

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

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

1.0.0	STANDARD BUSINESS	
1.1.0	<p>Welcome and Apologies</p> <p>The Chair welcomed attendees to the meeting, noting the following apologies:</p> <ul style="list-style-type: none"> • Hilary Jones, Independent Member • David Cogan, Patient Representative 	
1.2.0	<p>In Attendance</p> <p>The Chair extended a warm welcome to the following additional attendees:</p> <ul style="list-style-type: none"> • Iola Llwyd, Simultaneous Welsh Interpretation Service • Carl Taylor, Chief Digital Officer, as newly-appointed non-voting Director attendee of the Trust Board going forward. • Katrina Febry, Audit Lead, Audit Wales • Emma Rees, Deputy Head of Internal Audit, NWSSP • Rachel Hennessy, Interim Director of Velindre Cancer Service • Alan Prosser, Director of Welsh Blood Service • Georgia Stephens, Head of Transfusion Laboratory Services, Welsh Blood Service (<i>observing</i>) • Amanda Jenkins, Acting Assistant Director of Workforce (<i>observing</i>) 	

	<ul style="list-style-type: none"> • A new approach of offering Teams training in place of face to face had recently been undertaken, seeing an immediate positive impact on corporate figures for 3 year training; it is anticipated that this increase will be sustained. • Identification of an ESR issue, resulting in multiple training courses assigned to a number of employees; a data cleanse is underway, which is expected to conclude within 8 weeks. An update (in the form of an ESR report) will be provided at the November Trust Board meeting). • Sarah Morley advised that ESR would be updated with course attendance by the individual delivering the training. <p>Stephen Harries requested information regarding Independent Members and Executive Board members' compliance with this training and it was agreed that this would be circulated.</p> <p>The Board acknowledged that the paper had been presented in response to the action noted at the previous Board meeting (item 4.3.0) and to provide assurance and further detail to the Board regarding actions taken to resolve this historic issue and next steps.</p>	<p>SfM</p> <p>SfM</p>
<p>2.0.0</p>	<p>KEY REPORTS</p>	
<p>2.1.0</p>	<p>Chair's Report Professor Donna Mead OBE, Chair</p> <p>The report provided an overview of the Chair's activity since the previous meeting of the Trust Board. The Chair highlighted the following:</p> <ul style="list-style-type: none"> • The appointment of David Donegan as the Trust's new Chief Executive Officer, following the retirement of Steve Ham in June. Currently the CEO of Cork University Hospitals Group, David will join the Trust on the 1st December 2024. • Attendance at a fundraising concert at the Millennium Centre, at which one of Velindre's cancer patients realised their lifetime dream of conducting an orchestra. • Attendance at a Volunteers afternoon tea. This was joined by Caroline Cooper, who was recognised for her 25 years of volunteering at the Cancer Centre. Recently, on her 80th Birthday, Caroline undertook a skydive to raise further funds for the Trust. <p>The Trust Board NOTED the content of the Chair's Update Report.</p>	
<p>2.2.0</p>	<p>Vice Chair's Report Stephen Harries, Vice Chair</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 a 15 step visit to the Blood Health Team at the Welsh Blood Service. • Additional role as Mentor to the Associate Independent Member assigned to the Trust as part of a Welsh Government pilot scheme to support applications for public appointments from more diverse backgrounds. The scheme ended on 31st August and Mentors had since had the opportunity to provide feedback to Welsh Government on the scheme following its conclusion. It is anticipated that similar schemes will follow in the future. 	

