

**MINUTES PUBLIC TRUST BOARD MEETING
VELINDRE UNIVERSITY NHS TRUST
25th September 2025 11:00-13:30**

<p>PRESENT Sara Moseley Lindsay Foyster Gareth Jones Prof. Andrew Westwell Vicky Morris Hilary Jones David Donegan Carl James</p> <p>Nicola Williams</p> <p>Lauren Fear Matthew Bunce Dr Jacinta Abraham Sarah Morley</p> <p>ATTENDEES Anne Carey Non Gwilym Carl Taylor Kyle Page</p>	<p>Chair Vice Chair Independent Member Independent Member Independent Member Independent Member (remotely) Chief Executive Officer Executive Director of Strategic Transformation, Planning & Digital / Deputy CEO Executive Director of Nursing, Allied Health Professionals & Health Scientists Director of Place, Portfolio and Partnerships Executive Director of Finance Executive Medical Director Executive Director of Organisational Development & Workforce</p> <p>Chief Operating Officer Interim Director of Corporate Governance Chief Digital Officer Business Support Manager (Secretariat)</p>
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1.0.0	PRELIMINARY MATTERS	LEAD
1.1.0	<p>Welcome and Apologies:</p> <p>The Chair welcomed attendees to her first Board meeting and no apologies were noted.</p>	
1.2.0	<p>In Attendance:</p> <p>The Chair extended a warm welcome to the following additional attendees:</p> <ul style="list-style-type: none"> • Llinos Madeley, Interim Head of Corporate Governance • Bethan Davis (HEIW) – Simultaneous Welsh Translation • Ben Leijokari-Olosunde, Aspiring Board Members Programme Member 	
1.3.0	<p>Declarations of Interest</p> <p>There were no declarations of interest noted in respect of today's agenda.</p>	
1.4.0	<p>Minutes of the Public Trust Board meeting held on 24th July 2025</p> <p>The following amendments were noted:</p> <p><i>Page 5 item 3.2.0 – Amend date to April 2026.</i></p>	

	Subject to the amendment noted above, the Trust Board was content that the minutes were otherwise accurate reflections of proceedings.	
1.5.0	<p>Action Log</p> <p>The Trust Board was content to close all actions marked as 'propose to close', with the exception of Action 45 (this was not closed and is discussed further below).</p> <p>The following updates were provided for actions remaining open:</p> <p>Action 3 (item 7.1.4 – 23.05.2024 meeting) – Non Gwilym advised that work is ongoing; changes to the wording of the remit of the Audit Committee had been accepted by the Committee, in addition to the remit of the Strategic Development Committee and nVCC Project Scrutiny Sub-Committee. Comments received at a meeting regarding the remit of the Project Board had been accepted, with a view for this action to be closed at November's Trust Board. It was agreed to update the target date.</p> <p>Action 45 reopened (item 3.1.0 – 22.05.2025 meeting) – It was agreed to reopen this action as elements of the action are noted for future completion. Anne Carey indicated that the output of the Cancer Patient Tracker List (PTL) would regularly be visible in the Performance Report, allowing a review of how pathways are being delivered. It was also noted that the Performance Report would evolve to provide more granular detail as part of an ongoing learning process. The Chair requested an update on how patient experience would be captured along outcome measures in relation to the PTL, emphasising the importance of measuring improvements in both outcomes and patient experience.</p> <p>Action 49 (item 3.1.0 – 25.07.2025 meeting) – Sarah Morley advised that additional information relating to PADR compliance had been included in the report for this cycle. It is also the intention to provide additional links to further detail for the November Board cycle.</p> <p>Action 51 (item 4.4.0 – 25.07.2025 meeting) – Non Gwilym advised that the Welsh Language team had been approached regarding Welsh Language compliance standards; benchmarking with other Health Boards is to be undertaken in relation to conducting all committees bilingually. This matter will be considered via the Governance Assurance and Risk Group and an update will follow at the November meeting.</p> <p>The Trust Board agreed the status of all open actions.</p>	<p>NG</p> <p>AC</p> <p>SfM</p> <p>NG</p>
1.6.0	<p>Matters Arising</p> <p>Sara Moseley, Chair</p>	
	<p>Non Gwilym outlined several points of clarification raised prior to the meeting by Board members:</p> <ul style="list-style-type: none"> • The need to review wording around Workforce transformation in the Terms of Reference of the Research, Development & Innovation Committee. • Corrections to the Cancer Research Partnership documentation regarding references to the Trust (exclusion of “University” in organisation name). • An incorrect date had been observed in the Trust Seal Report. Non Gwilym confirmed that this had been corrected and republished ahead of the meeting. 	
2.0.0	KEY REPORTS	

