

**MINUTES PUBLIC TRUST BOARD MEETING – PART A  
VELINDRE UNIVERSITY NHS TRUST LIVE STREAMED  
27<sup>th</sup> MARCH 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>Dr Jacinta Abraham (JA) Matthew Bunce (MB) Lauren Fear (LF)</p>	<p>Chair Vice Chair Independent Member Independent Member (<i>remotely</i>) 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 Medical Director Executive Director of Finance Director of Transformation (interim)</p>
<p><b>ATTENDEES</b> Anne Carey (AC) Carl Taylor (CT) Non Gwilym (NG) Kyle Page (Secretariat)</p>	<p>Chief Operating Officer 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 apologised for the late start to the meeting owing to technical difficulties, which were being experienced in other areas of the NHS. Non Gwilym provided a bilingual explanation of the technical difficulties encountered. Attendees and members of the public were thanked for their patience and further apologies were extended for the loss of the Welsh translation facility at today's meeting.</p> <p>The Chair welcomed attendees to the meeting and the following apologies were noted:</p> <ul style="list-style-type: none"> <li>• Sarah Morley, Executive Director of Organisational Development and Workforce</li> <li>• Nicola Williams, Executive Director of Nursing, Allied Health Professionals &amp; Health Scientists</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>• Susan Thomas, Deputy Director of Organisational Development &amp; Workforce (deputising for Sarah Morley)</li> </ul>	

	<ul style="list-style-type: none"> <li>Annie Evans, Deputy Director of Nursing, Quality &amp; Patient Experience (deputising for Nicola Williams)</li> <li>Katrina Febry, Audit Lead, Audit Wales (<i>remotely</i>)</li> <li>Alan Prosser, Director of Welsh Blood Service (<i>remotely</i>)</li> </ul>	
<b>1.3.0</b>	<p><b>Declarations of Interest</b></p> <p>There were no declarations of interest pertinent to today's agenda.</p>	
<b>1.4.0</b>	<p><b>Minutes of the Public Session held on 30<sup>th</sup> January 2025</b></p> <p>The Board confirmed that the minutes of the meeting held on the 30<sup>th</sup> January 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' and updates were provided by the Executive Leads for all open actions as follows:</p> <p><b>7.1.4 (23/05/2024) (Action 3)</b> – It was agreed that the action remains open, as Committee Terms of Reference are currently under review, to be confirmed at the May 2025 meeting of the Trust Board (target date to be amended).</p> <p><b>4.1.0 (28/11/2024) (Action 19)</b> – It was proposed to close this action at the May 2025 meeting of the Trust Board, following inclusion of target ratings in the Risk Register from May 2025 onwards (target date to be amended).</p> <p><b>6.1.2 (28/11/2024) (Action 30)</b> – The Chief Operating Officer advised that this had been addressed at a recent Independent Members' meeting and that an out of Board approval had been actioned. It was agreed to close the action.</p> <p><b>4.1.0 (30/01/2025) (Action 32)</b> – It was advised that this item had been deferred for consideration at the May 2025 meeting of the Trust Board.</p> <p><b>4.1.0 (30/01/2025) (Action 33)</b> – Jacinta Abraham advised that in terms of changes to personnel and associated risks, progress has been evidenced with a move to nurse / pharmacy model and the development of a more sustainable leadership and oversight option in relation to the service. This risk had now reduced to 12 and it was recognised that a review of the service and new changes would ensure a seamless handover of care (commencing 1<sup>st</sup> April 2025). It was accepted that a piece of work in relation to the capture and management of all fragile services would be undertaken and sighted by the Strategic Development Committee, therefore it was agreed that this item could be closed.</p> <p><b>4.4.0 (30/01/2025) (Action 36)</b> – Matthew Bunce advised that marginal income figures would be addressed at the April Board Development Session and that a conversation prior to this with Independent Members' requirements would help shape the presentation accordingly.</p> <p>The Trust Board accepted the position and updates noted above.</p>	<b>MB</b>
<b>1.6.0</b>	<p><b>Matters Arising</b></p>	

