

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

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| <p>PRESENT Professor Donna Mead OBE (DM) Stephen Harries (SH) Professor Andrew Westwell (AW) Gareth Jones (GJ) Lindsay Foyster (LLF) Hilary Jones (HJ) Vicky Morris (VM) Carl James (CJ) Sarah Morley (SfM)</p> <p>Lauren Fear (LF)</p> <p>Nicola Williams (NW)</p> | <p>Velindre University NHS Trust Chair (<i>Chair</i>) Vice Chair Independent Member Independent Member Independent Member Independent Member (<i>attending remotely</i>) Independent Member (<i>attending remotely</i>) Interim Chief Executive Officer Executive Director of Organisational Development and Workforce Interim Executive Director of Strategic Transformation, Planning & Digital Executive Director of Nursing, Allied Health Professionals & Health Science</p> |
| <p>ATTENDEES Anne Carey Non Gwilym Kyle Page</p> | <p>Interim Chief Operating Officer Interim Director of Corporate Governance Business Support Manager (<i>Secretariat – attending remotely</i>)</p> |

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| 1.0.0 | STANDARD BUSINESS | |
| 1.1.0 | <p>Apologies</p> <p>The following apologies were noted:</p> <ul style="list-style-type: none"> • Matthew Bunce, Executive Director of Finance • Dr Jacinta Abraham, Executive Medical Director • Susanna Whawell, Associate Independent Member | |
| 1.2.0 | <p>In Attendance</p> <p>The Chair welcomed Anne Carey, the Trust’s recently appointed Interim Chief Operating Officer and introductions were made. The Chair extended a warm welcome to the following additional attendees:</p> <ul style="list-style-type: none"> • Bethan Davis (HEIW) (simultaneous Welsh translation service) • Chris Moreton, Deputy Director of Finance (deputising for Matthew Bunce) • Dr Edwin Massey, Medical Director Welsh Blood Service (deputising for Dr Jacinta Abraham) (<i>attending remotely</i>) • Alan Prosser, Director Welsh Blood Service • Rachel Hennessy, Interim Director Velindre Cancer Service • David Cogan, Patient Representative and Chair of Patient Liaison Group (<i>attending remotely</i>) | |

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| 1.6.1 | <p>Llais Cymru Report following visit to Velindre Cancer Centre</p> <p>The Board was advised that following a visit to Velindre Cancer Service by Llais Cymru, a subsequent report would be presented at the September 2024 meeting of the Quality, Safety & Performance Committee, followed by Trust Board.</p> | |
| 2.0.0 | <p>KEY REPORTS</p> | |
| 2.1.0 | <p>Chair's Report</p> <p>The report provided an overview of the Chair's activity since the previous meeting of the Trust Board.</p> <p>The Chair advised that two items had been omitted from the update in error and would be included in the September update:</p> <ul style="list-style-type: none"> • Launch of Velindre Oncology Academy • Attendance at a Regional Planning Summit in conjunction with other Health Boards. Lauren Fear advised that a further joint Board Session would be scheduled between the 4 relevant Health Boards on the 1st October 2024 as a result. <p>The Trust Board NOTED the content of the Chair's Update Report.</p> | DM |
| 2.2.0 | <p>Vice Chair's Report</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"> • Attendance at the City Hospice 40th Anniversary celebrations, hosted at the Senedd. This had been an emotional yet uplifting experience and hearing a patient inform the public of his and his family's cancer journey provided a reminder of the significant impact of Trust staff in the provision of care during such difficult periods in individuals' lives. <p>Lindsay Foyster queried whether any further learning could be obtained from the pilot (6 month) Associate Independent Member Mentee Scheme and if the aim of the scheme (increasing diversity in public appointments) had been achieved. Stephen Harries advised that the scheme had been designed and managed by Welsh Government as a learning opportunity and that engagement with other Trust Boards who had been assigned Mentees would be undertaken in relation to how future opportunities for diverse communities could be provided.</p> <p>Sarah Morley indicated that it is the intention to implement an Aspiring Board Members Programme, particularly aimed at Black, Asian and Minority Ethnic (BAME) communities, to further encourage diverse Board membership. The planning for this programme had been impeded for several reasons, however planning arrangements had now been re-instigated by Welsh Government and further detail would follow when available (during the next 6-9 months). It is the intention for the Trust Board participate in this scheme.</p> <p>The Trust Board NOTED the content of the Vice Chair's Update Report.</p> | |
| 2.3.0 | <p>Chief Executive's Report</p> | |

