

**MINUTES PUBLIC TRUST BOARD MEETING – PART A  
VELINDRE UNIVERSITY NHS TRUST LIVE STREAMED  
30<sup>th</sup> JANUARY 2025 AT 10:00AM**

<p><b>PRESENT</b> Professor Donna Mead OBE Stephen Harries (SH) Professor Andrew Westwell (AW) Vicky Morris (VM) Gareth Jones (GJ) Lindsay Foyster (LLF) Hilary Jones (HJ) David Donegan (DD) Carl James (CJ)</p> <p>Nicola Williams (NW)</p> <p>Dr Jacinta Abraham (JA) Matthew Bunce (MB) Lauren Fear (LF) Sarah Morley (SM)</p>	<p>Chair Independent Member (<i>remotely</i>) Independent Member Independent Member Independent Member (<i>remotely</i>) Independent Member Independent Member (<i>remotely</i>) Chief Executive Officer Executive Director of Strategy &amp; Planning / Deputy CEO (interim) Executive Director of Nursing, Allied Health Professionals &amp; Health Scientists Executive Medical Director Executive Director of Finance Director of Transformation (interim) Executive Director of Organisational Development &amp; Workforce</p>
<p><b>ATTENDEES</b> Anne Carey (AC) Carl Taylor (CT) Non Gwilym (NG) Kyle Page (Secretariat)</p>	<p>Chief Operating Officer (interim) Chief Digital Officer Director of Corporate Governance (interim) Business Support Manager</p>

<b>1.0.0</b>	<b>STANDARD BUSINESS</b>	
<b>1.1.0</b>	<p><b>Welcome and Apologies</b></p> <p>The Chair welcomed attendees to the meeting, in particular David Donegan, to his first meeting as Chief Executive Officer. The following apologies were noted:</p> <ul style="list-style-type: none"> <li>• Alan Prosser, Director, Welsh Blood Service</li> <li>• David Cogan, Patient Representative</li> </ul>	
<b>1.2.0</b>	<p><b>In Attendance</b></p> <p>The Chair extended a warm welcome to the following additional attendees:</p> <ul style="list-style-type: none"> <li>• Bethan Davis, Simultaneous Welsh Interpretation Service (HEIW)</li> <li>• Rachel Hennessy, Interim Director of Velindre Cancer Service (<i>remotely</i>)</li> <li>• Katrina Febry, Audit Lead, Audit Wales</li> <li>• Peter Groves, Chair, Health Technology Wales (for item 4.7.0) (<i>remotely</i>)</li> <li>• Lisa King, Senior Programme Manager, Health Technology Wales (for item 4.7.0) (<i>remotely</i>)</li> </ul>	

	<ul style="list-style-type: none"> <li>Paige Jennings-Brooksby, Management Graduate (<i>observing</i>)</li> </ul>	
1.3.0	<p><b>Declarations of Interest</b></p> <p>There were no declarations of interest pertinent to today's agenda.</p>	
1.4.0	<p><b>Minutes of the Public Session held on 28<sup>th</sup> November 2024</b></p> <p>The Board confirmed that the minutes of the meeting held on the 28<sup>th</sup> November 2024 were an accurate reflection of proceedings.</p>	
1.5.0	<p><b>Action Log</b></p> <p>The Board was content to close all actions marked as 'propose to close'. The Chair advised that in relation to action <b>2.1.0 (28/11/2024) (Action 18)</b>, communication had been sent to Colonel Simon Lawrence by the Chair upon being notified of his achievement and had therefore been actioned prior to the meeting.</p> <p>The status of open actions was reviewed as follows:</p> <p><b>7.1.4 (23/05/2024) (Action 3)</b> – It was advised that revisions to Schedule 3 of Trust Standing Orders are dependent on the Corporate Governance Manual, which has not been sighted at / approved by Audit Committee to date. Non Gwilym assured the Board that an alternative route would be explored to avoid further delay. Action to remain open.</p> <p><b>4.1.0 (28/11/2024) (Action 19 and 23)</b> – While improvements to the Trust Risk Register were acknowledged, a review of the timescale for achieving <b>target rating</b> alongside action 23 in relation to the Trust Assurance Framework was advised from next reporting cycle.</p> <p><b>4.1.0 (28/11/2024) (Action 20)</b> – Update on dates for actions had been conducted by divisional Directors prior to January meeting, in addition to renewed emphasis on management of SMART actions as part of Risk Management Training. It was agreed to close the item.</p> <p><b>6.1.2 (28/11/2024) (Action 30)</b> – Anne Carey advised that the discrepancy in the dates within the report resulted from misalignment with WBS procurement and a national procurement. NHS Wales Shared services has confirmed the discrepancy, and alignment will be achieved via a 'bridge' procurement. This is to be governed via the Board and the action is to remain open until circulated and approved.</p> <p>The Trust Board accepted the position and updates noted above.</p>	<p><b>NG</b></p> <p><b>NG</b></p> <p><b>Secretariat</b></p> <p><b>AC/ Secretariat</b></p>
1.6.0	<p><b>Matters Arising</b></p> <p>There were no matters arising for discussion.</p>	
2.0.0	<b>KEY REPORTS</b>	
2.1.0	<p><b>Chair's Report</b> 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.</p>	