<p>2.1.0</p>	<p>Chair's Report Sara Moseley, Chair</p> <p>The Chair covered her activity since commencing in post on the 1st September 2025 and highlighted the following:</p> <ul style="list-style-type: none"> • Her intention to move at pace to get to know the organisation and its partners, in addition to attending inspirational sessions with Nursing and Research teams. • Ensuring an early focus on people and culture and on support for governance and accountability • Attendance at the Chairs' Peer Group meeting, noting the upcoming staff survey and the need for Board support and staff engagement. • The current external political environment, including NHS priorities and change and manifesto developments ahead of the May 2026 election and the need for Board awareness and preparedness. • Recognition of system-wide pressures affecting commissioners, partners, patients and carers, suggesting that future updates could focus on specific service areas for improved Board insight. Feedback in this regard was welcomed. • Independent Member interviews had been undertaken on the 5th and 8th of September, which had included a strong pool of candidates, all of which possessed direct experience of the Trust's services. The Trust's recommendations following interview have been shared with the Cabinet Secretary and a decision is expected imminently. <p>The Trust Board NOTED the content of the Chair's update Report.</p>	
<p>2.2.0</p>	<p>Chief Executive's Report David Donegan, Chief Executive Officer</p> <p>David Donegan highlighted the following key matters for the period August-September 2025:</p> <ul style="list-style-type: none"> • Acknowledgement of recent staff changes, thanking the previous Chair (Donna Mead) following the conclusion of her tenure, Lindsay Foyster for her role as acting Chair during August and welcoming Sara as the new Chair. • The announcement of Carl James as Deputy Chief Executive for the next two years, in addition to the appointment of Lauren Fear as Director of Place, Portfolio and Partnerships, also for a period of two years. • The appointment of a new interim Executive Director for People and Organisational Development, Sarah Jenkins, who will commence in post on the 1st October. • Acknowledgement that this would be the current Executive Director of Organisational Development & Workforce, Sarah Morley's final Trust Board meeting, thanking her for her contribution as she retires at the end of October. • Ongoing internal and external activities, including his role as National Lead Chief Executive for cancer. <p>Lindsay Foyster added her gratitude to Board members for their support during her period as Acting Chair.</p> <p>The Trust Board NOTED the content of the CEO's update report.</p>	
<p>3.0.0</p>	<p>QUALITY, SAFETY & PERFORMANCE</p>	

