MINUTES PUBLIC TRUST BOARD MEETING

VELINDRE UNIVERSITY NHS TRUST

24th September 2026 – 10:00am-1:00pm

Welsh Blood Service Headquarters, Talbot Green / via Microsoft Teams

PRESENT	
Sara Moseley	Chair
Carl James	Chief Executive Officer
Gareth Jones	Independent Member
Vicky Morris	Independent Member
Hilary Jones	Independent Member
John Union	Independent Member
Matthew Bunce	Executive Director of Finance
Dr Jacinta Abraham	Executive Medical Director / Deputy Chief Executive
ATTENDEES	
Anne Carey	Chief Operating Officer
Victoria Oxley	Director of Strategy, Planning and Performance (interim)
Lauren Fear	Director of Place, Portfolio and Partnerships
Carl Taylor	Chief Digital Officer
Non Gwilym	Director of Corporate Governance (interim)
Kyle Page	Business Support Manager (Secretariat)

1.0.0	**PRELIMINARY MATTERS**	**LEAD**
1.1.0	**Welcome and Apologies:** The Chair welcomed attendees to the meeting and thanked Bethan Davis for providing simultaneous Welsh translation. The following apologies were noted: • Lindsay Foyster, Vice Chair; the Chair expressed condolences to Lindsay for her bereavement. • Ceri Doyle, Independent Member • Sarah Jenkins, interim Executive Director of People and Organisational Development • Gillian Knight, interim Executive Director of Nursing, AHPs and Health Scientists; the Chair informed the Board that Gillian had now been appointed substantively.	
1.2.0	**In Attendance:** The Chair extended a warm welcome to the following additional attendees: • Eleri Schiavone – Head of Blood Donation Services, Welsh Blood Service • Deborah Pritchard – Head of Transplantation Services, Welsh Blood Service • Georgia Stephens – Head of Transfusion Services, Welsh Blood Service • Amanda Jenkins – Assistant Director of Workforce Planning (deputising for Sarah Jenkins)	

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	• Annie Evans – Deputy Director of Nursing, Quality & Patient Experience (deputising for Gillian Knight) • Linsay Payne, Deputy Director of Finance and Corporate Services, NHS Wales Shared Services Partnership (to be dialled in for item 7.1.0) • Alyson Thomas, Chief Executive, Llais; The Chair thanked Alyson for her work with Gillian Knight to strengthen links with Llais. • Jo Dalton, Head of Corporate Governance • Ben Leijokari-Olosunde, Aspiring Board Member	
1.3.0	**Declarations of Interest** There were no declarations of interest noted in respect of today's agenda.	
1.4.0	**Minutes of the Public Trust Board meeting held on 30th July 2026** Sara Moseley, Chair Board members were content that the minutes of the meeting held on 30th July 2026 were an accurate reflection of proceedings.	
1.5.0	**Action Log** Sara Moseley, Chair The Board was content to close all actions marked as 'propose to close' and the remaining actions were discussed as follows: ***25/03/2026 item 9.4.0 (action 74)*** – Carl Taylor advised that confirmation of digital resource requirements had been considered by the Executive Management Board, prior to nVCC Readiness Board the following week. It was anticipated that this action would be closed following the Readiness Board meeting. ***30/07/2026 item 3.1.0 (action 85)*** – Anne Carey advised that a deep dive was in progress in relation to incidents across the Welsh Blood Service; however, this had been delayed due to Datix system issues. A monthly review had been introduced to identify outstanding incidents, and a full update (including outcomes and examples) was expected at the November Board meeting. ***30/07/2026 item 3.1.0 (action 86)*** – Amanda Jenkins advised that a request had been submitted to IBM (which manages the ESR system), and that the source of the 'Velindre Organisation' terminology within ESR was being investigated. ***30/07/2026 item 3.1.0 (action 87)*** – Matthew Bunce advised that a disconnect had been identified between the Finance team and those producing the covering narrative for the Performance Management Framework (PMF) Report and that an extension had been requested to improve the finance reporting process within the PMF. ***30/07/2026 item 3.1.0 (action 88)*** – Carl James advised that he had been in regular discussion with Hywel Jones (Welsh Government) regarding Same Day Emergency Care funding, and that formal clarification was expected imminently. ***30/07/2026 item 3.3.0 (action 90)*** – Anne Carey advised that work undertaken to address the absence of controls and assurance within the Board Assurance	

