

**MINUTES PUBLIC TRUST BOARD MEETING – PART A
VELINDRE UNIVERSITY NHS TRUST LIVE STREAMED
30 JANUARY 2024 AT 10:00AM**

<p>PRESENT Professor Donna Mead OBE Stephen Harries Vicky Morris Professor Andrew Westwell Hilary Jones Gareth Jones Matthew Bunce Sarah Morley Carl James Nicola Williams</p>	<p>Velindre University NHS Trust Chair (<i>Chair</i>) Vice Chair Independent Member Independent Member Independent Member (<i>attending remotely</i>) Independent Member (<i>attending remotely</i>) Executive Director of Finance Executive Director of Organisational Development and Workforce Executive Director of Strategic Transformation, Planning & Digital Executive Director of Nursing, Allied Health Professionals & Health Science</p>
<p>ATTENDEES Lauren Fear Kyle Page</p>	<p>Director of Corporate Governance and Chief of Staff Business Support Manager (<i>Secretariat</i>)</p>

<p>1.0.0</p>	<p>STANDARD BUSINESS</p>	
<p>1.1.0</p>	<p>Apologies noted:</p> <ul style="list-style-type: none"> • Dr Jacinta Abraham, Executive Medical Director • Cath O'Brien, Chief Operating Officer • David Cogan, Patient Representative • Steve Ham, Chief Executive Officer • Martin Veale, Independent Member – <i>The Chair advised that an update on Martin Veale's absence would be provided within the Chair's Report at the March Trust Board meeting.</i> 	
<p>1.2.0</p>	<p>In Attendance</p> <p>The Chair extended a warm welcome to the following additional attendees:</p> <ul style="list-style-type: none"> • Dr Edwin Massey, Medical Director Welsh Blood Service - deputising for Dr Jacinta Abraham today (<i>attending remotely</i>) • Katrina Febry, Audit Lead, Audit Wales (<i>to support item 3.1.0</i>) • Rachel Hennessy, Acting Director of Velindre Cancer Service (<i>attending remotely</i>) • Alan Prosser, Director of Welsh Blood Service (<i>in part</i>) • Stephen Allen, Regional Director, Llais Cymru (<i>in part</i>) – The Chair acknowledged that this would be Stephen Allen's final Trust Board meeting, thanking him for his contribution and support to the Trust, and wished him the very best on his retirement on behalf of the Board • Steffan Wiliam, Simultaneous Welsh Translation Service 	

	<p>of Independent Members to improve diversity and inclusion. Stephen Harries had kindly agreed to facilitate mentorship on behalf of the Trust.</p> <ul style="list-style-type: none"> • The Chair also acknowledged that the number of donors attending the Abergavenny WBS Donor Awards on 17th January 2023 had provided enough blood and blood products to save approximately 10,725 lives of patients. • In addition, the report detailed numerous matters addressed during the Board Development Session which took place on 14th December 2023 and acknowledged a significant donation to the Trust's Charity during the period. <p>The Trust Board NOTED the content of the Chair's Update Report.</p>	
<p>2.2.0</p>	<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. Stephen Harries highlighted the following:</p> <ul style="list-style-type: none"> • Attendance at a number meetings and discussions with the Executive Director of Organisational Development & Workforce in his role as the Trust's "Wellbeing Board Independent Member Champion", to agree the Annual Report to the Board in this role. • Acceptance of a recent invite to assume the role as "Speaking up Safely Board Independent Member Champion"; further meetings will take place to address the function and responsibilities of the role, particularly how this will work in practice in relation to staff engagement. <p>The Chair thanked Stephen Harries for assuming this role, noting this is a Welsh Government requirement.</p> <p>The Trust Board NOTED the content of the Vice Chair's Update Report.</p>	
<p>2.3.0</p>	<p>Chief Executive's Report</p> <p>The Chief Executive's report was not discussed in detail and Carl James (Acting Chief Executive) expressed thanks to staff for their commitment and professionalism during the period of Industrial Action (15th-18th January 2024) which had ensured the continued safe care of patients throughout. The significant amount of preparation that had been undertaken, including engagement with all staff groups and communication to patients prior to the Industrial Action was also commended.</p> <p>The Board added their appreciation of how staff had worked cohesively to ensure this, demonstrating the importance of detailed planning prior to Industrial Action. Sarah Morley acknowledged that in addition to input from the Workforce Team, credit should also go to the Acting Director of Velindre Cancer Service for her leadership. .</p> <p>No questions were raised and the Trust Board NOTED the content of the Chief Executive's Update Report.</p>	
<p>2.4.0</p>	<p>Board Champion Report – Health and Wellbeing</p>	