	<p>The Chair wished to formally record congratulations to all colleagues recognised in the King's New Year's Honours and advised that all recipients had been contacted individually on behalf of the Board.</p> <p>There were no queries and the Trust Board <b>NOTED</b> the content of the Chair's Update Report.</p>	
<b>2.2.0</b>	<p><b>Chief Executive's Report</b> David Donegan, Chief Executive Officer</p> <p>The report provided information to the Board on a number of key matters for the period December 2024 to January 2025. Chief Executive, David Donegan welcomed the ongoing support of patients and services across Wales by staff across the divisions and wider organisation, commending the willingness to engage to continue to improve services and performance.</p> <p>There were no queries and the Trust Board <b>NOTED</b> the content of the Chief Executive's Update Report.</p>	
<b>3.0.0</b>	<b>INTEGRATED GOVERNANCE</b>	
	There were no items for discussion at today's meeting.	
<b>4.0.0</b>	<b>QUALITY, SAFETY AND PERFORMANCE</b>	
<b>4.1.0</b>	<p><b>VUNHST Risk Register (including update on current January 2025 position)</b> Non Gwilym, Director of Corporate Governance (interim)</p> <p>The report summarised the current position of risks scoring 12 and above for Quality / Safety and 15 and above for all other domains, allowing the Board effective oversight and assurance regarding the reporting and managing of risks across the Trust.</p> <p>The Chair acknowledged and welcomed the development of the Register since the last board meeting, which had resulted in a more informative report. The Board noted the removal of areas of duplication, in addition to work currently being undertaken by the team to include SMART actions in future iterations.</p> <p>Non Gwilym thanked colleagues for their contribution to achieving the current position. The assurance rating remained at level 2 as further work on the Register is still required.</p> <p>Anne Carey advised that detailed work had been undertaken by Rachel Hennessy to provide the most up to date position (1 week prior to the meeting) regarding Velindre Cancer Service (VCS) risks to the Board, which was welcomed. However, the previous reporting process had remained in place for the Welsh Blood Service (WBS), therefore reporting a mid-December position. It was advised that the VCS reporting process would be extended to WBS upon confirmation that the Board was content and this was agreed. Significant discussion regarding specific risks followed:</p> <p><b>Risk 2249 (22)</b> – Risk level of 16 should appear in the first column.</p> <p><b>Risks 3270 (10) and 3332 (11)</b> - The most recent update is shown as November and capture of these risks in the new process is required.</p>	<p><b>NG</b></p> <p><b>NG</b></p>

