

**MINUTES PUBLIC TRUST BOARD MEETING  
VELINDRE UNIVERSITY NHS TRUST  
22<sup>nd</sup> May 2025 10:00-13:00**

<p><b>PRESENT</b> Prof. Donna Mead OBE Lindsay Foyster Gareth Jones Prof. Andrew Westwell Stephen Harries Vicky Morris Carl James Nicola Williams</p> <p>Lauren Fear Matthew Bunce Dr Jacinta Abraham Sarah Morley</p> <p><b>ATTENDEES</b> Anne Carey Non Gwilym Kyle Page</p>	<p>Chair Vice Chair Independent Member Independent Member Interim Independent Member Independent Member (<i>remotely</i>) Acting Chief Executive Officer Executive Director of Nursing, Allied Health Professionals &amp; Health Scientists Interim Director of Transformation Executive Director of Finance Executive Medical Director Executive Director of Organisational Development &amp; Workforce</p> <p>Chief Operating Officer Interim Director of Corporate Governance Business Support Manager (Secretariat)</p>
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1.0.0	PRELIMINARY MATTERS	LEAD
1.1.0	<p><b>Welcome and Apologies:</b></p> <p>The Chair welcomed attendees to the meeting and the following apologies were noted:</p> <ul style="list-style-type: none"> <li>• David Donegan, Chief Executive Officer</li> <li>• Hilary Jones, Independent Member</li> <li>• Carl Taylor, Chief Digital Officer</li> <li>• Alan Prosser, Director of Welsh Blood Service</li> </ul>	
1.2.0	<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>• Katrina Febry, Audit Lead, Audit Wales (<i>remotely</i>)</li> <li>• David Cogan, Patient and Carer Representative (<i>remotely</i>)</li> <li>• Peter Richardson, Head of Quality, Safety and Regulatory Compliance, Deputy Director Welsh Blood Service (for item 4.2.0)</li> <li>• Llinos Madeley, Interim Head of Corporate Governance</li> </ul> <p>Board members introduced themselves to newly appointed Llinos Madeley.</p> <p>Stephen Harries was welcomed as newly appointed interim Independent Member for Finance, noting that the recruitment process for a permanent Independent Member for Finance continues.</p> <p>Lindsay Foyster was welcomed to her first Trust Board meeting as Vice Chair.</p>	
1.3.0	<b>Declarations of Interest</b>	

	There were no declarations of interest noted in respect of today's agenda.	
<b>1.4.0</b>	<p><b>Minutes of the Public Trust Board meeting held on 27<sup>th</sup> March 2025</b></p> <p>Gareth Jones referred to item 4.5.0 (Trust Values Culture Report), indicating that the minutes referred to the requirement for a clear action plan and deliverables and queried whether an action for this had been logged. It was accepted that the minute was accurate and that this would be captured under the action log or matters arising.</p> <p>Following this, the Trust Board confirmed that the minutes of the meeting held on the 27<sup>th</sup> March 2025 were an accurate reflection of proceedings.</p>	
<b>1.5.0</b>	<p><b>Action Log</b></p> <p>The Board was content to close all actions marked as 'propose to close', with the exception of the following:</p> <ul style="list-style-type: none"> <li>• <b>Action 43 (5.3.0) 27.03.2025</b> – Lindsay Foyster requested that this action be reopened until discussion at today's private session and the deep dive exercise mentioned in the action had concluded.</li> <li>• <b>Action 37 (4.1.0) 27.03.2025</b> – Gareth Jones queried whether work package 9 (the target date of which had been extended to the 31<sup>st</sup> July) had concluded. Lauren Fear advised that work packages continue to be tracked, with regular updated to completion dates, and it was agreed to reopen the action.</li> </ul> <p>The Board reviewed the remaining open actions as follows:</p> <ul style="list-style-type: none"> <li>• <b>Action 3 (7.1.4) 23.05.2024</b> – Non Gwilym advised that a review of the relevant Terms of Reference is ongoing and would conclude in July for July Trust Board review. It was agreed to amend the deadline to the July meeting.</li> <li>• <b>Action 19 (4.1.0) 28.11.2024</b> – Non Gwilym advised that a review of the Risk Policy is currently underway and that a Governance Assurance and Risk (GAR) meeting was scheduled for next week. It is the intention to introduce an additional section to the target of the risk. It was agreed to extend the target date to the July meeting.</li> </ul> <p>Lindsay Foyster noted that action 3 had remained open for a significant amount of time and emphasised the importance of ensuring resources are in place to move more quickly on technical governance matters in the future. In response, Non Gwilym indicated that a comprehensive programme of improvement will now be implemented following the appointment of Llinos Madeley, and that significant progress had already been made. It is anticipated that both actions 3 and 19 would conclude by July and Non Gwilym emphasised the importance of the Corporate Governance Manual in managing activities.</p>	
<b>1.6.0</b>	<p><b>Matters Arising</b></p> <p>Gareth Jones again referenced page 8 of the minutes of the previous meeting (item 4.5.0 - Trust Values Culture Report), requesting that an action be recorded on the log so as not to lose sight of the requirement for an action plan and deliverables.</p> <p>Gareth also referenced item 4.6.0 (Staff Survey Results) in the previous minutes, suggesting the need to capture an action in relation to actions (including timelines) taken to address the issues highlighted in the survey.</p>	<p><b>Secretariat /SM</b></p> <p><b>SM</b></p>
<b>2.0.0</b>	<b>KEY REPORTS</b>	