	<p>The Health and Wellbeing Board Champion Report highlighted a number of key matters. Stephen Harries highlighted the following:</p> <ul style="list-style-type: none"> • The introduction of the role of Health and Wellbeing Champion to the Trust in 2023, the purpose of which is to gain a deeper level of insight and knowledge around key wellbeing areas and issues, to enable the Champion and whole Board to fulfil this role. • Arrangements within the Trust for Health and Wellbeing and associated coordination via quarterly meetings of the Healthy and Engaged Steering Group (represented by all divisions within the Trust). The group is responsible for the development and monitoring of impact of wellbeing interventions that are implemented as appropriate. • Key activities undertaken over the past 12 months and the importance of learning and benefit to the Trust resulting from the activity undertaken. It was advised that the annual work plan will be reviewed and built upon, in addition to exploring a number of key themes for the coming year. • In terms of practical delivery, further evaluation will be undertaken in the coming period to enable development of a positive and healthy working environment for the Trust. <p>Hilary Jones noted that the national NHS staff survey referred to on a number of occasions in the paper made no reference to an anticipated date that the results would be received. Sarah Morley advised that the results had not been included due to the retrospective nature of the report. However, it was confirmed that the Trust receives regular updates from Health Education Improvement Wales (HEIW) in relation to survey results and receipt of the report at Trust level is anticipated next month, followed by a breakdown by service area and staff group across the organisation. Sarah Morley also indicated that the Trust's response rate had historically remained higher in comparison to the rest of the NHS Wales average. It was advised that data was awaited from the survey which had closed in November 2023 and that a further survey would be issued towards the end of 2024; therefore facilitating a more useful dataset as an annual cycle of analysis is developed over the next three years.</p> <p>The Trust Board NOTED the content of the Board Champion report and subsequent discussion.</p>	
3.0.0	INTEGRATED GOVERNANCE	
3.1.0	<p>Audit Wales Structured Assessment Report 2023</p> <p>The report outlined the findings from the Auditor General's 2023 structured assessment work at the Trust. Katrina Febry advised that the report was generally positive, indicating a small number of recommendations which the Trust had duly considered and responded to, detail of which was also included in the report.</p> <p>Overall, the Trust continues to be generally well led and governed, with a clear strategic vision and priorities, improving systems of assurance and effective arrangements for managing its finances. A small number of further opportunities for improvement (and associated low priority recommendations) were identified, including further enhancement of public transparency of Board business, strengthening of strategic risk management and ensuring that corporate plans and strategies contain clear objectives and actions for all Trust functions. It was however, noted that progress had been made since the drafting of the report.</p>	

	<p>Gareth Jones informed the Board that the report had been discussed in detail at Audit Committee, noting that a number of emerging themes were those which had previously been raised by Independent Members. While this was positive, one theme concerned the publishing of unconfirmed meeting minutes on the Trust website ahead of Trust Board meetings to allow for public perusal prior to the forthcoming meeting.</p> <p>The Chair advised that Trust Board minutes are robustly scrutinised and verified ahead of publishing, with formal agreement of the minutes taking place at the following meeting, allowing any Board member present at the previous meeting to request amendments. However, as it is now deemed good practice to publish unconfirmed minutes on the Trust website within 22 days of the meeting, it was agreed that as much assurance as possible should be worked into the process (such as input from Independent Members). This would allow the public to peruse the minutes prior to the next meeting.</p> <p>It was noted that the practicalities of doing so still require work through and Stephen Allen suggested that UNCONFIRMED should be clearly noted on the minutes, noting that a final copy will be uploaded on to the website following any amendments. It was acknowledged that amendments / updates are clearly noted in the minutes of the next meeting.</p> <p>Hilary Jones noted that four of last year's recommendations were still marked as open in the report, querying how it can be ensured these would not be missed due to a lack of target date. Lauren Fear advised that all recommendations (both internal and external) are tracked via the Audit Committee tracker. The Chair suggested that regular sight of the Audit tracker would be beneficial for Board members who do not attend Audit Committee.</p> <p>The Trust Board NOTED the content of the Audit Wales Structured Assessment Report.</p>	LF/MB
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, in addition to changes since the December 2023 reporting period. Lauren Fear highlighted the following:</p> <ul style="list-style-type: none"> • The new format of the cover paper sets out the steps from a governance perspective for each risk (from Executive Management Board, following recommendations from the Senior Leadership Team / specific comments from Quality, Safety & Performance Committee / Audit Committee). • The paper now also outlines development activity more clearly and the Quality, Safety & Performance Committee had agreed with the progress as noted, in addition to three ongoing actions. <p>Risk 3125 (<i>Clinical instruction or information may not be received or acted on by primary or secondary care medical colleagues for patient management due to clinical correspondence not being signed off via the Document Management System (DMS)</i>) – Lauren Fear advised that following comments received during both Quality, Safety & Performance Committee and Audit Committee, assurance regarding compliance would be brought back through Executive Management Board for discussion, with</p>	