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| | <p>The report provided information to the Board regarding a number of matters and activity since the previous meeting of the Trust Board. Carl James highlighted the following:</p> <ul style="list-style-type: none"> • Importance of Values and Behaviours – on the 22nd July 2024, the Executive Team had hosted a virtual all-staff session to share perspectives and reflections on the Values and Behaviour Framework, which had been attended by over 150 staff; feedback to date had been positive and will be built on going forward. Lindsay Foyster queried whether staff would be provided the opportunity to voice their reservations regarding the launch of the values given that change may be challenging for some. Sarah Morley advised that the opportunity to do so had been facilitated via the session which had been welcomed and feedback had been received in a variety of ways, which would be made available at a future meeting of the Trust Board. • Celebrating collective achievements – A number of staff across the Trust had celebrated achievements and successes; Carl James wished to acknowledge Nigel Hill (Velindre Cancer Service Estates Team), who, following 38 years with the Trust, had received an outstanding achievement award. The Chair suggested that this section of the CEO update report should remain and that such individuals and teams should be informed that the Board had been informed of their achievements. The Chair agreed to write to Nigel Hill on behalf of the Board. <p>Gareth Jones also wished to acknowledge the appointment of Non Gwilym to interim Director of Corporate Governance, as this had not been included.</p> <p>The Trust Board NOTED the content of the Chief Executive’s Update Report.</p> | <p style="text-align: center;">SfM</p> <p style="text-align: center;">Chair</p> |
| 3.0.0 | INTEGRATED GOVERNANCE | |
| | There were no items for discussion at the meeting. | |
| 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. Lauren Fear advised the following changes since the last reporting period:</p> <ul style="list-style-type: none"> • Closure of risk (3277), regarding the new Velindre Cancer Centre financial risk in the lead up to Financial Close. • Two new Health and Safety risks (3362 - <i>There is a risk to quality as result of failure of the WBS External Nitrogen Storage Tank leading to complete loss of liquid nitrogen</i> and 3366 - <i>There is a risk to the safety of staff due to lack of storage and cleaning space in the Therapies department, resulting in an increased trip, slip or falls risk within the shared Therapies storage, kitchen and corridor area.</i>) Actions in reference to these are noted in Datix. • Item 5.1.0 on the action log referred to a meeting with Independent Members scheduled for the 20th August 2024 to discuss and agree the format of the cover paper and risk reporting template. This will be sighted at the September 2024 Trust Board and will be subject to further review after 6 months. <p>Gareth Jones raised the following points:</p> | |

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| | <ul style="list-style-type: none"> Point 2.2 states that the Trust Board had approved the Full Business Case Management Case; it was noted that this is not accurate and that this should firstly be noted, followed by receipt of Welsh Government comment, prior to approval. Lauren Fear agreed that the wording of this point should clarify that this had not yet been fully approved by Trust Board. Point 3.1 states that a decision regarding next steps will need to be made by Trust, querying the nature of this decision. Lauren Fear advised that the all-Wales risk module of Datix under the governance of the all-Wales Datix programme, (now chaired by Carl James) is the only remaining module not yet agreed to date. Work by the Corporate Governance Directors' Peer Group has been ongoing to achieve a position where each organisation will be able to reach a decision and it is anticipated that an informal position will be agreed by each organisation during September. Despite the significant amount of information included on the risk register, there is no indication of risk owners. Additionally, as there is no visibility of the risk trend is not visible (increasing, decreasing or remaining stable), it is not possible to identify whether action taken is addressing risks effectively. Lauren Fear advised that the meeting with Independent Members on the 20th August will address this. <p>The Chair had previously been unaware of risk 3362 (storage of Liquid Nitrogen), requesting an update on action taken to date. Alan Prosser advised that the Estates Team had implemented a significant amount of mitigation, in addition to a large scale infrastructure project to assess the Trust's Liquid Nitrogen requirement. This is being managed and maintained effectively and the Health & Safety Team is aware. It was agreed that this will remain on the Risk Register until entirely resolved.</p> <p>Stephen Harries queried whether risk 3337 (SACT patients at risk of being missed as a result of multiple lists) would be addressed within the Performance Report. Nicola Williams advised that a single list had been generated using automation which is currently being tested, with positive results so far.</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 highlighted in this paper. NOTED the on-going developments of the Trust's risk framework. | <p>LF/NG</p> |
| <p>4.2.0</p> | <p>Trust Assurance Framework (TAF)</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"> Risk ID 05 (Digital Transformation) – This had been discussed further at the July meeting of the Quality, Safety & Performance Committee, with evidence of positive progress. Risk ID 06 (Organisational and Clinical Governance) – This will be presented to the September 2024 meeting of the Quality, Safety & Performance Committee as a deep dive, to align with the consideration of the governance of Assurance & Risk. Integration of IMTP objectives into the current iteration of the TAF – Mapping between the IMTP and TAF has now been included within the template, with RAG ratings due to commence from the September 2024 reporting cycle. Additionally, the future alignment of the IMTP with | |