<p><b>2.1.0</b></p>	<p><b>Chair's Report</b>  Professor Donna Mead OBE, Chair</p> <p>The Chair highlighted the following key items of the Chair's Report:</p> <ul style="list-style-type: none"> <li>• Thanks to David Cogan, Patient and Carer Representative, for his inspirational talk at the Trust's May Multiprofessional Conference regarding his journey as a cancer patient, emphasising the importance of keeping patients and families at the centre of the Trust's endeavours.</li> <li>• The launch of the first art exhibition at the Cancer Centre, <i>'It's a Wonderful Still Life'</i>, with a series of paintings by a patient on sale, with proceeds going to the Charity.</li> <li>• VE Day had been celebrated throughout the organisation across both divisions.</li> <li>• WBS Donor Awards – The Chair noted that positive feedback had been received in relation to a new process, which sees Donors receive a message following donation, informing them where their donation was sent.</li> </ul> <p>The Trust Board <b>NOTED</b> the content of the Chair's update Report.</p>	
<p><b>2.2.0</b></p>	<p><b>Chief Executive's Report</b>  For noting in CEO's absence</p> <p>The CEO report provided information to the Board on several key matters and activity since the last Board meeting, <b>for noting</b>. In the absence of the Chief Executive, Carl James, Deputy Chief Executive, provided the following update in relation to the Velindre @ Nevill Hall Radiotherapy Unit:</p> <ul style="list-style-type: none"> <li>• The final building fit-out and other unseen tasks are currently underway, with efforts to stay on track despite losing approximately 12 weeks due to early construction issues such as asbestos and flooding.</li> <li>• Staff are working diligently, including weekends, to ensure the completion of the project, demonstrating significant dedication and commitment.</li> <li>• The target date for opening the unit remains set for June, with plans to scan the first patient and begin radiation treatment shortly after.</li> <li>• The Project Board, consisting of members from various regional bodies, has shown strong collaboration and commitment to the project.</li> <li>• The facility is impressive, and there is significant excitement among cancer patients and local representatives regarding the benefits of receiving treatment closer to home.</li> <li>• Local MPs and regulatory bodies are scheduled to visit the facility to familiarise themselves with the development, which is very close to completion.</li> </ul> <p>The Chair had become aware of patients welcoming the opportunity to attend treatment in Abergavenny as opposed to having to travel to Velindre. The Deputy Medical Director of Powys Teaching Health Board had indicated that a significant number of their patients currently having to travel out of Wales for treatment may now potentially receive treatment closer to home at Nevill Hall.</p> <p>The Chair added that Consultants had considered Nevill Hall a reason for their interest in working for the Trust.</p> <p>The Trust Board <b>NOTED</b> the content of the CEO's report and additional update.</p>	
<p><b>3.0.0</b></p>	<p><b>QUALITY, SAFETY &amp; PERFORMANCE</b></p>	