	There were no matters arising for discussion.	
<b>2.0.0</b>	<b>KEY REPORTS</b>	
<b>2.1.0</b>	<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, highlighting the following:</p> <ul style="list-style-type: none"> <li>• <b>Swansea Blood Service Donor Awards:</b> Recognition of two staff members for their significant contributions in blood donations, with awards for 75 and over 100 donations.</li> <li>• <b>Consultant Appointments:</b> Successful recruitment of two new consultants, highlighting the high calibre of applicants and the benefits of the satellite centre development in attracting established professionals.</li> <li>• <b>Welsh Blood Service Electrical Infrastructure:</b> Successful replacement of the electrical infrastructure at the Talbot Green processing centre, ensuring resilience and continuity of service during the replacement.</li> <li>• <b>Appointment of Dr. Seema Arif:</b> Announcement of Dr. Seema AReef's Arif's new role in leading on quality and diversity for NHS Executive in relation to the Women's Health plan, which is aligned to one of the Ministerial priorities. It is the intention for Seema to attend a future Board meeting to advise further on the purpose of the role.</li> </ul> <p>The report emphasised the Trust's ongoing efforts in staff recognition, recruitment, infrastructure improvements and maintaining high standards in service delivery.</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 and achievements within the organisation, for the period February to March 2025. David Donegan highlighted the following:</p> <ul style="list-style-type: none"> <li>• <b>Staff Achievements:</b> The impressive contributions of staff recognised within the report, emphasising their achievements and the positive impact on the organisation.</li> <li>• <b>High-Calibre Appointments:</b> The high calibre of recent appointments, including the Velindre Cancer Service Triumvirate, Anne Carey's permanent appointment as Chief Operating Officer and the new substantive SRO for the nVCC project, Mark Trumper.</li> <li>• <b>Welsh Government Assurance:</b> The Trust had received the highest level of assurance from Welsh Government, placing it among the best-performing health bodies in Wales across all domains.</li> <li>• <b>Cabinet Secretary Visit:</b> The Cabinet Secretary visited on World Cancer Day to discuss the work of Welsh Blood Service and Velindre Cancer Service, with plans for another visit to discuss the satellite unit opening over the summer.</li> <li>• <b>Victory in Europe Day Celebrations:</b> Plans are underway to celebrate VE Day on May 8th, with the canteen at the Cancer Centre preparing an appropriate menu and decorations. A thanksgiving event will be held at the cancer centre and at WBS HQ</li> </ul>	

	There were no queries and the Trust Board <b>NOTED</b> the content of the Chief Executive's Update Report.	
<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>Performance Management Framework (January 2025)</b></p> <p>Lauren Fear, Director of Transformation (interim), Anne Carey, Chief Operating Officer, Matthew Bunce, Executive Director of Finance and Susan Thomas, Deputy Director of Organisational Development &amp; Workforce</p> <p>The Performance Management Framework (PMF) highlighted several key points and updates across the divisions. Lauren Fear advised the following:</p> <ul style="list-style-type: none"> <li>Assurance levels for each section of the report had been endorsed at the March Quality, Safety &amp; Performance Committee.</li> <li>An internal audit had been carried out on the PMF development work, which had been discussed in detail at the Audit Committee on the 25<sup>th</sup> March 2025.</li> <li>Progress of manual handling training, noting the transition from a previous long-standing Service Level Agreement with Cardiff and Vale University Health Board, to in-house training. A joint weekly update (between Health &amp; Safety and Velindre Cancer Service teams) continues to monitor progress and completion of a data clean-up is expected to conclude by the end of April for reporting on at the May meeting of the Trust Board.</li> <li>Blood Supply Chain Planning: Anne Carey highlighted the establishment of a planning group (led by Alan Prosser) to address medium and long term initiatives, including donor engagement and red cell collection.</li> <li>Radiotherapy Productivity: Anne Carey advised that new systems would be implemented to better understand productivity in Radiotherapy, with initial steps taken during March and further developments anticipated in April.</li> <li>SACT performance continues to improve.</li> </ul> <p>Specific concerns were raised about the accuracy of a number of performance metrics, as follows:</p> <ul style="list-style-type: none"> <li><b>Stem cell collection data</b> – Anne Carey advised that demand is met and therefore the performance figures would be corrected.</li> <li><b>Serology</b> – Anne Carey confirmed that while guidelines stipulate delivery within 5 days, 2 days had been entered as standard, impacting performance figures. A review of ongoing issues had identified the need for additional training to authorise results.</li> <li><b>SACT data</b> requires further clarity. Anne Carey agreed to review the presentation of the data, however the Board was assured that the Trust had recently acknowledged its best performance to date with regard to SACT.</li> <li><b>Inclusion of Targets (work package 4)</b> – It was queried whether the target date of the 31<sup>st</sup> January required extending. Lauren Fear advised that this has concluded and should have been updated to reflect this.</li> <li><b>Benchmarking (work package 9)</b> – extension of the target date from 31<sup>st</sup> March 2025 to 31<sup>st</sup> May is required.</li> </ul>	<p>AC</p> <p>AC</p> <p>LF</p> <p>LF</p>

