

**MINUTES PUBLIC TRUST BOARD MEETING
VELINDRE UNIVERSITY NHS TRUST
30th July 2026 – 10:00am-1:00pm
Trust Headquarters, Nantgarw / via Microsoft Teams**

PRESENT Sara Moseley Lindsay Foyster Carl James Gareth Jones Prof. Andrew Westwell Vicky Morris Hilary Jones John Union Ceri Doyle Matthew Bunce Dr Jacinta Abraham Gillian Knight Sarah Jenkins ATTENDEES Anne Carey Victoria Oxley Lauren Fear Carl Taylor Non Gwilym Jolene Dalton Kyle Page	Chair Vice Chair Chief Executive Officer Independent Member Independent Member Independent Member Independent Member Independent Member Independent Member Executive Director of Finance Executive Medical Director / Deputy Chief Executive Executive Director of Nursing, AHPs and Health Sciences (interim) Executive Director of People and Organisational Development (interim) – <i>remotely</i> Chief Operating Officer Director of Strategy, Planning and Performance (interim) Director of Place, Portfolio and Partnerships Chief Digital Officer Director of Corporate Governance (interim) Head of Corporate Governance (interim) Business Support Manager (Secretariat)
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1.0.0	PRELIMINARY MATTERS	LEAD
1.1.0	Welcome and Apologies: The Chair welcomed attendees to the meeting, noting the following apologies: - Ben Leijokari-Olosunde, Aspiring Board Members Programme Member. - Katrina Febry, Audit Lead, Audit Wales. - David Cogan, Patient Representative.	
1.2.0	In Attendance: The Chair extended a warm welcome to the following additional attendees: - Ella Wilkins, HEIW (simultaneous translation) - Fiona Davies, Head of Safeguarding and Vulnerable Persons (for item 1.7.0) - Alison Ramsey, Director of Finance and Corporate Service (for item 4.2.0)	
1.3.0	Declarations of Interest There were no declarations of interest noted in respect of today's agenda.	

1.4.0	Minutes of the Public Trust Board meeting held on 21st May 2026 Board members raised the following minor amendments: Page 1 – Incorrect job titles against Gillian Knight / Anne Carey. Page 8 – Wording relating to risk (Datix) under item 5.1.0 required minor amendments Board members were otherwise content that the minutes of the meeting held on 21st May 2026 were an accurate reflection of proceedings.	Secretariat
1.4.1	Minutes of the extraordinary Public Trust Board meeting held on 25th June 2026 Page 1 – correct job title against Lauren Fear. Board members were otherwise content that the minutes of the extraordinary meeting held on 25th June 2026 were an accurate reflection of proceedings.	Secretariat
1.5.0	Action Log Board members were content to close the two actions noted as 'propose to close'. The remaining open actions were discussed as follows: 26/03/2026 item 5.1.0 – Gillian Knight advised that work to formalise engagement arrangements with the Cancer Alliance, Llais and Maggie's was progressing, with plans agreed but meeting dates still awaited. An update and revised plan are expected at the new September Quality, Safety & Experience (QSE) meeting. The action remains open. 26/03/2026 item 9.4.0 – Carl James reported that Welsh Government had approved requests for additional and repurposed resources. Discussions with service divisions had indicated a positive position, with a final report to be presented at the September Board meeting. The action remains open. 21/05/2026 item 3.1.0 – Anne Carey advised that the action relating to the NHS Blood and Transplant (NHSBT) visit and its implications for future strategy had been deferred due to agenda pressures. The action remains open and it was agreed that an update would be provided at the September Board meeting. 21/05/2026 item 3.3.0 (1) – Non Gwilym proposed that the Board Assurance Framework action be assigned to her as the named executive lead rather than remaining a collective executive action. An assurance report will be brought back to the Board in September, supported by the wider executive team. The action remains open. 21/05/2026 item 3.3.0 (2) – Sarah Jenkins reported that work had commenced with the Vice Chair to strengthen the People and Culture elements of the BAF. Three people-related risk themes (staff wellbeing and organisational performance; leadership and management; and culture, values and behaviours) will be developed through the People, Culture and Engagement Committee, with supporting metrics to be introduced and an update to be brought back following the committee's first meeting.	