	The Trust Board RECEIVED and NOTED the content of the Vice Chair's Update Report and no comments were raised. The Chair thanked Stephen Harries for covering her period of planned absence during August.	
2.3.0	<p>Chief Executive's Report Carl James, Interim Chief Executive Officer</p> <p>The report provided information to the Board regarding a number of matters and activity since the previous meeting of the Trust Board.</p> <p>No questions were raised and the Trust Board NOTED the content of the Chief Executive's Update Report and the continued celebration of the achievements of staff was welcomed.</p>	
3.0.0	INTEGRATED GOVERNANCE	
	There were no items for discussion.	
4.0.0	QUALITY, SAFETY AND PERFORMANCE	
4.1.0	<p>VUNHST Risk Register Non Gwilym, Interim Director of Corporate Governance</p> <p>The Trust Risk Register informed the Board of the latest position of reportable risks in line with renewed risk appetite levels and provided an update on progress to develop the Trust's Risk Framework.</p> <p>Non Gwilym advised that the Risk Register had been considered in detail at the relevant Board Committees and discussions had been summarised in the governance section of the cover paper. Specifically, the cover paper highlighted the Audit Committee's request for a paper to be brought to its December meeting, outlining the process for managing risks within the Trust. It was also noted that there are currently ongoing discussions at Executive Management Board in relation to the presentation of risks to the Board, ensuring the dashboard is accessible, is presenting strategic risks effectively and is aligned with the Trust Assurance Framework.</p> <p>Non Gwilym confirmed that activity to improve the position was being summarised in the phase two plan of the Governance, Assurance and Risk Programme, which will be progressed by the new Risk and Assurance Manager who commences in post on the 1st October 2024.</p> <p>Gareth Jones supported the Audit Committee's position outlined above and welcomed this progress. Gareth Jones also wished to better understand how risks are managed across the Trust (identification, noting and how actions are decided upon). It was suggested that basic training may be necessary to widen the understanding of what risk is and how it is managed in a timely manner.</p> <p>Non Gwilym advised that training in the management of the document would be key and that the new Risk and Assurance Manager would ensure that training is available to those within the organisation.</p> <p>Vicky Morris advised that all identified Strategic risks are currently being aligned with the Trust Assurance Framework and it was noted that all risks are currently being collated, to inform the Board of their cumulative impact.</p> <p>The following was raised:</p>	

	<ul style="list-style-type: none"> • Timeframes are required in relation to target ratings, as some remain the same over an extended period. • Some sections of the form are populated incorrectly (the wrong way around). • Several RED-rated risks had not reported any activity undertaken since the last reporting cycle. • Risk 2705 (CCTV) – The Chair indicated that this risk had remained on the register since 2022, with a target date of 2025. Rachel Hennessy advised that the score was inappropriate and that the risk had been reduced to 9. Imminent closure of this risk is anticipated upon resolution of a fault with contractors. • Risk 3247 (Medical Workforce) – Rachel Hennessy advised that recruitment and amendments to job plans are underway, in addition to the opening of a new clinical space using capital funding; this will be operational from December 2024, therefore increasing capacity. <p>Stephen Harries commented that the document reflects the July position and that the <i>current</i> position is regularly requested at Board meetings. It was agreed to provide an update on risks over 16 a week prior to each Board meeting going forward.</p> <p>The Trust Board NOTED:</p> <ul style="list-style-type: none"> • The risks in the quality and safety domain with a score of 12 and risks in other domains with a score of 15 and above; • The ongoing development of the Trust’s Risk Framework; • The work underway to improve organisational management of risk reporting. 	NG
4.2.0	<p>Trust Assurance Framework (TAF) Non Gwilym, Interim Director of Corporate Governance</p> <p>The report summarised the latest review of the Trust Assurance Framework and the actions planned for the next period.</p> <p>Non Gwilym advised that progress on the development of the TAF reflects a similar position to the Trust Risk Register and it was recognised that previous issues with multiple versions of the document would be resolved by regular review and transfer of issues of risks from the Risk Register into the updated iteration of the TAF, following discussions and feedback to date during Committee meetings. This will allow the Board to focus on discussions regarding the content of the TAF, actions and closedown of actions, rather than its ongoing development.</p> <p>The Trust Board NOTED the current status and ongoing development of the Trust Assurance Framework.</p>	
4.3.0	<p>Performance Management Framework (July 2024) Anne Carey, Interim Chief Operating Officer</p> <p>The Framework provided an update and supporting analysis on the performance of the Trust for the month of July 2024, against a number of national targets. Anne Carey advised that both divisional Senior Leadership Team meetings, Executive Management Board and Quality, Safety & Performance Committee had noted the continued development of the Performance Management Framework and the intention to provide a retrospective view in addition to forecast information for inclusion in future</p>	