	<ul style="list-style-type: none"> <li>• <b>Estates Efficiency</b> – Lauren Fear agreed to clarify data for Trust Waste Recycling performance.</li> <li>• <b>Radiotherapy waiting times</b> – The Chair noted the longest waits for scheduled and urgent Radiotherapy were 34 and 24 days respectively and sought assurance regarding potential patient harm due to delays. Anne Carey advised that all patients treated outside the target timeframe are reviewed by the relevant Consultant and an assessment of the risk to the patient versus the treatment required is made, occasionally resulting in this level of delay due to planning for this. The Board was assured that new systems would enable more effective scrutiny of such delays that is currently possible.</li> <li>• Gareth Jones noted that the cover paper had not included the discussion at Audit Committee on the 25<sup>th</sup> March.</li> </ul>	<p>LF</p> <p>LF</p>
	<p><b>Digital</b> Carl Taylor advised the following:</p> <ul style="list-style-type: none"> <li>• <b>Cyber Mandatory Training:</b> The Trust had seen an increased uptake in training, requiring the running of additional sessions, reporting compliance of 83.47% against a target of 85% for February.</li> <li>• <b>Halo:</b> Performance at the Service Desk continues to improve as a result of the implementation of Halo.</li> <li>• <b>Printing:</b> The rollout of new printers during January has resulted in the drastic reduction of invoices received in relation to printing.</li> <li>• <b>Significant Incidents:</b> The Trust is still trending above average, however 60% are nationally reported issues; four local issues regarding the Welsh Clinical Portal have been followed up with Digital Health and Care Wales.</li> </ul>	
	<p><b>Workforce</b> Susan Thomas advised the following:</p> <ul style="list-style-type: none"> <li>• <b>PADR process</b> – New templates and supporting documents are in the pilot stage to provide a robust framework for the implementation of the new People Development Policy. An improving trend towards the KPI target of 85% is anticipated.</li> <li>• <b>Sickness</b> – Trust wide actions plans have been developed within both divisions following detailed analysis of absence patterns and trends. Lindsay Foyster suggested year on year trend reporting would be of benefit, to enable identification of potential seasonal trends.</li> <li>• <b>Management Training Package</b> has been launched with the intention to roll out more comprehensively across the Trust.</li> </ul> <p>The Trust Board <b>NOTED:</b></p> <ul style="list-style-type: none"> <li>• The Performance Management Framework detailed analysis for the month of January 2025.</li> <li>• The progress against the nine agreed work packages.</li> <li>• The levels of assurance for each Division/ Directorate, as agreed by Executive Management Board and discussed and noted at Quality, Safety and Performance Committee (also included in the document).</li> </ul>	
<p>4.2.0</p>	<p><b>Financial Report (January 2025)</b> Matthew Bunce, Executive Director of Finance</p> <p>The Financial Report outlined the financial position and performance to the end of January 2025. Matthew Bunce highlighted the following:</p>	

