

MINUTES PUBLIC TRUST BOARD MEETING

VELINDRE UNIVERSITY NHS TRUST

27th November 2025 10:00-13:00

<p>PRESENT</p> <p>Sara Moseley Lindsay Foyster Gareth Jones Prof. Andrew Westwell Vicky Morris Hilary Jones John Union Ceri Doyle Carl James Nicola Williams</p> <p>Matthew Bunce Dr Jacinta Abraham Sarah Jenkins</p> <p>ATTENDEES</p> <p>Anne Carey Lauren Fear Non Gwilym Carl Taylor Kyle Page</p>	<p>Chair Vice Chair Independent Member Independent Member Independent Member Independent Member (remotely) Independent Member Independent Member Interim Chief Executive Officer Executive Director of Nursing, Allied Health Professionals & Health Science Executive Director of Finance Executive Medical Director / Deputy Chief Executive Interim Executive Director of People and Organisational Development</p> <p>Chief Operating Officer Director of Place, Portfolio and Partnerships 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 the meeting, noting apologies from David Cogan, Patient Representative. No other apologies were given.</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 (remotely) • Alan Prosser, Director, Welsh Blood Service (remotely) • Ben Leijokari-Olosunde, Aspiring Board Members Programme Member • Steffan Wiliam, Simultaneous Welsh Translation • Susan Myles, Director of Health Technology Wales (joining for item 4.1.0) • Alison Ramsey, Director of Finance and Corporate Services (NWSSP) (joining for item 4.2.0) 	
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 25th September 2025</p> <p>The Trust Board was content that the minutes of the meeting held on the 25th of September were an accurate reflection of proceedings.</p>	

<p>1.5.0</p>	<p>Action Log</p> <p>The Board was content to close the four actions marked as 'propose to close'.</p> <p>The status of the three open actions was discussed:</p> <p>Action 3 (7.1.4 – 23.05.2025) – It was acknowledged that this action had been outstanding for some time, and Non Gwilym assured the Board that it was now receiving focused attention in the context of a review of the Board's committee structure. It was queried whether January 2026 was a realistic timeframe for completion.</p> <p>Action 49 (3.1.0 – 25.07.2027) – Sarah Jenkins advised that the PADR (Personal Appraisal and Development Review) process was on a positive trajectory with additional information already included in the PMF. While the creation of a digital interactive dashboard to improve information management and access is in progress, this will take several months to establish.</p> <p>Action 51 (4.4.0 – 25.07.2025) – It was advised that an SLA is now in place to ensure the publication of board papers and simultaneous translation. In relation to the publication of Board papers, Non Gwilym advised that a benchmarking exercise had been undertaken with other Health Boards and that the Governance Risk and Assurance Group had discussed potential solutions.</p> <p>The Trust Board NOTED the status of all open actions.</p>	
<p>1.6.0</p>	<p>Matters Arising Led by Sara Moseley, Chair</p>	
<p>1.6.1</p>	<p>Cancer Patient Tracking List (PTL) update Led by Anne Carey, Chief Operating Officer</p> <p>Anne Carey provided the board with an update in relation to the Cancer Patient Tracking List, noting the following key points:</p> <ul style="list-style-type: none"> • The importance of the cancer PTL to improve the management of the patient pathway • It was advised that receiving patients before Day 30 allows for timely treatment and emphasised the need for shared accountability and breach management across the 62-day pathway, aligning with practices in England. • Ongoing work with health boards to move toward a shared PTL Additionally, the development of a dashboard for improved business intelligence and pathway management would enhance data quality and reporting. • Clarification of differences between Wales and England regarding the point of suspicion versus point of referral, expressing the need for internal professional standards to define when the point of suspicion occurs, aiming to improve consistency and clarity in the pathway. <p>Board members raised the following:</p> <ul style="list-style-type: none"> • The Board considered how the PTL could improve the Urology pathway which has been flagged as a concern. The Board was informed that work would be undertaken using Urology as a prototype for a shared PTL in the region. 	

