p>In terms of comments within the report regarding Workforce arrangements / strategic Workforce planning, the Vice Chair acknowledged that Executive Colleagues are currently focusing on strengthening strategic Workforce planning and that this would be discussed further during items later in today's agenda.</p> <p>The Trust Board NOTED the content of the Audit Wales Annual Report.</p>	
4.0.0	QUALITY, SAFETY AND PERFORMANCE	
4.1.0	<p>VUNHST Risk Register</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.</p> <p>Lauren Fear advised that following discussion at the joint extraordinary Quality, Safety & Performance and Audit Committees which had taken place on the 21st March 2024, it was agreed to re-open and revisit the action to review underlying risk related to administration systems and processes (previously closed in January 2024) given ongoing issues evident as a result of this risk root cause. This had been detailed in section 4 of the report.</p> <p>Vicky Morris highlighted the following:</p> <ul style="list-style-type: none"> • Risk 2515 (Brachytherapy Services) – During discussion at the above-mentioned joint extraordinary Committee, Vicky Morris queried the reduction of the risk score to 12, given the known fragility of the service. It had been advised that the Executive Management Team requires further rationale to support the reduction and as such, the risk would be discussed further during the April meeting of the Executive Management Board. • Risk 3337 (new) (Risk that patients are missed as a result of multiple lists being used to manage booking) – This had also been discussed at the joint extraordinary Committee as this relates to Risk 3230 (Risk to patient safety resulting from variation on / multiple access routes for new referrals). It was agreed to align the two risks given the common root cause of the systems being used for referrals. <p>Gareth Jones raised the following questions:</p> <ul style="list-style-type: none"> • Risk 2198 (Risk to patient safety due to inadequate staffing within the Radiotherapy Physics Department) – While the risk had been reviewed and reduced during February as a result of progress in relation to recruitment, the report noted that an update would be received by Trust Board due to its inclusion in the risk reporting at Board level. Rachel Hennessy advised that a suite of posts is required in this area 	