	<ul style="list-style-type: none"> <li>• <b>Revenue Balance:</b> The Trust is projected to meet its revenue balance for the year, despite challenges in negotiating long-term agreements (LTAs) with commissioners due to historic baselines. An £800,000 reduction in income was noted.</li> <li>• <b>Savings Targets:</b> The Trust is on track with its savings targets, except for a shortfall of £100,000. This shortfall will not impact the overall position for this year due to non-recurrent savings.</li> <li>• <b>Key Performance Indicators (KPIs):</b> The Trust will meet its revenue balance, stay within its capital resource limit, and comply with public sector payment policy targets.</li> <li>• <b>Business Cases:</b> A range of Business Cases had been submitted across the Trust’s services, however, due to financial constraints, it had not been possible for Commissioners to fund the £1.5m Welsh Blood Service business cases, nor the £1.5m Velindre Cancer Service business cases, in particular around provision of further capacity for SACT.</li> <li>• <b>Next year:</b> Welsh Government has agreed to fund the Trust’s SDEC provision, improving the projected deficit to a balanced position.</li> </ul> <p>Gareth Jones referenced the position noted in the cover paper relating to Hywel Dda and the intention to change the Trust funding base from historic shares to actual cost, noting that unless an agreement was reached imminently, the Trust would be unable to sign the LTAs for the coming year which would lead to arbitration. Matthew Bunce advised that the paper had not been updated to reflect February’s position (an agreement has been reached for the forthcoming year only) and that the paper would be updated.</p> <p>Gareth Jones also queried whether an LTA marginal income underachievement of £500k was still expected. Matthew Bunce advised that the income shortfall had shown some improvement due to improved data capture in areas where this was previously not the case.</p> <p>The Trust Board <b>NOTED</b> the content of the January 2025 financial report, in particular:</p> <ul style="list-style-type: none"> <li>• The year to date and forecast revenue out turn position and PSCP 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>The Chair indicated that a significant number of acronyms had been included within the report, which may impede ease of reading for some audiences, and Non Gwilym advised that a glossary is currently under development.</p>	<b>MB</b>
<b>4.3.0</b>	<p><b>VUNHST Risk Register</b></p> <p>Non Gwilym, Director of Corporate Governance (interim)</p> <p>The Risk Register summarised the current extract of Risk Registers for risks scoring 12 and above for quality and safety and 15 and above for all other domains. Non Gwilym highlighted the following:</p> <ul style="list-style-type: none"> <li>• The risk register had been regularly updated during the reporting period and the governance section of the paper summarised discussions held at a number of Committees, highlighting common themes such as the</li> </ul>	

	<p>careful use of domains, queries regarding static risks, and ensuring executive accountability.</p> <ul style="list-style-type: none"> <li>The Audit Committee had received a report from internal audit on risk that received 'reasonable' assurance (green status).</li> </ul> <p>Carl James advised that that while better understanding of digital risks across the Trust was under development, there is a requirement for a comprehensive composite score for digital risks, a single digital risk register, and scoring national projects separately to understand their impact on the organisation.</p> <p>Gareth Jones emphasised the need to revisit risks that have remained static since 2020, ensuring they are thoroughly reviewed and appropriately mitigated and Non Gwilym advised that the number of risks recorded in Datix are under active review to mitigate duplication and ensure that risks can be viewed at the appropriate time.</p> <p>Vicky Morris advised that discussion at Audit Committee had highlighted the importance of identifying workforce risks, particularly those affecting fragile services, which will require separate capture and review.</p> <p>Finally, Stephen Harries indicated discrepancies in risk scoring calculations (either the total or the multiplier), which will be corrected.</p> <p>The Trust Board <b>NOTED</b> 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, noting that a rework of figures would be undertaken to maintain accuracy. The Board also <b>NOTED</b> the current assurance level of 2.</p>	<b>NG</b>
<p><b>4.4.0</b></p>	<p><b>Trust Assurance Framework</b> Non Gwilym, Director of Corporate Governance (interim)</p> <p>The Trust Assurance Framework was discussed in detail, highlighting the current assurance level of 2. The following was discussed:</p> <ul style="list-style-type: none"> <li>The inclusion of narratives from executive leads to provide a view of how the risk scores are moving. This pilot approach had received positive feedback from all relevant Committees.</li> <li>Updates contained in red text, reflecting the latest changes.</li> <li>Vicky Morris and Lindsay Foyster supported the Committee discussions, noting the importance of aligning strategic objectives with risks and the need for specific actions to mitigate risks.</li> <li>Gareth Jones noted that historic trends for each risk had been omitted, with the exception of TAF08. Non Gwilym confirmed that this process would be reinstated in future reports.</li> </ul> <p>The Trust Board <b>NOTED</b> the satisfactory current status of the Trust Assurance Framework and current assurance level of 2.</p>	<b>NG</b>
<p><b>4.5.0</b></p>	<p><b>Trust Values Culture Report</b> Susan Thomas, Deputy Director of Organisational Development &amp; Workforce</p> <p>The report set out a summary of the Trust's actions in relation to the development of organisational culture, including feedback, desired culture, ideas on the way forward, and an action plan. Susan Thomas highlighted</p>	