	<p>a view to recommend closure of the risk on the basis of receiving this assurance.</p> <p>Vicky Morris commended the additional supporting information relating to closure of risks. However, Vicky Morris noted that while the narrative for Risk 2187 (<i>Risk to patient safety due to inadequate staffing within the Radiotherapy Physics Department and the need to balance core duties with developmental tasks</i>) outlined that the risk had reduced and subsequently increased, the accompanying visual (graph) did not align to this and was not an accurate reflection of the timescale.</p> <p>Risk 2515 (<i>Risk to performance and service sustainability as a result of the staffing levels within Brachytherapy services being below those required for a safe resilient service leading to the quality of care and single points of failure within the service</i>) – The Chair noted that the narrative for this risk required updating (references still being made to April, May, July 2023). Lauren Fear advised that information included in the report from Datix can be included / deleted as required dependent on Board requirements.</p> <p>Gareth Jones noted that the ongoing risk rating of 15 for this risk suggests that steps taken to date may have not been sufficient to reduce this. Rachel Hennessy advised that this was due to the fragile workforce within Brachytherapy and a number of senior vacancies remaining within the service group. It was noted that further review of the risk would take place at the February 2024 Executive Management Board.</p> <p>Nicola Williams advised that significant work had been undertaken with the intention to implement a more resilient service and while many sub risks had been addressed, the service remains fragile due to its highly specialised nature and challenges with retention of specialist staff. There are plans to align the workforce with the wider IRS work and the team is exploring opportunities to create a different, more resilient workforce, avoiding reliance on one or two specialists.</p> <p>The Chair thanked Nicola Williams for this assurance, noting that this is not represented in the report presented to Board and therefore not visible to the public. It was suggested that actions undertaken to date to prevent the risk from increasing should be included in the narrative, as well as actions resulting in the successful reduction of the risk.</p> <p>The Trust Board:</p> <ul style="list-style-type: none"> • NOTED the risks level 15, 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. • NOTED the on-going developments of the Trust's risk framework. <p>It was noted that minor anomalies within the paper (such as dates and wording of recommendations and further narrative) would be updated / included as appropriate in next version of the paper.</p>	<p>LF</p>
<p>4.2.0</p>	<p>Trust Assurance Framework (TAF)</p> <p>Following collaboration with the divisional Senior Leadership / Management Teams, Committee members, Executives and Independent Members, a review of the Trust Assurance Framework (TAF) and Strategic Risks had been undertaken. Lauren Fear advised that the refreshed Strategic Risks had been reviewed by the Strategic Development Committee and Quality, Safety & Performance Committee during this reporting cycle and a final draft</p>	

