

MINUTES PUBLIC TRUST BOARD MEETING (HELD REMOTELY)

VELINDRE UNIVERSITY NHS TRUST

26th March 2026 – 10:00am-1:00pm

<p>PRESENT</p> <p>Sara Moseley Lindsay Foyster Gareth Jones Prof. Andrew Westwell Vicky Morris Hilary Jones Ceri Doyle John Union Carl James Nicola Williams</p> <p>Matthew Bunce Dr Jacinta Abraham Sarah Jenkins</p> <p>ATTENDEES</p> <p>Anne Carey Lauren Fear Non Gwilym Kyle Page</p>	<p>Chair Vice Chair Independent Member Independent Member Independent Member Independent Member Independent Member Independent Member Independent Member Chief Executive Officer (interim) Executive Director of Nursing, Allied Health Professionals and Health Sciences Executive Director of Finance Executive Medical Director / Deputy Chief Executive (interim) Executive Director of People and Organisational Development (interim)</p> <p>Chief Operating Officer Director of Place, Portfolio and Partnerships Director of Corporate Governance (interim) 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 the meeting, noting the following apologies:</p> <ul style="list-style-type: none"> • Carl Taylor, Chief Digital Officer • David Cogan, Chair of Patient and Carer Partnership Board • Ben Leijokari-Olosunde, Aspiring Board Members Programme Member <p>The Chair apologised for a technical outage at Trust Headquarters, which had resulted in today's meeting being held virtually.</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"> • Katrina Febry, Audit Lead, Audit Wales • Alison Roberts, Senior Clinic Nurse (for item 2.0.0) • Susan Myles, Director, Health Technology Wales (for item 6.1.0) • Rebecca Nelson, Director of Planning, Performance & Informatics (NWSSP) (for item 6.2.0) • Alison Ramsey, Director of Finance and Corporate Services, NWSSP, (for items 6.2.0 and 8.4.0) • James Quance, Assistant Director of Corporate Services, NWSSP (for item 8.5.0) 	

	<ul style="list-style-type: none"> • John Murray, Managing Partner, Lineofsight Consulting LLP (observing) • Paige Jennings-Brooksby, Management Graduate (observing) 	
1.3.0	<p>Declarations of Interest 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 29th January 2026 Gareth Jones advised that page 8 of the minutes indicated that a Board Development Session would be required to provide better understanding of delivery of Phase 2 of the Digital Health and Care Record (DHCR) work. It was agreed to capture this as an action.</p> <p>The Trust Board was otherwise content that the minutes of the meeting held on 29th January 2026 were an accurate reflection of proceedings.</p>	KP
1.5.0	<p>Action Log The Board was content to close all actions marked as 'propose to close'. This closed all remaining actions on the log.</p>	
1.6.0	<p>Matters Arising Led by Sara Moseley, Chair</p>	
1.6.1	<p>Fire Safety Training Compliance Improvement Plan Led by Lauren Fear, Director of Place, Portfolio and Partnerships</p> <p>Lauren Fear confirmed that compliance had improved, following a period when it had been below 50%, highlighting stronger leadership and directorate ownership, particularly within the Velindre Cancer Service (VCS).</p> <p>Lindsay Foyster focused on Level 2 fire safety training compliance within VCS, noting its direct relevance to patient safety. While current work was acknowledged, it was queried whether the Board was beginning to see improvement and sought clarity on the expected trajectory and timescale for reaching the target compliance level. Lauren confirmed that improvements in this training were already being seen at VCS, emphasising that this was a Trust-wide effort across cancer and blood services, and agreed to return with a clear timescale for achieving the target level of compliance.</p> <p>The Board acknowledged the assurance level 3, which was in line with the level of assurance approved at the Quality, Safety and Performance Committee.</p> <p>The Trust Board NOTED the Improvement Plan.</p>	LF
2.0.0	STAFF STORY	
2.1.0	<p>Led by Alison Roberts, Senior Clinic Nurse Wrexham</p> <p>The Board heard a staff story from Alison Roberts, a Senior Clinic Nurse in the Welsh Blood Service. A short video featuring Alison was played at the outset, sharing her career journey, her leadership development and how she had overcome the experience of having her leadership challenged. Following this, several Board members thanked Alison for her honesty and courage, reflecting on the importance of psychological safety and support, how organisational systems and processes can affect frontline leaders, and the need to identify and nurture leadership potential within the workforce.</p>	