	<p>the importance of defining parameters for culture, as culture is shaped by attitudes, expectations and practices.</p> <p>The report identified key themes which require focus in shaping the culture, such as valuing differences, embedding compassionate leadership and ensuring psychological safety. The Board agreed to endorse the conclusions in section 4 and confirm the assurance at level 2, however indicating that a clear action plan with timescales and deliverables is still required.</p> <p>Board colleagues noted lack of urgency / timelines in addressing the more serious issues of the Trust's culture, given that the Culture and Values workstream had been established during 2022. It was felt that staff would appreciate a tangible, timebound action plan with SMART objectives. It was suggested that issues and actions could be worked through at a future Board Development session.</p> <p>The Trust Board:</p> <ul style="list-style-type: none"> <li>• <b>AGREED</b> the assurance level of 2.</li> <li>• <b>ENDORSED</b> the three conclusions and the next steps in section 4 as the way forward in designing a programme for the continued development of an effective culture within the Trust (<b>noting</b> that the Board has requested assurance regarding pace and development towards an initial end goal).</li> </ul>	
<p><b>4.6.0</b></p>	<p><b>Staff Survey Results</b> Susan Thomas, Deputy Director of Organisational Development &amp; Workforce</p> <p>The Staff Survey Results evidenced progress in all themes, compared with 2024. Susan Thomas noted that, as below average scores appeared in six of the ten themes, a Staff Survey Group had been established as the approach to developing action plans at both Trust and Divisional levels in response.</p> <p>Further discussion of the results highlighted several key points and concerns regarding the accuracy and presentation of the data:</p> <ul style="list-style-type: none"> <li>• <b>Data Accuracy:</b> The Chair noted that the percentage differences provided in the report were incorrect, with significant discrepancies between the reported and actual figures. For example, the report indicated a -4.5% variance in burnout, whereas the actual figure was -13%. This issue was acknowledged as stemming from the external agency procured to produce the report and that use of the term 'percentage point' was required. It was also noted that listing hosted units as separate organisations further complicated figures.</li> <li>• <b>Themes Identified:</b> The survey results were categorized into three main themes: psychological safety, PADRs (Performance Appraisal Development Reviews), and team time. These themes were chosen based on the clinical team's analysis of the data, aiming to address key areas of concern across the organisation. Gareth Jones expressed concern regarding the lack of detailed assurance on actions being taken to address the issues highlighted in the survey. Specifically, there was a call for more concrete steps and timelines to improve scores in areas such as team time and PADRs.</li> </ul>	

	<ul style="list-style-type: none"> <li>• <b>Presentation:</b> A number of issues were raised in relation to how the data had been presented, including the use of percentages for questions requiring numerical responses i.e. not Likert Scales, leading to confusion and potential misinterpretation. For example, the report indicated that 94.8% of respondents had experienced unwanted behaviour of a sexual nature, which had not been clearly explained in relation to how often, etc.</li> <li>• <b>Action Plan:</b> Susan Thomas emphasised that while the report provided a snapshot of the survey results, there are currently ongoing interventions at a number of levels to address the issues raised, including support mechanisms for teams and managers to tackle specific problems at the most basic level.</li> <li>• <b>Next Steps:</b> It was agreed that a note should be added to the report to clarify the deficiencies in the data and its presentation. Additionally, there was a suggestion to split the report into three sections, to provide more targeted and meaningful insights. Susan Thomas also agreed to confirm how the three themes had been determined.</li> </ul> <p>The Trust Board <b>NOTED</b> the report, and that colleagues would respond to the team that produced the report.</p>	<p>ST</p> <p>ST</p>
<p><b>5.0.0</b></p>	<p><b>PLANNING AND STRATEGIC DEVELOPMENT</b></p>	
<p><b>5.1.0</b></p>	<p><b>Integrated Medium Term Plan (IMTP) 2025-2028</b></p> <p><b>IMTP 2025-26 including Corporate Objectives</b> Lauren Fear, Director of Transformation (Interim)</p> <p>The report outlined the context in which the plan had been set, development of services and delivery of the Trust’s Strategy. The IMTP also included a substantial document for assurance purposes, detailing compliance with statutory requirements.</p> <p>Lauren Fear highlighted the following:</p> <ul style="list-style-type: none"> <li>• Efforts undertaken to ensure alignment with strategic objectives and compliance with planning guidance.</li> <li>• The structured approach taken, which included context, key milestones and desired outcomes for each service area.</li> <li>• The plan reflects contributions from a number of teams across the Welsh Blood Service, Velindre Cancer Service and Corporate functions.</li> <li>• The aim of the IMTP to provide a clear roadmap for the next three years, focusing on values such as care, respect and accountability. Specific updates had been made following feedback received from the Strategic Development Committee.</li> <li>• Formatting (including new approved images of our own patients, staff, donors and premises) would be improved for the final version.</li> </ul> <p>Andrew Westwell raised the following:</p> <ul style="list-style-type: none"> <li>• Whilst desired outcomes had been appropriately mapped to the Trust’s values, the statement regarding ‘increase in the retention and recruitment of staff’ implied expansion of the service. ‘Sustained’ or ‘managed’ were suggested as alternatives.</li> </ul>	<p>LF</p>