<p><b>3.1.0</b></p>	<p><b>Performance Management Framework (March 2025)</b>          Led by Lauren Fear, Director of Transformation (interim), Anne Carey, Chief Operating Officer, Matthew Bunce, Executive Director of Finance and Sarah Morley, Director of Organisational Development &amp; Workforce</p> <p>The Performance Management Framework (PMF) highlighted key issues for the attention of the Trust Board (identified and discussed by Executive Management Board and Quality, Safety &amp; Performance Committee), on an exception basis, for the month of March 2025. Lauren Fear advised the following:</p> <ul style="list-style-type: none"> <li>• The level of assurance for digital resources had decreased to Level 3.</li> <li>• The high number of Radiotherapy breaches following the transition to a paperless system is related to the Satellite Centre at Nevill Hall project.</li> <li>• The levels of assurance discussed in the Quality, Safety, and Performance Committee have remained the same, except for the decrease in digital resources.</li> <li>• The updated version of the development work packages is being managed by the Performance Management Framework Group, with no highlights on this occasion.</li> </ul> <p>Anne Carey advised the following:</p> <ul style="list-style-type: none"> <li>• Presentation of data has been improved based on feedback to allow for more meaningful representation.</li> <li>• The Go Paperless project, which went live on March 10<sup>th</sup> 2025, is a key enabler for better understanding patient pathways and managing productivity in Radiotherapy; further development of the system is anticipated and aims to connect systems for Radiotherapy.</li> <li>• Initial difficulties with coding led to more breaches, but these have since been resolved. The situation has now recovered, and improvements are reflected in the April position.</li> </ul> <p>Jacinta Abraham provided the following summary of the Radiotherapy pathway:</p> <ul style="list-style-type: none"> <li>• Changes in the Radiotherapy pathway are significant and have been challenging, with some elements working seamlessly and others not so.</li> <li>• There are capacity issues in getting job plans on time with many steps involved in the process, including patient attendance and digitisation of previously paper-based processes.</li> <li>• The importance of the transition to a digital system being progressed safely, considering many elements and aligning demand with job plans and time.</li> <li>• The ability to see demand points and phases in the system is transformative, but it will take several months to fully settle and match the capability of responding to it.</li> <li>• Managing expectations is crucial, as not all breaches occur due to the transition and time will be required to evidence the full benefits.</li> <li>• Breaches are managed by assessing clinical risk and prioritising patients according to need.</li> </ul> <p>Gareth Jones referenced the long-standing risk (logged on the Risk Register) regarding emails received by clinicians, querying whether this would be mitigated by the Go Paperless project. Anne Carey indicated that while the project would help to some extent, the largest volume of emails is driven by the SACT pathway (only a component is Radiotherapy). The Chair requested a review and report at Board</p>	<p><b>AC</b></p>
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at an appropriate time, noting measures implemented and improvements evidenced. Anne Carey agreed to provide a pathway diagram of steps and risk.

Anne Carey advised that patients continue to be treated on time and that a reduction in breaches had been evidenced. Additionally, a good level of SACT performance continues, involving several key areas of work:

- Implementation of a cancer Patient Tracking List (PTL) to manage patient pathways more effectively.
- Reviewing and improving outpatient processes to enhance efficiency and patient care.
- Prioritising the digital infrastructure required to support these improvements.
- Ensuring that all elements are integrated to provide a comprehensive and effective approach to managing SACT performance.

Lindsay Foyster requested that an update be brought to a future Board meeting, noting the difference made by visibility of the patient pathway and Go Paperless project. Anne Carey indicated that the patient pathway visibility was developing positively, with disparities in data quality across health boards being addressed.

**AC**

Anne Carey highlighted the following key points relating to the Welsh Blood Service:

- An improvement plan is in place following ongoing challenges in relation to Red Cell Serology turnaround times. A new authorisation process has been implemented to check turnaround at day four, ensuring that work is underway, despite bottlenecks with senior skilled personnel.
- The process is being monitored on a weekly basis, with improvements expected to be reflected in the next performance report.
- The improvement plan relies on personnel and training, which takes time to show results.

The Chair noted the benefit of using the buccal swab process for recruitment to the Welsh Bone Marrow Donor Registry, which had resulted in the service exceeding the target set by the Cabinet Secretary in last year's appraisal.

Sarah Morley provided the following update in relation to key workforce metrics:

- Actions are in place to bring PADR (Performance Appraisal and Development Review) compliance within target this year, with a significant overhaul of the process and positive feedback on the new streamlined approach.
- The current sickness absence rate is 5.1%, with a target of 4.7% by the end of the financial year; various actions are being taken to support reductions in absence, including local ownership of actions by senior leadership teams and the development of six SMART actions by the Welsh Blood Service.
- Collaboration with Corporate teams to reflect a step change in performance.

David Cogan advised that there had been significant discussion regarding staff wellbeing at the Patient Carer and Partnership Board meeting. The Board is aware of workload pressures and potential impact on staff due to the level of change and introduction of new services, which directly affect patient care and service quality. Lindsay Foyster queried whether the six SMART actions developed by the Welsh Blood Service Senior Leadership Team would also be implemented in Velindre Cancer Service and the Corporate Team. Sarah Morley advised that the actions had been developed based on the Welsh Blood Service performance review. However, it was suggested that a similar approach could be adopted by the new

Triumvirate in the Cancer Service and within Corporate Services, emphasising the importance of local ownership at a divisional level.

Carl James provided the following update relating to Digital matters:

- IT Business Continuity - ongoing efforts to resolve national issues with DHCW, meeting every Friday to ensure support for NHS organisations.
- Progress is being made in cyber training, with improvements noted, but further work is required to ensure all staff are sufficiently trained.
- Metrics indicate that the digital services are responsive, and users are relatively satisfied, though there are still issues to address.