	<p>and the reduction in the risk score reflected successful recruitment into a number of these to date. Gareth Jones wished to receive indication of when these posts commenced and the resulting positive impact on the current workforce. Carl James advised that detail for each phase of the recruitment programme could be provided via Vicky Morris as Chair of the Quality, Safety & Performance Committee.</p> <ul style="list-style-type: none"> • Risk 3338 (Risk that Velindre Cancer Services are unable to meet demand for SACT provision as a result of lack of Pharmacy capacity) – Rachel Hennessy indicated that SACT continues to present challenges due to the significant increase in service demand evidenced across all SACT centres; this is expected to continue over the next 5 years. The predominant limiting factor for the Trust is capacity within Pharmacy and work around optimisation is ongoing as a matter of priority. A number of key pieces of work (in addition to the drafting of an improvement plan) are underway, with weekly monitoring undertaken by the division and in conjunction with the Executive Team. <p>Nicola Williams advised that Gold Command – SACT Escalation continues to meet on a weekly basis, with a number of additional actions having been identified at today’s meeting. The purpose of Gold Command is to monitor the comprehensive delivery plan that has been developed and to identify where further support may be required. To date, it has been determined that a full review of how systems and processes interlink and how SACT is delivered is required. Nicola Williams suggested providing a formal Gold Report to Trust Board in addition to the Quality, Safety & Performance Committee for the time being, as a number of other matters and factors require attention, aside from core issues.</p> <p>In terms of increasing Pharmacy capacity, Andrew Westwell questioned whether there could be opportunity to reach out to Cardiff University’s School of Pharmacy, given the significant number of Pharmacy graduates (approximately 100 annually) wishing to remain in the south Wales area. Jacinta Abraham advised that clinical placements and training for Pharmacists has evolved and that the Trust would receive a number of Pharmacists as part of this.</p> <p>Andrew Westwell queried the current status of the TrAMs programme (Transforming Access to Medicines, an NHS Wales programme to set up a shared Pharmacy Technical Service for Wales), given its connection with SACT delivery. Jacinta Abraham advised that regular comprehensive updates had been requested from NHS Wales Shared Services, including timelines and potential impact of any delays to these. It was noted that the programme is running slightly behind its expected delivery date, however, the Board was assured that arrangements would be implemented to ensure the Trust is still able to purchase services.</p> <p>Gareth Jones reiterated the importance of SACT services and as updates are provided to Trust Board (and the Quality, Safety & Performance Committee) on a bi-monthly basis only, more frequent updates should be received given the high score of the risk (20). Carl James that a mechanism would be implemented for doing so in a structured way given the critical importance of the service and that the frequency of updates would be agreed outside of the meeting.</p> <p>The Trust Board:</p> <ul style="list-style-type: none"> • NOTED 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 	<p>RH</p> <p>CEO report</p> <p>CJ/VM/SHa</p>
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	<p>highlighted in this paper.</p> <ul style="list-style-type: none"> • NOTED the on-going developments of the Trust’s risk framework. 	
4.2.0	<p>Trust Assurance Framework (TAF)</p> <p>In Lauren Fear’s absence (due to technical issues), Vicky Morris advised that the Trust Assurance Framework had been presented to the joint extraordinary Quality Safety & Performance and Audit Committee on the 21st March. The following was noted:</p> <ul style="list-style-type: none"> • A number of actions and timeframes set out in Section 2, relating to ongoing developments of the TAF. • Discussions at the extraordinary Committee had outlined a number of gaps in relation to updates. • Section 3 of the TAF had inaccurately stated no risks within Workforce. • Several areas of the TAF will be refined to ensure that all risks are addressed and mitigated. • Section 5 of the TAF now represents a more comprehensive picture, including risk profiles and action plans. • Delivery of the Trust’s Strategic Objectives are triangulated with the TAF and various discussions are underway to explore how this can be progressed subsequent to discussions at Committee level. <p>Risk ID 3.0 (Strategic Risk of an optimised workforce supply and shape in order to effectively delivery quality services and achieve our medium to long term objectives) – Following reference made by a number of paragraphs within the Audit Wales Annual Report (item 3.1.0) to arrangements to strengthen workforce planning, the Vice Chair requested an update regarding associated activities currently underway to address matters raised within the Audit report. Sarah Morley advised that a multifactorial approach will be taken due to the number of elements involved and that the description within the TAF will continue to evolve as this progresses. In addition to a number of localised actions, it is the intention to align high level work such as the Strategic Plan with the development of the Clinical and Scientific Strategy and People Strategy Implementation Plan. This will allow the Trust to identify the future shape of its workforce.</p> <p>Gareth Jones expressed concern regarding the extended timeframe for completion of development of the Strategic Workforce Plan (September 2024). As issues with workforce have been known for some time, Gareth Jones queried the possibility of receiving the Plan prior to this date. Sarah Morley advised that this would be presented as a document to be taken through the governance process, collating a number of completed pieces of work already underway. This was therefore considered a realistic timeline given interdependencies with a number of pieces of work.</p> <p>Hilary Jones expressed the importance of completing section 5 of the TAF comprehensively in order to provide the required assurance regarding action plans and mitigation of risks. It was suggested that most recent narrative/updates could be inserted in italics.</p> <p>The Trust Board DISCUSSED and NOTED the Trust Assurance Framework, including comments and concerns raised.</p>	LF
4.3.0	Performance Management Framework (January 2024)	

The paper provided an update on the performance of the Trust for the month of January 2024, against a number of national targets. Alan Prosser reported the following in relation to Welsh Blood Service performance:

- Following the blue alert (a colour coded system to inform hospitals that certain blood groups are running low and requesting a temporary reduction in their inventory requirements to allow prioritisation) issued in December 2023 to support the Christmas holiday period, stock levels had recovered and the alert had been lifted on the 25th January 2024.
- Donor satisfaction continued to perform strongly and remained above target (at 96%).
- Introduction of bespoke 'swab' sessions for bone marrow recruitment had seen a positive response and an increase in new bone marrow volunteers is anticipated from February onwards. Engagement with a variety of community groups, in particular BAME groups, has seen encouraging results over recent months.