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	Framework (BAF) for the Velindre Cancer Service would require an extension as this had not yet concluded. It was noted that a risk group would be established to review all relevant risks and strengthen links to make risk management more meaningful for teams and leaders. The Board **NOTED** the status of the remaining open actions.	
1.6.0	**Matters Arising**	
1.6.1	**EDI – Welsh Blood Service Brixton Blood Donation Centre Visit** Anne Carey, Chief Operating Officer Anne informed the Board that the Welsh Blood Service (WBS) had visited the Brixton Blood Donation Centre and focused on the practical learning that the blood service could apply, particularly for the new donor centre developments. The visit had demonstrated the benefits of strong community ownership, local engagement and a welcoming donor environment. Anne highlighted opportunities to apply this learning to future donor centres through enhanced community involvement, extended opening hours, improved donor experience and greater integration with local partners and community groups. Board members raised the following questions: • Whether there were opportunities for the space to be used by the community outside of its daytime clinical function. It was advised that Brixton's approach was focused less on opening the building for other uses and more on taking the service into the community. • Whether the Welsh Blood Service had considered adopting similar arrangements for local communities to the extended hours and hub-based approach observed at Brixton. It was advised that WBS wishes to explore longer opening hours, a welcoming 'coffee club' atmosphere, a potential hybrid model combining static and community sessions and developing the new donor centre as a multi-component collection site. • Whether the workforce reflected the communities it was serving and whether this had formed part of the Brixton approach. It was explained that the WBS is actively working to ensure its service better reflected the communities it serves, and that progress had been made in attracting staff from more diverse backgrounds. However, it was also recognised that more can be done in collection services. It was agreed that Brixton's staffing profile appeared to closely match its local community.	
2.0.0	**WELSH BLOOD SERVICE STORY**	
2.1.0	**Celebrating 80 Years of the Welsh Blood Service** Alan Prosser, Director of WBS Alan Prosser presented the 80th anniversary of the Welsh Blood Service as both a celebration of its history and an opportunity to recognise the generations of donors, staff, volunteers, patients and communities who had shaped and sustained the service. He outlined its development from its post-war origins into a modern, innovative all-Wales service with national and international reach, while emphasising that its fundamental purpose of connecting donor generosity	

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	with patient need had remained constant. Looking ahead, he highlighted continued innovation, partnership and donor and workforce commitment as central to meeting future patient needs. The Chair commended the Welsh Blood Service's culture of continuous improvement and the pride demonstrated by both staff and donors. She thanked Alan Prosser and the wider team for their contribution and wished the Service continued success as it celebrated its 80th anniversary. Carl James also reflected on the Service's development, praising its leadership and culture. He commented on the journey from a regional service to one with a national and international reach and an excellent reputation for quality. He also highlighted the strong sense of belonging amongst donors and staff, suggesting that the service should be used as an exemplar across Wales. Carl thanked Alan Prosser, the wider team and donors for their contribution and challenged the service to continue its improvement journey with the ambition of being the best in the world.	
3.0.0	**KEY REPORTS**	
3.1.0	**Chair's Report** Sara Moseley, Chair The Chair highlighted the following key items: • **New Board Committee arrangements** – the Chair welcomed the first round of the redesigned Committees and thanked Committee Chairs, members and executive leads. The intention is to 'dive in' and learn as the new arrangements develop. It was felt that the stronger focus on finance and performance was appropriate given the operating environment. • **NHS Wales 'well-led' workshop** – The Chair reflected on the workshop between Welsh Government and NHS Wales Chairs, aimed at developing a shared understanding of what being 'well-led' means in the context of performance, escalation and Board Development. The discussion provided an opportunity for a reset as NHS Wales progresses through significant change. • **Chairs Peer Group** – It was advised that the Chair had been elected Vice Chair of the Chairs Peer Group and would lead work on leadership and leadership through change. • **Death of Professor Tom Crosby** – The Chair informed the Board of his sudden and unexpected death, describing the profound impact of his loss and his warmth, kindness, enthusiasm and passion for his work, patients and cancer services. She introduced a book of condolence for his family and invited Jacinta Abraham to reflect on his contribution. Jacinta Abraham paid tribute to Tom Crosby, reflecting on his more than 30 years of service and exceptional contribution to cancer care. She highlighted his passion and advocacy for Radiotherapy, his significant role in the early development of the new Velindre Cancer Centre, and his nationally and internationally influential research in oesophagogastric cancer. She described him as a trusted, inspirational, compassionate and accessible clinician whose influence extended across patients, colleagues and the wider cancer community, and whose legacy would continue to benefit patients and services for many years.	