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| | <p>the TAF in future will form part of the September 2024 Trust Planning Framework.</p> <p>Gareth Jones referenced page 3 of the dashboard report, noting that the statement of 'complete' regarding a number of actions not yet completed was misleading. It was agreed to replace such instances with 'to be completed', as this refers to what is proposed for 2026-27.</p> <p>The Trust Board DISCUSSED the Trust Assurance Framework, NOTING developments already in place.</p> | NG |
| 4.3.0 | <p>Performance Management Framework (May 2024)</p> <p>The paper provided an update on Trust performance (including supporting analysis) for the month of May 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"> • Sustained supply and positive reporting regarding quality and safety markers and donor satisfaction (at 98% against a 95% target), despite a challenging period. • Reporting of Serious Adverse Blood Reactions & Events (SABRE) to the Medicines and Healthcare products Regulatory Agency (MHRA) during May, resulting in a satisfactory conclusion and subsequent closure by the MHRA. • Provision of Mutual Aid support to England during national alert in relation to blood supply. • Challenges presented by the holiday period, an increase DNAs and issues posed to the cross-matching of demands by the cyber security issue across London; the situation is not expected to be resolved until September 2024. • Following the January 2024 introduction of the buccal swab, the service is significantly exceeding expectation in terms of bone marrow volunteer recruitment and is now targeting hard to reach and ethnic communities. Visits to educational establishments and key events such as this year's Eisteddfod. <p>As it has been widely assumed that Wales is experiencing similar issues to England (following England's declaration of Amber alert for a second time in two years), Alan Prosser advised that the Trust had issued a statement, clarifying Wales' position. The Chair requested a brief paper containing further explanation of Mutual Aid, to provide assurance to the Health Minister and re-iterating the importance of Mutual Aid for the UK as a whole.</p> <p>Lindsay Foyster queried why the May target for platelet wastage had not been achieved. Alan Prosser explained that this had resulted from the introduction of uncertainty in demand due to the two May Bank Holidays, noting that demand generally remains unpredictable.</p> <p>Rachel Hennessy reported the following in relation to the Velindre Cancer Service performance:</p> <ul style="list-style-type: none"> • Radiotherapy performance – continued 100% compliance with Emergency Radiotherapy treatment, with a slight decline in Scheduled (74%) and Urgent (73%) due to challenges presented by the issue of an end of life notice on LA1. An Impact Assessment has been undertaken to explore the utilisation of LA1 as a resilience machine and an | AP |

extension to the end of life notice to May 2025 has been requested and granted. It is also the intention to implement LA3 (new Varian machine) during July 2024 to provide additional capacity.

- All referrals continue to progress via the escalation and prioritisation process, with harm reviews undertaken where appropriate.
- **Systemic Anti-Cancer Therapy (SACT) performance** – Emergency performance remained at 100% for the period, in addition to timely booking of all clinical trials. It had not been possible to confirm the end of May position in relation to delivery of non-emergency SACT due to ongoing challenges faced by the service (figures for May were not available in time for publication of the report due to the data validation process.) A planning group has been established which will report to a weekly SACT Gold Command meeting to improve performance in this area. It was advised that a key issue causing such challenges is capacity within Pharmacy. Further investment has been made into Pharmacy to facilitate further expansion, to be discussed further at Executive Management Board.
- The appointment of a Service Improvement Lead has led to a significant amount of work regarding capacity planning and forecast. Challenges in relation to demand has resulted from additional lines of treatment, internally generated treatments and increased longevity of patients.
- No **pressure ulcers** were reported for the third consecutive month.
- No **avoidable falls** were identified for the 15th consecutive month.
- **Delayed Pathways of Care** – Two patients had been delayed (by 5 and 4 days) due to awaiting repatriation to their local hospital.
- Patient experience remains positive, however, this is based on limited information obtained via CIVICA. Volunteers have returned to the site since May to assist patients in providing feedback required by the Service for the implementation of improvements. Screens are also now utilised to communicate waiting times to patients.

Nicola Williams advised that fortnightly SACT Gold Command meetings had been stood up and that the Executive Team would receive a comprehensive paper outlining work to date regarding investment required around Nurse staffing, Pharmacy staffing and changing ways of working to increase capacity within SACT. This will require a co-ordinated, long-term transformation programme of work over the course of the next year. A higher than predicted increase has been evidenced over the past month, which will be tracked by the Business Intelligence team, identifying trends in tumour sites and seeking to align with the wider position across the region. Oversight of harm is also being maintained where delays to treatment have occurred, while also ensuring effective communication of delays to patients. Stephen Harries raised the following points:

- The report states that reported SACT waiting times reflects that February position, however this should state that this is the April position. This was agreed.
- It is understood that the majority of patients have been unable to view waiting times for at least 6 weeks due to the malfunction of a display screen within the Outpatients' Department.
- A comment on the 'you said.....we did' board relates to the WRVS (Welfare Royal Voluntary Service) (which has been closed since the beginning of the COVID-19 pandemic). Stephen Harries queried whether this would be re-instated or a similar facility be provided. Rachel Hennessy advised that Outpatient facilities would be reconfigured and that the service would be re-instated. It was agreed to provide a timeline for this.