Stephen Harries queried the cyber security risk posed by third-party suppliers interacting with Trust systems, highlighting the increasing risk associated with legitimate third-party access to systems and its potential impact. Carl James advised that the organisation is broadly compliant with the Cyber Assessment Framework (CAF), also adding that the majority of the cyber security measures are contracted for under the relevant contracts signed with third parties and that legacy contracts are more of a concern.

Lauren Fear highlighted the following key points regarding Estates / Health & Safety:

- Confirmation that the compliance data for planned preventative maintenance on sites other than the Cancer Centre and Welsh Blood Service had been corrected. These sites are being monitored manually and are all at 100% compliance; the final elements of transferring all buildings onto the new system are being completed.
- This is the first report where NWSSP (NHS Wales Shared Services Partnership) data had been included in the dashboard, emphasising the importance of reflecting the Trust's accountabilities effectively for health and safety. NWSSP and Health Technology Wales are in attendance at quarterly health and safety Trust meetings.

Matthew Bunce provided the following update in relation to finance:

- The Financial Report is included separately due to statutory requirements, ensuring that certain financial information is presented to the Board in compliance with Standing Orders and Standing Financial Instructions (SFIs).
- The three Key Performance Indicators (KPIs), Revenue balance, remaining within the Capital Resource Funding limit and meeting public sector payment performance, had all been met, subject to audit.
- Ongoing conversation as to whether the finance report should be appended to the Performance Management Framework (unless items require detailed discussion). Should the separate finance report item be superseded, it would be necessary to identify the required information for the Performance Management Framework to ensure compliance with statutory requirements.

Gareth Jones requested clarification on the financial position, specifically querying whether the £4.42 million figure mentioned represented an underspend or an overspend. Matthew Bunce confirmed that this figure was an underspend.

The Trust Board **NOTED** the Performance Management Framework for assurance and individual assurance levels as stated in the report were agreed by the Board.

<p><b>3.2.0</b></p>	<p><b>Financial Report (March 2025)</b>  Led by Matthew Bunce, Executive Director of Finance</p> <p>The Finance report outlined the position and performance for the period to end of March 2025, covering Long Term Agreement Financial Values and Contract Rebase, Integrated Medium Term Plan financial plan and forecast and KPIs (Key Performance Indicators). Matthew Bunce highlighted the following:</p> <ul style="list-style-type: none"> <li>• The three Key Performance Indicators (KPIs), Revenue balance, remaining within the Capital Resource Funding limit and meeting public sector payment performance, had all been met, subject to audit.</li> <li>• Signoff of long-term agreements had been achieved, with some negotiation around certain contracts.</li> <li>• The first month of financial reporting for the new financial year is on track, according to the financial plan.</li> <li>• The need to include the level of assurance in the financial report going forward, as discussed in the Quality, Safety &amp; Performance Committee.</li> <li>• The rebasing issue which affects all NHS organisations requires escalation through the Chief Executive to the All-Wales Chief Executive Forum. This broader debate is necessary to address the challenges related to the financial values and contract rebasing.</li> </ul> <p>Following a query from the Chair regarding the 'underachievement' in relation to the Welsh Bone Marrow Donor Registry, Matthew Bunce indicated that this had not been the result of not meeting the income target, which is based on the income received for providing resources to donors across the world. The improvement in the Registry through initiatives such as the use of buccal swabs is expected to increase the chances of matching donors, which will eventually improve income, however this will take time. It was concluded that this is a funding matter as opposed to an underachievement in performance.</p> <p>Stephen Harries queried the key enablers of achieving a balanced financial position, specifically highlighting instances where the report indicated falling short of savings. Matthew Bunce acknowledged the reliance on non-recurrent savings to achieve a balanced financial position, noting that while bank interest rates are out of the Trust's control, there are mechanisms to offset the absence of recurrent savings through provisions on the balance sheet and other non-recurring measures.</p> <p>Gareth Jones queried the £483,000 figure, specifically in relation to the NICE high-cost drug income. Clarity was requested regarding the details and context of this figure within the financial report, and the potential significant increase in this figure into the year going forward. Matthew Bunce explained that as contracts comprise two elements (patient activity and high-cost drugs), the potential increase to £843,000 includes an additional £360,000 relating to patient activity.</p> <p>Gareth Jones asked about the financial risks related to additional capacity and how the risk remains with the Trust, specifically referencing a £1.3 million investment in capacity and inquired about the implications and management of this risk. Matthew Bunce advised that the last financial year had presented concern around the recovery of marginal income from long-term agreements, however, improved data capture and an increase in activity had resulted in the significant reduction of the initial £800,000 shortfall to £240,000.</p> <p>Carl James noted the importance of benchmarking to provide a strong evidence base to influence commissioning arrangements and government investments.</p>	
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	<p>Gareth Jones queried whether a benchmarking exercise had been undertaken and how the Trust compared with others. Lauren Fear advised that key priority areas for benchmarking had been discussed with the Leadership Team, with particular focus on the Performance Management Framework and accreditation with external bodies.</p> <p>Gareth Jones asked whether cost comparisons had been undertaken and the implications for efficiency and productivity. Matthew Bunce indicated that a project had been undertaken to compare costs across other cancer centres in Wales and England, noting that Velindre's clinical and medical Oncology services were efficient and favourable compared to others. However, Radiotherapy services showed less efficiency due to the fixed cost-heavy investment in new capacity. Matthew also advised that engagement with finance Directors in key partners in England would allow more meaningful comparisons, however this information would not be available for a number of months.</p> <p>Peter Richardson added that the Welsh Blood Service actively participates in a twice-yearly benchmarking exercise with other European blood services, comparing operational metrics. It was noted that while the Service excels in some areas, it faces challenges in others, often due to economies of scale. The importance of triangulating such exercises with quality measures to ensure a comprehensive assessment of service performance was recognised.</p> <p>The Trust Board <b>NOTED</b> the content of the March 2025 financial report, in particular:</p> <ul style="list-style-type: none"> <li>• The year to date and forecast revenue out turn position and PSPP 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>	
<p><b>3.3.0</b></p>	<p><b>VUNHST Risk Register</b> Led by Non Gwilym, Director of Corporate Governance (interim)</p> <p>Non Gwilym provided an overview of the Trust Risk Register, focusing on risks scoring 12 and above for Quality / Safety and 15 and above for all other domains. Non reiterated the importance of narrative in the register to provide context and a comprehensive understanding of the risks, risk scores and mitigating actions taken.</p> <p>The current assurance level of <b>3</b> was noted, an increase from the level 2 rating reporting at the March meeting of the Trust Board. Vicky Morris advised that discussions at the Quality, Safety &amp; Performance Committee had resulted in the increase, based on the ability to demonstrate the progress made in taking the Framework forward. The Board concurred with the revised assurance level of 3.</p> <p>Vicky Morris advised that risk 3448 had been mitigated and was no longer at a level requiring Trust Board attention. However, it was noted that the narrative did not include details on how this had been achieved and that this information should be included for completeness.</p> <p>Gareth Jones referred to the risks relating to patient safety, emphasising the importance of addressing taking prompt action, continuous monitoring and mitigation and updates to the paper to ensure accurate representation of these. Non Gwilym agreed to include this.</p>	<p><b>NG</b></p> <p><b>NG</b></p>