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	The Board stood and a minute of applause was held in memory of Tom.	
3.2.0	**Chief Executive's Report** Carl James, Chief Executive Officer Carl James highlighted the following key items: • **Executive recruitment** continues to progress, and Dr Sarah Green will commence in her post as Executive Director of People & Organisational Development on the 2nd November 2026. Additionally, Gillian Knight had been appointed as substantive Executive Director of Nursing, and the preferred candidate for the Director of Corporate Governance position had accepted the post. • A positive meeting had been held with the Health Strategy Board (HSB) regarding the new Velindre Cancer Centre project, with strong support for the programme and a focus on delivery and accountability. • The Advanced Therapies Wales Symposium held on 7th September had been a success. Carl emphasised the importance of advanced therapies to Welsh patients and noted his role as national SRO for the programme. • Following the Trust's NHS Performance and Improvement meeting with Welsh Government, the Trust remains in routine arrangements under the NHS Wales escalation framework. This is a positive outcome, and it was noted that financial pressures remain a challenge for all organisations. The Board **NOTED** the content of the update report.	
4.0.0	**QUALITY, SAFETY AND PERFORMANCE**	
4.1.0	**Performance Management Framework – July 2026** Victoria Oxley, Interim Director of Strategy, Planning & Performance The Board noted that since the previous reporting period, the Performance Management Report had been subject to enhanced scrutiny through the Trust's revised Committee arrangements; in accordance with the committees' Terms of Reference, the report was considered in detail by the Performance and Finance Committee and also informed the Quality, Safety and Experience Committee's deliberations. The following key points were highlighted: • Cancer treatment standards remained under national discussion, with work underway with Welsh Government to standardise Board reporting. Despite changing baselines, Velindre intended to continue reporting against the current SACT quality standards. • SACT (Systemic Anti-Cancer Therapy) performance remained a priority and area of operational focus, with challenges to performance linked to increasing demand. A business case was being developed to support further improvement. Carl James emphasised the need for consistent standards, measurement and publication of data across Wales, including patients outside the Single Cancer Pathway.	