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| | <p>As it was recognised that the decline in performance would be noted by the public audience, Gareth Jones requested assurance that this is being addressed and that improvement will follow. Additionally, it was queried how improvements could be demonstrated to Gold Command in the absence of timely data? Nicola Williams acknowledged that the time taken to validate data is unacceptable and the process is currently under review as a matter of priority. Following a request from the Chair for the latest validated (May 2024) data for non-emergency SACT, Rachel Hennessy agreed to provide this to Board members.</p> <p>Hilary Jones noted continued low compliance with Fire Safety KPIs, expressing the importance of training uptake to ensure resilience within the Trust in the event of an incident. Lauren Fear advised that all legal and statutory requirements across all areas of Estates are not reported in one place, which will be addressed by the Estates team, with the aim of reporting more specifically on training. It was also noted that service pressures have impeded the release of staff to undertake this training. It was agreed to bring a detailed breakdown to the September meeting of the Trust Board.</p> <p>Sarah Morley provided the following update in relation to Workforce:</p> <ul style="list-style-type: none"> • Sickness absence stands at 5.19%, reported for the year to 24th July 2024, a decrease in one percentage point over 12 months. A general decrease in long term sickness absence continues, while a slight increase in short term sickness absence has been seen. • A new Health and Wellbeing Coordinator is now in post, identifying areas requiring additional support. A new Psychologist will also start in October 2024. • PADR compliance stands at 73% (against an 85% target); this is being addressed via Senior Leadership Teams and a review of Workforce policies. A review of PADR paperwork and its purpose will also be undertaken, with the addition of the new Trust Values. • Statutory & Mandatory training stands at 87%. Compliance within relevant areas is noted in the associated Committee highlight report. <p>Vicky Morris advised that the Board had previously agreed a Trust sickness absence target of 4.7%, against the national target of 3.54%, requesting the anticipated timescale for improvement to sickness levels. Sarah Morley advised that the current level of 5.19% is reasonably similar to the 4.7% target and the Trust continues an improved trajectory. Increased focus will now shift to the increase in the short-term sickness absence level.</p> <p>The Trust Board:</p> <ul style="list-style-type: none"> • DISCUSSED and NOTED the May 2024 Performance Management Framework (May data was absent in some areas). • NOTED the targeted work being undertaken through business continuity arrangements in respect of the delivery of SACT. | <p>RH</p> <p>LF</p> |
| <p>4.4.0</p> | <p>Financial Report (May 2024)</p> <p>In presenting the report outlining the financial position for the period ended (Month 2) 31st May 2024, Chris Moreton highlighted the following key points:</p> <ul style="list-style-type: none"> • The Trust is currently forecasting a breakeven position for the end of the financial year 2024-2025. • The Trust is currently on track in meeting the Trust's Public Sector Payment Performance target. | |

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| | <ul style="list-style-type: none"> • Saving Schemes – There are now no Red Rated Schemes and savings have been increased (as per discussion under Matters Arising). • Risk remains to the Capital position in relation to funding for the new Velindre Cancer Centre and Enabling Works. Receipt of confirmation from Welsh Government is anticipated in September 2024. <p>Procurement Supply Chain saving schemes - Stephen Harries queried whether other Health Boards would also be reliant on NHS Wales Shared Services Partnership to deliver their savings plans. Chris Moreton confirmed that this would be the case.</p> <p>The Trust Board NOTED the content of the May 2024 financial report, in particular:</p> <ul style="list-style-type: none"> • The year to date and forecast outturn position. • The risks associated with the income that the Trust is expected to receive from our Commissioners. • The current position with Commissioners on the contract rebase agreement. • The latest position of the Trust savings schemes and urgent action taken by Divisional and Executive Directors to ensure the reduction of schemes RAG rated as amber or red to green. | |
| 5.0.0 | <p>ANNUAL REPORTS</p> <p>**It was noted that the Audit Committee Annual Report had been presented at the May 2024 meeting of the Trust Board.</p> | |
| 5.1.0 | <p>Local Partnership Forum Annual Report (2023-2024)</p> <p>The report summarised the key areas of Trade Union partnership activity undertaken by the Trust' Local Partnership Forum for the reporting period. Sarah Morley highlighted the following:</p> <ul style="list-style-type: none"> • The Trust is now subject to the Social Partnership and Procurement Act, with the recruitment of a Lead Trade Union Representative and endorsement of the proposed recruitment process for a Social Partnership Lead. <p>Lauren Fear advised that the Trust's Integrated Medium Term Plan (IMTP) is routinely presented at the Local Partnership Forum and work is currently underway with Workforce to gain better understanding of the Social Partnership and Procurement Act and requirement to engage early in the process to shape priorities and plans with Trade Union and staff representatives.</p> <p>The Chair requested further explanation of this new legislation at the October 2024 Board Development Session.</p> <p>The Trust Board APPROVED the 2023-2024 Local Partnership Forum Annual Report.</p> | SfM |
| 5.2.0 | <p>Gender Pay Gap Annual Report (2023-2024)</p> <p>The report included the mean and median gender pay gaps and analysis of pay data for the reporting period. Sarah Morley highlighted the following:</p> | |