	<ul style="list-style-type: none"> • What could be done to increase the number of patients referred within 38 days, potential barriers, and how the organisation is working with other Health Boards to address this. Detailed data is required on barriers to diagnostics. • Whether the transition from 'suspicion to treatment' begins at screening results or at a later stage. The Board was advised that that the point of suspicion differs from the point of referral, which in England starts from screening (in Wales it does not). <p>Jacinta Abraham suggested that as the slides had been published in the public domain, that they should include clarification that the data shown is for first definitive treatment for Velindre, to avoid public confusion with overall Wales cancer treatment waits.</p> <p>Lauren Fear indicated that the Ministerial Advisory Group's recommendations are being implemented via the Regional Southeast Cancer Programme Board. There is focus on the five most common tumour sites in Wales, identifying high-impact actions for each, and reviewing data and patient outcomes across the three regional Health Boards; updates could be shared at future Board meetings if requested.</p> <p>The Chair suggested a Board Development session for the Board to further consider the issues above, in particular, working with partners and developments in cancer pathways.</p> <p>The Trust Board NOTED the update.</p>	AC
2.0.0	KEY REPORTS	
2.1.0	<p>Chair's Report Led by Sara Moseley, Chair</p> <ul style="list-style-type: none"> • The Chair acknowledged recent organisational changes since the last meeting, specifically that Carl James had assumed the role of Interim Chief Executive and Jacinta Abraham had taken up the role of Deputy Chief Executive. The Chair recognised the significance of this change. • The 'topping out' event of the new cancer centre had taken place, which is a significant milestone for Southeast Wales and cancer care. The Chair encouraged Board members to visit the site if they had not already done so. • Ceri Doyle was welcomed as a new Independent Member and the Chair noted that the Board now had a full complement of members. <p>The Trust Board NOTED the content of the Chair's update Report.</p>	
2.2.0	<p>Chief Executive's update (verbal) Led by Carl James, Interim Chief Executive Officer</p> <p>Carl James provided a verbal update to the Board noting the following:</p> <ul style="list-style-type: none"> • A visit to NHS Blood and Transplant in Filton (accompanied by the Director of Welsh Blood Service and others), which focused on strategic opportunities, benchmarking and potential growth areas for the Welsh Blood Service. • The official opening of the Nevill Hall Radiotherapy Unit, emphasising positive feedback from staff and patients and the impact on improving access to Radiotherapy by reducing travel barriers. • Recent awards - The Southeast Wales Immunotherapy Toxicity Service had won the Safe Care Award, while a partnership with Cardiff and Vale had 	

	<p>secured the Effective Care Award for home diagnostic testing in palliative medicine.</p> <ul style="list-style-type: none"> Attendance at the NHS Wales Leadership Board where he had met the new Director General, Jacqueline Totterdell, and planned further engagement to ensure alignment with the national agenda. <p>The Trust Board NOTED the Interim CEO's update.</p>	
3.0.0	QUALITY, SAFETY & PERFORMANCE	
3.1.0	<p>Performance Management Framework (PMF) (September 2025)</p> <p>Led by Carl James, Interim Chief Executive Officer, Anne Carey, Chief Operating Officer, Nicola Williams, Executive Director of Nursing, AHPs and Health Scientists, 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>The report provided the Board with a detailed analysis of all Performance Management Framework Key Performance Indicators (KPIs) and key issues for the attention of the Board for the month of September 2025.</p> <p>The Board:</p> <ul style="list-style-type: none"> noted minor corrections on page 2 and assurance levels for Estates and Health and Safety. noted improvements such as restructuring the framework and bringing forward 30 quality KPI metrics to each Board meeting noted developing a new measure for Radiotherapy mortality. noted that performance and quality remain positive in the main; while there are ongoing challenges and room for improvement, services continue to deliver high-quality care. <p>The Board discussed:</p> <ul style="list-style-type: none"> Updates to cancer pathway recording within the Performance Management Framework (PMF), highlighting the adoption of more detailed data and the application of new national guidance for measuring suspected cancer pathways, aiming for consistency with other centres. Categorisation of patients by urgency and the impact of the new guidance on performance reporting, clarifying that it alters how data is recorded rather than how patients are treated. Steps taken to ensure future health circulars are properly received and managed. Inclusion of productivity metrics alongside performance metrics for Radiotherapy (RT) waiting times, aiming to establish a baseline for future benchmarking and utilisation rates. Operational challenge of commissioning new equipment (LA6 Linac). Ongoing work to include more detail, such as tumour site-specific data and fractionation levels. Stem cell collection and recruitment to stem cell donors remain positive and red cell stock levels are being managed effectively. Mutual Aid had been offered to England during October. Ongoing efforts to manage risk factors (human error) via increased digitisation. <p>Board members raised the following questions:</p>	