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	• Velindre Cancer Service currently has a 24-point SACT improvement plan in place, which the team is actually working through, alongside work to strengthen patient involvement and continued collaboration with national partners and other cancer centres to address waiting times and treatment standards and provide greater clarity on the patient promise. It was agreed that an update would be provided to the November Board regarding internal measures implemented by the Trust to support the cancer service, particularly SACT, alongside a clearer sense of the developing position on performance standards and associated discussions with Commissioners. • The relationship between increasing demand and the associated financial implications had been considered by the Finance and Performance Committee. It was advised that a deep dive on commissioning would be undertaken at its November meeting to support members' understanding of the commissioning arrangements and associated challenges. • Welsh Blood Service performance remains consistent and benchmarks favourably with the four UK nations. Board members / attendees raised the following: • From a patient perspective, whether patients understood expected treatment times, delays and any harm–review processes. It was acknowledged that public –facing information was often too complicated and that the intention was to provide a clearer narrative around the standards, actual performance and what that means for patients. • How meaningful and comparable performance data was actually being used to drive action in the here and now, rather than only informing the longer-term cancer strategy. Carl James confirmed that the Trust would continue to collect and report against the existing cancer quality standards whilst national discussions progressed, emphasising that the purpose of the data was to support patient care. He highlighted the importance of providing a clear narrative alongside performance data and achieving consistent measurement and transparent reporting across Wales. The Trust Board took **ASSURANCE** from the Performance Management Framework and concurred with the individual levels of assurance noted in the report.	**AC**
4.2.0	**VUNHST Risk Register** Non Gwilym, Interim Director of Corporate Governance Non Gwilym presented the Trust Risk Register following review by the Executive Management Board and Audit Risk and Assurance Committee. The following was highlighted: • The principal risk themes remain mainly unchanged, including patient safety and service capacity. • The highest current score is 20 for the Corporate WLIMS 2.0 delay risk. wo new risks relating to the Welsh Blood Service were noted.	

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	• Two new risks relating to the Welsh Blood Service were noted, while a number of mitigating actions continue to depend on matters such as workforce capacity, business cases, procurement, national programmes and external partners. • Fourteen risk reviews remain overdue. • Both the Executive Management Board and Audit Risk and Assurance Committee had called for stronger risk management; this had also been discussed at the Quality, Safety & Experience Committee and Non thanked the Committee Chairs for work to align operational risks with strategic risks as the new Committee arrangements developed. • Further improvements are in progress, with a more comprehensive assessment due in October 2026. This improvement work was linked to the proposed Executive Risk Management Group, closer alignment with the Board Assurance Framework (BAF) and work on the new risk policy. • Carl Taylor provided assurance regarding one of the new WBS risks, relating to the technology supporting the Welsh Bone Marrow Donor Registry. He advised that Welsh Government funding had been secured to undertake a procurement exercise for a replacement system. He noted that the existing technology presented a service risk, but that plans were in place, supported by collaboration between Digital Services and the Welsh Blood Service, to progress the required transformation. Board members raised the following: • It was confirmed that following the discussion at the Audit Risk and Assurance Committee, where there had been some concern regarding the risk position, improvements were now being implemented, including around Datix. • Who would lead the new Risk Management Group, when would the group likely commence and how would it operate? While a nominated lead and date was not agreed, it was noted that the proposed Risk Management Group would form part of strengthened risk-management arrangements, supporting greater triangulation of risks, assurance and mitigating actions through the new committee structure. • The proposed Risk Management Group was welcomed and the importance of triangulating risk across the new committee structure was emphasised. The need for committee papers to clearly align levels of assurance and risk with proposed mitigations was highlighted, enabling committees to focus on the substantive management and mitigation of risk rather than the process itself. The Chair supported the importance of alignment between the developing risk arrangements and the new committee structure. The Trust Board: • **NOTED** the September 2026 Trust Risk Register position. • **NOTED** the EMB discussion on new risks, consolidated Treatment Helpline risks, sub-threshold risks, overdue reviews, and the need to strengthen the quality and discipline of risk review arrangements. • **TOOK ASSURANCE** that actions arising from EMB have been identified for follow-up.	
4.3.0	**Board Assurance Framework (BAF)**	