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| | <ul style="list-style-type: none"> • The mean pay gap stood at 14% to end of March 2024 (the hourly rate for men in Velindre was 14% higher than the average for women). Analysis identified that this included senior staff across all groups. • Improvements in recruitment and staff development will help redress this gap, however a number of changes will need to be focused on women in their early careers to ensure they develop into the most senior roles at the same rate as men. • This work being reflected in the Strategic Equality Plan objectives, specifically to reduce pay gaps for gender, race and disability (the latter two are not currently reported). <p>Andrew Westwell referenced the inclusion of average and median rates in Appendix 1 of the report, noting that the simple addition of these together to reach a combined figure was incorrect and that a weighted average should be applied across the organisation instead (this also applies to bonus figures noted on the subsequent page). It was also agreed to correct discrepancies within the headcount data. Sarah Morley agreed to correct the figures and re-circulate the document following the meeting.</p> <p>Stephen Harries requested a footnote clarifying the meaning of 'mean' and 'median' for the purpose of the public audience.</p> <p>Lindsay Foyster requested that the ratio split in section 3.1 should be corrected from 31:29 to 31:69. Additionally, in relation to specific actions included in section 4.4 to help reduce the gender pay gap, Lindsay Foyster queried whether assessing job application outcomes in relation to candidate gender is assessed at all stages of the process. Sarah Morley confirmed that this was the case.</p> <p>The Trust Board CONDITIONALLY APPROVED the 2023-2024 Gender Pay Gap Annual Report, subject to receipt of updated figures and responses to any consequential queries.</p> | <p>SfM</p> <p>SfM</p> <p>SfM</p> |
| <p>5.3.0</p> | <p>Equality, Diversity & Inclusion Annual Report (2023-2024)</p> <p>The report presented the overall picture of the workforce, demonstrating that whilst the workforce has increased, the spread of different protected characteristics has remained largely consistent with 2023. Sarah Morley highlighted the following:</p> <ul style="list-style-type: none"> • The inclusion of comparisons with Census data (inclusion of LGBTQ data will be included when available). • The inclusion of an overview of Strategic Equality Objectives, which will remain going forward. The Objectives run across four years (2024-2028) and progress against each of these will be reported; the Annual Work Programme will be based around meeting these objectives. • The Trust had received its first racial equality report with a range of metrics specific to race, adding that a detailed report would be brought through the next governance cycle. This had identified a degree of under reporting / not declared and it was agreed that senior and Board level colleagues should be encouraged to declare their ethnicity via the Electronic Staff Record system. <p>Lindsay Foyster noted the positive position of the Trust against Census data, indicating that staff felt safe to specify their sexuality:</p> | |

| | <table border="1"> <thead> <tr> <th></th> <th>Census data (Wales)</th> <th>Trust data</th> </tr> </thead> <tbody> <tr> <td>Identify as heterosexual</td> <td>89.4%</td> <td>82%</td> </tr> <tr> <td>Identify as lesbian, gay, bisexual or other sexuality</td> <td>3.1%</td> <td>6%</td> </tr> <tr> <td>No answer</td> <td>7.6%</td> <td>5%</td> </tr> </tbody> </table> <p>The Trust Board APPROVED the 2023-2024 Equality, Diversity & Inclusion Annual Report.</p> | | Census data (Wales) | Trust data | Identify as heterosexual | 89.4% | 82% | Identify as lesbian, gay, bisexual or other sexuality | 3.1% | 6% | No answer | 7.6% | 5% | |
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| | Census data (Wales) | Trust data | | | | | | | | | | | | |
| Identify as heterosexual | 89.4% | 82% | | | | | | | | | | | | |
| Identify as lesbian, gay, bisexual or other sexuality | 3.1% | 6% | | | | | | | | | | | | |
| No answer | 7.6% | 5% | | | | | | | | | | | | |
| 5.4.0 | <p>Welsh Language Annual Report (2023-2024)</p> <p>The report provided the Trust’s annual compliance against the Welsh Language Standards. Sarah Morley extended thanks to Gareth Jones for proofreading the report and highlighted the following:</p> <ul style="list-style-type: none"> • A significant amount of activity and positive progress for the Trust had been undertaken in this area during the reporting period. • Following receipt of two complaints from members of the public (relating to the accuracy of the Trust website and receiving/responding to telephone calls in Welsh), proactive steps had since been undertaken to rectify internal processes. • Two official Commissioners’ Investigations against compliance with the Welsh Language Standards had resulted in the development of an action plan, closely monitored by the Welsh Language Development Group. • The introduction of the Trust’s new bilingual Induction (Croeso) during the period, in addition to the development of the new (bilingual) Values and Behaviours. <p>The Chair had requested the provision of software for the purpose of checking spelling and grammar. Gareth Jones expressed an interest in obtaining this resource and Sarah Morley agreed to provide this. Gareth also indicated that he had not yet been able check the accuracy of amendments made to the updated report, but would do so following the meeting.</p> <p>The Trust Board APPROVED the 2023-2024 Welsh Language Annual Report, prior to publication on the Trust’s website and being made available to the Welsh Language Commissioner.</p> | SfM | | | | | | | | | | | | |
| 5.5.0 | <p>TCS Programme Scrutiny Sub-Committee Annual Report (2023-2024)</p> <p>The report summarised the key areas of business activity undertaken by the TCS Programme Scrutiny Sub-Committee between 2023 and 2024. Stephen Harries noted an exceptionally busy period in the lead-up to Financial Close (March 2024), referencing the significant number of meetings undertaken by the Sub-Committee over the period (13).</p> <p>Gareth Jones raised the following points:</p> <ul style="list-style-type: none"> • Section 6.3 states that the Full Business Case was approved in March 2024; however this is yet to happen. Additionally, the date in this paragraph reads March 2023. It was agreed that this would be amended and reworded to include that the Board had been informed at each stage of development and the date of signoff. • The following paragraph under 6.3 states that the Bone Marrow Transplant Strategic Outline Case had been endorsed by the TCS | SH | | | | | | | | | | | | |