	A number of Board members offered reflections and questions, particularly in relation to how the Trust can better support future leaders. Alison suggested clear communication, encouragement and access to opportunities as key enablers for staff development.	
3.0.0	KEY REPORTS	
3.1.0	<p>Chair's Report Sara Moseley, Chair</p> <p>The Chair took her report as read and added the following updates:</p> <ul style="list-style-type: none"> • Positive engagement with the Welsh Blood Service, including donor awards, praising the scale and quality of work undertaken by the teams. The Chair proposed that the Board write formally to thank them for this work. • Reported on her appraisal and objective-setting with the Cabinet Secretary ahead of the pre-election period, advising that Chair objectives would be cascaded to Independent Members and the Executive Team. • Constructive engagement with community representatives to reset relationships and support future service development, thanking colleagues for continuing dialogue and engagement through workshops. <p>The Trust Board NOTED the content of the Chair's update.</p>	Chair
3.2.0	<p>Chief Executive's Report Carl James, Chief Executive Officer (interim)</p> <p>Carl James highlighted the following key points:</p> <ul style="list-style-type: none"> • Progress regarding implementation of the Shared Services Review, noting further engagement with Shared Services colleagues and Welsh Government, with additional feedback to follow. • A recent visit by the Cabinet Secretary to the Welsh Blood Service, emphasising the service's national and international contribution. The Cabinet Secretary had enjoyed the visit and was of the opinion that the Welsh Blood Service should be better known and better understood. • Continued developments across the Cancer Service, including work on satellite services, new models of care and preparation for the opening of the new cancer hospital next year; these developments position the Trust well for an upcoming strategic discussion on the next five years. <p>The Trust Board NOTED the content of the CEO's update.</p>	
4.0.0	QUALITY, SAFETY & PERFORMANCE	
4.1.0	<p>Performance Management Framework (PMF) (January 2026) Carl James, Chief Executive Officer (interim), Anne Carey, Chief Operating Officer, Sarah Jenkins, Interim Executive Director of People & Organisational Development, Carl Taylor, Chief Digital Officer, Lauren Fear, Director of Place, Portfolio and Partnerships and Matthew Bunce, Executive Director of Finance</p> <p>Carl James explained that detailed scrutiny had already taken place at Quality, Safety and Performance Committee (QSP) and that focus should be on areas of exception and assurance levels, rather than revisiting all detail.</p>	

The Board noted that overall performance remained strong, with most standards being met and high levels of patient and donor satisfaction, but that there were significant performance challenges in SACT (Systemic Anti-Cancer Therapy) and Radiotherapy, which required particular attention. Anne Carey provided context on cancer performance, including the Single Cancer Pathway, shared accountability with Health Boards, and the actions underway to address capacity and pathway issues, particularly in SACT, where improvement timelines were less certain.

The Chair emphasised that SACT and Radiotherapy represented the greatest current risks, and that clarity on when improvement would be seen was required, with actions captured to return with clearer trajectories.

Board members queried timescales for improvement, requesting further explanation of the booking and scheduling issues, noting that the paper referenced data quality problems and non-integrated digital systems as barriers to effective scheduling. Anne Carey advised that booking and scheduling issues stem from non-integrated digital systems and confirmed that work is underway with suppliers and DHCW to optimise functionality and improve scheduling. Anne Carey explained that booking and scheduling issues stem from non-integrated digital systems and confirmed that work is underway with suppliers and DHCW (Digital Health and Care Wales) to optimise functionality and improve scheduling.

Vicky Morris advised that The Quality, Safety & Performance Committee had identified the need for a workshop to deepen Board understanding of cancer pathway performance and asked that this be opened to all Board members.

The Board questioned why time-to-treatment performance had fallen in January compared with earlier months and asked whether this was largely driven by patient choice or other underlying factors. Anne Carey advised that the January dip in time-to-treatment performance reflected a combination of seasonal patient choice and temporary capacity impacts from equipment upgrades, rather than a single underlying failure.