	21/05/2026 item 5.1.0 - The Chair advised that this matter would be covered within a substantive paper during part B and would be considered as part of that discussion. The Board NOTED the agreed status of all actions. It was noted that it would be beneficial for the action log to contain written updates as opposed to verbal updates being provided at the meeting. This was agreed and the Chair advised that the log would be updated as per the discussions above, following the meeting.	
1.6.0	Matters Arising	
	There were no matters arising for discussion at today's meeting.	
1.7.0	Patient Story: Andy's story Led by Fiona Davies, Head of Safeguarding & Vulnerable Persons Following a video of Andy's story which had been circulated prior to the meeting, Fiona explained that this demonstrated the positive impact of Velindre's dementia-friendly approach, highlighting improvements in staff training (creating dementia champions across the organisation), communication, environmental adaptations (such as smaller, improved waiting areas, consistent signage across the Cancer Centre and dementia-friendly wayfinding) and personalised care. She emphasised that patient feedback had directly informed service improvements and showcased the Trust's commitment to person-centred care for people living with dementia. The effect of dementia on sensory processes and anxiety had also been recognised, and as a result, plans were underway to introduce additional aids such as ear defenders, comfort items such as fidget spinners, and enhanced support for patients who become distressed during treatments. Board members raised the following points / queries: • The wider team was commended for their leadership in developing dementia-friendly services. Andy's story was considered a strong example of the Trust learning from patient feedback and translating concerns into meaningful service improvements, particularly through earlier identification and support for patients with dementia. • A number of challenges are faced by people living with dementia (including their families), highlighting the importance of recognising dementia and supporting patients to understand and communicate their needs. It was suggested that the Trust consider how it could further improve support and diagnosis pathways for this patient group. • That the learning from Andy's story extends beyond dementia care and is being applied across the patient pathway. It was queried how the learning from his experience could improve care for <u>all</u> patients, including those who might have undiagnosed cognitive difficulties, in addition to translating this into wider organisational learning and service improvement. Fiona agreed to meet to discuss how equitable access to services could be provided. The Board thanked Fiona for sharing the story and the Chair advised that the Board would write to Diana Purnell (Support Care Nurse), who had led on this work, to thank her personally.	GK Chair

2.0.0	KEY REPORTS	
2.1.0	Chair's Report The Chair took her report as read and added the following: • The Chair welcomed Carl James to his substantive Chief Executive role, noting that he had successfully progressed through a robust recruitment process and that building a strong, sustainable Executive team and integrated Board remained a priority for the organisation. • The appointment of a new Chair for the NHS Wales Shared Services Partnership, Susan Barnes. The Chair advised that they had already met and highlighted Susan's experience in Shared Services and commissioning; formal quarterly meetings have been established to support collaborative working. • The charity trek had taken place, which the Chair described as an incredible experience, commenting positively on the people involved and the impact of the charity. • There would be focus on one service area for each update, which on this occasion was palliative care. This was described as an incredible service and the Chair encouraged Board members to read the report. She also proposed plans to use the material for internal communications to allow staff to better understand the breadth of expertise and services across the organisation. Lindsay Foyster added that for the first time, there had been a joint meeting of NHS Chairs and Vice Chairs. Both she and the Chair agreed that this was a positive development and reflected a growing recognition of the value of bringing both groups together to strengthen collaboration across Wales. The Trust Board NOTED the content of the Chair's update.	
2.2.0	Chief Executive's Report Carl James highlighted the following key points: • Congratulations were extended to Sarah Jenkins on her appointment with mid and west Wales Fire Service, noting her contribution to the Trust over the previous ten months. It was confirmed that a successful recruitment process had been completed for Sarah's successor and Carl advised that further detail on the individual and start date would be shared once final arrangements had been completed. • Attendance at the Blood Health National Oversight Group Conference during June; discussions with Chief Executives from the Northern Ireland and Scottish Blood Services had explored opportunities for strategic collaboration and shared learning. Carl also commended two colleagues from the Welsh Blood Service who had presented at the conference, noting their contributions as outstanding. • Thanks were extended to Welsh Blood Service colleagues for maintaining blood and platelet collections during a challenging period of hot weather. High temperatures had led to venue cancellations and donor absences; however, teams had worked creatively to sustain collections and maintain supplies. The Chair suggested that this achievement should be highlighted more widely to colleagues via internal communications.	TBC