- Prostate pathway - Reduced and decreased fractionation and the potential loss of income associated with this. While the impact of research and innovation on treatment improvements is positive, concern was raised regarding the financial risk and how the Board would see these emerging risks materialise or be mitigated. Matthew Bunce advised that the Finance Report referenced the gap between the investment made in the satellite centre and the income from fractionation, noting the challenge of workforce planning and the mismatch between investment and income due to reduced fractionation; while some vacancies had been held to offset the income shortfall, this had not fully balanced the financial impact. There is capacity available in the new satellite centre and sufficient demand across south Wales for this.
- How the Board would see improvements from the deep dive into the SACT (Systemic Anti-Cancer Therapy) improvement plan reflected month on month, and whether significant difference would be evidenced by the end of the financial year. Anne Carey advised that a balanced scorecard for SACT is being re-crafted, with the first meeting already held to map out high-level metrics. Weekly PTL meetings are to be introduced across all tumour sites, to cover all aspects of PTL, Outpatients and SACT; Key Performance Indicators (KPIs) will be fed into the dashboard, which will be visible to the Board.

Nicola Williams highlighted the following in terms of quality:

- Very low Infection Prevention and Control (IPC) healthcare-acquired infection rate, indicating better performance than the national average and was attributed to the effort by teams to prioritise patient safety.
- The scorecard will now include the number and percentage of patients and donors providing feedback, allowing for more quantifiable reporting. In the cancer service, there was a significant increase in patient feedback, with over 900 responses in the quarter, representing a 130% increase compared to previous periods.
- No public service Ombudsman investigations had commenced since the previous quarter, a positive indicator of the investigation and complaints management process.

The Chair highlighted the significant achievement by the Welsh Blood Service in increasing the number of stem cell donors from minority communities to such an extent. She had shared this achievement with the Cabinet Secretary, who expressed a keen interest in visiting to learn how this was accomplished.

Sarah Jenkins reported the following in terms of workforce:

- Continued good levels of statutory & mandatory training across the Trust.
- A reduction in staff sickness rates compared to the national position, however, the rate remains above the organisation's internal target and work continues to target areas requiring further support. The development of a digital dashboard to allow for managers to access and manage workforce data is underway.
- PADR (Performance Appraisal and Development Review) remains on a positive trajectory, but more is needed to reach targets. It is the intention to simplify paperwork and provide 24/7 digital support for managers.

Carl Taylor advised the following in relation to digital:

- Service performance continues to be in line with expectations, however further efforts are focusing on meeting targets, such as joiners, leavers, movers and kit management.
- Positive progress with the move from Windows 10 to Windows 11.

- Only one significant incident was noted during September related to BECS (Blood Establishment Computer System). This is now resolved.

Lauren Fear noted the following relating to Estates & Sustainability, Health & Safety and Fire Safety:

- A change in the level of assurance for Estates and Sustainability from 3 to 4, and for Health and Safety and Fire Safety, moving from 2 to 3. The changes have been due to improved planned preventative maintenance performance and achievement of required training levels for Health and Safety and Fire Safety.
- Detailed discussions have been held at the Executive Management Board and Quality, Safety and Performance Committee, referencing recent deep dives into violence / aggression and needlestick incidents.

Matthew Bunce reported the following in relation to Finance:

- The current financial assurance level of 4, with a risk score of 12.
- All three statutory KPIs (revenue balance, capital funding and savings delivery) remain on track for the current financial year.
- It is anticipated that the Trust will deliver a balanced position this year, however some pressures require internal cover via non-recurrent income.
- A significant forecast deficit of £191 million across NHS Wales, mainly from five health boards, creating pressure on the Welsh Government health budget.
- Welsh Government had indicated a 0% uplift for the coming year, meaning no additional finding for cost pressures or service improvements, covering only pay inflation.
- The Trust continues to plan for next year, facing a significant gap between required investments, cost pressures and available funding, which will require a substantial savings target. While there was confidence that this year's savings target will be met, it was not yet certain how this would be achieved between recurrent and non-recurrent savings schemes.
- Risks related to the Commissioning Group funding for cancer and the need to update risk assessments and assurance levels accordingly.
- Ongoing issues with Long Term Agreements (LTAs), baseline reviews, and the requirement for arbitration and support from Welsh Government to address structural funding problems. It was recognised that this affects all Health Boards with such contracts. It was advised that agreement had been obtained through the Director of Finance, to establish a group to review baselines for the LTAs, however this would not be achieved in time for submission of the IMTP (March 2026).
- The Joint Commissioning Committee (JCC) is reviewing baseline funding contributions from Health Boards for specialist services. This process will be monitored as consistent rebasing is important for fairness and could potentially inform discussions with Health Boards and Welsh Government. Previous plans to rebase funding had been delayed by COVID, and now implementation is challenging due to organisational reluctance. The JCC's approach may provide a useful model or evidence for resolving similar funding issues within the Trust and across Wales.