<p>3.1.0</p>	<p>Performance Management Framework (July 2025)</p> <p>Led by Carl James, Executive Director of Strategic Transformation, Planning and Digital/Deputy Chief Executive Officer, Anne Carey, Chief Operating Officer, Dr Jacinta Abraham, Executive Medical Director, Nicola Williams, Executive Director of Nursing, AHPs and Health Scientists, Sarah Morley, Executive Director of Organisational Development & Workforce, Carl Taylor, Chief Digital Officer, Lauren Fear, Director of Place, Portfolio and Partnerships and Matthew Bunce, Executive Director of Finance</p> <hr/> <p>Lauren Fear introduced the Performance Management Framework (PMF), advising that the automation of the current PMF would be paused until the implementation of all quality metrics is complete. Lauren also reported that Workforce and Wellbeing assurance had been reduced from Level 4 to 3, due to stagnant sickness levels and issues with culture and inclusion. Updates will follow.</p> <p>Nicola Williams stated that significant work is underway regarding pressure ulcer management, including drafting in external support from a tissue viability nurse due to current staff absence. The focus is prevention, risk management and reporting.</p> <p>Lauren Fear reported an increase in violence and aggression incidents in both the Welsh Blood Service and Cancer Service, attributing part of the rise to greater awareness and higher training rates leading to more reporting. A recent deep dive into the issue had been undertaken, with detailed findings to be shared following further review.</p> <p>Anne Carey advised that while emergency Radiotherapy patients are being seen on time, there are ongoing challenges with urgent patient pathways due to their complexity. Improvements are expected once the paperless system is fully implemented, which will help eliminate delays caused by paper-based processes. Anne added that the Patient Tracker List (PTL) would be transformational, allowing clear tracking of patient pathways and identification of bottlenecks.</p> <p>SACT (Systemic Anti-Cancer Therapy) performance remained good, with ongoing efforts to improve efficiency, with the PTL expected to support these improvements.</p> <p>Good overall performance had been maintained in the Welsh Blood Service overall, reporting strong results in the Red Cell Laboratory and time-expired platelets metrics. However, it was noted that these areas remain fragile due to legacy IT systems in the Red Cell laboratory and the daily volatility in managing platelets, requiring ongoing attention from the team. An improvement plan for the Red Cell Laboratory will focusing on workforce, training, and updating IT systems, with a national Laboratory Information Management System planned to replace the outdated system.</p> <p>Sarah Morley advised the following relating to Workforce KPIs:</p> <ul style="list-style-type: none"> • Statutory and Mandatory training remains above target at 86% across the organisation, with targeted improvements for lower performing areas. • PADR (Performance Appraisal Development Review) remains above 80%; a revised process and paperwork have been in place for several months. It was suggested that better understanding of lower performing areas would be beneficial. • Sickness levels are at 5.09% (year to date), therefore not yet meeting the internal target of 4.7%. Action plans are in place, focusing on hotspot areas. It 	
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	<p>is hoped that new leadership and targeted actions will enable the target to be reached by March 2026, informed by this year's staff survey.</p> <p>Carl Taylor reported one significant Business Continuity incident during the period, involving the Welsh Clinical Portal system; however, it was noted that the trend of such incidents is decreasing. Carl also advised on the upcoming migration from Windows 10 to Windows 11 across the Trust, for which the team is well-prepared. Cyber security also remains a key theme for the Board, with strengthened arrangements including an expanded cyber security team, action plan and additional capital investment sought from Welsh Government.</p> <p>Matthew Bunce explained that Welsh Government had agreed to an overall NHS Wales deficit position of £173 million for the year, mainly from Health Boards. By July, the reported deficit was £103 million, with significant financial risk and challenge reported. Matthew also highlighted that only 43%-50% of planned savings schemes across Wales had been developed, making delivery of the agreed position challenging. Should savings targets be unmet or activity plans not remain on track, the financial position will be impacted. Financial Key Performance Indicators were reported as follows:</p> <ul style="list-style-type: none"> • Revenue position – On track with IMTP planning assumptions for break-even. • Capital position – Planning to spend within the capital resource limit. • PSPP – On track to receive the 30-day payment target for 95% of invoices. • Savings targets – all plans in place and agreed. • Variable pay – Progress shown towards reducing agency spend and variable pay. <p>Lauren Fear reported that the introduction of the CAFM (Computer Aided Facilities Management) system across the Estates service has significantly supported performance in Planned Preventative Maintenance (PPM). Lauren advised that as a result of CAFM implementation, the Executive team had seen 100% achievement across PPM levels in the latest figures, attributing this improvement largely to the new system and positive staff feedback.</p> <p>Lauren added that the Welsh Government's consultation on the strategic decarbonisation plan is ongoing and that the emissions KPIs in the dashboard will need to be reviewed in light of this plan.</p> <p>The Trust Board:</p> <ul style="list-style-type: none"> • NOTED the Performance Management Framework for assurance purposes. • CONCURRED with the levels of assurance noted in the report. • NOTED the appended finance report. 	
<p>3.2.0</p>	<p>VUNHST Risk Register Led by Non Gwilym, Interim Director of Corporate Governance</p> <p>Non Gwilym presented the risk register, highlighting ongoing work to review and manage risks and divisional oversight. The report also provided detail and outcomes from audits carried out in respect of static risks and sub-threshold risks.</p> <p>The importance of divisional leadership in managing risks was emphasised, with feedback that their involvement at committee level increases confidence in risk management.</p>	