	<p>Lindsay Foyster commented that the narrative relating to risk #8 indicated no movement in the risk score, which is set to remain unchanged until the replacement system is live. Lindsay highlighted the discrepancy between the current risk score of 12 and target risk score of 4, questioning the lack of further controls and mitigations. Peter Richardson advised that the Welsh Blood Service had implemented as many manual checks as possible to manage the risk. It was acknowledged that the replacement system, (delivery of which is anticipated during the second half of this year) will significantly mitigate the risk, therefore reducing the risk to an acceptable level. It was agreed that this is required as soon as possible as the risk is currently being managed outside our tolerance.</p> <p>Stephen Harries commented that the narrative relating to risk #11 indicated a deficiency in firewalls which will not be resolved until April 2027. Carl James indicated that the information presented in the risk register is misleading. It was advised that the issue with Windows clients was all but resolved, with only two client servers remaining, to be addressed the following week. Carl James reiterated the need to ensure accurate representation of the specifics of each risk. It was also acknowledged that a review of what is included in a public report is required versus what may be a legitimate security issue.</p> <p>In this context, the Trust Board <b>NOTED</b> the risks in the Quality &amp; Safety domain with a score of 12 and risks in other domains with a score of 15 and above.</p>	
<p><b>3.4.0</b></p>	<p><b>Trust Assurance Framework</b> Led by Non Gwilym, Director of Corporate Governance (interim)</p> <p>The report provided Board members with the latest updates to the Trust Assurance Framework. Non Gwilym advised the following:</p> <ul style="list-style-type: none"> <li>• The current assurance rating of level 2.</li> <li>• Following today's meeting, the Trust Assurance Framework would be presented in a new, more comprehensive format, which would better align with the organisation's needs.</li> </ul> <p>The Trust Board <b>NOTED</b> the current status of the Trust Assurance Framework.</p>	
<p><b>3.5.0</b></p>	<p><b>People's Experience Framework</b> Led by Tina Jenkins, Head of Quality, Safety &amp; Assurance</p> <p>The revised People's Experience Framework had been launched in April 2025, advocating the adoption of an always-on approach to experience, using both active and passive methodologies, enabling experiences to be left at a time and location convenient for the individual. Tina Jenkins provided the following overview:</p> <ul style="list-style-type: none"> <li>• The framework aims to integrate various methods of collecting people's experiences, including complaints, compliments, stories, incidents, surveys, and lived experiences, from both service users and staff.</li> <li>• The Trust has already conducted a self-assessment based on the draft framework, identifying areas where improvements are needed. This covers leadership, capacity and capability, using feedback for quality improvement, and reporting and analysis.</li> <li>• The Trust is currently rated as amber in most areas, indicating that there is significant work to be done, particularly in effectively collecting and utilising feedback.</li> </ul>	