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	Non Gwilym, Interim Director of Corporate Governance During the reporting period, strategic risks had been overseen through the Trust's revised Committee arrangements. Non indicated that three risks had be substantially reviewed since the previous report, specifically referring to BAF02, BAF06 and BAF08. Significant work had been undertaken with the Workforce team on BAF06 and a revised BAF would be presented to the People, Culture and Engagement committee in November. Board members / attendees raised the following questions / queries: • Why particular strategic risks had remained static for so long, what actions were being taken to address these risks and whether they were having an impact; additionally, where they were not working, whether anything further could be implemented. It was advised that BAF risks are strategic by nature and therefore movement is not always straightforward or immediately measurable. However, it was recognised that the Trust should be more precise about the cause-and-effect relationship between the risk, the action taken, and its impact on the score. • The need to establish a clear reporting mechanism from the new committees to the Audit and Risk Assurance Committee, to provide visibility of the work undertaken by individual committees in relation to strategic risks and actions or assurances put in place. It was noted that this reporting process remained under development. • How the Risk Register and BAF align and how the two mechanisms collectively drive improvements. It was also questioned whether the relationship was sufficiently clear from a public-facing perspective. It was acknowledged that clearer alignment was required between the BAF, Operational Risk Register, strategic objectives, PMF, IMTP and associated action plans, to demonstrate how performance evidence and risk collectively drive improvement. It was noted that work remained ongoing to develop these connections, supported by integrated performance reporting and clearer committee ownership and accountability, providing a more coherent organisational narrative for staff, the Board and the public. The Board **NOTED** the current BAF and strategic risk position, the positive but qualified assurance on the developing arrangements, and the priorities identified to strengthen strategic risk oversight.	
5.0.0	**ORGANISATIONAL DEVELOPMENT**	
5.1.0	**Partnership Agreements for Cardiff Health Partners and Cardiff Cancer Research Partnership (CCRP)** Jacinta Abraham, Executive Medical Director and Lauren Fear, Director of Place, Portfolio and Partnerships Lauren Fear introduced the two agreements for Board approval and set out the key governance points. She advised the following: • Both agreements had been considered in detail at an extraordinary Research, Development & Innovation Committee.	

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	• The supporting presentation had subsequently been expanded to provide members with more context on how the partnerships were operating and their successes. • The CCRP Heads of Terms had previously been agreed at Board and that the paper explained the differences between the Heads of Terms and the final partnership agreement. • That the QIA (Quality Impact Assessment) and EQIA (Equality Impact Assessment) had been included. Additionally, Lauren highlighted three matters requiring attention prior to finalisation: • **Liability cap** - the CHP agreement contained an error (the liability cap should be £1 million), which would be corrected. • **Termination** – either partnership agreement would terminate should one of the three parties withdraw, following which the remaining parties would have to constitute a new arrangement. • **Indemnity** – It was agreed that some indemnity provisions required clearer wording. Lauren proposed that the board approve the strategic partnership arrangements, subject to the indemnity wording being reviewed between the three parties and subsequently confirmed with the Board member who had requested this. Jacinta Abraham drew the Board's attention to the robust QIA that had been undertaken for the partnership agreements, stating why the agreements were critical, particularly around equity of access to research. She also referenced the transformational benefits being realised through patient participation in CCRP studies and highlighted the Trust's leadership and wider influence in developing the partnership model. Alyson Thomas (Llais) sought clarity on the tangible benefits already delivered for patients and the public through the existing partnerships and the additional opportunities that would be realised through the proposed partnership arrangements. Jacinta explained that CCRP had enabled access to complex cancer clinical trials and strengthened the link between translational research and clinical care, while Cardiff Health Partners provided opportunities to broaden the Trust's contribution to population health, prevention, care closer to home, research and innovation, and patient engagement. The partnerships were considered central to expanding access to research and improving cancer outcomes across Wales. The Board **APPROVED** the two partnership agreements, <u>subject to the amendments discussed above</u>.	**LF** **LF**
6.0.0	**COMMITTEE ESCALATIONS**	
6.1.0	**Audit and Risk Assurance Committee** Gareth Jones, Independent Member and Chair of ARAC This item was taken as an oral update, as the meeting of the Audit and Risk Assurance Committee had taken place on the 17th September.	