	<p>reports. The detailed summary of previous discussions included in the governance section of the paper was welcomed.</p> <p>Andrew Westwell queried the 22% 'target' figure of workforce declaring a disability contained within the scorecard. Sarah Morley indicated that this figure reflected the proportion of the community with a disability, to enable the Trust to design and personalise services to meet their needs and ensure equity.</p> <p>Stephen Harries extended thanks to Rachel Hennessy and team for the opening of much awaited coffee shop within the Outpatients Department and for the update of 'you said, we did...' boards, which now reflect more recent comments.</p> <p>Alan Prosser reported another successful month in terms of bone marrow volunteer recruitment, following the launch of the buccal swab at the beginning of the year, advising that encouraging progress had been made within seldom visited communities; achieving a 20% diversity target. While the Charity is funding part of this work, it is anticipated that this will become core business (to be included in the IMTP) and potentially funded by Welsh Government. It was recognised that 200 attendees at this year's National Eisteddfod had agreed to a swab in just one day.</p> <p>It was also acknowledged that the Welsh Blood Service had supported England through their blood shortage via the provision of Mutual Aid.</p> <p>The Chair requested an amendment to the paragraph on page 7 of the Performance Management Report beginning "In addition to capacity challenges....." to read more fluently.</p> <p>The Trust Board:</p> <ul style="list-style-type: none"> • DISCUSSED and NOTED the July 2024 Performance Management Framework. • NOTED the targeted work being undertaken through business continuity arrangements in respect of the delivery of SACT. <p>The Board welcomed the comprehensive coverage provided within the report.</p>	AC
4.4.0	<p>Financial Report (July 2024) Matthew Bunce, Executive Director of Finance</p> <p>The report provided an update on the financial position and performance for the period to the end of July 2024. Matthew Bunce advised the following:</p> <ul style="list-style-type: none"> • Key Financial Targets / KPIs – 2 of 3 indicators had achieved green status (Revenue and Public Sector Payment Performance targets). Capital currently designated amber status while awaiting approval of the nVCC Full Business Case. • A review of detail of Long Term Agreements (LTAs), in particular specifics relating to negotiations, issues and CEO compromises. While the documents have yet to be signed, funding has been received. It was advised that a separate session in relation to LTAs and Contract Rebase would be included in December's Board Development Session. • Contract Rebase – a letter had been issued by the Chair of the Commissioning Group, containing agreements and the proposal for 	

	<p>rebasement of the contract for the Trust (reallocating funds appropriately to align with the changing environment); this exercise will conclude by the end of the year.</p> <ul style="list-style-type: none"> Plans are in place in relation to in-year LTAs in terms of savings schemes and mitigating cost pressures as the end of the financial year approaches. <p>The Trust Board NOTED:</p> <ul style="list-style-type: none"> The year to date and forecast revenue out turn position and PSCP performance. The agreed position on LTA income for 2024-25 from our Commissioners. The position with commissioners on the contract rebase agreement. That the Trust is still waiting to secure Capital funding from WG in relation to the nVCC, Enabling Works and Whitchurch Hospital and land matters for 2024-25. 	
<p>4.5.0</p>	<p>Staff Engagement Survey 2023 Sarah Morley, Executive Director of Organisational Development and Workforce</p> <p>The NHS Staff Survey reflected the views of staff in VUNHST and NHS Wales. Sarah Morley advised that following discussion at the September Quality, Safety & Performance Committee, further detail had been reflected in the associated action plan, with the intention to become smart actions with target dates, expectations and outcomes. Further work on this will be presented at November's Quality, Safety & Performance Committee.</p> <p>Following receipt of the 2023 information, it was noted that the next report (on the 2024 staff survey) would be received in February 2025, which will in turn allow the Trust to build on this information year on year.</p> <p>The following queries were raised:</p> <ul style="list-style-type: none"> Due to the challenges of demonstrating the 'you said, we did' to staff so close to the next survey, to consider how the Trust encourages staff to complete the survey year on year. Sarah Morley advised that the Trust would build in awareness of the changes implemented (Trust wide and more local changes) as a result of the 2023 survey in the 2024 communications plan, which will run for the 8 week duration of the survey. The lack of a risk associated with staff morale referenced in the cover paper. Sarah Morley advised that this would be reflected in the Trust Assurance Framework under TAF03 and TAF04, however no risk associated with morale exists within Datix. Sarah Morley agreed to consider the inclusion of this. Visibility and Leadership – is the lack of face to face contact unique to Velindre, or typical of the NHS as a whole, noting that given the small size of the organisation, visibility of the Senior Leadership team at all levels within the organisation should be feasible. Sarah Morley acknowledged challenges faced by the Trust in this regard and advised that set pieces of work regarding Senior Leadership visibility would be implemented over the course of the year, with a planned cycle of such events. 15 step visits already form part of this work enabling face to face conversations between senior staff and other teams across the organisation. 	<p>SfM</p>