Board members raised the following:

- The need for a better understanding of the timescale and urgency for looking at options and actions required in response to the changes in LTAs to maintain a balanced IMTP going forward, particularly given the impact on Health Boards and the Trust. Matthew Bunce advised that LTAs would likely remain

	<p>unchanged for the next year and the focus would now be on identifying the gap between LTA income and its baseline, including new cost pressures, therefore determining the savings target and what is realistically achievable.</p> <p>It was also noted that the Trust may not be able to present a balanced plan for year one of the three-year IMTP and may need to seek government approval for a plan that balances over three years, assuming future funding increases. It was advised that the Trust is already exceeding required efficiency targets and further savings will be difficult, therefore requiring broader discussion following completion of further planning and release of the formal budget.</p> <p>At this juncture, Carl James provided the Board with an update on the Integrated Medium-Term Plan (IMTP) (originally item 3.4.0), noting that the draft plan is in development and that several Board Development sessions had been held. Key timelines were outlined:</p> <ul style="list-style-type: none"> • A Board Development Session would take place in December to discuss choices (16th). • Expected Government planning framework and financial allocations in December (19th). • First draft of the IMTP after Christmas. • Executive Management Board review of draft IMTP in January (12th), followed by Strategic Development Committee (21st). • Submission at the end of March 2026. <p>Lindsay Foyster advised that the Director General (Jacqueline Totterdell) encourages all Health Bodies in Wales to question why things are done a certain way and how money is spent. Lindsay also emphasised the importance of looking for efficiencies without compromising patient care, suggesting that this thought process be built into the Trust's openness to new approaches.</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. 	
<p>3.2.0</p>	<p>VUNHST Risk Register Led by Non Gwilym, Interim Director of Corporate Governance</p> <p>Board members raised the following:</p> <ul style="list-style-type: none"> • Queries regarding significant drops in risk scores and whether this was justified as work had only recently commenced on this. It was advised that the Radiology system upgrade is contingent on Health Boards migrating three years of data into the system prior to the go-live date, recognising that this may not be completed by all Health Boards by the target date. • Incorrect target rating for risk 3699. It was agreed that this would be corrected. • An ambitious target date for risk 3633 due a significant amount of work outstanding on a range of digital systems; it was advised that the integration of local work into the national architecture is challenging and slower than anticipated. However, the Board was assured that issues are being escalated to the appropriate levels. 	<p>NG</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, also NOTING the assurance level 3. 	
3.3.0	<p>Board Assurance Framework (BAF) Led by Non Gwilym, Interim Director of Corporate Governance</p> <p>Non Gwilym introduced the paper, which provided the Board with an overview of the latest updates to the Board Assurance Framework (BAF).</p> <p>Board members raised the following:</p> <ul style="list-style-type: none"> • Unlisted actions aimed at addressing gaps in controls areas • The static nature of the BAF risk scores. It was queried whether steps taken to manage such risks are effective or whether improved implementation is required. It was advised that action points requiring review had been discussed and controls and actions would be implemented more fully by the next Board meeting. <p>It was acknowledged that the BAF would be revisited. The importance of supporting the workforce and focusing on organisational culture during this period was also recognised.</p> <p>The Trust Board:</p> <ul style="list-style-type: none"> • NOTED the current status of the Board Assurance Framework, which has a current assurance rating of 2. 	
3.4.0	<p>IMTP update (verbal) Led by Carl James, Interim Chief Executive</p> <p>The Board NOTED that the current position of the Integrated Medium-Term Plan (IMTP) had been discussed sufficiently under item 3.1.0 (Performance Management Framework).</p>	
4.0.0	HOSTED SERVICES	
4.1.0	<p>Health Technology Wales (HTW) Annual Report Led by Susan Myles, Director, Health Technology Wales</p> <p>Susan Myles provided the Board with an overview of activity over the past year, introducing the small, multidisciplinary HTW team and welcoming the new appraisal panel Chair, Professor Keith Lloyd. The following was highlighted:</p> <ul style="list-style-type: none"> • Remit and Process: The remit of HTW is to provide a strategic, nationally coordinated approach to identifying, appraising and supporting adoption of medical technologies in Wales. • Topic Identification: During the reporting period, 58 technology topics were referred (over 550 since inception), with most referrals from industry, NHS and Welsh Government. • Evidence Appraisal: HTW had produced 73 full evidence appraisals and 52 pieces of national guidance since 2018, with most guidance recommending 	