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| | <p>Programme Scrutiny Sub-Committee, however this was not accurate and this had been presented to the Strategic Development Committee. Lauren Fear advised that the Strategic Outline Case had been sighted by the TCS Programme Scrutiny Sub-Committee due to the link to the Nuffield Report recommendations. Stephen Harries agreed to clarify this.</p> <p>The Trust Board APPROVED the 2023-2024 TCS Programme Scrutiny Sub-Committee annual report, subject to the amendments noted above.</p> | SH |
| <p>5.6.0</p> | <p>Quality, Safety & Performance Committee Annual Report (2023-2024)</p> <p>The report summarised the key areas of business activity undertaken by the Quality, Safety & Performance Committee between 2023 and 2024. Vicky Morris highlighted the following:</p> <ul style="list-style-type: none"> • the themes of Patient / Donor / Staff stories received over the period, which are presented at the beginning of each Committee. • one point of escalation for the period, relating to the Risk Register and Trust Assurance Framework, which had been acknowledged by the Board at the time. <p>Nicola Williams thanked Vicky Morris for her commitment to shaping the Quality, Safety & Performance Committee over the period.</p> <p>The Trust Board APPROVED the 2023-2024 Quality, Safety & Performance Committee annual report.</p> | |
| <p>5.7.0</p> | <p>Strategic Development Committee Annual Report (2023-2024)</p> <p>The report summarised the key areas of business activity undertaken by the Strategic Development Committee over the reporting period. Stephen Harries highlighted the following:</p> <ul style="list-style-type: none"> • Consideration and endorsement of a number of Business Cases (1) Plasma for Medicines Business Case (2) Velindre Oncology Academy Business Case (3) Radiology Informatics System Procurement Business Case. • Other items considered and endorsed by the Committee detailed under 6.4. Gareth Jones advised that the Audit Committee Annual Report had been presented at the May 2024 meeting of the Trust Board, advising that the items are currently under consideration. <p>Lindsay Foyster indicated that the inaugural meeting of the Strategic Development Committee stated as May 2024 under 6.2 should read May 2023. Stephen Harries agreed to amend this.</p> <p>The Trust Board APPROVED the 2023-2024 Strategic Development Committee annual report, subject to the editorial corrections noted above.</p> | SH |
| <p>5.8.0</p> | <p>Putting Things Right Annual Report (2023-2024)</p> <p>The report included detail on a number of key areas for the reporting period, in particular concerns, redress matters, communication and administration issues and processes and reportable incidents. Nicola Williams highlighted the following, subsequent to detailed discussion at the July 2024 meeting of the Quality, Safety and Performance Committee:</p> | |

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| | <ul style="list-style-type: none"> • A positive reduction in falls over the reporting period as a result of improvements implemented since the previous year. • The request for future reports to include a trending of themes to identify whether actions taken are resulting the desired outcomes. <p>Stephen Harries referenced the number of patient and donor contacts detailed within the Executive Summary of the report (some 335,025), reiterating the significant volume of activity undertaken whilst continuing to treat each patient/donor/family as individuals.</p> <p>The Trust Board APPROVED the 2023-2024 Trust Putting Things Right Annual Report, prior to translation and publication on the Trust's website.</p> | |
| 5.9.0 | <p>Duty of Quality Annual Report (2023-2024)</p> <p>The first iteration of the report, developed in line with the Duty of Quality Statutory requirements, outlined steps taken by the Trust to comply with the Duty and improvements made across the Trust's services. Nicola Williams highlighted the following:</p> <ul style="list-style-type: none"> • The report had been considered in detail at the July meeting of the Quality, Safety & Performance Committee and it is anticipated that a number of changes will be made to the future format of the report as it matures. • The report has been allocated a Level 2 assurance rating, recognising that the Quality Impact Assessment process for all strategic decision-making has not been embedded as robustly as anticipated this year. This will be prioritised, in addition to the Quality & Safety dashboard and harm / safety measures forming part of the Trust's Performance Management Framework. It was agreed that the Level 2 rating was appropriate and resolutions / improvements over the course of the coming year are expected. • Additional focus to be on how the Trust may actively interlink with the new Patient Engagement Board to ensure effective future provision of what patient requirements. <p>The Trust Board APPROVED the first Trust Duty of Quality Annual Report (2023-2024), prior to translation and publication on the Trust's website.</p> | |
| 5.10.0 | <p>Professional Registration / Revalidation Annual Report (2023-2024)</p> <p>The report provided assurance to the Board in relation to regulation governance. Nicola Williams highlighted the following:</p> <ul style="list-style-type: none"> • The report had been considered at the July meeting of the Quality, Safety & Performance Committee, receiving a Level 3 assurance rating as a result of a lapsed NMC registration during the period due to breach in the checking process. However, it was advised that the individual did not work whilst unregistered and that re-registration had been undertaken immediately. • As a result, a number of changes to the checking process had been implemented and the Quality, Safety & Performance Committee had requested an urgent review of the Professional Registration Policy, in addition to further assurance regarding the registration status of agency / locum staff (this was provided at the Committee). | |