	<ul style="list-style-type: none"> <li>• There is a need for a collaborative approach to improve the framework's implementation, involving various stakeholders across the organisation.</li> <li>• The Trust has gone live with the national People's Experience Survey, which includes 10 core questions that cannot be changed. This survey will help benchmark data across different areas.</li> <li>• Next steps will focus will be on increasing survey responses and ensuring that the feedback collected is used to drive meaningful improvements. It was noted that it is important to align the framework with existing surveys to avoid survey fatigue among respondents.</li> </ul> <p>Stephen Harries queried the methods for engaging with patients and families within the People's Experience Framework, inquiring specifically about how the framework would incorporate experiences from areas like the Chemotherapy Day Unit and Radiotherapy waiting areas, where patients might be looking for meaningful distractions while waiting. Nicola Williams advised that this had been discussed at the Integrated Quality &amp; Safety Group, including aligning the collection of patient feedback with the existing infrastructure. While the Trust aims to communicate with patients in real time, the current method is primarily through letters for appointments and that the introduction of any new methods such as texting patients, should be consistent with communication regarding appointments.</p> <p>Lindsay Foyster welcomed the People's Experience Framework and its bringing together of the various aspects of patient and donor experiences, highlighting the importance of benchmarking and learning from other organisations. Lindsay also expressed interest in the staff experience component of the framework, emphasising that behind every patient and donor experience, there is a staff experience and inquiring how the framework would draw on staff experiences in relation to the "speak up" initiative. Tina Jenkins acknowledged the importance of Section 2 of the self-assessment document, which focuses on capacity and capability for effectively collecting feedback. A working group has been set up to address this, focusing on gathering feedback from staff, particularly about their experiences with investigations and meetings.</p> <p>Nicola Williams suggested that a dedicated Board Development Session focused on the leadership section of the framework would be beneficial, emphasising the importance of aligning the Board and senior leadership with the framework's goals. Sarah Morley welcomed the inclusion of staff experience in the framework, which allows for a holistic approach, integrating various sources of staff experience data, such as the annual survey to ensure a comprehensive understanding of staff wellbeing. It is also important to minimise employee harm and address issues relating to employee investigations and grievances to improve staff experiences.</p> <p>The Trust Board <b>APPROVED</b> the implementation of the national People's Experience Framework.</p>	
<p><b>3.6.0</b></p>	<p><b>Trust Quality Priorities 2025-2026</b> Led by Tina Jenkins, Head of Quality, Safety &amp; Assurance</p> <p>Tina Jenkins advised that the Trust Quality Priorities had been produced collaboratively by the three Trust quality hubs, focusing on specific actions derived from findings of investigations, patient and donor feedback and national drivers. The priorities aim to be more tangible and measurable, addressing areas identified during the previous year.</p>	