Alan Prosser expressed his thanks to the team for their efforts during the period of blue alert, in addition to successful progress regarding bone marrow recruitment within the BAME community to date.

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

- A slight reduction in Radiotherapy performance during January 2024, however this trend is usual due to the December holiday period. Performance has since improved.
- Planned additional capacity to compensate for the two imminent spring bank holidays, including running extended days.
- Improvement in targets (from 88% to 95%) for emergency Radiotherapy treatment commencing within the required timescale.
- SACT – All patients received emergency SACT within the required timescales. However, following discussion at today's meeting around a number of areas of concern, a weekly SACT demand planning group has been established to increase capacity across the service as a matter of urgency. As previously mentioned, Pharmacy provision continues to be the predominant constraining factor.
- A number of additional areas will be explored as part of the delivery plan, including maximising the contract with the Medicines at Home provider and potential buy-in of pre-prepared SACT, subject to reconfiguration of the Aseptic Unit following receipt of capital funding. It is also anticipated that TrAMs will also provide increased long term resilience.
- An increase in the number of falls during January 2024 (8 patients fell against an average of 4 falls per month), however no patient harm was identified and all falls were investigated by the falls scrutiny panel. All had been deemed unavoidable.

**Tina Jenkins, Interim Deputy Director of Nursing, Quality & Patient Experience, joined the meeting to deputise for Nicola Williams.*

Gareth Jones referenced the section of the report which noted the proportion of the workforce which had declared that they speak or understand Welsh, noting that this is marked as green, despite there being no target to report against. Sarah Morley agreed that the report requires refining in this respect and that this may be caused by a template issue.

In terms of patient and donor experience and two associated surveys ('Friends and Family' and 'your Velindre experience'), the report had included a very small number of responses in comparison to the large

	<p>number of patients treated at Velindre. The Vice Chair also queried the CIVICA target of 85% for “good or above” ratings. He expressed concern that this in effect meant we had an agreed target for “not good or poor” ratings of 15%, which did not seem satisfactory. Tina Jenkins advised that the target is set by CIVICA, but agreed to explore this (and the national target) further.</p> <p>The Trust Board:</p> <ul style="list-style-type: none"> • DISCUSSED and NOTED the January 2024 Performance Management Framework • NOTED the targeted work being undertaken through business continuity arrangements in respect of the delivery of SACT. 	TJ
<p>4.4.0</p>	<p>Financial Report (January 2024)</p> <p>In presenting the report outlining the financial position for the period ended (Month 10) January 2024, Chris Moreton highlighted the following key points:</p> <ul style="list-style-type: none"> • It is anticipated that the Trust will deliver against its 3 statutory Financial Targets and duties at year end, including the projected breakeven position. • The Trust remains above its Public Sector Payment Performance administrative target of 95%, at 97.8% year to date. • Capital Spend is forecast to breakeven; whilst there was a gap in relation to capital funding costs in relation to the new Velindre Cancer Centre, this risk has now been removed as Welsh Government has agreed to provide coverage for this. • Long Term Agreements (LTAs) / Commissioning arrangements with Health Boards are predominantly driven by the additional demand seen within the cancer services. The Trust’s income associated with LTA contracts is in excess of what was expected at the start of the year and is expected to cover the cost of the capacity investments made to date. • Trust response to NHS Wales Financial Pressures – the internal review process has sought to identify areas of additional cost savings internally to enable continued contribution back to the system, with the intention of easing the national financial pressures at the end of the year. The Trust’s contribution is expected to be approximately £2m. <p>The Trust Board NOTED the content of the January 2024 financial report and in particular the expectation that the Trust will deliver against its 3 statutory Financial Targets at year end.</p>	
<p>5.0.0</p>	<p>PLANNING AND STRATEGIC DEVELOPMENT</p>	
<p>5.1.0</p>	<p>Integrated Medium Term Plan (IMTP) 2024-2025 – 2026-2027</p> <p>Following confirmation of the Trust’s Integrated Medium Term Plan (IMTP) from the Welsh Government (July 2023), there is a requirement for the Trust to update and refine the approved plan for the period covering 2024-25 – 2026-27; Trust Board approval of this is required prior to submission to the Welsh Government by 28th March 2024. CJ highlighted the following key points:</p> <ul style="list-style-type: none"> • The plan is presented on the basis of an approved plan from last year; this is the first year it has been possible to fully align this with the Trust’s strategic direction of travel. • An additional set of national requirements / other areas (e.g. Value Based Healthcare, regional working, broader social values, 	

decarbonisation) exist alongside elements that the Trust intends to achieve. Clear narrative on how these will be delivered will be included in the plan.