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| | The Trust Board NOTED for assurance purposes the 2023-2024 position in respect of professional registration / revalidation compliance across all professional groups within Velindre University NHS Trust. | |
| 5.11.0 | <p>Patient and Donor Experience Annual Report (2023-2024)</p> <p>The report provided experience feedback from patients in relation to care and treatment received through the Velindre Cancer Service and feedback from donors regarding their overall donation experience. Nicola Williams highlighted the following:</p> <ul style="list-style-type: none"> • The report had been considered at the July meeting of the Quality, Safety & Performance Committee, receiving a Level 4 assurance rating. • It was recognised that further work to increase the volume of feedback received via Velindre Cancer Service is required. • Further discussion regarding 'you said, we did' boards within clinical areas had resulted in immediate action by senior staff to ensure these are updated on a regular basis. <p>David Cogan indicated that raw data received from patients is overwhelmingly positive in the main, however it was acknowledged that the volume of feedback is low. David Cogan advised that the return of volunteers and revised Patient Liaison Group would provide the opportunity to obtain a greater volume of feedback to inform this report.</p> <p>It was agreed that a review of the capture of the patient / donor voice outside questionnaires is required (for example formalising informal discussions / recording feedback from Welsh Blood Service Donor Award events). It was agreed to explore this within each division.</p> <p>The Trust Board APPROVED the 2023-2024 Trust Patient and Donor Experience Annual Report, prior to translation and publication on the Trust's website.</p> | AP/NW/RH |
| 5.12.0 | <p>Clinical Audit Annual Report (2023-2024)</p> <p>The report provided an overview of the clinical audit activity and programme of work on clinical effectiveness across both divisions. Dr Edwin Massey highlighted the following:</p> <ul style="list-style-type: none"> • The report had been considered at the July meeting of the Quality, Safety & Performance Committee, receiving a Level 4 assurance rating due to its robust action plan and evidence of delivery on a number of actions (e.g. widespread use of the Audit Management and Tracking (AMaT) system and significant number of national audits across a variety of services). • A higher volume of data in relation to cancer services was included within the report as a result of clinical audit activity. It was acknowledged that internal and external quality audit data from the Welsh Blood Service appears more widely in Quality, Safety and Performance Committee Papers. • The Infected Blood Inquiry had recommended the implementation of improved digital systems (in relation to transfusion services). Health Technology Wales (HTW) had additionally recommended that improved digital systems should be in place for safety and cost effectiveness; this is being addressed to trace individuals' receipt of blood and reasons for doing so. However, this is currently dependent | |

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| | <p>on manual audit work undertaken by senior staff and a review of the information systems to improve transfusion practice is necessary.</p> <p>Andrew Westwell commented that the work detailed in the report may feasibly be considered as publishable Research.</p> <p>The Chair queried the process for deciding the programme of audits for the year. Edwin Massey advised that this is based on areas of risk, areas of change and nature of any incidents.</p> <p>Vicky Morris suggested that the Board may potentially join a bespoke grand round, to be sighted on the high-quality audit reports presented by Medical Students.</p> <p>The Trust Board APPROVED the 2023-2024 Velindre University NHS Trust Clinical Audit Report.</p> <p>The Chair extended her thanks to all report authors for the considerable amount of work reflected within the annual reports.</p> | |
| 6.0.0 | PLANNING AND STRATEGIC DEVELOPMENT | |
| 6.1.0 | <p>nVCC Project Board Terms of Reference</p> <p>The paper provided background information outlining the reasons for updating the Terms of Reference (ToR) for the new Velindre Cancer Centre, as noted in the Price Waterhouse Cooper (PwC) Governance and Capability Review recommendations. Lauren Fear highlighted the following main changes:</p> <ul style="list-style-type: none"> • Combining of the Enabling Works and nVCC projects. • Changes to reporting lines. • Details of the delivery model for the construction phase for the Project Board over the next 3 years. • Membership – the role of Chair will be assumed by the SRO (once appointed), noting that the Executive Director of Finance would provide cover in the interim; an additional Executive Director will assume the role of Vice Chair. • Changes to attendees of the Project Board. <p>Nicola Williams suggested that item 2.5 (the level of oversight requested of the nVCC Project Board) contained too much detail. Amended wording was requested, in particular regarding approving equipment specifications, tenders and the awarding of contracts and orders. Lauren Fear agreed that as this applies to orders of varying values, further specification in terms of values at Trust Board level, Project Board level and Work Stream level is required; therefore three levels of sign off for equipment tenders will remain until such time that the delegation framework is amended.</p> <p>Nicola Williams also questioned whether oversight of the transition into the new hospital was sufficiently reflected in the ToR.</p> <p>Hilary Jones queried whether the ToR reflected the importance of the integrity of the design principles and asked for them to be strengthened in this respect. Carl James advised that this would be addressed in Part B of the meeting.</p> <p>Gareth Jones advised the following:</p> <ul style="list-style-type: none"> • The title of the cover paper was missing the word 'Board'. | |