	<p>routine or selective adoption; about a fifth are not recommended due to insufficient evidence; guidance is updated as evidence matures.</p> <ul style="list-style-type: none"> • Patient and Public Involvement (PPI): The important of robust patient/public involvement, including focus groups, direct testimonials, and a dedicated PPI group that oversees all PPI work and ensures guidance is accessible. • Adoption Audit: HTW conducts annual audits to assess uptake and impact of guidance, aiming to address equity and “postcode lottery” issues; the latest audit showed high awareness and clarity, but resource / funding barriers to adoption are increasing (see below). • Disinvestment and Barriers: For the first time, resource constraints were a major barrier to adoption. HTW is also working on disinvestment topics to help free up resources for new technologies (including AI) to improve efficiency and cancer pathway outcomes. • International and National Engagement: HTW is involved in international collaborations, UK-level partnerships, and regular stakeholder engagement to promote evidence-based adoption and gather new topics. It was noted that a refreshed strategic plan (2026–2030) is in development and will soon go to public consultation and relevant committees. <p>The Trust Board NOTED the content of the annual report and presentation.</p>	
<p>4.2.0</p>	<p>Commitments of Expenditure (NWSSP) Exceeding CEO Limit Led by Alison Ramsey, Director of Finance and Corporate Services, NWSSP</p> <p>The Board had received a number of commitments of expenditure from the NHS Wales Shared Services Partnership (NWSSP). Alison Ramsey, Director of Finance and Corporate Services, advised the following:</p> <p>Fleet Modernisation and Optimisation Programme Business Case - the paper was presented to provide the Trust Board with visibility on the future strategic direction for Shared Services’ fleet replacement over the medium and long term. It was advised that approval had been sought from the Partnership Committee, as the programme falls under its remit, and that no commitment to expenditure or procurement was being requested from the Trust Board at this stage.</p> <p>Alison stated that future Business Justification Cases (BJCs) would require Partnership Committee approval, and should any BJC exceeded £1 million, it would trigger a requirement to return to the Trust Board for approval. The current indicative value in the programme business case is for medium to long-term planning and does not represent a contractual commitment at this time. A Quality Impact Assessment was requested for future consideration and Alison agreed to provide as necessary.</p> <p>It was also agreed to correct the highest cost benefit ratio in the preferred option assessment from 16 to 25.</p> <p>GP Locum Hub Wales Digital Platform - Trust Board approval to extend the digital platform contract was requested; this would enable GP practices to post and book Locum coverage and supports the General Medical Practice Indemnity Scheme. This would be fully funded by Welsh Government and posed no financial risk to NWSSP.</p> <p>It was questioned whether this extension complied with legal and public contract regulations, specifically asking if the extension was covered by the original contract terms or if new legal advice was required. Alison clarified that the extension was</p>	<p>AR</p> <p>AR</p>