	<p><b>Risk 3270 (10)</b> (additional) –the chair requested assurance that all outpatient slots were being used. It was noted that while gaps remain within outpatients slots, regular audits are undertaken to ensure correct utilisation of these. It was confirmed that while all slots are available Monday – Friday, the focus is on increasing use of Wednesday and Friday afternoons which tend to receive fewer patients.</p> <p><b>Risk 3543 (21)</b> – Gareth Jones queried the reason for the reduction in the risk as this wasn't included in the cover paper. Anne Carey indicated that this had been included within the appendix and will be picked up in both papers in the future.</p> <p><b>Risk 2187 (2)</b> – Gareth Jones queried the narrative within the risk stating “workforce plan completed Q3, but currently on hold”, querying the reasons for the pause. As a further risk (<b>Risk 2249 (22)</b> relating to a financial issue) also related to Workforce, it was suggested that a report specific to Workforce risks would provide additional assurance; Sarah Morley agreed to facilitate this.</p> <p>Vicky Morris welcomed the improvements to the Risk Register but noted a number of static risks. It was suggested that a benchmarking exercise could be undertaken to address this. Non Gwilym advised that this is already underway and that learning sessions are undertaken with the Senior Leadership Team to ensure improved risk reporting and it is anticipated that these risks will improve as a result.</p> <p><b>Risk 3542 (20)</b> – Andrew Westwell expressed concern that this risk had been closed due to its connection with another open risk (<b>3541 (19)</b>). It was suggested that a single, merged risk should be created to capture the information from both. This was agreed.</p> <p><b>Risk 3448 (13)</b> – The Chair suggested that the wording of this risk indicated focus on process rather than patient harm. Jacinta Abraham advised that active discussion was underway to recruit a second consultant, however, there is a need to develop the service beyond 2 Consultants. The Trust has reached out to Aneurin Bevan as a potential additional provider. The Chair requested that a paper be presented to the Strategic Development Committee regarding the development of the leadership role, recognising a broader issue than this single risk alone.</p> <p><b>Risk 3468 (15)</b> – Advertisement for Sarcoma Consultant on Twitter / X; David Donegan advised that the NHS Welsh Confederation had taken an active decision to move away from X as a medium for conducting business. Non Gwilym is currently exploring the overall Wales position, which will influence next steps; the Board will be updated on findings.</p> <p>The Trust Board <b>NOTED:</b></p> <ul style="list-style-type: none"> <li>• 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;</li> <li>• The ongoing development of the Trust’s Risk Framework;</li> <li>• The work underway to improve organisational management of risk reporting and the targeting of continued improvements.</li> </ul>	<p><b>NG</b></p> <p><b>SM</b></p> <p><b>NG</b></p> <p><b>JA</b></p> <p><b>NG</b></p>
<p><b>4.2.0</b></p>	<p><b>Trust Assurance Framework (TAF)</b> Non Gwilym, Director of Corporate Governance (interim)</p> <p>The report summarised the latest position of the Trust Assurance Framework, providing the Board with the opportunity to review updates and</p>	

	<p>actions planned for the coming period. Non Gwilym advised that the document did not align with the new risk and new report on risk, which would be the focus going forward following approval of the work in relation to the new TAF by Executive Management Board and Strategic Development Committee. The following specifics were addressed:</p> <p>While the work to date was applauded, Vicky Morris noted that further development is required to ensure translation of actions into controls and assurances, which will inform the Board regarding impact and delivery of strategic objectives.</p> <p><b>TAF07</b> – Lindsay Foyster queried whether both 2<sup>nd</sup> and 3<sup>rd</sup> lines of defence should be internal processes. Jacinta Abraham suggested referencing benchmarking / quality standards and it was agreed that this would be addressed for the next publication.</p> <p>Lindsay Foyster suggested it may be more appropriate to use the 7 levels of assurance for assurance rating purposes. It was agreed that this would be taken on board when mapping out assurance for the next year (to be brought to the May 2025 meeting of the Board).</p> <p><b>TAF03 action 03.12 (Nurse Retention Plan)</b> – While the action notes the current draft status of the Nurse Retention Plan, Nicola Williams advised that the plan had been signed off by Executive Management Board. However, due to its complexity, implementation of this would be delivered by April 2026.</p> <p>Lauren Fear advised that actions to address strategic risks would be included within the IMTP and as a result, only one set of actions would be included in the new report as of the next financial year.</p> <p>Cover paper amendments raised:</p> <ul style="list-style-type: none"> <li>• Amendment of date from April 2026 to 2025 (in relation to TAF04 action 03.12) within the cover paper.</li> <li>• Amendment of date from Feb 24 to Feb 25 (at top of page 6 of cover paper relating to paper due at SDC).</li> <li>• <b>TAF06 action 06.06</b> – amend from ‘activity ongoing, no firm date for completion’ to include further information. Anne Carey advised that benchmarking is ongoing, with <u>quarterly reporting</u>; this wording will be included.</li> </ul> <p>The Trust Board <b>NOTED</b> the current status and ongoing development of the Trust Assurance Framework and <b>NOTED</b> that an amended format would be received from the beginning of the next financial year.</p>	<p>JA / NW</p> <p>NG</p> <p>NG</p> <p>NG</p> <p>AC / NG</p>
<p><b>4.3.0</b></p>	<p><b>Performance Management Framework (November 2024)</b>  Lauren Fear, Director of Transformation (interim), Anne Carey, Chief Operating Officer (interim), Matthew Bunce, Executive Director of Finance and Sarah Morley, Executive Director of Organisational Development and Workforce</p> <p>The Framework provided an update and supporting analysis on the performance of the Trust for the month of November 2024 against a number of targets. Lauren Fear advised that a theme of development activity in relation to the framework has focused on the creation of a ‘pyramid of reporting’, with the adoption of exceptional reporting during the last cycle. Two further developments had been included in this cycle (the inclusion of</p>	