	<p>Tina Jenkins also emphasised the requirement for collaboration across the organisation to ensure effective implementation of the priorities, including appropriate monitoring to enable reporting to the Integrated Quality &amp; Safety Group.</p> <p>The Trust Board <b>APPROVED</b> the proposed 2025-2026 Trust Quality Priorities, noting the assurance rating of level 4.</p>	
<p><b>3.7.0</b></p>	<p><b>Action taken following Supreme Court Ruling</b> Led by Sarah Morley, Executive Director of Organisational Development &amp; Workforce</p> <p>Following the April 2025 Supreme Court Ruling pertaining to the meaning of sex in the application of the Equality Act 2010, Sarah Morley highlighted the importance of considering the impact of the Ruling on patients, donors and staff. The Equality and Human Rights Commission (EHRC) had published interim guidance while broader consultation is undertaken. The following actions have subsequently been taken by the Trust in response:</p> <ul style="list-style-type: none"> <li>• Engaging with the staff network to understand concerns.</li> <li>• Conducting a gap analysis of provisions, including patient services and the new Cancer Centre (nVCC).</li> <li>• Ensuring sufficient gender-neutral provisions in the nVCC design.</li> <li>• Continuing to work on service provisions, identifying and addressing any gaps.</li> </ul> <p>Sarah Morley indicated that while no issues had been raised by staff to date, support mechanisms would be available as required.</p> <p>Lindsay Foyster queried the implications of the Ruling on the facilities and provisions at the Welsh Blood Service collection centres, both for staff and donors, and whether this may restrict the service provided. Sarah Morley acknowledged the importance of this and confirmed that conversations would be undertaken with the Welsh Blood Service to address this to ensure staff and donors are supported.</p> <p>Tina Jenkins suggested issuing a general communication to reassure the transgender community, reinforcing the Trust's commitment to treating all individuals equally and to reassure that the ruling would not impact care or treatment provided. Lindsay Foyster suggested that while this may be well-intentioned, the Trust would need to exercise caution to avoid exacerbating the situation and be mindful of potential legal implications while maintaining the Trust's values.</p> <p>The Trust Board <b>NOTED</b> the actions taken by the Trust.</p>	
<p><b>3.8.0</b></p>	<p><b>Public Quality, Safety &amp; Performance Committee Highlight Report (08/05/2025)</b> Led by Vicky Morris, Independent Member and Chair of the Quality, Safety &amp; Performance Committee</p> <p>Vicky Morris noted that the key issue to escalate to the Board was related to the financial matters already addressed during the meeting by Matthew Bunce (LTA Contract Rebasing). Vicky also confirmed that the Committee had <b>ENDORSED</b> several items for Board <b>APPROVAL</b>, which had been discussed during the Performance Management Framework item.</p> <p>Nicola Williams referenced the Quarter 4 Quality &amp; Safety report, in particular a reduction in the 30-day complaints response time. It was noted that the response rate had dropped to 50% due to unexpected absences and complex concerns.</p>	

	<p>However, Nicola assured the Board that resilience methods were being explored to address this and that the government target of 75% response time had been met notwithstanding the reduction.</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 the 8<sup>th</sup> May 2025.</p>	
<b>4.0.0</b>	<b>PLANNING AND STRATEGIC DEVELOPMENT</b>	
<b>4.1.0</b>	<p><b>Strategic Planning Update</b> Led by Lauren Fear, Director of Transformation (Interim)</p> <p>Lauren Fear provided updates to the Board in relation to several key areas:</p> <p><b>Regional Cancer Programme</b> – The agenda from the April meeting was appended to provide a view of the development of programme of work. The Ministerial Advisory Group (MAG) review had resulted in the merging of the Cancer Network and Cancer Recovery Fund team into the NHS Executive's Planned Care Directorate; this will result in an integrated cancer plan to combine existing national cancer plans and MAG recommendations.</p> <p><b>Strategic Planning Maturity Matrix</b> – The Executive Management Board will assess its current position on the maturity matrix, with the intention to set goals for the coming year; this will provide structure, in addition to assurance to the Strategic Development Committee.</p> <p><b>Integrated Medium Term Plan (IMTP)</b> – Formal feedback on the IMTP was pending at the time of writing and is expected early June. However, a series of staff engagement sessions had been planned during June and July regarding the plan and its delivery. It was advised that the core content for each service area remains unchanged.</p> <p><b>Next steps</b> – To undertake a review of both the Trust's 10 year destination strategy and five year cancer plan, with a view to integrate wellbeing goals and the Social Partnership Act.</p> <p>The Trust Board <b>NOTED</b> the update.</p>	
<b>4.2.0</b>	<p><b>BECS Full Business Case – Executive Summary and Strategic Case</b> Led by Peter Richardson, Head of Quality, Safety and Regulatory Compliance, Deputy Director Welsh Blood Service</p> <p>The final Business Case for the Blood Establishment Computer System (BECS) had been brought to today's Board for approval. Peter Richardson highlighted the following key points:</p> <ul style="list-style-type: none"> <li>• The Strategic Case had been updated based on engagement with the marketplace and further assessment of requirements.</li> <li>• The Trust Board had recently approved the procurement 'standstill' period out of Committee (commencing 9<sup>th</sup> May 2025) and a 'standstill' letter had been issued, notifying bidders of the outcome.</li> <li>• An updated Quality Impact Assessment (QIA) had been completed, but not included with the papers (however, included with the private meeting papers) and would be uploaded and made available following the meeting. Vicky Morris requested that for future Business Cases, it would be of benefit if the Executive</li> </ul>	