The sustainability of savings schemes and reliance on non-recurrent savings was also queried. Matthew Bunce confirmed that a balanced position would be achieved but noted an underlying recurrent gap to be carried forward, with continued reliance on a mix of recurrent and non-recurrent savings, while aiming to improve the recurrent proportion. The Chair highlighted the scale of the projected NHS Wales deficit next year and suggested the Board should consider the Trust's commissioning and contracting position more strategically, beyond in-year financial performance, via a dedicated workshop or future committee discussion, to identify how the Trust could influence commissioning over the coming year.

The Board queried the likelihood of progress on contract rebasing of LTAs (Long Term Agreements), noting that similar discussions had stalled previously. Matthew Bunce advised that agreement was unlikely without intervention from Welsh Government's Performance and Improvement team, given historic challenges, and noted increasing pressure from Welsh Government to resolve the issue without arbitration.

Carl James noted that the Trust would need to be more ambitious about income generation, including through existing services, new services and partnerships, given the wider NHS Wales financial context.

The Trust Board:

	<ul style="list-style-type: none"> • NOTED the Performance Management Framework for assurance purposes. • Reviewed and CONCURRED with the levels of assurance noted in the report. <p>The Chair suggested that the Board would benefit from a short briefing on how the levels of assurance work and how they are applied, particularly for newer Board members who were not present when the framework was originally introduced.</p>	NG
4.2.0	<p>VUNHST Risk Register Non Gwilym, Interim Director of Corporate Governance</p> <p>Non Gwilym advised that the paper provided assurance on the current position of the Trust Risk Register, focusing on risks exceeding the Board-approved reporting thresholds.</p> <p>Four new risks had been added since the previous cycle, mainly relating to safety, quality, performance and digital infrastructure, and that one risk had reduced, with mitigation set out in the appendix.</p> <p>It was noted that this resulted in 17 risks currently reported on the public register, reflecting ongoing pressures around clinical capacity, service sustainability, and reliance on ageing national digital systems and dependencies. Non Gwilym highlighted progress on replacing the risk management system and the refresh of the Risk Management Framework, which would be brought to the Executive Board for consideration in May.</p> <p>The report demonstrated active and systematic risk management across the organisation and confirmed that the assurance rating remained at Level 3, while expressing an expectation that this could improve as the new framework and system mature.</p> <p>The Trust Board NOTED:</p> <ul style="list-style-type: none"> • 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. • the update on the Datix risk system replacement. • the update on sub-threshold risks. 	
4.3.0	<p>Board Assurance Framework (BAF) Non Gwilym, Interim Director of Corporate Governance</p> <p>Non Gwilym confirmed the governance position of the Board Assurance Framework (BAF), noting that it had been reviewed and updated through the appropriate Executive and Committee routes before prior to Board. Non re-iterated that the BAF remains a live document, subject to ongoing review and refinement, rather than a static report.</p> <p>The Trust Board NOTED the current status of the Board Assurance Framework, which has a current assurance rating of 2.</p>	
5.0.0	ORGANISATIONAL DEVELOPMENT	
5.1.0	Embedding the Donor & Patient Voice Across Velindre University NHS Trust Improvement	

	<p>Led by Nicola Williams, Executive Director of Nursing, Allied Health Professionals and Health Sciences</p> <p>Nicola Williams explained that the paper followed earlier Board and Quality Safety & Performance Committee discussion and presented a development plan to strengthen how patient and donor voice is embedded across the organisation, aligned to the national People’s Experience Framework. It was acknowledged that while there was good activity on capturing experience and feedback, there was more work to do to clearly connect engagement, experience and impact; the Board was asked to approve the initial actions pending further development.</p> <p>Non Gwilym supported the approach, emphasised the need to bring together different strands of engagement and experience into a coherent, whole-Trust framework, building on the existing Patient Engagement strategy and highlighting opportunities to build on the work of the Patient and Carer Partnership Board.</p> <p>Board members raised the following:</p> <ul style="list-style-type: none"> • Caution regarding the use of the term <i>co-production</i>, emphasising the need for clear definitions and boundaries, particularly given clinical safety considerations. • While the paper was strong on listening and feedback, wider engagement in service change and improvement needed further development, suggesting Board development to explore this. • Confirmation that the Quality, Safety & Performance Committee had discussed the paper and would continue to monitor progress, while recognising areas requiring strengthening. <p>The Chair summarised that the work on listening and experience was essential, but that the engagement model and language needed further clarification. She proposed that the paper be reworked outside the meeting, retaining requirements for Quality Safety & Performance Committee assurance, and brought back once the engagement and co-production approach had been more clearly defined. The Board AGREED this approach.</p>	<p>Board</p> <p>EDoN</p>
<p>5.2.0</p>	<p>Organisational Culture: Milestones</p> <p>Led by Sarah Jenkins, Executive Director of People & Organisational Development (interim)</p> <p>Sarah Jenkins introduced the organisational culture milestones, emphasising that culture should be understood through lived experience and not solely plans or metrics. The milestones brought together multiple strands of evidence, including the staff survey, WRES (Workforce Race Equality Standard) data, staff stories and qualitative feedback, to give a rounded picture of culture. Sarah highlighted that culture change would be driven through leadership behaviours, co-creation with staff and integration into everyday business, rather than a centrally imposed programme; the Board’s role was to set outcomes rather than design detailed actions.</p> <p>A phased, multi-year approach was proposed, with initial focus on understanding, engagement and locally-owned action, supported by clear principles and success measures. Board members welcomed the approach, recognising the importance of psychological safety, compassionate leadership and visible follow-through from listening.</p> <p>Board members commented as follows:</p>	