levels of assurance for each part of the report and the introduction of an explicit decision to escalate matters to the Quality, Safety & Performance Committee). The Committee was content that performance exceptions and items escalated were being dealt with by the relevant Directors.

The new format for reporting was welcomed and the Board noted that the improved narrative enabled focused discussions on key issues.

The Chair queried the significant discrepancy between unvalidated and validated performance data in relation to SACT waiting times (noting that this had been reported incorrectly as percentage differences as opposed to percentage *point* differences). The accuracy of the initial data was also questioned. Anne Carey explained that a 16-week programme is currently being undertaken to design a Cancer Patient Tracking List to facilitate closure of the discrepancy between both sets of data.

Sarah Morley advised that the three Key Performance Indicators relating to Workforce, Wellbeing & Organisational Development remained stable and a number of key pieces of work are ongoing:

- Staff sickness stood at 5.15% to the end of January 2025 and a 'deep dive' had been undertaken to identify hotspots; these will be focused on in collaboration with relevant management colleagues to implement targeted interventions in these areas.
- Development of the Trust's new PADR policy; paperwork is currently being trialled to improve conversations, outcomes, and compliance with the Trust's target. Early feedback is positive.

Andrew Westwell queried other NHS Organisations' position and the availability of comparative data. Sarah Morley advised that a national dashboard is published monthly and the Trust's overall position is positive; the focus will now be on benchmarking beyond Wales.

Gareth Jones queried whether the key issues and risks noted in this section correlate with the action / mitigation underway. It was agreed that the description would be improved, but that the actions / mitigations referred to directly correlate with how Managers manage their staff and fundamental training would achieve a position of knowledge, capacity and confidence to assume Line Management activities effectively.

Hilary Jones noted that the Trust is not on target in relation to Cyber Security in a number of areas (in particular the number of significant IT Business Continuity incidents), querying action currently being taken to improve in this area. Carl Taylor advised that while the Cyber plan is being delivered, it was recognised that updates are infrequent. Compliance against Cyber Security is measured annually using the NHS Wales method of measuring as opposed to the "10 steps to Cyber Security" and a change in score should be evidenced as a result.

Additionally, compliance with Cyber Security statutory & mandatory training currently stands at 82% and the importance of staff being up to date with Information Governance and Cyber Security training was reiterated. It was noted that Information Governance training is currently targeting high-risk areas.

Carl Taylor advised that the issue of IT Business Continuity incidents had been discussed at the Quality, Safety & Performance Committee, confirming that there are no outstanding action plans for these incidents; these