	The Trust Board NOTED the content of the CEO's update.	
3.0.0	QUALITY, SAFETY & PERFORMANCE	
3.1.0	Performance Management Framework (PMF) (May2026) Colleagues presented the report, which highlighted key issues for the attention of the Board for the month of May 2026. <u>Overall Performance</u> Anne Carey provided the following update: - While SACT performance remained challenging, she was encouraged by the strong operational grip and control demonstrated by divisional and directorate teams and the solutions being developed to address performance pressures. - The impact of extreme weather on Welsh Blood Service collections, noting the mitigating actions being taken by teams. Anne also corrected the reported expired platelet figure from 12.5% to 8.0%. Board members raised the following: - Following a detailed workshop that the Quality, Safety and Performance Committee held two months prior regarding SACT (Systemic Anti-Cancer Therapy) and Radiotherapy performance, it was queried whether actions resulting from the workshop had worked, and what improvements had resulted from those actions. Anne responded that a major area of focus was understanding the differing ways teams were working and addressing variation in performance between services. Significant work is underway around consultant job planning, team job planning and the wider infrastructure that supports service delivery. Victoria Oxley supported clearer reporting on improvement actions and advised that a PMF Task and Finish Group was reviewing best practice. - The request for assurance regarding overdue incident and audit actions within the Welsh Blood Service, noting the helpful mitigation plan described in the report. Anne advised that progress was being seen, particularly through improved process compliance and staff training, but agreed that further examples could be provided. - The request for greater visibility of the work undertaken with partner organisations across the cancer pathway, noting that performance is influenced by several stakeholder before patients reach Velindre. Anne advised that work was underway to strengthen reporting on referral treatment times and to share pathway data with Health Boards. - That whilst the organisation should continue to maximise productivity and adapt services to increasing demand, sustained growth in activity may require future discussions with commissioners regarding additional funding. It was advised that final draft business cases were already under development and that an update would follow later in the year in this regard. - A request for clarification on the use of the term "Velindre Organisations" within the Workforce heatmap and associated graphs, noting that it was not an organisational descriptor. It was acknowledged that this appeared to be an error in the report and would be corrected.	AC SJ

	<u>Finance</u> Matthew Bunce presented the Month 2 Finance report (advising that a more up to date, month 3 report exists). The following was highlighted: • Long Term Agreements (LTAs) had been signed with commissioners by the required deadline. A finance-led group continues to review LTA arrangements, including work relating to rebasing issues. • The Trust is still awaiting formal approval from Welsh Government for the financial plan submitted as part of the Integrated Medium Term Plan (IMTP) at the end of March. • The organisation remains on track against its three key financial targets. • Approximately £1.2 million of savings schemes were still rated amber at the time of the report, representing approximately half of the savings programme. However, performance at month three was only approximately £15k below target and therefore the Trust was mainly delivering the savings it had committed to. Board members raised the following: • The representation of risks within the finance report, noting how there had been an error in the way risks had been presented within the paper under the risk section of the cover paper (p72 of papers), in that no risks had been noted when there are many risks pertaining to performance that should be noted here. It was advised that this would be corrected under the risk section noted on p82 of papers. • The request for an update on the risk relating to Same Day Emergency Care funding. Matthew assured the Board that the funding allocation had already been identified, with formal confirmation still awaited. Carl James advised that this appeared to be an administrative issue and agreed to pursue confirmation. The Trust Board: • NOTED the May Performance Management Framework for assurance purposes. • NOTED the contents of the May 2026 financial report and in particular: ○ The year to date and forecast revenue and Capital out turn position, and PSPP performance. ○ The latest position on Velindre Cancer Service LTA income for 2026-27 from our commissioners. ○ The position with commissioners on the contract rebase agreement, noting that the LTA issue with Hywel Dda has now been resolved. ○ The current position of the Trust savings plans.	MB CJ
3.2.0	VUNHST Risk Register Non Gwilym introduced the report, highlighting that the Risk Register is improving, but further work is needed to ensure risks, controls, actions and assurances are clearly understood and consistently reported; the focus should now be on improving the quality of risk management and assurance, embedding it within the new governance structure, and ensuring committees can provide meaningful oversight of strategic risks. Board members noted the following:	