	Gareth escalated concerns around the delay to the national LIMS (Laboratory Information Management System) programme and sought assurance on the implications and mitigating actions. The Board noted that the risk was reflected within the Trust Risk Register. Carl Taylor provided further assurance that while the Welsh Blood Service was relatively well prepared for implementation of the national LIMS blood-transfusion solution, delivery remained dependent on the national programme, with a provisional implementation date of 8th February 2027. The wider system risk, including dependencies for health boards and digital connectivity arising from the Infected Blood Inquiry, was recognised and remained subject to national Chief Executive-level scrutiny.	
7.0.0	**ITEMS FOR APPROVAL**	
7.1.0	**Shared Services Items for Approval - Fleet modernisation programme Business Justification Case 2026-27** Linsay Payne, Deputy Director of Finance and Corporate Services, NWSSP Linsay Payne presented year two of the 10-year Fleet Modernisation Programme, seeking approval for the purchase of 22 vehicles at a total value of £1.29m excluding VAT, for submission to Welsh Government for 2027-28 capital funding. She advised that the proposed mix of electric and hybrid vehicles balanced operational resilience and decarbonisation objectives with current charging, range, rural service and emergency-response requirements. Following a governance query regarding the QIA and EQIA, Linsay advised the version she had previously seen contained the Medical Director's signature and suggested that the incorrect version may have been included in the Board pack; it was agreed that the appropriate version could be provided. **The Board:** • **APPROVED** the Year 2 Business Justification Case and associated capital funding request of £1.290m, excluding VAT, following approval by the Shared Services Partnership Committee and prior to submission to Welsh Government; • and in doing so, **AUTHORISED** the Chief Executive Officer to approve the associated purchase order.	**LP**
7.2.0	**Wales Infected Blood Support Scheme (WIBSS) Annual Report 2025-26** Lauren Fear, Director of Place, Portfolio and Partnerships The report provided an update on delivery and the governance arrangements in place to support ongoing oversight of the Scheme. Lauren Fear advised the following: • Over the course of the year, WIBBS had continued to support 171 beneficiaries, comprising people infected through contaminated blood products and affected family members or estates. • This represented a reduction of 57 beneficiaries compared to the previous year, as a number of individuals had opted to receive compensation through the UK-wide compensation scheme.	

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	• WIBBS will continue to provide support until the Infected Blood Compensation Authority (IBCA) becomes fully operational, with a target date of January 2027. • IBCA will not provide the wider set of support systems; therefore, Velindre had agreed with Welsh Government that it would continue dedicated psychology and counselling support for a further year after the scheme closes, allowing beneficiaries time to transition into mainstream services if required. Board members raised the following questions: • Where else the report may be shared (i.e. across all Health Boards). Lauren advised that the report is shared via the national partnership governance arrangements and had already been considered by the Shared Services Partnership Committee. • The governance and approval arrangements for the report. Lauren explained that the report had already been approved by the cross-partnership group comprising the Trust, Welsh Government and NWSSP representatives before being presented to the Board. The Trust Board **NOTED** the WIBBS Annual Report 2025-26 for assurance purposes.	
7.3.0	**Annual Assurance report on compliance with the Nurse Staffing Levels (Wales) Act 2016** Annie Evans, Deputy Director for Nursing, Quality & Patient Experience The report provided the Trust's annual position as at 31st March 2026. Annie advised the following: • The Trust had 49.3 whole-time equivalent (WTE) nursing staff on the first floor ward. • Nursing fill rates were reported at 96.9%. • The required six-monthly reviews of nurse staffing levels would continue, with the new review scheduled for October. • Based on the reviews undertaken, there was confidence that the staffing establishment remained sufficient to meet patient care needs. The Trust Board **APPROVED** the 2025/26 Annual Assurance Report on compliance with the Nurse Staffing Levels (Wales) Act 2016.	
8.0.0	**CONSENT ITEMS FOR NOTING AND ASSURANCE**	
8.1.0	**Trust Seal Report** Non Gwilym, Director of Corporate Governance (Interim) The Trust Board is asked to **NOTED** the content of the Trust Board Seal Register **for ASSURANCE.**	
8.2.0	**Trust-wide policy approvals update** Executive Sponsor: Non Gwilym, Interim Director of Corporate Governance	