	<ul style="list-style-type: none"> • The Trust already had many areas of strong culture and should focus on strengthening consistency, not “starting again”, noting that the organisation was attracting high-quality staff and leaders. • The importance of triangulating culture data, particularly ensuring the WRES data is considered alongside the staff survey to understand the experience of minority ethnic staff. • Culture work must connect clearly to purpose, priorities and the work staff are asked to do. • Staff rate the Trust highly as a compassionate and inclusive organisation, and that this strength should be recognised and built upon, not overshadowed by areas for improvement. <p>The Board APPROVED the organisational culture milestones approach, agreed the proposed principles and measures, and emphasised the importance of site visits, visibility and engagement as part of Board assurance.</p>	
<p>5.3.0</p>	<p>Staff Survey 2025 Led by Sarah Jenkins, Executive Director of People & Organisational Development (interim)</p> <p>Sarah Jenkins highlighted that the Trust performed strongly compared to the all-Wales position, with improved response rates and overall results placing the Trust in a green position nationally. It was noted that while the overall engagement score had slightly reduced compared with the previous year, it remained above the Wales average, and the Trust should remain ambitious about further improvement.</p> <p>Sarah emphasised that the staff survey was a snapshot in time and should be interpreted alongside other intelligence, including WRES data, staff stories and qualitative feedback, rather than in isolation.</p> <p>Key themes identified for ongoing focus included psychological safety, team time, healthy working environments, flexible working, and learning and improvement. Early actions were already underway, including rapid engagement and “ask anything” sessions, and that divisions would co-create local action plans with staff, ensuring ownership and demonstrable follow-through.</p> <p>Board members re-iterated the importance of triangulating staff survey results with WRES data, particularly to understand the experience of minority ethnic staff, and ensuring improvements are sustained over time, not treated as one-off responses. The Board recognised that the results showed the Trust to be a compassionate and inclusive organisation, and agreed this strength should be celebrated and built upon, while continuing to address areas for improvement.</p> <p>The Board NOTED the findings and agreed to maintain support for the Culture and Leadership Programme.</p>	
<p>5.4.0</p>	<p>Board Committee Structure Led by Non Gwilym, Director of Corporate Governance (interim)</p> <p>Non Gwilym presented the proposal to change the Trust’s Board Committee structure, setting out the case for change, the proposed principles, and the new structure and timetable for implementation. She explained that the changes were intended to strengthen governance, streamline assurance, and ensure the</p>	