	<ul style="list-style-type: none"> The importance of acknowledging the negative experiences of staff alongside reflecting on the positive. It was recognised that despite low morale, staff continue to provide a professional service without exception, which must not be taken for granted. Sarah Morley acknowledged that the Trust must continue to increase participation in the survey, to enable a balanced message of the feeling of ‘people on the ground. Further work needs to be done to enable frontline clinicians and collection clinic staff to complete the survey in ways that suit them. <p>The Trust Board NOTED the report.</p>	
5.0.0	ANNUAL REPORTS 2023-2024	
5.1.0	<p>Communications and Engagement Annual Report (2023-2024) Non Gwilym, Interim Director of Corporate Governance</p> <p>The report showcased some of the ways in which the Trust’s Communications and Engagement staff had supported the Trust’s work over the past 12 months.</p> <p>The report was commended in terms of content and layout and Non Gwilym agreed to convey thanks to the team on behalf of the Board.</p> <p>The Trust Board APPROVED the Communications and Engagement Annual Report.</p>	
6.0.0	PLANNING AND STRATEGIC DEVELOPMENT	
6.1.0	<p>Clinical and Scientific Strategy Nicola Williams, Executive Director of Nursing, Allied Health Professionals and Health Science and Dr Jacinta Abraham, Executive Medical Director</p> <p>The Trust’s inaugural Clinical and Scientific Strategy had been developed via full engagement and consultation with over 850 internal and external stakeholders, resulting in the collation and analysis of over 1,000 pieces of information and was presented to the Board for approval. Nicola Williams thanked Joanna Doyle, Clinical & Scientific Strategy Lead, for the development of the Strategy and advised the Board of the next steps:</p> <ul style="list-style-type: none"> Translation into Welsh and formal launch of the Strategy following Board approval. Translation of the Strategy into a working delivery plan and implementation of this into the organisation. Recruitment of managerial role to support delivery of the Strategy across the Trust, including horizon scanning, benchmarking and international reach in terms of best practice. Use of the current governance route, with the provision of Clinical and Scientific Strategy Board highlight reports to the Quality, Safety & Performance Committee and annual reporting to Board. However, the detail of the next steps and reporting process are yet to be formalised. Alignment of the Workforce section of the Strategy with the People Plan and Equality, Diversity and Inclusion work. Following engagement with patients, donors, Llais Cymru and the Patient Engagement Group, feedback received from all groups had been used to inform the Strategy and basis of the Delivery Plan; this will be followed by testing the Delivery Plan with patients and donors. <p>Gareth Jones queried whether there was sufficient incentive for staff who developed successful innovations. The Chair responded that the Trust has an approved Intellectual Property Strategy. It was important that the links</p>	NW/JA