	<p>within the original contract's permitted terms, and legal advice was sought regarding the 2022 system alignment. Alison agreed to provide the legal advice supporting the extension, in addition to the Quality Impact Assessment.</p> <p>It was agreed to refine the process of bringing last-minute extensions to the Board for approval and Alison indicated that a full procurement process would be likely required following this extension, depending on Welsh Government's primary care strategy and potential integration with future systems.</p> <p>Procurement Dashboard – Benchmarking and Analytics – The Board queried the end of year deadline, in addition to whether the renewal process met the necessary legal requirements. Alison agreed to provide a response following the Board.</p> <p>The Trust Board:</p> <ul style="list-style-type: none"> • NOTED the NWSSP Fleet Modernisation and Optimisation Programme Business Case, prior to annual Business Justification Cases being submitted for approval of related expenditure; • AGREED to proceed with out of Board APPROVAL for the additional extension cost value of £271,494.58 to the GP Locum Hub Wales digital platform, <u>subject to the Board receiving further information and clarification regarding legal advice, in addition to a Quality Impact Assessment;</u> • AGREED to proceed with out of Board APPROVAL for the Procurement Dashboard contact renewal cost of £450k, <u>subject to the Board receiving further information on legal compliance in addition to a Quality Impact Assessment.</u> 	<p>AR</p> <p>AR</p>
5.0.0	COMMITTEE ESCALATIONS	
5.1.0	<p>Public Quality, Safety & Performance Committee Highlight Report (13/11/2025) Led by Vicky Morris, Independent Member and Chair of the Quality, Safety & Performance Committee</p> <p>Vicky Morris was content that the item for escalation to the Board had been addressed earlier in the meeting.</p> <p>The Trust Board NOTED the update and action taken.</p>	
5.2.0	<p>Public Strategic Development Committee Highlight Report (09/09/2025) Led by Lindsay Foyster, Vice Chair and Chair of the Strategic Development Committee</p> <p>Lindsay Foyster was content that the items for escalation to the Board had been addressed earlier in the meeting.</p> <p>The Trust Board NOTED the update and action taken.</p>	
6.0.0	CONSENT ITEMS FOR APPROVAL	
6.1.0	<p>Trust Policies for Approval Led by Sarah Jenkins, Interim Executive Director of People and Organisational Development</p>	

	<p>The Board received the three policies for approval.</p> <p>The Trust Board:</p> <ul style="list-style-type: none"> • APPROVED the revision to the Smoke-free policy; • APPROVED the Adverse Weather policy, <u>subject to correcting the listing of NWIS as a hosted service</u>; • APPROVED the revisions to Mental Wellbeing Guidance documentation. 	SJ
6.2.0	<p>Chair's Urgent Actions Led by Non Gwilym, Interim Director of Corporate Governance</p> <p>One urgent item of business for the Trust Board had been considered via Chair's Urgent Action during this period - <i>Low Vision Aid Supply and Recycling Services Business Justification Case and Commitment of Expenditure.</i></p> <p>No objections to approval were received in respect of the item of business considered, although one matter was raised and was detailed in the report.</p> <p>Therefore, the Trust Board RATIFIED the Chair's Urgent Action taken between the 19/09/2025 – 20/11/2025.</p>	
7.0.0	CONSENT FOR NOTING	
7.1.0	<p>Trust Seal Report Led by Non Gwilym, Director of Corporate Governance (Interim)</p> <p>The Trust Board NOTED the content of the report.</p>	
7.2.0	<p>Public nVCC Project Scrutiny Sub-Committee Highlight Report (18/09/2025) Led by Hilary Jones, Independent Member and Chair of the nVCC Project Scrutiny Sub-Committee</p> <p>The Trust Board NOTED the content of the report.</p>	
7.3.0	<p>Local Partnership Forum Highlight Report (23/09/2025) Led by Sarah Jenkins, Interim Executive Director of People & Organisational Development</p> <p>The Trust Board NOTED the content of the report.</p>	
7.4.0	<p>Trust-wide policy approvals update Led by Non Gwilym, Interim Director of Corporate Governance</p> <p>The Trust Board NOTED the content of the report.</p>	
7.5.0	<p>Strategic Partnership Update Led by Lauren Fear, Director of Place, Portfolio and Partnerships</p> <p>The Trust Board NOTED the content of the report.</p>	
7.6.0	<p>Advanced Therapies Wales (ATW) Programme Annual Report</p> <p>The Trust Board NOTED the content of the ATW Annual Report.</p>	

8.0.0	COMMITTEE ANNUAL REPORTS 2024 - 2025	
8.1.0	<p>Quality, Safety & Performance Committee Annual Report Led by Vicky Morris, Independent Member and Chair of the Quality, Safety & Performance Committee</p> <p>The Trust Board NOTED the content of the Quality, Safety & Performance Committee Annual Report.</p>	
9.0.0	DATE OF NEXT MEETING	
	The next public meeting will take place on Thursday, 29 th January 2026.	
10.0.0	CLOSE	

Unconfirmed