	<p>committee framework was fit for purpose as the organisation's priorities and scale of work continue to evolve.</p> <p>Non highlighted that the proposal had been informed by earlier Board discussions and feedback, and that external support (Lineofsight Consulting) would assist with implementation over the coming months. Non advised that the Board was not being asked to approve detailed terms of reference at this stage, but to note the proposal and agree the overarching principles, structure and implementation timetable.</p> <p>Board members supported the approach, however, it was proposed that a mapping exercise should be undertaken once Terms of Reference for the restructured Committees had been drafted, to identify any gaps.</p> <p>The Trust Board NOTED the proposal and AGREED the proposed principles, structure and timetable for implementation.</p>	NG
<p>5.5.0</p>	<p>IMTP 2026/27 – 2028/29 Led by Carl James, CEO (interim)</p> <p>Carl James confirmed that the IMTP (Integrated Medium-Term Plan) had been considered by the Strategic Development Committee, providing assurance on prior scrutiny. He also confirmed that the IMTP had not yet been formally submitted to Welsh Government as further work was still underway to finalise elements of the plan. It is the intention to submit within the required national timetable, with informal feedback anticipated during April / May; the Trust would not expect formal approval until the appointment of a new Cabinet Secretary.</p> <p>The Trust Board APPROVED the final IMTP 2026-2029.</p>	
<p>6.0.0</p>	<p>HOSTED SERVICES</p>	
<p>6.1.0</p>	<p>Health Technology Wales (HTW) Strategic Plan Led by Susan Myles, Director, Health Technology Wales</p> <p>Susan Myles explained that the Strategic Plan (2026–2030) had been developed and consulted on over the past year, including public consultation, stakeholder engagement, committee scrutiny and consideration through the Strategic Development Committee. The plan is similar to the previous HTW Strategy (2021-25), reflecting no real change to the organisation's remit and funding. Susan confirmed that the intention was to publish the Strategic Plan following the May election, subject to Trust Board approval at today's meeting.</p> <p>Susan also wished to note that equality, diversity and inclusion considerations were embedded in the plan, particularly through patient and public involvement mechanisms, rather than as a standalone section.</p> <p>It was queried whether the plan gave sufficient weight to artificial intelligence (AI), noting that this felt light given the pace of development across different sectors. It was queried how AI techniques and standards are being appraised and how these could be embedded appropriately within HTW's work, as AI raises not only technical and operational issues, but also ethical and moral. Susan responded that AI is a growing area of work for Health Technology Wales, with increasing numbers of AI topics coming forward, and assured the Board that ethical and wider system impacts are considered alongside technical evidence.</p>	

	<p>Board members raised concern that the HTW Strategic Plan was ambiguous about HTW's role in social care; they asked for explicit clarification and assurance about whether, and to what extent, HTW is involved in social care, given increasing integration between health and social care systems.</p> <p>Susan assured the Board that Health Technology Wales is actively engaged with social care in practice, particularly where technologies span health and social care. She clarified that HTW does not issue formal guidance for social care, but undertakes evidence reviews only.</p> <p>It was agreed that this assurance and distinction should be clearly captured in the minutes.</p> <p>The Trust Board APPROVED the Strategic Plan.</p>	
<p>6.2.0</p>	<p>NHS Wales Shared Services Partnership – IMTP 2026-2029 Led by Rebecca Nelson, Director of Planning, Performance & Informatics and Alison Ramsey, Director of Finance & Corporate Services (NWSSP)</p> <p>Rebecca Nelson introduced and talked the Board through the Shared Services Partnership IMTP, outlining the background, approach and development process, explaining that the IMTP sets out priorities and delivery plans for NWSSP, aligned to national expectations and the needs of host organisations. Rebecca confirmed that the Shared Services Partnership Committee (SSPC) had already approved the IMTP in January, and that it was now being brought to the Trust Board for awareness and assurance, rather than for further approval.</p> <p>Alison Ramsey focused on the financial and governance context, confirming that the IMTP was affordable and aligned with the financial framework, and that appropriate financial scrutiny and assurance had been applied through Shared Services governance routes.</p> <p>The Board noted ambiguity within the organisational chart in the IMTP, which appeared to show an 'Audit Committee for Shared Services' and 'The Velindre University NHS Trust Audit Committee for NHS Wales Shared Services Partnership'. There was concern that having parallel or overlapping audit arrangements could compromise clarity of escalation and assurance to the Board.</p> <p>It was agreed that Shared Services colleagues would review this and clarify.</p> <p>The Trust Board NOTED the Shared Services IMTP 2026-2029.</p>	<p>RN/AR</p>
<p>7.0.0</p>	<p>COMMITTEE HIGHLIGHTS FOR DISCUSSION</p>	
<p>7.1.0</p>	<p>Public Charitable Funds Committee Highlight Report (10/03/2026) Led by Sara Moseley, Chair and Chair of the Charitable Funds Committee</p> <p>Sara Moseley explained that a number of services currently supported by Charitable Funds are core Trust services and that the Committee had therefore agreed to return these costs back to core Trust budgets. It was noted that while this did not pose a material risk for the current or next financial year, this approach may present a <i>future</i> financial risk, which would require active monitoring.</p> <p>Matthew Bunce explained that, over the past three years, the Trust had been able to absorb the costs of such core services using exceptional non-recurrent income, higher than usual bank interest and other one-off income streams. This had enabled the Trust to avoid charging these costs to the charity during the period,</p>	