	<p>Lindsay Foyster raised concerns regarding static risks, suggesting earlier review at six months rather than waiting twelve months, which Non agreed to consider for future practice. However, the Chair reiterated that it is the responsibility of all colleagues to undertake this.</p> <p>In relation to Risk 3735 it was queried whether the workshop arranged for the 3rd September 2025 referenced in the cover paper had gone ahead and a SMART action plan developed. Carl Taylor confirmed that the workshop had gone ahead and explained deployment order changes across Health Boards and current scheduling, with reassurance from recent successful deployments elsewhere.</p> <p>It was agreed to continue to monitor and update the Risk Register, with actions to improve review frequency and divisional engagement.</p> <p>The Trust Board:</p> <ul style="list-style-type: none"> • NOTED 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. • NOTED the static risks and sub-threshold risk audits. 	
<p>3.3.0</p>	<p>Board Assurance Framework (BAF) Led by Non Gwilym, Interim Director of Corporate Governance</p> <p>Non Gwilym provided an update on the Board Assurance Framework (BAF) related assurance processes, highlighting ongoing work to manage and review risks, including static risks, and their audit. The importance of reviewing static risks more proactively was recognised and it was agreed that this should be embedded in committee discussions.</p> <p>The need to align the BAF with strategic objectives and to ensure that actions and controls are current and effective was noted.</p> <p>Matthew Bunce noted an accuracy issue regarding the summary of the financial sustainability risks, advising that while the action score is listed as 16, the actual current score is 12. It was agreed to update this.</p> <p>The Trust Board:</p> <ul style="list-style-type: none"> • NOTED the current status of the Board Assurance Framework. • DISCUSSED the plan to move forward with the Board Assurance Framework. 	<p>NG</p>
<p>4.0.0</p>	<p>COMMITTEE ESCALATIONS</p>	
<p>4.1.0</p>	<p>Public Audit Committee Highlight Report (02/09/2025) Led by Gareth Jones, Independent Member and Chair of the Audit Committee</p> <p>Gareth Jones highlighted one item of escalation following the September meeting of the Audit Committee:</p> <ul style="list-style-type: none"> • Unresolved issues with the Digital Health and Care Records (DHCR) project, in particular that the transition to the new system had resulted in some loss of previous functionality in terms of patient records. • Funding for the next phase (phase two) of the project had not yet been secured and, while workarounds are currently in place, this will result in impact on productivity. 	

	<ul style="list-style-type: none"> Ongoing collaboration will address these issues and an update will be provided at the next meeting. <p>Anne Carey added that outstanding elements from the first phase and key elements from the second phase had been identified and that weekly meetings had been set up with the Programme Manager to pragmatically progress the next phase.</p> <p>David Donegan agreed to take an action to provide an update at the November meeting on the progress and clarity regarding the funding and next steps for the project, as there are a number of moving parts and more information is expected to be available by then.</p> <p>The Trust Board NOTED the content of the report and actions being taken.</p>	DD
4.2.0	<p>Public Quality, Safety & Performance Committee Highlight Report (11/09/2025) Led by Vicky Morris, Independent Member and Chair of the Quality, Safety & Performance Committee</p> <p>Vicky Morris highlighted one item of escalation, following the September meeting of the Quality, Safety & Performance Committee:</p> <p>Culture & Inclusion Report, particularly regarding the employee voice. Vicky emphasised the Committee's recognition of the need for a comprehensive Board discussion to understand the action plan in place to hear the patient voice and to ensure their effectiveness.</p> <p>It was noted that the overall level of assurance was influenced by the de-escalation of employee voice to Level 2.</p> <p>The Trust Board NOTED the key deliberations and highlights from the meeting of the Quality, Safety & Performance Committee and agreed levels of assurance in relation to the issues noted above.</p>	
5.0.0	CONSENT ITEMS FOR APPROVAL	
5.1.0	<p>Amendments to Standing Orders, Scheme of Delegation and Standing Financial Instructions Led by Non Gwilym, Interim Director of Corporate Governance and Matthew Bunce, Executive Director of Finance</p> <p>The Trust Board APPROVED:</p> <ul style="list-style-type: none"> Revisions to Schedule 1 Model Scheme of Reservation and Delegation of Powers within the Trust's Standing Orders; Changes to Schedule 3 of the Trust Standing Orders, resulting from the Annual Review of the Terms of Reference and Operating Arrangements in respect of the Research, Development and Innovation Sub-Committee (Appendix 1 & 2). Interim amendments to Chapter 11 of the Model Standing Financial Instructions (SFIs) for NHS Trusts following the issue of Welsh Circular WHC 2025/012 – Updates to NHS Wales SFIs for public procurement reforms (Appendix 3). 	
5.2.0	<p>Talbot Green Infrastructure – Revised Approach Led by Lauren Fear, Director of Place, Portfolio and Partnerships</p>	