	<p>comprise a small number of local incidents, however the majority are national incidents managed by Digital Health &amp; Care Wales (DHCW) and a number of actions are underway.</p> <p>It was accepted that gaps will be identified and targeted, suggesting that current training methods are onerous and could be improved. Stephen Harries suggested that a single session could be run for whole staff groups / departments, combining Information Governance and Cyber Security, as an alternative method of delivery. It was agreed that Board Members could receive this as part of a future Board Development session.</p> <p>Finally, the improvement in user satisfaction relating to use of the Digital Service Desk (now at 98%) was acknowledged and the significant improvement in the service was commended.</p> <p>The Trust Board:</p> <ul style="list-style-type: none"> <li>• <b>NOTED</b> the Performance Management Framework detailed analysis for the month of November 2024.</li> <li>• <b>NOTED</b> the progress against the nine agreed work packages.</li> <li>• <b>NOTED</b> the levels of assurance for each Division/ Directorate, as agreed by Executive Management Board and discussed and noted at Quality, Safety and Performance Committee.</li> <li>• <b>NOTED</b> that Executive Management Board concluded that given the levels of assurance and following discussion on a number of the exceptions for this reporting period, there were not any specific matters which were for escalation to the Quality, Safety and Performance Committee nor therefore Trust Board. Executive Management Board agreed that performance exceptions are being appropriately dealt with by the responsible Director.</li> </ul>	<b>Secretariat</b>
4.4.0	<p><b>Financial Report (December 2024)</b> 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 December 2024.</p> <p>Matthew Bunce advised the following:</p> <ul style="list-style-type: none"> <li>• <b>Long Term Agreement (LTA) disputes and uplift to the LTAs</b> - issues will be subject to further discussion during the next cycle of the IMTP in time for the draft position of the next IMTP.</li> <li>• <b>New risk</b> - regarding LTA marginal income from growth in activity may not match the level of investment into services – forecast remains at £700k short of this year’s target.</li> <li>• <b>Integrated Medium Term Plan (IMTP)</b> – issue of several Health Boards refusing to pass through values allocated to them as set out in allocation letters. Discussions at the previous Commissioners’ meeting indicate that the risk is not completely mitigated and further negotiation is required prior to issue of LTAs for signing.</li> <li>• <b>Key Financial Targets / Key Performance Indicators (KPIs)</b> – It is anticipated that all 3 KPIs (Revenue, Capital and Public Sector Payment Performance) will be met this financial year.</li> <li>• Recent emergence of a further <b>risk relating to Same Day Emergency Care funding (SDEC)</b>; Welsh Government has indicated that this funding may potentially be withdrawn from the Trust for the next financial year. Negotiations with Welsh Government are underway to understand the rationale around the decision as it was suggested that this funding should be recurrent year on year.</li> </ul>	

	<p>Gareth Jones requested further information regarding the new risk and sought information on whether the £700k deficit had resulted from cancer activity growth not being as expected noting that this did not correlate with information within the Audit Wales report on cancer services in Wales. Matthew Bunce advised that while SACT and Outpatient activity is exceeding the set target, the Radiotherapy target had been set relating to Radiotherapy treatment activity (which had not been delivered); a review of forecasting demand and planning and a robust process for the capture of information coming from the wider system is required (for the Trust's own planning) . The Board noted that a significant amount of work had already been undertaken to date to ensure that information is captured correctly.</p> <p>It was recognised that while the three KPIs will be met, the use of £700K of 'growth funding' will be required on the back of anticipated funding that will potentially no longer be received. It was suggested that the rationale for calculation of the figures could be addressed in a Board Development Session, in addition to an update on reflections / lessons learnt which will inform more accurate information for 2025-26.</p> <p>The Trust Board <b>NOTED</b> the content of the December 2024 financial report, in particular:</p> <ul style="list-style-type: none"> <li>• The year to date and forecast revenue out turn position and PSPF performance.</li> <li>• The agreed position on LTA income for 2024-25 from our Commissioners.</li> <li>• The position with Commissioners on the contract rebase agreement.</li> <li>• The latest position on the LTA activity performance for 2024-25.</li> </ul>	<b>MB</b> <b>/Secretariat</b>
<b>4.5.0</b>	<p><b>Public Quality, Safety &amp; Performance Committee Highlight Report (16/01/2025)</b>  Vicky Morris, Independent Member and Chair of Quality, Safety &amp; Performance Committee.</p> <p><i>This item was addressed following item 4.7.0 (Health Technology Wales Annual Report).</i></p> <p>The report provided the Board with detail of the key issues and risks considered at the January meeting of the Quality, Safety &amp; Performance Committee.</p> <p>Vicky Morris highlighted Policy management and compliance report, which the Committee had received for the first time. This had provided a more accurate view of compliance across the Trust, which provided assurance regarding compliance with policy management review.</p> <p>The Trust Board <b>NOTED</b> the key deliberations and highlights from the meeting of the Quality, Safety &amp; Performance Committee held on 16<sup>th</sup> January 2025.</p>	
<b>4.6.0</b>	<p><b>Annual Presentation of Nurse Staffing Levels</b>  Nicola Williams, Executive Director of Nursing, Allied Health Professionals and Health Scientists</p> <p>The report provided an update on compliance with the Nurse Staffing Levels (Wales) Act 2016 and the position from 1<sup>st</sup> October 2023 to 30<sup>th</sup> September 2024. Nicola Williams highlighted the following:</p>	