	<p>despite business cases having been approved for those services. However, this position may not be sustainable in future years if similar non-recurrent income is unavailable. It was agreed that the Board would be kept informed throughout the year.</p> <p>The Trust Board NOTED the escalation.</p>	
8.0.0	CONSENT ITEMS FOR APPROVAL	
8.1.0	<p>Trust Policies for Approval Led by Sarah Jenkins, Interim Executive Director of People and Organisational Development</p> <p>There was one Workforce policy for Trust Board approval, which had been reviewed by NHS Wales. (1) All Wales Reserve Forces Training and Mobilisation Policy.</p> <p>The Trust Board APPROVED this policy.</p>	
8.2.0	<p>Microsoft Enterprise Agreement – Strategic Case only Led by Carl James, Chief Executive Officer (interim)</p> <p>The Trust Board APPROVED the All-Wales Enterprise Agreement Business Case for Digital Health and Care Wales (DHCW) to contract for the Microsoft 365 suite of products, on behalf of all NHS Wales organisations, for the period 1st July 2026 to 30th June 2031, based on Option 2.</p>	
8.3.0	<p>Chair's Urgent Actions Led by Non Gwilym, Interim Director of Corporate Governance</p> <p>There was one urgent item of business for the Trust Board that was considered via Chairs Urgent Action during the period 23/01/2026 – 19/03/2026 – (1) All-Wales e-Rostering Solution – addition of Cardiff & Vale University Health Board Medical and Dental staff.</p> <p>No objections to approval were received in respect of the items of business considered and the Trust Board RATIFIED the Chair's Urgent Action taken between the period.</p>	
8.4.0	<p>NWSSP items for approval Led by Alison Ramsey, Director of Finance and Corporate Services Three items were received from NHS Wales Shared Services for approval:</p> <p>(1) All-Wales E-Rostering Solution contract – Alison advised that this arrangement allows other organisations to join the contract in due course, highlighting its all-Wales, collaborative nature.</p> <p>The Trust Board APPROVED the additional expenditure to be incurred and recharged relating to the expansion of the all-Wales E-Rostering Solution contract to include Medical & Dental staff for a value of £5,183,463.27 excluding VAT and novate current local Medical and Dental contracts for Betsi Cadwaladr University Health Board (BCUHB), Cwm Taf Morgannwg University Health Board (CTMUHB), Hywel Dda University Health Board (HDUHB) and Swansea Bay University Health Board (SBUHB). This increases the total contract value awarded to £21,842,446.27 excluding VAT (£26,210,935.52 including VAT). The Trust Board</p>	

	<p>also AUTHORISED the Chief Executive to approve the purchase orders where they exceed NWSSP limits.</p> <p>(2) NHS Resolution Service Level Agreement (NHSR) – Alison advised that the Board was requested to approve the year 3 NHS Resolution SLA, noting circa £300k savings achieved and that work was currently underway to negotiate the next agreement. For clarity, Alison confirmed that 'NHS Resolution' is the working name, with NHS Litigation Authority being the organisation's legal title.</p> <p>The Trust Board APPROVED the £421,244 expenditure to comply with Year 3 of the overarching SLA which has been approved up to 31 March 2027 for the NHS Resolution Service Level Agreement (NHSR). The Trust Board also AUTHORISED the Chief Executive to approve the purchase order.</p> <p>(3) National GP Payments System - Alison advised that this system is provided and supported by colleagues in Northern Ireland, noting that the arrangement had been originally approved by the Partnership Committee and Trust Board in 2019. Because the value sits above the Scheme of Delegation, Board approval was sought.</p> <p>The Trust Board APPROVED the 2026-27 expenditure under the current SLA for an established, secure and reliable National GP Payments system to enable the continuation of payments to GP Practices in Wales by NWSSP Primary Care Services. The cost for 2026-27 is £605,833 and is fully funded by Welsh Government. The Trust Board also AUTHORISED the Chief Executive to approve the purchase order.</p>	
8.5.0	<p>Amendment to NHS Wales Shared Services Partnership Committee Standing Orders Led by James Quance, Assistant Director of Corporate Services, NWSSP</p> <p>James Quance explained that while piecemeal changes to the Committee standing orders are not routine process, this had been necessary as a result of the standing down of the Committee Chair.</p> <p>James outlined that the purpose of the amendment was to change the composition of the panel responsible for making a recommendation to the Partnership Committee on the appointment of the Partnership Chair; specifically, ensuring that the Trust's Chair is included on the panel, reflecting Velindre's host role and responding directly to the first recommendation of the Governance Review.</p> <p>Non Gwilym re-iterated that this was a fast-moving piece of work, driven by the need to progress the appointment of a Partnership Chair within a tight timescale. Non also noted that a number of points within the annexe had been identified as requiring further review, and that more work remained to be undertaken on the documentation as part of the wider Governance Review implementation.</p> <p>The Trust Board APPROVED the revisions to the Annexe 5 process for the selection, appointment and termination of the Chair of the Shared Services Partnership Committee as set out in the appended version with track changes shown.</p>	
9.0.0	<p>CONSENT FOR NOTING – Several reports were removed from consent due to items for escalation.</p>	
9.1.0	<p>Trust Seal Report</p>	