	<ul style="list-style-type: none"> <li>The accuracy the use of JAHS (Joint Academic Health Science Programme) was also queried and it was confirmed that this would be referred to as 'Cardiff Health Partners' going forward. However, as this had not yet been officially adopted, it was agreed to include this in brackets.</li> <li>Referencing the mention of National and International Research Collaborations (within the Research and Development section), it was noted that this referred to Welsh initiatives only and that this section requires expanding in terms of the organisation's intentions.</li> </ul> <p>Matthew Bunce requested the inclusion of Welsh Government's agreement to provide the SDEC funding mentioned under the financial item earlier in the meeting, as the plan within the current iteration indicated a £800k deficit.</p> <p>The Trust Board <b>APPROVED</b> the Integrated Medium Term Plan 2025-2028, subject to the minor amendments noted above. Lauren Fear agreed to circulate the final 'designed' version to Board members.</p>	<p>LF</p> <p>LF</p> <p>LF</p>
<p><b>5.2.0</b></p>	<p><b>Strategic Planning Update</b> Lauren Fear, Director of Transformation (interim)</p> <p>Lauren Fear provided an update, focusing on the Regional Cancer Programme and the collective progress made to date, which had been presented to the recent Regional Oversight Board. The report also highlighted the ongoing updates to the strategic planning matters, including the integration of the Strategic Development Committee's refreshed cycle of business.</p> <p>Lauren emphasised the importance of aligning the strategic objectives with the Well-being of Future Generations Act, as discussed in the recent Audit Committee meeting.</p> <p>The Trust Board <b>NOTED</b> the update.</p>	
<p><b>5.3.0</b></p>	<p><b>Strategic Development Committee Highlight Report (20/03/2025) (oral item)</b> Lindsay Foyster, Independent Member and Chair of the Strategic Development Committee</p> <p>Lindsay Foyster advised that the March 20<sup>th</sup> meeting of the Strategic Development Committee had focused on several key areas, in particular the Velindre Cancer Service Futures Highlight Report.</p> <p>The Committee had expressed significant concerns regarding the Transforming Access to Medicines (TrAMs) programme, noting substantial delays and risks; the expected delivery date for TrAMs had been revised from January 2026 to January 2027, raising apprehension regarding the programme's impact on service delivery and patient care. Issues discussed included the overall communications service model, governance structure, fragility of internal services and clarity on service delivery responsibilities. The Committee had proposed escalating these concerns to the Trust Board and suggested a deep dive into the programme to explore underlying issues. The Committee concluded that the overall Level 3 assurance rating should <u>exclude</u> TrAMs due to these concerns.</p>	