	<p>of 8 Strategic Risks had been collated, to be managed and utilised to drive a variety of discussions across the Trust.</p> <p>Vicky Morris acknowledged the notable amount of work undertaken on the TAF, in particular informing Board members of the immediate lines of controls and assurances in place. Additionally, alignment of this with the Integrated Medium Term Plan (IMTP) actions will enable the Board to understand the current and emerging risks against delivery of these strategic objectives.</p> <p>Nicola Williams advised that TAF07 (<i>Patient Outcomes</i>) was a new addition and following initial discussion at January's Quality, Safety & Performance Committee, further work / refinement would be undertaken and the risk rating would reduce as a result. It was not expected that the title of the risk would change.</p> <p>The Chair requested an update on Risk 2465 (<i>Risk to patient safety cause by excessive use of email for the processing of clinical purposes</i>) and whether a system had been implemented to capture and monitor such emails separately, following the audit undertaken. Rachel Hennessy advised that following receipt of the audit report by the Senior Leadership Team during December 2023, a task and finish group had been established to take forward resulting recommendations. Additionally, a number of key actions had commenced in the interim such as the move to centralised email inboxes for clinical issues (it had not been deemed feasible for all emails to be directed to a single mailbox as a solution). It is also the intention to circulate an email etiquette document across the Trust once completed and approved. It was recognised that a number of solutions will be required to resolve this risk, requiring engagement with a number of professional groups over a period of time.</p> <p>Following further discussion in relation to the recommendation for today's Board, it was recognised that the Board was today being requested to approve the baseline document and risks and that due to the live nature of the document, further development would be expected. It was noted that the range of risks align with the expectations of the Board and that work relevant to each risk is currently in train.</p> <p>The Trust Board APPROVED the Trust Assurance Framework and associated risks attached (<i>as at today's position, setting out the key risks and mitigating actions, with further changes and additions anticipated</i>). The Trust Board also noted the alignment of the TAF with IMTP actions.</p>	
<p>4.3.0</p>	<p>Performance Management Framework (November 2023)</p> <p>The paper provided an update on the performance of the Trust for the month of November 2023, 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"> • A challenging month due to a significant reduction in collections due to clinic cancellations. A Blue Alert was issued and although clinical demand was met, mutual aid had been necessary during December 2023 to cover the Christmas period. The situation and stock position has since recovered, however January continues to look challenging due to sickness absence and staff turnover within collections teams. A Task & Finish Group has been established to identify where constraints can be unlocked in terms of service delivery. 	

- All Quality & Safety markers remain within tolerance, with activity encouraged in terms of stem cell collection and a new tactical approach to bone marrow volunteer targeting (to be discussed at a future Board Development session).
- Satisfaction remains high within the service, despite challenging circumstances.

Hilary Jones suggested including that reliance on mutual aid should not be considered negatively, as the arrangement is in place for good reason. The Chair agreed, requesting further clarification of the mutual aid process. Alan Prosser advised that the mutual aid agreement was signed up to on a bi-annual basis (with the other 3 UK countries) to ensure effective business contingencies are in place. In addition to blood supply shortage, the agreement also covers issues within the wide range of unique testing services run by the service and facilitates effective laboratory networks. Additionally, shared learning opportunities are provided for example via workshops, should the service excel in a particular area.

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

- Continued improvement evidenced within Radiotherapy and sustained due to significant work undertaken by teams to review and revise pathways (specifically clinical training) and the introduction of a new digital care path system (rollout of which has now been completed across all treatment sites).
- Lower than anticipated demand for Radiotherapy Treatment during the month, reflected across the south east region as a whole.
- A challenging period within Systemic Anti-Cancer Therapy (SACT), due to a significant increase in demand for the service (with the referral rate currently showing 6.8% above the forecast growth of 8%). However, the Trust continues to treat clinical trials and emergency patients within the stipulated timeframe.
- Non-emergency (21 day) SACT treatment currently remains challenging for the service, in particular due to Workforce and capacity issues within Pharmacy. It is the intention that Transforming Access to Medicines (TrAMS) will form part of the solution, however a task and finish group has been established in the interim to explore options to increase capacity.
- Successful management of patients during the Christmas period and period of Industrial Action during January 2024.

Andrew Westwell queried the progress of the Task & Finish group in relation to capital funding and workforce due to the delayed 'go live' date for TrAMS. Rachel Hennessy advised that Capital Funding is linked to reconfiguration of the service to support a septic dispensing capacity, completion of which is anticipated by March 31st 2024, to be supported by:

- Recruitment of technical posts.
- Considering increasing the amount of product purchased by the Trust.
- Discussions with Tenovus mobile unit to explore expanding the current contract to provide treatment to appropriate cohorts of patients.
- Discussions with Health Board colleagues to secure Pharmacy support to increase the Trust's dispensing capacity.