- Planning assumptions – A number of services are currently operating under pressure across NHS Wales, with demand outstripping supply. The Trust's planned assumptions have been tested to the best of our knowledge.
- The next 12-18 months will mainly focus on supporting and sustaining Quality & Safety core service delivery and standards, in addition to the delivery of key transformation and infrastructure programmes (e.g. Blood Futures, Velindre Futures).
- An Equality Impact Assessment (EQIA) had been undertaken on the overall plan and 4 associated Quality Impact Assessments (QIAs) had been attached to the plan.
- A range of elements within the plan are yet to be wholly approved and will also be subject to QIAs prior to any final decisions.

Financial Assumptions and risks – Chris Moreton advised that the savings plan exceeds the previous year, reflecting the challenge faced in terms of current overall system pressures. The key area in terms of assumptions (still to be formally finalised) is the 3.67% risk regarding recurrent discretionary funds, issued by Welsh Government. It is assumed that the Trust will receive this from Commissioners, however at this stage the Trust does not have signed Long Term Agreements (LTAs) with Health Boards; formal agreement will be summarised within the LTAs, signoff of which is required by the 28th June 2024 at the latest. The Trust reached out to Health Boards during January 2024 around planning assumptions, in addition to working with the collective Commissioners' Group to review the plan in detail. LTAs have been issued to Health Boards. Signed LTAs are currently not in place.

Hilary Jones queried the potential impact of outstanding signed off LTAs. Chris Moreton advised that this sequence of events is not unusual and that the IMTP had been approved the previous year prior to signing of the LTAs. Mitigating arrangements have been implemented to ensure communication with Health Boards is clear in terms of the Trust's assumptions, to enable resolution of any issues ahead of time. An additional letter had been received from the Director General of Finance of Welsh Government, confirming that the 3.67% discretionary allocation would be passed through to providers. Therefore, there is confidence that this arrangement remains extant.

Vicky Morris indicated that the Board had not received the flowchart of what is expected for QIAs to have progressed through before coming to Board. Despite stipulation in the document that 3 signatures are required for QIA signoff, no signatures were present in the 3 QIAs relating to the Welsh Blood Service. The Board agreed that it was not appropriate for unsigned QIAs to be presented to Board as this does not provide the required assurances from Executive clinical colleagues. Jacinta Abraham advised that the lack of signatures was not due to concerns preventing signing of QIAs, rather processes and that this would be rectified appropriately.

The Vice Chair re-iterated, for clarity, that in order to achieve a balanced IMTP for 2024-25, there is an assumption of **£1.179m** planned savings to be achieved, in addition to **£1.427m** income generation, which will involve a significant amount of work.

Gareth Jones queried whether there was confidence that the savings schemes with a RAG rating of Red (totalling £934k) is realistically