	• There are a number of risks where the current ratings remained unchanged, indicating that mitigations are not reducing the level of risk. Assurance was sought that the effectiveness of controls was being reviewed and clearer narrative was requested explaining the impact of actions and progress being made against the risks. Using risk 3832 as an example, Non explained that mitigating actions, including the procurement of a system progressing as planned, had not reduced the risk score because full mitigation had not been implemented. It was noted that future risk reporting should better explain progress and provide assurance where risks remain unchanged despite active mitigation. • Some risk target dates have previously appeared ambitious, and it was queried whether the target date for risk 3969 was realistic given the number of actions still required. It was agreed that while there was confidence that actions would be achieved by the end of July. • Whether sufficient progress is being made with regard to risk 3388; the route to resolution was not clear to the Board and this was a long-standing digital integration issue. The Executive team advised that the matter had been escalated through multiple channels, including direct engagement with Digital Health and Care Wales (DHCW), and that progress was being made, albeit slower than desired. • Risk 2646 was another example of where the current score remained the same, despite significant progress being made. It was advised that this risk related to implementation of the WLIMS laboratory information management system within the Welsh Blood Service, and while local preparation work was complete and rated green, implementation remained dependent on the national rollout programme which had experienced delays and the final implementation timelines sat outside the Trust's direct control, hence the high score. Lindsay Foyster advised that Board that the Vice Chair of DCHW had arranged individual meetings with the Vice Chairs of NHS organisations, with her meeting scheduled for September. She advised that she would be fully briefed on the Trust's digital risks and dependencies beforehand to ensure continued meaningful engagement with DHCW. The Trust Board NOTED: • The risks in the quality and safety domain with a score of 12 and above and risks in other domains with a score of 15 and above on the Trust Risk Register. • The new risks added to the register and the risk • which have reduced below Board reporting threshold since the previous reporting cycle. • The update on the Datix risk system replacement.	NG
3.3.0	Board Assurance Framework (BAF) Non Gwilym advised that while the Executive Management Board, Strategic Development Committee and Quality, Safety and Performance Committee had recognised the BAF's improved readability and accessibility, a number of areas still requiring improvement had been highlighted (such as strengthening clarity around controls, actions and assurances; improved executive oversight).	

	Non advised that the revised committee structure would support clearer allocation of strategic risks to the appropriate committee to improve oversight, challenge and reporting to the Board. Board members raised the following: • That it would be beneficial for the Board to reach agreement on a final version of the BAF to avoid ongoing redesign, rather use the BAF consistently, embed it within the new committee arrangements and refine it through experience. Non supported this and explained that it was the intention to reach a position where committees would take responsibility for reviewing and assuring risks within their remit (as above). • While improvements in the presentation of the BAF were recognised, it was noted that it was not consistent in terms of the relationship between strategic risks and associated risks, which were either unclear or missing. It was also noted that there was an absence of controls and assurance for Velindre Cancer Service and that this information had only been included for the Welsh Blood Service. Anne Carey agreed to address this, although advised that it would take time to resolve properly. The Trust Board: • NOTED the status of the Board Assurance Framework and the assurance rating of Level 2. • ENDORSED the proposed improvements to future BAF reporting, including clearer narrative on static risk ratings, revised target dates, links to operational risks, and gaps in controls and assurance.	AC
4.0.0	ORGANISATIONAL DEVELOPMENT	
4.1.0	Terms of Reference – New Committee Structure Non Gwilym presented the new Terms of Reference aligned to the Trust's new Board Committee structure for approval, which had previously been considered and agreed in principle at Board. She explained that the changes were designed to improve accountability, clarify delegated responsibilities, strengthen assurance arrangements and reduce duplication. It was advised that the Terms of Reference for the Charitable Funds Committee were still being finalised and would return to the Board for approval in September. A review of Standing Orders would also be undertaken, and any resulting amendments would be brought back to the Board. Non thanked Board members for their contribution and support to this work (in particular, the Vice Chair and Lineofsight colleagues). Board members raised the following: • The Quality Impact Assessment (QIA) document had not been signed off by either the Executive Medical Director or Executive Director of Nursing, (a requirement). Non assured the Board that the correct sign off had been completed in practice and that the QIA document would be amended to explicitly include the required signatures. • Whilst allocating Independent Members across all committees is challenging, Welsh Government guidance and audit best practice recommended that the Audit and Risk Assurance Committee (ARAC)	NG

	should include an Independent Member with finance experience, and it was agreed that the current membership of ARAC should be reviewed. It was noted that the proposed memberships had been developed using the governance guidance available at the time and the Vice Chair welcomed sight of the specific recommendation referenced to and noted the challenges in, and importance of, meeting the Terms of Reference requirements for membership to reflect interdependencies across Committees. The Trust Board: • APPROVED the committee structure and accompanying Terms of Reference presented as Appendix 1. • APPROVED the proposed committee membership and Executive leads as presented in Appendix 2. • NOTED that the Charity Committee Terms of Reference are to follow. • NOTED the completion and sign-off of the Quality Impact assessment and Equality Impact Assessment available as Appendices 3 and 4.	
4.2.0	Shared Services Commitments of Expenditure Alison Ramsey presented two items of Commitments of Expenditure to the Board for approval: 1) Extension of the Student Bursary Award System software contract. Alison explained that the System supports the administration of Welsh student bursary awards and that an extension was required to ensure continuity of service. Board approval was sought to extend the contract until March 2030. She advised that the extension would ensure continuity of service while Welsh Government considered the future of bursary arrangements. The proposed 1+1+1 extension structure would provide flexibility to respond to future policy decisions, whilst recognising that the current system is highly specialised and would require significant lead time to replace. Board members raised the following questions / comments: • Whether the system was used exclusively for medical students or wider range of students, as the paper was ambiguous. Alison clarified that the system primarily supports the Nursing bursary scheme, although it is not used exclusively for Nursing students. She also explained that "GPUK" referred to the supplier name rather than a category of students. • The paper stated that the contract had been in place since 2022 and referred to a four-year term, which would suggest the contract should expire in 2026. However, the paper also stated that the contract would expire on 31 March 2027. Alison confirmed that the discrepancy reflected the implementation and go-live period following contract award. • Welsh Government's review extends beyond the Bursary Scheme itself and includes consideration of the wider student support package; it is challenging to secure posts for newly qualified nurses and midwives and it was acknowledged that this broader policy work was contributing to delays in final decisions regarding future bursary arrangements. The Trust Board:	