Nicola Williams advised that enhanced arrangements are in place to enable close monitoring of the above and to support the Cancer Service in areas requiring escalation. It will also be necessary to ensure that Chemotherapy

	<p>treatment is prioritised appropriately and that the harm review process is in place in the event that it is required.</p> <p>Stephen Harries queried how the 14.8% increase in referral rate for SACT had been calculated, as this was not reflected as such within the associated Key Performance Indicator. Following further discussion, Rachel Hennessy agreed to provide further clarification.</p> <p>Vicky Morris commended the significant range of actions outlined by Rachel Hennessy to enable this demand to be met, also noting the paper does not detail the impact of the actions and resulting improvements. It would be of benefit (particularly for Quality, Safety & Performance Committee) if this could be included in future reporting.</p> <p>Gareth Jones queried that as the information contained in the report is almost 2 months old, how the Trust receives information to provide foresight of issues of escalation (such as Blue Alert over the Christmas period). Carl James advised that due to the cycle of Corporate Committees and Trust Board meetings, the report to Board remains retrospective due to collation and analysis of the data and that numerous options to reduce the time that the information becomes available to the Board. However, daily / weekly Management information received at Executive Management Board allows immediate escalation and addressing of issues requiring such. It was recognised that Business Intelligence insight into data would enable forward planning and projections, however this is yet to be explored by the Trust.</p> <p>Sarah Morley suggested that it would be more beneficial to identify a means of alerting Independent Members of emerging issues as opposed to re-mapping the meeting cycle. Nicola Williams also noted that matters to be escalated following the end of the data reporting period could be included in a designated section in the report, in addition to any related outcomes which would follow via the next cycle.</p> <p>The Trust Board NOTED:</p> <ul style="list-style-type: none"> • The contents of this report and the detailed performance analysis provided in the PMF Scorecards and supporting Data Analysis Templates in Appendices 1 to 3. • The new style PMF Performance reports continue to be developed by the PMF Project Group, with a number of potential new measures currently under consideration. <p><i>It was agreed at the meeting that urgent performance matters escalated between Board meetings would be brought to future Board meetings as “addendum of matters that had been escalated.”</i></p>	<p>RH</p> <p>RH</p>
<p>4.4.0</p>	<p>Financial Report (November 2023)</p> <p>In presenting the report outlining the financial position for the period ended (month 8) November 2023, Matthew Bunce highlighted the following:</p> <ul style="list-style-type: none"> • The option to offer unused reserves (if not fully required during the remainder of this financial year) to support the current NHS Wales deficit. • Key Financial Targets – it is anticipated that all 3 key targets will be achieved by the end of the financial year, subject to approval of capital funding from Welsh Government for Project Management; Matthew Bunce had received assurance from the Capital Funding Finance Lead 	

	<p>in Welsh Government that it is expected that the funding letter would be issued this week.</p> <ul style="list-style-type: none"> • Finalisation of a December (month 9) report, to be presented at Executive Management Board. • LTA Income & Covid Recovery / Planned Care Capacity – although it had previously been assumed that growth in activity levels would not adequately cover the costs of investment made in the additional capacity, reporting of activity between April and November 2023 had indicated that the additional capacity will be covered. • The Trust has delivered a further £2m savings for the whole of NHS Wales and an Audit Wales review of NHS Wales financial pressures would be undertaken. <p>Gareth Jones queried whether the Trust would be required to return the Public Dividend Capital from Welsh Government which had been drawn down to support cash flow pressure during October 2023. Matthew Bunce advised that this had been an advance rather than a loan (for the cash support of wage awards); therefore no payback will be required. The Board will be kept fully informed of the process and an extraordinary Board meeting would be scheduled if deemed appropriate.</p> <p>The Trust Board:</p> <ul style="list-style-type: none"> • NOTED the content of the November 2023 financial report and in particular the expectation that the Trust will deliver against its 3 statutory financial targets at year end, subject to Welsh Government capital funding being approved; • APPROVED the option that any reserves not required to deliver the Trust revenue breakeven position may be offered to support the NHS Wales position on a non-recurrent basis. <p>The Chair commended the significant work undertaken across the Trust to achieve this position.</p>	
5.0.0	PLANNING AND STRATEGIC DEVELOPMENT	
5.1.0	<p>Trust Values</p> <p>Following a significant amount of engagement with staff members, patients and donors across the Trust and feedback received, a refreshed set of Trust Values had been developed via an 18 month process. The paper outlined the decision making that had enabled the Trust to arrive at the current Trust Values. Sarah Morley advised that this had also been discussed at Board Development on 14th December 2023 and received at Strategic Development Committee on January 18th 2024. This had been an important step for the Organisation and will form the basis of the development of the behaviours framework.</p> <p>Hilary Jones questioned the embedding process to when staff would be living these values. Sarah Morley indicated that while these values have been launched, the full embedding rollout plan is being finalised. Sarah Morley confirmed that the Board would be kept up to date.</p> <p>It is the intention to progress the behaviours framework through the governance cycle (including staff survey input), to ensure that Trust-wide understanding of the meaning of the values, prior to implementation of metrics to monitor these.</p> <p>The Trust Board APPROVED the proposed values for the Trust.</p>	