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| | <ul style="list-style-type: none"> Paragraph 3.1 of the ToR should state that the Project Board is accountable to the Trust Board as opposed to the Chief Executive as currently stated, as paragraph 2.1 states that 'the Project Board will report directly to the Trust Board'. <p>It was advised that the governance route (as the Project Board will possess similar decision-making powers to Executive Board) requires further agreement and that the Project Board should not operate 'dislocated' from the Board. It was agreed that the wording in relation to reporting lines / governance route would be amended to avoid misinterpretation and ambiguity.</p> <p>As the ToR form part of the Full Business Case, it was agreed to amend these as a matter of priority and, in the event of substantial changes, return to an extraordinary TCS Scrutiny Committee followed by an extraordinary Trust Board during August.</p> <p>The Trust Board was not in a position to APPROVE the Terms of Reference and it was agreed that a further meeting would be arranged to facilitate sign off, reflecting discussions noted above in an updated document.</p> | LF |
| 7.0.0 | CONSENT ITEMS | |
| 7.1.0 | CONSENT FOR APPROVAL | |
| 7.1.1 | <p>Interim Amendments to the Trust Model Standing Orders Led by Non Gwilym, Interim Director of Corporate Governance</p> <p>The Trust Board APPROVED the adoption of the interim amendments to the Trust's Model Standing Orders, Reservation and Delegation of Powers following the establishment of the NHS Wales Joint Commissioning Committee.</p> | |
| 7.1.2 | <p>Amendment to Standing Orders – Schedule 3 Annual Review Committee Terms of Reference Led by Non Gwilym, Interim Director of Corporate Governance</p> <p>The Trust Board APPROVED the revisions to the Terms of Reference for the Audit Committee (Appendix 1) which form part of Schedule 3 of the Trust's Standing Orders.</p> | |
| 7.1.3 | <p>NWSSP Proposed Amendments to Financial Delegation Led by Non Gwilym, Interim Director of Corporate Governance</p> <p>The Trust Board APPROVED the proposed amendments to the NHS Wales Shared Services Partnership Scheme of Budgetary Delegation.</p> | |
| 7.1.4 | <p>Refresh and Update of the Velindre University NHS Trust Well-Being of Future Generations (Wales) Act (WBFGA) Objectives Led by Lauren Fear, Interim Executive Director of Strategic Transformation, Planning and Digital</p> <p>Lindsay Foyster requested a minor amendment to the grammar of the final paragraph under point 3.5 of the cover paper as it did not read correctly.</p> <p>The Trust Board APPROVED the Revised Trust Board Trust Well-Being Objectives.</p> | LF |
| 7.2.0 | CONSENT FOR NOTING | |

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| 7.2.1 | <p>Public Quality, Safety & Performance Committee Highlight Reports (09/07/2024 & 11/07/2024) Led by Vicky Morris, Independent Member and Chair of Quality, Safety & Performance Committee</p> <p>The Trust Board NOTED the key deliberations and highlights from the meetings held on the 9th and 11th July 2024.</p> | |
| 7.2.2 | <p>Public Audit Committee Highlight Report (10/07/2024) Led by Gareth Jones, Independent Member and Chair of Audit Committee</p> <p>The Trust Board NOTED the content of the Highlight Report.</p> | |
| 7.2.3 | <p>Public Strategic Development Committee Highlight Reports (15/05/2024 & 18/06/2024) Led by Stephen Harries, Vice Chair and Chair of Strategic Development Committee</p> <p>The Trust Board NOTED the content of the reports and actions being taken.</p> | |
| 7.2.4 | <p>Public Charitable Funds Committee Highlight Report (20/02/2024) Led by Professor Donna Mead OBE, Chair of the Charitable Funds Committee</p> <p>The Trust Board NOTED the content of the report.</p> | |
| 7.2.5 | <p>Public Transforming Cancer Services Programme Scrutiny Sub Committee Highlight Reports (18/04/2024, 16/05/2024, 20/06/2024) Led by Stephen Harries, Vice Chair and Chair of the TCS Scrutiny Sub-Committee</p> <p>The Trust Board NOTED the content of the reports and actions being taken.</p> | |
| 7.2.6 | <p>Remuneration Committee Highlight Report (06/06/2024) Led by Sarah Morley, Executive Director of Organisational Development and Workforce</p> <p>The Trust Board NOTED the content of the report.</p> | |
| 7.2.7 | <p>Extraordinary Remuneration Committee Highlight Report (04/07/2024) Led by Sarah Morley, Executive Director of Organisational Development and Workforce</p> <p>The Trust Board NOTED the content of the report.</p> | |
| 7.2.8 | <p>Local Partnership Forum Highlight Report (04/06/2024) Led by Sarah Morley, Executive Director of Organisational Development and Workforce</p> <p>The Trust Board NOTED the content of the report.</p> | |
| 7.2.9 | <p>Joint Commissioning Committee (JCC) Summary Report (21/05/2024) Led by Non Gwilym, Interim Director of Corporate Governance</p> <p>The Trust Board NOTED the content of the report.</p> | |

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| 7.2.10 | <p>NHS Wales Shared Services Partnership Committee Assurance Report (16/05/2024) Led by Non Gwilym, Interim Director of Corporate Governance</p> <p>The Trust Board NOTED the content of the report.</p> | |
| 8.0.0 | <p>ANY OTHER BUSINESS</p> <p>The Chair had not received prior notice of any other business.</p> | |
| 9.0.0 | <p>Date of the next meeting - The next meeting of the Public Trust Board will take place on Thursday 26th September 2024 at 10:00 hours.</p> | |
| 10.0.0 | <p>CLOSE</p> | |
| 11.0.0 | <p>It was noted that the following items would be addressed at the Private / Part B Session of the Trust Board:</p> <ul style="list-style-type: none"> • Claims and Inquest Annual Report (2023-2024) • Whitchurch Land Transfer • nVCC Contractual Matters • nVCC Project Matters and Funding Arrangements • MIM Governance Protocol • Legal Matters • Chair's Urgent Actions • Commitment of Expenditure exceeding Chief Executive's Limit • Digital PROMs Solution – Business Case • Committee Highlight Reports • Private Claims Highlight Report | |