	<p>with the Clinical Scientific Strategy and the IP strategy are made clear to encourage innovation among the Workforce, making clear to employees involved in research and innovation how they could be rewarded. It was agreed to re-circulate the IP Strategy to Gareth Jones in the interim.</p> <p>The Chair agreed to write to Joanna Doyle to thank her formally for developing the Strategy.</p> <p>Trust Board APPROVED the Clinical and Scientific Strategy, <u>subject to the inclusion of relevant links to the IP Strategy within the report and confirmation that the public consultation had also been undertaken.</u></p>	<p>JA/NW</p> <p>NW/JA</p>
<p>6.2.0</p>	<p>Strategic Planning Update Lauren Fear, Interim Executive Director of Strategic Transformation, Planning & Digital</p> <p>The update provided an overview across key strategic planning matters, in particular the Trust Framework for Integrated Medium-Term Planning and an update on Regional Cancer Planning.</p> <p>In terms of the draft shape of the Trust IMTP Framework 2025-2028, Lindsay Foyster referred to section 2.1.5 (staff-based point) and requested the following:</p> <ul style="list-style-type: none"> • 'Explicit link to staff feedback through Staff Survey and Working Together engagement' – the addition of the WRES (Workforce Race Equality Standard) data. • 'Integration of Diversity and Inclusion actions and themes' – Inclusion of <i>Equality</i> in this point, as equality and diversity are two different and distinct considerations. <p>It was agreed that this would be amended and the Trust Board NOTED the update for assurance purposes.</p>	<p>LF</p>
<p>6.3.0</p>	<p>Integrated Medium Term Plan – Quarter 1 2024-2025 Update Lauren Fear, Interim Executive Director of Strategic Transformation, Planning & Digital</p> <p>The report provided an update (position as at 30th June 2024) of progress against the actions which were included within the IMTP for 2024/25 as at Quarter 1.</p> <p>Lindsay Foyster requested further updates of significance since the reporting period, querying the benefit of 'out of date' data. Lauren Fear wished to confirm whether the level of detail contained in the report was appropriate for Board and Committees, due to the significant amount of work involved in the tracking of this level of detail. It was agreed that this level of detail was not of benefit and incorporation of this into the TAF would require discussion of one document only. The Board was content with this suggestion and it was agreed to include this from January 2025 onwards.</p> <p>While the latest developments to the IMTP were welcomed, Gareth Jones requested assurance that sufficient time would be afforded for the Strategic Development Committee and Board to consider and review the final IMTP. Lauren Fear advised that the historic formal submission deadline of January had been moved to March 31st going forward to allow sufficient time. A detailed timetable, setting out external engagement and internal review</p>	<p>LF</p> <p>LF</p>

	<p>would be presented to the Strategic Development Committee on the 22nd October 2024 for consideration.</p> <p>The Trust Board NOTED the progress made in the delivery of the agreed IMTP (2024 – 2027) actions as at Quarter 1 for the Velindre Cancer Service, the Welsh Blood Service and Trust-wide services.</p>	
6.4.0	<p>Compassionate Leadership Pledge Sarah Morley, Executive Director of Organisational Development & Workforce</p> <p>Sarah Morley referred to the 7 key elements of the Compassionate Leadership Pledge, which are to be used as part of Board Development and other programmes of work within the Trust.</p> <p>Following confirmation that the pledge had progressed through the appropriate governance process, the Board was asked to approve and to agree to sign a hard copy of the Velindre University NHS Trust Compassionate Leadership Pledge, which would then be clearly displayed within Trust Headquarters, the Welsh Blood Service and Velindre Cancer Centre.</p> <p>Sarah Morley advised that actions to embed the Pledge were outlined in the work plan (section 3.3 of the paper) and that reporting requirements would be followed up.</p> <p>The Trust Board <u>unanimously</u> APPROVED and agreed to sign the Compassionate Leadership Pledge.</p>	
7.0.0	<p>CONSENT ITEMS</p> <p><i>Gareth Jones requested the removal of item 7.1.2a to allow for further discussion.</i></p>	
7.1.0	<p>CONSENT FOR APPROVAL</p>	
7.1.1	<p>Amendment to Standing Orders – Schedules 1 and 2</p> <p>The Trust Board APPROVED the revisions to the Trust’s Model Standing Orders, Reservation and Delegation of Powers for NHS Trusts and Model Standing Financial Instructions for Trust Board Approval.</p>	
7.1.2	<p>Amendment to Standing Orders – Schedule 3 Annual Review Committee Terms of Reference</p> <p>The report outlined the required changes to Schedule 3 of the Trust Standing Orders, as a result of the Annual Review of Terms of Reference of the Quality, Safety & Performance Committee and Charitable Funds Investment Performance Review Sub-Committee.</p> <p>Gareth Jones requested simplification of the wording under item 3.2 of the Quality, Safety & Committee Terms of Reference (appendix 7.1.2a) and it was agreed that this would be amended.</p> <p>The Trust Board APPROVED the revisions to the Committee Terms of Reference noted above, subject to amending paragraph 3.2 of the Quality, Safety & Performance Committee Terms of Reference.</p>	NG/NW