6.0.0	CONSENT ITEMS	
6.1.0	<p>CONSENT FOR APPROVAL</p> <p>Gareth Jones requested confirmation that all items within the CONSENT FOR APPROVAL section had been considered at the relevant Committee before being presented to Board for approval, as it was not clear from the papers.</p> <p>Lauren Fear advised that it is not a requirement for all consent items to have been sighted by a Committee, however this is noted on the cover paper in the case of a paper being presented to a Committee.</p> <p>No concerns was raised to the Chair in relation to the appropriateness of the items remaining in the CONSENT FOR APPROVAL section.</p>	
6.1.1	<p>Commitment of Expenditure exceeding Chief Executive’s Limit</p> <p>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, subject to the note above.</p>	
6.1.2	<p>Chair’s Urgent Actions Report</p> <p>The Trust Board CONSIDERED and ENDORSED the Chair’s Urgent Actions taken between 22/11/2023 and 23/02/2024.</p>	
6.1.3	<p>Trust Policies for Approval</p> <p>The Trust Board APPROVED the following policies, which had been ENDORSED at the relevant Committees for Trust Board approval:</p> <ul style="list-style-type: none"> • Policy on the Use of Small Animals in Research • All Wales NHS Dress Code • Annual Leave Policy (Agenda for Change) • Redundancy and Security of Employment Policy • Recruitment and Selection Policy 	
6.1.4	<p>NHS Wales Shared Services Partnership – Renewal of Lease</p> <p>Hilary Jones requested for the removal of this item from consent to allow for further discussion. The following was raised:</p> <ul style="list-style-type: none"> • The Trust Board had not received a copy of the Lease for comment before signoff and whether this was regular protocol. It was agreed that the Lease should be received by Board members and that this would be circulated for finalisation outside of the meeting. • The payment for the lease as detailed in the cover paper is not inclusive of VAT and that this should be amended to reflect the information presented in the associated Appendix 5 under the Commitment of Expenditure Exceeding Chief Executive’s Limit. • The current lease expired on the 7th October 2023. Gareth Jones queried a) the delay in the signing of the new lease and b) the cover paper states that the new lease will be backdated to the 8th October 2023. <p>Lauren Fear agreed to revert to NHS Wales Shared Services Partnership to obtain a clearer explanation as to why this is the case. Following receipt of this and the addition of amendments as stated in point 2 above, it was</p>	<p style="text-align: right;">LF</p> <p style="text-align: right;">LF</p>