	<p>David Donegan indicated that concerns had been raised within more than one Committee, suggesting the potential attendance of a senior Shared Services colleague at a future Trust Board to allow for further discussion in this regard. It was also agreed that the Board had not received visibility of the programme, given the Trust's responsibility as host for a national programme.</p> <p>David Donegan suggested that the Risk Register entry should be amended to Level 1, to reflect the concerns raised (both as customer and host) and for this to be addressed via an immediate deep dive, to be discussed further at the May 2025 meeting of the Board.</p> <p>Gareth Jones advised (for information) that the next Shared Services Audit Committee would take place on the 15<sup>th</sup> April 2025 and that a detailed timeline of the TrAMs programme is expected to be provided at this meeting.</p> <p>The Trust Board <b>NOTED</b> the update.</p>	<b>NG</b>
<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>One urgent item of business for the Trust Board was considered via Chair's Urgent Action during this period:</p> <ul style="list-style-type: none"> <li>• Renewal of Contract for Human Leukocyte Antigen (HLA) Typing by Next Generation Sequencing (NGS).</li> </ul> <p>While no objections to approval had been received to date, a number of concerns had been raised and were detailed in the report.</p> <p>The Trust Board <b>RATIFIED</b> the Chair's Urgent Action taken between <b>24<sup>th</sup> January and 20<sup>th</sup> March 2025</b>.</p>	
<b>6.1.2</b>	<p><b>Amendments to the Model Standing Orders and Reservation and Delegation of Powers for NHS Trusts</b> Non Gwilym, Director of Corporate Governance (Interim)</p> <p>The report advised the Trust Board of the amendments to the Model Standing Orders and Reservation and Delegation of Powers for Local Health Boards, NHS Trusts and Special Health Authorities, following the making of the Local Health Boards, NHS Trusts and Special Health Authorities (Constitution, Membership and Procedures) (Miscellaneous Amendments) (Wales) Regulations 2024.</p> <p>The Trust Board <b>APPROVED</b> the adoption of the revised Trust Model Standing Orders, Reservation and Delegation of Powers.</p>	
<b>6.2.0</b>	<b>CONSENT FOR NOTING</b>	
<b>6.2.1</b>	<p><b>Public Strategic Development Committee Highlight Report (05/12/2024)</b> Lindsay Foyster, Independent Member and Chair of the Strategic Development Committee</p> <p>The Trust Board <b>NOTED</b> the content of the report.</p>	

6.2.2	<p><b>Public Transforming Cancer Services Programme Scrutiny Sub Committee Highlight Reports (17/10/2024; 19/12/2024; 23/01/2025 &amp; 20/02/2025)</b> Hilary Jones, Independent Member and Chair of the TCS Scrutiny Sub-Committee</p> <p>The Trust Board <b>NOTED</b> the content of the reports.</p>	
6.2.3	<p><b>Public Quality, Safety &amp; Performance Committee Highlight Report (13/03/2025)</b> Vicky Morris, Independent Member and Chair of the Quality, Safety &amp; Performance Committee</p> <p>The Trust Board <b>NOTED</b> the content of the report.</p>	
6.2.4	<p><b>Public Charitable Funds Committee Highlight Report (23/01/2025)</b> Professor Donna Mead OBE, Chair of the Charitable Funds Committee</p> <p>The Trust Board <b>NOTED</b> the content of the report.</p>	
6.2.5	<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>30<sup>th</sup> January 2025 – 20<sup>th</sup> March 2025</b>.</p>	
6.2.6	<p><b>Trust Wide Policies Approved Update</b> 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>February 2025 to March 2025</b>.</p>	
7.0.0	<p><b>Any Other Business</b> Prof. Donna Mead OBE, Chair</p> <p>The Chair advised the Board that this would be the last Trust Board meeting attended by Stephen Harries, who would be stepping down as Vice Chair at the end of April 2025. The Chair expressed a great deal of gratitude on behalf of the Board for Stephen's significant contribution during his tenure, his expertise and insight in relation to digital matters and staff wellbeing, and his enthusiasm as Chair of the Transforming Cancer Services Programme Scrutiny Sub-Committee.</p> <p>Stephen responded with thanks, noting that it had been a privilege to have been part of an organisation which provides such an important service.</p>	
8.0.0	<p><b>DATE OF NEXT MEETING</b></p> <p>The next public meeting of the Trust Board will take place on Thursday 22<sup>nd</sup> May 2025.</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 the previous private Trust Board meeting</li> </ul>	

	<ul style="list-style-type: none"><li>• Action log</li><li>• Velindre Cancer Service Structure Update</li><li>• MIM Governance Protocol</li><li>• nVCC Project Scheme of Delegation and Governance Framework</li><li>• Commitments of Expenditure Exceeding CEO Limit</li><li>• Hosted Functions and Major Projects</li><li>• Private Committee Highlight Reports</li></ul>	
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Unconfirmed