	<p>Led by Non Gwilym, Director of Corporate Governance (Interim)</p> <p>The Trust Board NOTED the contents of the Trust Board Seal Register.</p>	
9.2.0	<p>Public Quality, Safety & Performance Committee Highlight Report (12/03/2026) – including Q3 Integrated Quality and Safety Report Led by Vicky Morris, Independent Member and Chair of the Quality, Safety & Performance Committee</p> <p>Vicky Morris reported that the Quality, Safety & Performance Committee was reassured by clearer risk themes and stronger divisional ownership of risk and would continue to monitor progress.</p> <p>The Trust Board NOTED the key deliberations and highlights from the meeting of the Quality, Safety & Performance Committee held on the 12th March 2026.</p>	
9.3.0	<p>Public nVCC Project Scrutiny Sub-Committee Highlight Report (22/01/2026) Led by Hilary Jones, Independent Member and Chair of the nVCC Project Sub-Committee</p> <p>The Trust Board NOTED the content of the report and actions being taken.</p>	
9.4.0	<p>Public Strategic Development Committee Highlight Report (04/11/2025) Led by Lindsay Foyster, Vice Chair and Chair of the Strategic Development Committee</p> <p>It was noted that this report had been drafted in November and that the digital items for escalation had progressed.</p> <p>Carl James indicated that there had been clear and shared recognition at a recent DDaT (Digital, Data and Technology) meeting that digital services are oversubscribed and have insufficient capacity, which is system-wide rather than a Trust issue. This is largely due to the demands of national programmes and priority projects.</p> <p>Carl advised that a clear view of Welsh Blood Service requirements had been established and that a similar meeting would take place to identify requirements for Velindre Cancer Service over the next 6-12 months. In terms of moving forward, a bid had been submitted to secure additional capital monies. It was agreed that an update would be brought back to the next Board.</p> <p>The Trust Board NOTED the content of the report and any actions being taken to address any issues highlighted in the meeting.</p>	CJ
9.5.0	<p>Public Audit Committee Highlight Report (03/03/2026) Led by Gareth Jones, Independent Member and Chair of the Audit Committee</p> <p>Gareth Jones highlighted the following items for escalation:</p> <ul style="list-style-type: none"> • A number of management actions arising from audits had not been completed, with some persistently overdue. As a result, the Audit Committee downgraded its assurance rating and indicated that Executive Directors responsible for outstanding actions may be required to attend the Audit Committee to explain lack of progress. 	