	<ul style="list-style-type: none"> <li>• No reportable harm was reported during the period in relation to the quality indicators in respect of the nurse staffing levels on the First Floor Ward (the only area relevant to the Act).</li> <li>• It was advised that both documents appended to the report would be submitted to Welsh Government and are subject to a six month internal review.</li> <li>• The Trust is currently working to a ratio of Registrants / Health Care Support Workers of 65 / 35 respectively. It was noted that a 60 / 40 ratio is considered best practice, which has been exceeded by the Trust.</li> </ul> <p>There were no questions raised and the significant assurance provided by the report was welcomed. The Board <b>NOTED</b> the compliance in respect of the Nurse Staffing Levels Wales Act, prior to submission to Welsh Government.</p>	
<p><b>4.7.0</b></p>	<p><b>Health Technology Wales Annual Report</b>  Peter Groves, Chair HTW, Lisa King, Senior Programme Manager HTW</p> <p><i>This item was addressed following item 4.4.0 (Financial Report).</i></p> <p>The Chair welcomed Peter Groves and Lisa King to present the Health Technology Wales Annual Report to the Board. Peter Groves introduced the report, outlining the nature of Health Technology Wales as a national programme funded by Welsh Government, which identifies and promotes the uptake of medical technologies within NHS offering benefits to patients and value to the healthcare system. This is achieved by identifying technologies, undertaking evidence based assessments and appraisals, publishing national guidance on the organisation’s website, while also subsequently auditing the uptake and adoption of such national guidance.</p> <p>Peter Groves informed the Board of key areas of activity over the reporting period, including:</p> <ul style="list-style-type: none"> <li>• Identification of topics proposed to the organisation (including a breakdown of sources of topic referrals);</li> <li>• Evidence-based appraisals / assessments (and methods for adoption of medical technologies);</li> <li>• Medical Technology guidance published by Health Technology Wales over the course of the year;</li> <li>• Adoption audit key findings (including themes and barriers to adoption);</li> <li>• Evidence-based MedTech Report to Welsh Government</li> </ul> <p>Andrew Westwell requested further information regarding work with the Life Sciences Hub in terms of implementation of recommendations, given their links to industry. Peter Groves advised that implementation and adoption is an important element of the collaborative work with the Life Sciences Hub, facilitated via a memorandum of understanding, sharing of work programmes and regular quarterly meetings to avoid duplication and identify areas that can be worked on together with those who deliver services.</p> <p>Jacinta Abraham welcomed the report, acknowledging that the Trust had been funded by Health Technology Wales to explore and test the Audit Management and Tracking (AMaT) system, which had subsequently become a significant part of the Trust’s infrastructure in relation to clinical audits and the Quality &amp; Safety domain.</p>	