	<p>Lauren Fear advised that the Talbot Green Infrastructure is currently undergoing strategic realignment following Welsh Government feedback.</p> <p>The Trust Board APPROVED the revised approach to submit an Outline Business Case, with the Enabling Works section to Full Business Case standard. This will be submitted by the end of the 2025/2026 financial year, to meet funding and strategic deadlines.</p>	
6.0.0	CONSENT ITEMS FOR NOTING	
6.1.0	<p>Trust Seal Report Led by Non Gwilym, Director of Corporate Governance (Interim)</p> <p>The Trust Board NOTED the Trust Seal Report for the period 22nd May 2025 – 18th September 2025.</p>	
6.2.0	<p>Public nVCC Project Scrutiny Sub-Committee Highlight Report (16/07/2025) Led by Hilary Jones, Independent Member and Chair of the nVCC Project Scrutiny Sub-Committee</p> <p>The Trust Board NOTED the nVCC Project Scrutiny Sub-Committee Highlight Report.</p>	
6.3.0	<p>Culture and Inclusion Report Led by Sarah Morley, Executive Director of Organisational Development & Workforce</p> <p>The Trust Board NOTED the Culture and Inclusion Report, also noting that further discussion would take place during the private session.</p>	
6.4.0	<p>Wales Infected Blood Support Scheme (WIBBS) Annual Report 2024-25 Led by Lauren Fear, Director of Place, Portfolio and Partnerships</p> <p>A question was raised as to the governance route for the WIBBS Annual Report. Lauren Fear confirmed the route had been as it had been in previous years, with the Annual Report being received at the Velindre Shared Services Committee, as the WIBBS scheme is run by Shared Services and chaired by a Trust Executive (Lauren Fear). The Annual Report had then also been shared with the Trust Board for assurance purposes, as was the case in today's meeting. The difference with other years is due to the change in timing of the Velindre Shared Services Committee, which was now taking place following the Trust Board meeting. It was therefore agreed that Lauren Fear would confirm to the Trust Board whether there had been any further changes or amendments to the report, following the Velindre Shared Services Partnership Committee meeting. Secondly that the governance route was considered again prior to next year's report.</p> <p>The Trust Board NOTED the Wales Infected Blood Support Scheme (WIBBS) Annual Report 2024-2025 for assurance purposes.</p>	LF
6.5.0	<p>Strategic Partnership Update Update on the Cardiff Health Partners including Cardiff Cancer Research Partnership Led by Lauren Fear, Director of Place, Portfolio and Partnerships</p> <p>The Trust Board NOTED the Strategic Partnership Update.</p>	

7.0.0	COMMITTEE ANNUAL REPORTS 2024-2025	
7.1.0	<p>Strategic Development Committee</p> <p>Led by Lindsay Foyster, Vice Chair and Committee Chair</p> <p>The Trust Board NOTED the content of the Strategic Development Committee Annual Report.</p>	
7.2.0	<p>New Velindre Cancer Centre (nVCC) Project Scrutiny Sub-Committee Annual Report</p> <p>Led by Hilary Jones, Independent Member and Committee Chair</p> <p>The Trust Board NOTED the content of the nVCC Project Scrutiny Sub-Committee Annual Report.</p>	
8.0.0	ANY OTHER BUSINESS	
	<p>Sara Moseley, Chair</p> <p>No prior notice of any other business had been received.</p>	
9.0.0	DATE OF NEXT MEETING	
	The next public meeting will take place on Thursday, 27 th November 2025.	
10.0.0	CLOSE	

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