	<p>agreed that the Lease would then be circulated to Board members for out of Board approval.</p> <p>The renewal of the lease for the Counter Fraud Wales Services offices, Mamhilad House, was not approved by the Trust Board. Additionally it was noted that it is not a requirement for this to be presented to a Committee prior to Board.</p>	
6.2.0	CONSENT FOR NOTING	
6.2.1	<p>Trust-wide Approved Policies Update</p> <p>The Trust Board NOTED the content of the report.</p>	
6.2.2	<p>Public Quality, Safety & Performance Committee Highlight Report (16/01/2024)</p> <p>Led by Vicky Morris, Independent Member and Chair of Quality, Safety & Performance Committee</p> <p>The Trust Board NOTED the content of the report.</p>	
6.2.3	<p>Public Audit Committee Highlight Report (19/12/2023)</p> <p>Led by Gareth Jones, Independent Member and Acting Chair of Audit Committee</p> <p>The Trust Board NOTED the content of the report.</p>	
6.2.4	<p>Public Strategic Development Committee Highlight Report (18/01/2024)</p> <p>The Trust Board NOTED the content of the report.</p>	
6.2.5	<p>Public Charitable Funds Committee Highlight Report (12/12/2023)</p> <p>The Trust Board NOTED the content of the report.</p>	
6.2.6	<p>Public Transforming Cancer Services Programme Scrutiny Sub Committee Highlight Reports (23/11/2023)</p> <p>The Trust Board NOTED the content of the report.</p>	
6.2.7	<p>Local Partnership Forum Highlight Report (19/12/2023)</p> <p>The Trust Board NOTED the content of the report.</p>	
6.2.8	<p>Public Welsh Health Specialised Services (WHSSC) Committee Briefing (21/11/2023)</p> <p>The Trust Board NOTED the content of the report.</p>	
6.2.9	<p>Emergency Ambulance Services Joint Committee (EASC) Briefing (21/11/2023 & 21/12/2023)</p> <p>The Trust Board NOTED the content of the reports.</p>	
6.2.10	<p>NHS Wales Shared Services Partnership Committee Assurance Report (23/11/2023)</p>	

	The Trust Board NOTED the content of the report.	
6.2.11	<p>Trust Seal Approval Report – (23rd November 2023 – 30th January 2024)</p> <p>The Trust Board NOTED the content of the report.</p>	
6.2.12	<p>Nurse Staffing Level (Wales) Act Update (6 month report) Led by Nicola Williams, Executive Director of Nursing, Allied Health Professionals and Health Science</p> <p>The Chair removed this item from consent to allow for further discussion. Nicola Williams confirmed that while there is sufficient nursing establishment (with headroom) on First Floor Ward, to care for ‘regular’ patients up to the allocated patient numbers, difficulties resulting from absences have identified insufficient resource within the SACT (Systemic Anti-Cancer Therapy) team, which has been mitigated via the support of a number of First Floor Ward staff, trained to provide SACT treatment.</p> <p>Significant work has been undertaken to increase the nursing establishment within SACT (for example via international recruitment), however there is an 18.5% maternity leave rate within the service; therefore headroom will not adequately address this. The Trust has, however, over-recruited to ensure this issue within SACT will be addressed.</p> <p>Drawing on First Floor Ward staff resource had not resulted in any issues under the Act and patient care on the Ward had not been adversely affected due to the release of staff, however doing so had resulted in morale issues.</p> <p>Vicky Morris indicated that the three 25A areas where insufficient establishment had been identified (SACT, Assessment Unit and Clinical Nurse Specialist Team), further discussion at the Quality, Safety & Performance Committee had prompted a review of the establishment for these areas and it was anticipated that this would be provided. Nicola Williams advised that the Board would be provided a brief update on the three areas at the March meeting of the Trust Board.</p> <p>The Trust Board NOTED the content of the report.</p>	NW
6.2.13	<p>Integrated Medium Term Plan (IMTP) (oral update)</p> <p>Carl James advised that due to a shorter January 2024 Strategic Development Committee resulting from Industrial Action planning, the IMTP had not been presented at the Committee; therefore an oral update would be provided to the Board.</p> <p>The Trust remains on track to develop this year’s plan, based on the existing approved plan. This has progressed through a number of workshops, Committees and Board Development and the planning guidance and Welsh Government financial allocation have been received.</p> <p>The Quality Impact Assessments (QIAs) are currently being worked through; therefore the final plan presented to the Board for discussion will include the QIAs, to enable the Board to make informed choices on the priorities for next and the forthcoming years. This will be presented at a Board Development Session on the 6th February 2024 with a clear plan towards Board approval.</p>	

	<p>Carl James was confident that this would be achievable in time for submission to Welsh Government on the 29th March 2024.</p> <p>The Trust Board NOTED the update.</p>	
7.0.0	<p>ANY OTHER BUSINESS</p> <p>The Chair had not received prior notice of any other business and the meeting was closed.</p>	
8.0.0	<p>DATE of the next meeting</p> <p>The next meeting of the Public Trust Board will take place on Tuesday 26th March 2024. An extraordinary Public Trust Board is scheduled to take place on Wednesday, February 7th 2024.</p>	
9.0.0	<p>CLOSE</p>	

UNCONFIRMED