	<p>Jacinta Abraham also referenced work undertaken with the Trust's Patient Engagement Groups on the use of Artificial Intelligence and questioned how this could be built upon. Peter Groves advised that this crucial work had already contributed to and been referenced within Health Technology Wales' guidance programme.</p> <p>It was acknowledged that Peter Groves' 7 year tenure as Chair of Health Technology Wales would conclude in April of this year and the Chair noted a number of successes under his tenure, in particular:</p> <ul style="list-style-type: none"> <li>• Routine attendance at the Chair's Peer Group, to communicate the importance of the Health Technology Wales and its function across Wales.</li> <li>• Development of the current collaborative relationship with the Trust and Health Technology Assessment agencies worldwide.</li> <li>• Strengthening and development of patient and public engagement.</li> <li>• That the first ever adoption audit had been undertaken during this time; this has now become routine, providing valuable information.</li> <li>• Recognition of the calibre of HTW appraisals by appraisal centres internationally</li> <li>• The excellent work for rapid appraisals undertaken during the Covid pandemic.</li> </ul> <p>Peter Groves was thanked for his significant contribution and the Trust Board <b>NOTED</b> the Health Technology Wales Annual Report.</p>	
<b>5.0.0</b>	<b>PLANNING AND STRATEGIC DEVELOPMENT</b>	
<b>5.1.0</b>	<p><b>Strategic Planning Update</b> Lauren Fear, Director of Transformation (interim)</p> <p>The report provided the Board with a bi-monthly update on key strategic planning matters for the period. Lauren Fear highlighted the following:</p> <ul style="list-style-type: none"> <li>• The Integrated Medium Term Planning Framework had been updated to include requirements and national guidance relating to a number of Cabinet Secretary priorities, (included in section 2.1.1). These had been worked through during January for inclusion within the first draft of the IMTP.</li> <li>• Confirmation that the first draft of the full plan will be produced by the end of January 2025, for discussion at Executive Management Board, Strategic Development Committee and subsequently the March meeting of the Trust Board, prior to submission to Welsh Government on 30<sup>th</sup> March 2025.</li> <li>• Following the development of the South East Wales Regional Cancer Planning Board (comprising Cwm Taf Morgannwg, Cardiff &amp; Vale, Aneurin Bevan and subsequently Velindre in August 2023) the Trust had joined the partnership in 2023. Lauren Fear indicated the inclusion of a summary report from the Regional Cancer Programme Board shared by all Directors of Planning to ensure that a common report is received by all Boards.</li> <li>• The Regional Oversight Board has agreed to amend the status of the Cancer Programme from RED to AMBER to reflect progress made since October 2024.</li> </ul> <p>The Chair queried whether completion of the IMTP by the end of March 2025 for submission to Welsh Government was on target. Lauren Fear confirmed that this was the case and that the plan would also address the planning</p>	

	<p>guidance issued during December 2024 and a number of Cabinet Secretary priorities.</p> <p>The Trust Board <b>NOTED</b> the update for assurance purposes.</p>	
<b>6.0.0</b>	<b>CONSENT ITEMS</b>	
<b>6.1.0</b>	<b>CONSENT FOR APPROVAL</b>	
<b>6.1.1</b>	<p><b>Chair's Urgent Actions Report</b> Non Gwilym, Director of Corporate Governance (interim)</p> <p>There was one urgent item of business for the Trust Board that was considered via Chair's Urgent Action during this period:</p> <ul style="list-style-type: none"> <li>• High Voltage Intake Building.</li> </ul> <p>The Trust Board <b>RATIFIED</b> the Chair's Urgent Action taken between 22nd November 2024 and 23<sup>rd</sup> January 2025.</p>	
<b>6.1.2</b>	<p><b>Commitment of Expenditure Exceeding the CEO Limit</b> Non Gwilym, Interim Director of Corporate Governance</p> <p>There was one item of expenditure required for Trust Board approval during this period:</p> <ul style="list-style-type: none"> <li>• Courier Services for Samples at Welsh Bone Marrow Donor Registry (WBMDR) and National External Quality Assessment Service (NEQAS) for Histocompatibility and Immunogenetics (H&amp;I) – appendix 1.</li> </ul> <p>The Trust Board:</p> <ul style="list-style-type: none"> <li>• <b>AUTHORISED</b> the Chief Executive to <b>APPROVE</b> the award of the contracts summarised within this report and supporting appendix.</li> <li>• <b>AUTHORISED</b> the Chief Executive to <b>APPROVE</b> requisitions for expenditure under the named agreements.</li> </ul>	
<b>6.1.3</b>	<p><b>Budgetary Delegation – Amendment to the Delegated Financial Limits of the Chief Executive Officer and Framework for Officer Financial Limits</b> Matthew Bunce, Executive Director of Finance</p> <p>The Trust Board:</p> <ul style="list-style-type: none"> <li>• <b>APPROVED</b> increasing the delegated financial limit of the Chief Executive Officer (CEO) from <b>£100k to £500k.</b></li> <li>• <b>NOTED</b> the proposed delegated Financial Framework and indicative Financial Limits to be provided to officers of the Trust below that of the Chief Executive Financial Limit as set out in the Trust SFIs.</li> </ul>	
<b>6.1.4</b>	<p><b>Trust Policies for approval</b> Non Gwilym, Interim Director of Corporate Governance</p> <p>The following 5 amended / new policies were presented to the Board for approval:</p> <ul style="list-style-type: none"> <li>• Reviewed – Employing Ex-Offenders and People with a Criminal Record Policy</li> </ul>	