	<p>Summary could include that the QIA had been considered and who had provided sign off.</p> <ul style="list-style-type: none"> <li>• It was noted that more detailed discussion would take place in today's private session.</li> </ul> <p>Lindsay Foyster assured the Board that the case had been afforded sufficient consideration at the May Public Strategic Development Committee, in particular the procurement process.</p> <p>The Trust Board:</p> <ul style="list-style-type: none"> <li>• <b>NOTED</b> the continuation of procurement activity during May, with the commencement of the 10-day 'standstill' period, from the 9<sup>th</sup> May 2025.</li> <li>• <b>APPROVED</b> the Full Business Case (FBC) Executive Summary and Strategic Case only, for the replacement of a BECS, with the key objective of delivering a safe and compliant BECS implementation by November 2027.</li> </ul>	
<p><b>4.3.0</b></p>	<p><b>Public Strategic Development Committee Highlight Report (20/03/2025)</b> Led by Lindsay Foyster, Vice Chair and Chair of the Strategic Development Committee</p> <p>Lindsay Foyster introduced the Strategic Development Committee Highlight Report, which contained items of escalation to the Board. The following update was provided in relation to the Committee's activities:</p> <ul style="list-style-type: none"> <li>• <b>March meeting</b> – The report reflected the discussions and escalations from the March meeting, in particular, concerns relating to the TrAMs programme.</li> <li>• <b>May meeting</b> – It was advised that updates from the May meeting would follow within the next highlight report; key issues discussed included the Strategic Digital Capacity and Resilience and the requirement for a deep dive exercise in this area.</li> <li>• <b>Trust Assurance Framework (TAF)</b> – The Committee reviewed the draft (proposed) version of the TAF, noting progress and the need to focus on content rather than format, once approved.</li> <li>• <b>Escalations</b> – It was advised that issues relating to TrAMs and the Radiology Informatics System Procurement (RISP) would be addressed in today's private session.</li> </ul> <p>Lindsay Foyster welcomed the refreshed approach to the Strategic Development Committee, emphasising the importance of early engagement and collective shaping of strategic initiatives.</p> <p>The Trust Board <b>NOTED</b> the content of the report and any actions being taken to address any issues highlighted in the meeting.</p>	
<p><b>5.0.0</b></p>	<p><b>CONSENT ITEMS FOR APPROVAL</b></p>	
	<p>There were no items for <b>APPROVAL</b>.</p>	
<p><b>6.0.0</b></p>	<p><b>CONSENT ITEMS FOR NOTING</b></p>	
<p><b>6.1.0</b></p>	<p><b>Public Charitable Funds Committee Highlight Report (19/03/2025)</b> Led by Professor Donna Mead OBE, Chair and Chair of the Charitable Funds Committee</p> <p>The Trust Board <b>NOTED</b> the content of the report.</p>	

6.2.0	<p><b>Public Audit Committee Highlight Report (25/03/2025)</b> Led by Gareth Jones, Independent Member and Chair of the Audit Committee</p> <p>The Trust Board <b>NOTED</b> the content of the report.</p>	
6.3.0	<p><b>Trust Seal Report</b> Led by Non Gwilym, Director of Corporate Governance (interim)</p> <p>The Trust Board <b>NOTED</b> the content of the Trust Board Seal Register for the period <b>21st March – 21st May 2025</b>.</p>	
6.4.0	<p><b>Trust-wide Policies Approved Update</b> Led by Non Gwilym, Director of Corporate Governance (interim)</p> <p>The Trust Board <b>NOTED</b> the policies that had been approved during the period <b>April 2025 to May 2025</b>.</p>	
7.0.0	<p><b>ANY OTHER BUSINESS</b> Professor Donna Mead OBE, Chair</p> <p>Gareth Jones referred back to item 3.3.0 (Trust Risk Register), in particular the Workforce risks paper. Gareth requested that the paper be updated to reflect timelines, the current status of risks and the inclusion of more detailed information regarding the mitigations and management checks implemented to address these.</p> <p>Non Gwilym acknowledged the requirement for an update and agreed to liaise with Sarah Morley to ensure inclusion of the relevant information, advising that an updated paper would be re-shared with Board members prior to the next meeting.</p>	<b>NG/SM</b>
8.0.0	<p><b>DATE OF NEXT MEETING</b> Professor Donna Mead OBE, Chair Thursday 31<sup>st</sup> July 2025. It was noted that an additional, extraordinary public Trust Board meeting would also take place on the 26<sup>th</sup> June, for the approval of the Trust's Annual Accounts and Annual Report.</p>	
9.0.0	<p><b>CLOSE</b></p>	
10.0.0	<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>• Private action log</li> <li>• Whitchurch Land Update</li> <li>• Private Trust Risk Register</li> <li>• TrAMs / Pharmacy update</li> <li>• BECS Full Business Case – Economic, Commercial, Financial and Management Cases</li> <li>• Chair's Urgent Actions</li> <li>• Plasma 4 Medicines update</li> <li>• Private Committee Highlight Reports</li> <li>• Shared Services Partnership Committee Assurance Report</li> <li>• Joint Commissioning Committee Highlight Report</li> </ul>	