	<p>achievable. Chris Moreton advised that the figure was inaccurate and would be amended to the correct figure of £660k. It was confirmed that plans are in place across divisions to identify schemes to bridge this gap. It was agreed that all the figures in this section of the document would be amended to increase the Amber and Green rating figures accordingly.</p> <p>Based on discussions noted above, the Trust Board APPROVED the Trust's IMTP 2024-25 – 2026-27 for submission to Welsh Government, which included:</p> <ul style="list-style-type: none"> • Service plans for the Welsh Blood Service and for the Velindre Cancer Centre; • The Trust Financial Plan; • Plans for or enabling functions e.g. digital services. <p>The Vice Chair re-iterated the governance route through which the paper had progressed and amendments were NOTED. The Board also NOTED the requirement for the Trust to submit a fully approved IMTP on the 28th June, in doing so, recognising that two LTAs remain unsigned but that this is usual process.</p> <p>Carl James advised that a more digestible 10 page summary would be available for public consumption during the first weeks of April 2024.</p> <p>Gareth Jones questioned when a Welsh translation of the document would be available. Phil Hodson advised that as per standard process, the document would be fully translated into Welsh, before publishing both versions simultaneously. Phil Hodson also confirmed that translation of the condensed document would also be undertaken.</p>	CM
<p>5.2.0</p>	<p>Accountability Conditions</p> <p>Following approval of the Integrated Medium Term Plan (IMTP) 2023-24 to 2025-26, an Accountability Conditions letter had subsequently been received during October 2023 from the NHS Wales Chief Executive, stipulating the requirement for the Trust to report progress against the Conditions on a quarterly basis.</p> <p>Appendix 2 provided an outline of progress to date and there was confidence that all accountabilities set for the Trust would be discharged within this financial year.</p> <p>No questions were raised and the Trust Board NOTED the progress update against the Welsh Government Accountability Conditions in Appendices 1 and 2.</p>	
<p>5.3.0</p>	<p>Integrated Medium Term Plan (IMTP) 2023-2024 Quarter 3 Update</p> <p>The report provided an update of progress against actions included within the IMTP for 2023-24, as at Quarter 3.</p> <p>Carl James drew the Board's attention to the following two amber rated actions contained in the report:</p> <ul style="list-style-type: none"> • Implementation of the national Transforming Access to Medicines (TrAMs) Model across Velindre Cancer Services – It was noted earlier in the meeting that the TrAMs programme is currently running 	

	<p>behind schedule. Whilst this is out of the Trust's direct control, close monitoring and Trust engagement with the programme continues.</p> <ul style="list-style-type: none"> • Implementation of the approved Full Business Case for the development of the new Velindre Cancer Centre (nVCC) by 2025/26 – Carl James advised that the Full Business Case is currently awaiting Welsh Government approval. <p>Whilst the update provided information to the end of Quarter 3 only, it was noted that a forecast trajectory had been undertaken in terms of the position as at March 2024, which will form the basis of the IMTP for the coming year. An update on items not achieved will be provided at the next meeting.</p> <p>The Trust Board NOTED the progress made in the delivery of the agreed IMTP (2023-2026) actions as at Quarter 3, for the Velindre Cancer Service, the Welsh Blood Service and Trust-wide initiatives.</p>	
6.0.0	CONSENT ITEMS	
6.1.0	CONSENT FOR APPROVAL	
	Gareth Jones requested removal of item 6.1.4 (Charitable Funds Committee Terms of Reference) from the consent agenda, to allow for further discussion.	
6.1.1	Commitment of Expenditure exceeding Chief Executive's Limit	
	The Trust Board AUTHORISED the Chief Executive to APPROVE the award of contracts summarised within this paper and supporting appendices and AUTHORISED the Chief Executive to APPROVE requisitions for expenditure under the named agreement.	
6.1.2	Chair's Urgent Actions Report	
	The Trust Board CONSIDERED and ENDORSED the Chair's Urgent Actions taken between 23/01/2024 and 19/03/2024 .	
6.1.3	Strategic Equality Plan 2024-2028	
	Vicky Morris queried which Committee would be responsible for the monitoring of the Strategic Equality Plan. Sarah Morley advised that a detailed Smart action plan would be monitored via the Quality, Safety & Performance Committee.	
	The Trust Board APPROVED the Strategic Equality Plan and Objectives.	
6.1.4	Charitable Funds Committee Terms of Reference	
	This item was removed from the consent agenda to allow for further discussion. Gareth Jones noted that sections 2 (Background) and 3 (Assessment) of the cover paper had not been completed.	
	Vicky Morris noted that a significant amount of narrative in relation to the Advancing Radiotherapy Cymru (ARC) Programme Board had been introduced into the Terms of Reference and therefore attention should have been drawn to material changes such as this in the cover paper.	
	Gareth Jones noted that there was no information contained in the Terms of Reference in relation to the running of the Advancing Radiotherapy Cymru	