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	The Board queried the level of assurance attached to the report, noting that whilst Committees had reviewed and approved individual policies, they had not received information on overdue policies, policy gaps or overall policy management arrangements. It was suggested that assurance on the wider policy framework should be strengthened to enable to Board to assess the effectiveness of policy governance across the Trust. **Action:** NG to ensure governance route for consideration of the wider policy framework is clarified. The Trust Board **NOTED for ASSURANCE** the Trust wide policies and other written control documents that had been approved during the period August 2026 to September 2026.	**NG**
8.3.0	**NHS Wales Shared Services Partnership Committee Assurance report (16 July 2026)** Provided by Linsay Payne, Deputy Director of Finance and Corporate Services, NWSSP The Trust Board **NOTED** the content of the Shared Services Partnership Committee Assurance Report.	
8.4.0	**Shared Services Partnership Audit Committee Highlight Reports (15th June and 7th July)** Provided by James Quance, Assistant Director of Corporate Services The Trust Board **NOTED** the content of the Shared Services Partnership Committee Highlight Reports.	
8.5.0	**Winter Preparedness 2026/27 – Stress Testing** Anne Carey, Chief Operating Officer Anne advised that the paper was part of a strengthened national approach, led by NHS Performance and Improvement, to assess winter readiness across NHS Wales; although winter pressures are generally associated with acute hospitals and front-door services, the Trust had been asked to participate in the national process and complete the required self-assessment. The report outlined the process the Trust had followed and was aligned with approaches used elsewhere in the NHS. The paper had been brought directly to Board for review prior to submission to NHS Performance and Improvement the following day. Board members raised the following: • The paper had not been sighted at any of the Trust Board's committees prior to Board. Anne explained that the paper had been brought directly to Board due to the time constraints of the national submission timetable and the requirement for it to be submitted to NHS Performance and Improvement the following day. • Where future papers should sit within the hierarchy of decision-making and assurance. For future papers of this nature, the Chair suggested that the Board would benefit from a clearer explanation of why the paper is	

	presented at Board, where it sits within the wider governance structure, which Committee or assurance route sits beneath it, and whether it is being presented for approval, assurance, information or due to an external reporting requirement. **Action:** To confirm governance route for future reports. The Trust Board: • **RECEIVED** and **NOTED** the divisional stress-testing outcomes, actions and residual risks set out in Appendix 1. • Took reasonable **ASSURANCE** on divisional preparedness for likely demand and extreme-pressure scenarios. • **SUPPORTED** the proposed Trust-wide priorities for EPRR development and winter resilience during 2026/27. • **NOTED** that the Board-assured information will support the national submission due on 25 September 2026.	**AC**
9.0.0	**ANY OTHER BUSINESS** Sara Moseley, Chair The Chair formally thanked Sarah Jenkins, Interim Executive Director of People and Organisational Development, who was leaving the Trust to assume a role with West Wales Fire and Rescue Service. She reflected on the significant contribution that Sarah had made during her time with the Trust, bringing energy, innovation, strong value and commitment to improving the organisation. She had helped the Board think differently about workforce, culture, staff wellbeing and engagement issues, in addition to providing valued advice and support to the Board, the Executive team and colleagues across the organisation. Carl James supported the Chair's comments, describing Sarah's contribution during a challenging period for the organisation as making a big difference. The Board agreed to send Sarah a letter to formally record its thanks.	**CEO**
10.0.0	**DATE OF NEXT MEETING** The next public meeting of the Board will take place on Thursday, 26th November 2026 at Trust Headquarters, Nantgarw.	
11.0.0	**CLOSE**	
12.0.0	**ITEMS FOR DISCUSSION AT PART B**	
	• Minutes and actions from the previous private Board meeting • Legal Matters Update • Input into National Cancer Strategy • nVCC Beneficial Access Requirements • nVCC Progress on outstanding issues • Whitchurch Hospital Grounds next steps • Emergency Preparedness, Resilience and Response Annual Report 25-26 • Winter Preparedness • Trust Integrated Improvement Plan	

Unconfirmed

	• Private Trust Risk Register • Board Assurance Framework • Items for escalation via Committees • Shared Services items for approval • nVCC Clinical Systems • WBS First Floor Lease Approval • Committee Highlights

Unconfirmed