	<ul style="list-style-type: none"> • Digital risks were recurring across several assurance areas, including the Risk Register and Board Assurance Framework, causing concern at Committee level. • Compliance with management responses to internal audit findings was below the 85% target, at around 38%, delaying audit reports and creating assurance risks. • One internal audit received limited assurance. Although it was acknowledged that performance had improved significantly since fieldwork, the limited assurance still required formal reporting to Welsh Government. <p>It was noted that these issues would continue to be actively managed through the Audit Committee, with further escalation to the Board if no improvement was evidenced. While members of the Executive team agreed that if timelines have been committed to and subsequently not met, notice of this should be provided in writing or attendance at the meeting should an ongoing issue require explanation. It was also pointed out that genuinely significant pressures on some Executive team members had been created by recent gaps within the team. In such instances, the relevant Executive could request an extension to delivery dates prior to the Committee.</p> <p>The Trust Board NOTED the content of the report and actions being taken.</p>	
9.6.0	<p>Trust-wide policy approvals update Led by Non Gwilym, Interim Director of Corporate Governance</p> <p>The Trust Board NOTED the policies that have been approved during the period January 2026 to March 2026.</p>	
9.7.0	<p>Shared Services Partnership Committee Assurance Report (22/01/2026)</p> <p>The Trust Board NOTED the content of the report from the last meeting of the Shared Services Partnership Committee, which took place on 22nd January 2026.</p>	
9.8.0	<p>NHS Wales Shared Services Audit Committee Highlight Report (10/02/2026)</p> <p>The Trust Board NOTED the content of the report from the last meeting of the NWSSP Audit Committee, which took place on 10th February 2026.</p>	
9.9.0	<p>Joint Commissioning Committee Highlight Report (27/01/2026)</p> <p>The Trust Board NOTED the content of the report.</p>	
9.10.0	<p>Strategic Partnership Update Led by Lauren Fear, Director of Place, Portfolio and Partnerships</p> <p>The Trust Board NOTED the update.</p>	
9.11.0	<p>Anti-Racist Wales Action Plan Progress Report Led by Sarah Jenkins, Executive Director of People & Organisational Development (interim)</p> <p>Lindsay Foyster explicitly highlighted that the WRES data is an important part of the overall staff experience picture and should not sit solely within the Anti-Racist Action Plan reporting, rather considered alongside the annual staff survey to enable the Board to effectively triangulate experiences and not miss key inequities.</p>	

	<p>It was noted that the data had indicated that some BAME (Black, Asian and Minority Ethnic staff) were feeling less positive in certain areas compared with previously, which warranted further analysis by the Board. It was noted that the Board needs to demonstrate that this has been recognised and that action will be undertaken.</p> <p>This was acknowledged and Sarah Jenkins advised that the WRES data forms part of the wider evidence base used to understand staff experience, alongside staff surveys, staff stories and other qualitative data.</p>	
10.0.0	<p>ANY OTHER BUSINESS Led by Sara Moseley, Chair</p> <p>While no other business had been received prior to the meeting, the Chair wished to formally note that this was Nicola Williams' final Board meeting. She paid tribute to having worked closely with Nicola over the past six months, highlighting the consistent advice, support and expertise that Nicola had provided. She also emphasised Nicola's deep professional identity as a nurse and congratulated Nicola on her appointment to the Royal College of Nursing, recognising this as a role well suited to her values and national contribution.</p> <p>Carl James also spoke on behalf of the Executive team and the Trust, describing it as a privilege to have worked with Nicola since her arrival in 2019. Carl highlighted Nicola's visible leadership at Trust, regional and national level and the impact this had had on colleagues and patient care. In particular, Carl recognised Nicola's clinical leadership during COVID-19, describing it as steady, brave and decisive during a time of significant system pressure.</p> <p>Nicola thanked colleagues for their kind words, stating how it had been a privilege and pleasure to serve as Executive Director of Nursing, Allied Health Professionals and Health Sciences. She reflected on having done her best to represent these areas, noting that the primary driver throughout her role had been making a difference for patient outcomes and staff experience.</p>	
11.0.0	<p>DATE OF NEXT MEETING</p> <p>The next public meeting will take place on Thursday, 21st May 2026 at 10:00h.</p>	
12.0.0	CLOSE	
13.0.0	ITEMS FOR DISCUSSION AT PART B	
	<ul style="list-style-type: none"> • Minutes of the previous meeting • Action log • NHS Wales Microsoft Enterprise Agreement – Full business Case • Readiness Master Plan • Private Trust Risk Register • Lineofsight Board Development Programme • NWSSP review implementation update • Scheme of Delegation – nVCC • nVCC Construction Programme • IRS Change in Machine Configuration to be installed at nVCC • Chairs Urgent Actions • Commitments of Expenditure Exceeding CEO Limit • NWSSP items for approval • Private Committee Highlight Reports 	

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Unconfirmed