	<p>(ARC) Academy, including arrangements between the Trust and other cancer centres regarding ARC management, which is essential information.</p> <p>Andrew Westwell advised that now chairs the new ARC group, which succeeds the Advancing Radiotherapy Fund (ARF) Advisory Group. The Terms of Reference for the ARC group currently remain under development. The paper was NOT APPROVED by the Trust Board and was withdrawn for reworking on the basis of the queries noted above. It was agreed to include further content and context within the cover paper, in addition to appending the Terms of Reference for the Advancing Radiotherapy Cymru (ARC) Programme Board.</p> <p>It was agreed that this should be progressed via an appropriate governance route for out of Board approval.</p>	LF
6.1.5	<p>Velindre University NHS Trust Food Mission</p> <p>The Trust Board APPROVED the Velindre University NHS Trust Food Mission set out in Appendix 1 and NOTED that actions arising from the Strategic Development Committee (March 2024) in relation to the Quality Impact Assessment will be completed in April 2024 and incorporated within the Food Mission Action Plan.</p>	
6.1.6	<p>Surrender of Lease Part Ground Floor Matrix House Swansea</p> <p>The Trust Board APPROVED the Lease to be surrendered for the Trust to sign and seal on behalf of NHS Wales Shared Services Partnership (NWSSP).</p>	
6.1.7	<p>Deed of Rectification with Toast (Mail Order) Limited</p> <p>Gareth Jones noted that the Trust had been incorrectly named in the document.</p> <p>The Trust Board APPROVED the signing of the Deed of Ratification, subject to the amendment noted above.</p>	
6.1.8	<p>Tenancy at Will Agreement for the Du Pont Building</p> <p>Gareth Jones noted that the Trust had been incorrectly named in the document.</p> <p>The Trust Board APPROVED the signing of the Tenancy at Will for the Du Pont Building, subject to the amendment noted above.</p>	
6.1.9	<p>NWSSP Companies House & Charnwood Court to Cefn Coed, Nantgarw proposed relocation</p> <p>The Trust Board APPROVED the new lease prior to signing and sealing on behalf of NWSSP.</p>	
6.2.0	CONSENT FOR NOTING	
6.2.1	<p>Trust-wide Approved Policies Update</p> <p>The Trust Board NOTED the policies that had been approved during the period February 2024 to March 2024.</p>	

6.2.2	Public Quality, Safety & Performance Committee Highlight Report (14/03/2024) Led by Vicky Morris, Independent Member and Chair of Quality, Safety & Performance Committee The Trust Board NOTED the content of the report.	
6.2.3	Public Audit Committee Highlight Report (12/03/2023) **This paper was not received.	
6.2.4	Public Charitable Funds Committee Highlight Report (20/02/2024) **This paper was not received.	
6.2.5	Remuneration Committee Highlight Report (14//03/2024) The Trust Board NOTED the content of the report.	
6.2.6	Local Partnership Forum Highlight Report (08/03/2024) The Trust Board NOTED the content of the report.	
6.2.7	Public Transforming Cancer Services Programme Scrutiny Sub Committee Highlight Report (25/01/2024) The Trust Board NOTED the content of the report.	
6.2.8	Public Welsh Health Specialised Services (WHSSC) Committee Briefing (30/01/2024 & 27/02/2024) The Trust Board NOTED the content of the reports.	
6.2.9	Emergency Ambulance Services Joint Committee (EASC) Briefing (30/01/2024) The Trust Board NOTED the content of the report.	
6.2.10	NHS Wales Shared Services Partnership Committee Assurance Report (18/01/2024) The Trust Board NOTED the content of the report.	
6.2.11	Trust Seal Approval Report – (31st January 2024 – 25th March 2024) The Trust Board NOTED the content of the report.	
7.0.0	ANY OTHER BUSINESS The Vice Chair had not received prior notice of any other business and the meeting was closed.	
8.0.0	Date of the next meeting - The next meeting of the Public Trust Board will take place on Tuesday 23rd May 2024 at 10:00h.	
9.0.0	CLOSE	

Unconfirmed