7.1.3	Chair's Urgent Actions Report There were no Chair's Urgent Actions for APPROVAL .	
7.1.4	Commitment of Expenditure Exceeding the CEO Limit There were no Commitment of Expenditure items for APPROVAL .	
7.1.5	Annual and three-year Assurance Reports on Compliance with the Nurse Staffing Levels (Wales) Act 2016 The Trust Board APPROVED the 2023-24 Nurse Staffing Levels Wales Annual Report and the 2021/24 Nurse Staffing Levels Wales 3-year report, prior to onward submission to Welsh Government.	
7.1.6	Workforce and OD Policies for approval The Trust Board NOTED the content of the report, and APPROVED the following policies: <ul style="list-style-type: none">• New People Development Policy• WF30 PADR Policy• WF18 Alcohol and Substance Misuse Policy• WF22 Professional Registration Policy	
7.1.7	Infection Prevention and Control Policy for Approval The Trust Board: <ul style="list-style-type: none">• APPROVED the National Model Policy Aseptic Non-Touch Technique (ANTT) – IPC03 for adoption across the Trust;• APPROVED the proposal for the current national Control & Management of Multi-Drug Resistant Bacteria policy to remain extant until December 2024, for the national policy review and consultation to be completed.	
7.2.0	CONSENT FOR NOTING	
7.2.1	Approved Policies Update The Trust Board NOTED the policies that have been approved during the period August 2024 to September 2024.	
7.2.2	Remuneration Committee Highlight Report (05/09/2024) The Trust Board NOTED the content of the report and actions being taken.	
7.2.3	Public Charitable Funds Committee Highlight Report (05/09/2024) The Trust Board NOTED the content of the report and actions being taken.	
7.2.4	Local Partnership Forum Highlight Report (17/09/2024) The Trust Board NOTED the content of the report and actions being taken.	
7.2.5	Public Transforming Cancer Services Programme Scrutiny Sub Committee Highlight Report (23/07/2024)	

	The Trust Board NOTED the content of the report and actions being taken.	
7.2.6	Joint Commissioning Committee (JCC) Summary Report (16/07/2024) The Trust Board NOTED the content of the report.	
7.2.7	NHS Wales Shared Services Partnership Committee Assurance Report (18/07/2024) The Trust Board NOTED the content of the report.	
7.2.8	NHS Wales Shared Services Partnership Audit Committee Highlight Report (25/07/2024) The Trust Board NOTED the content of the report.	
7.2.9	NHS Wales Shared Services Partnership 2024/25 Approved Internal Audit Plan & Charter The Trust Board NOTED the approved 2024-25 Internal Audit Plan & Charter (appendix 1) and the 2024-25 mapping of assurance against the Trust Assurance Framework (appendix 2).	
7.2.10	Llais Cymru Report The Trust Board NOTED the content of the report (<i>Llais Cymru not in attendance</i>).	
7.2.11	Trust Seal Report Non Gwilym, Interim Director of Corporate Governance The Trust Board NOTED the content of the Trust Board Seal Register for the period 23rd May 2024 – 25th September 2024 .	
7.1.12	Public Quality, Safety & Performance Committee Highlight Report (12/09/2024) The Trust Board NOTED the areas of key deliberations at the Public Quality, Safety & Performance Committee held on the 12 th September 2024.	
9.0.0	Date of the next meeting The next public meeting of the Trust Board will take place on Thursday 28 th November 2024 at 10:00am.	
10.0.0	CLOSE	
11.0.0	It was noted that the following items would be addressed at the Private / Part B Session of the Trust Board: <ul style="list-style-type: none"> • Health Technology Wales Scope • Lessons Learnt following Special Payment • Scheme of Delegation • Whitchurch Land Transfer • Legal Matters • Chairs Urgent Actions • Commitments of Expenditure Exceeding CEO's Limit • Private Committee Highlight Reports 	

Unconfirmed