	<ul style="list-style-type: none"> <li>• Medical and Dental T&amp;C Annual Leave Policy</li> <li>• NHS Wales Job Evaluation Policy and Procedure</li> <li>• NHS Wales Pregnancy Loss Support Policy</li> <li>• NHS Wales Procedure for Recovery of Overpayments</li> </ul> <p>The Trust Board <b>APPROVED</b> the amended / new policies for adoption within the organisation.</p>	
<b>6.2.0</b>	<b>CONSENT FOR NOTING</b>	
<b>6.2.1</b>	<p><b>Public Audit Committee Highlight Reports (17/09/2024 &amp; 12/12/2024)</b> Gareth Jones, Independent Member and Chair of the Audit Committee</p> <p>The Trust Board <b>NOTED</b> the content of the reports.</p>	
<b>6.2.2</b>	<p><b>Public Strategic Development Committee Highlight Report (22/10/2024)</b> Stephen Harries, Chair of the Strategic Development Committee</p> <p>The Trust Board <b>NOTED</b> the content of the report.</p>	
<b>6.2.3</b>	<p><b>Public Transforming Cancer Services Programme Scrutiny Sub Committee Highlight Reports (25/09/2024 &amp; 21/11/2024)</b> Stephen Harries, Acting Chair and Chair of the TCS Scrutiny Sub-Committee</p> <p>The Trust Board <b>NOTED</b> the content of the reports.</p>	
<b>6.2.4</b>	<p><b>Local Partnership Forum Highlight Report (12/12/2024)</b> Sarah Morley, Executive Director of Organisational Development &amp; Workforce</p> <p>The Trust Board <b>NOTED</b> the content of the report.</p>	
<b>6.2.5</b>	<p><b>Remuneration Committee Highlight Report (20/11/2024)</b> Professor Donna Mead OBE, Chair of Remuneration Committee</p> <p>The Trust Board <b>NOTED</b> the content of the report.</p>	
<b>6.2.6</b>	<p><b>Trust Seal Report</b> Non Gwilym, Interim Director of Corporate Governance</p> <p>The Trust Board <b>NOTED</b> the content of the Trust Board Seal Register for the period <b>26<sup>th</sup> September 2024 – 27<sup>th</sup> November 2024.</b></p>	
<b>6.2.7</b>	<p><b>Health &amp; Wellbeing Champion Annual Report</b> Stephen Harries, Vice Chair</p> <p>The Trust Board <b>NOTED</b> the content of the report.</p>	
<b>6.2.8</b>	<p><b>Academic Partnership Report</b> Nicola Williams, Executive Director of Nursing, Allied Health Professionals &amp; Health Science</p> <p>The Trust Board <b>NOTED</b> all the academic partnership working that has taken place during 2024.</p>	
<b>7.0.0</b>	<b>Any Other Business</b>	

	<p>Prof. Donna Mead OBE, Chair</p> <p>One item of any other business was raised by Nicola Williams, relating to the current Cardiff University consultation and future provision of pre-registration training for nurses.</p> <p>It was formally noted that measures would be implemented to support current students and that discussions among Executive Directors of Nursing across Wales would feed directly into the consultation; discussions are currently focusing on options to ensure that training requirements are met across Wales in order to sustain future workforce.</p>	
<b>8.0.0</b>	<p><b>DATE OF NEXT MEETING</b></p> <p>The next public meeting of the Trust Board will take place on Thursday 27<sup>th</sup> March 2025.</p>	
<b>9.0.0</b>	<p><b>CLOSE</b></p>	
<b>10.0.0</b>	<p><b>It was noted that the following items would be addressed at the Private / Part B Session of the Trust Board:</b></p> <ul style="list-style-type: none"> <li>• Minutes of previous private Trust Board meeting</li> <li>• Action log</li> <li>• Velindre Cancer Service Structure</li> <li>• Electronic Prescribing and Medicines Administration</li> <li>• Private Committee Highlight Reports</li> </ul>	