	• APPROVED the Student Bursary Award System contract extension for three (3) years with effect from 1 April 2027 to 31 March 2030 with a total cost of £382,515 and in doing so, AUTHORISED the Chief Executive to approve the Purchase Order. 2) Award of a contract for the provision of Material Handling Equipment lease, hire and maintenance. Alison sought approval for a five-year contract for the provision, lease, hire and maintenance of Material Handling Equipment used within logistics and stores operations. She advised that the contract, valued at up to £1.04m excluding VAT, was demand-led with no minimum spend commitment and that supplier financial standing had been reviewed with appropriate mitigations in place. Alison confirmed that Welsh Government had been notified of the proposed contract award given its value exceeded £1 million. The Trust Board: • APPROVED the award of Contract SSP-FTS-60006 – Material Handling Equipment Lease, Hire and Maintenance to Toyota Material Handling UK Limited. • APPROVED the maximum estimated contract value of £1,040,000 excluding VAT over the full five-year term, including both optional extension periods. • NOTED that expenditure will be funded from existing NWSSP Supply Chain, Logistics and Transport operational budgets and controlled through approved purchase orders. • NOTED that an initial supplier financial standing concern was identified during the qualification stage, but that a further Dun & Bradstreet report was subsequently run and confirmed an improved failure score of 56, representing a low to moderate risk of severe financial stress. The updated score is above the NWSSP recommended exclusion threshold and supplier financial standing will continue to be monitored during the contract term. • APPROVED progression to Intention to Award, standstill and publication of the Contract Details Notice, subject to completion of all required approvals.	
4.3.0	Trust Policies / Procedures for Approval A number of policies and guidance had been considered at the July Quality, Safety and Performance Committee, prior to seeking Board approval. Sarah Jenkins presented the Childcare Vouchers Policy, Family Friendly Policy and Consultant Job Planning Framework for approval. She advised that the family-friendly arrangements had been expanded to include wider adoption and related provisions and confirmed that the policies had undergone the required review processes. She also highlighted the importance of maintaining a consistent approach to consultant job planning across the organisation. Jacinta Abraham added that the Consultant Job Planning Framework had been developed through extensive engagement with consultants, BMA representatives and NHS Wales Medical Directors. She highlighted improvements in job planning compliance following implementation of the digital job planning system and noted that the framework would strengthen the	

	Trust's position in demonstrating compliance with Welsh Government expectations and support effective workforce planning. It was also confirmed that this would be reflected in the new People, Culture and Engagement Committee. The Chair queried how the Consultant Job Planning Framework aligned with the Trust's wider governance arrangements, particularly in relation to shared services and clinical governance. Jacinta explained that the framework had been developed specifically for the Cancer Services and Welsh Blood Service divisions and was not intended to apply more widely across Shared Services at present, as Shared Services does not employ consultant medical staff in the same way; separate policies would be required for each organisation. The Trust Board APPROVED: • The Childcare Voucher Scheme Guidance. • The 8 documents relating to the Family Friendly Policy. • The updated policy as the standard operating framework for Consultant job planning across Velindre University NHS Trust.	
5.0.0	COMMITTEE HIGHLIGHTS FOR DISCUSSION	
5.1.0	Public Quality, Safety & Performance Committee(QSP) Highlight Report (16/07/2026) Vicky Morris advised that the key issues escalated through the Public QSP Highlight Report, particularly those relating to the Board Assurance Framework, had already been discussed in detail elsewhere on the agenda. Therefore, no further discussion was required. The Trust Board NOTED the highlight report and item of escalation identified at the meeting of the Quality, Safety & Performance Committee held on the 16th July.	
5.2.0	Public Audit Committee Highlight Report (12/05/2026) Gareth Jones highlighted concerns regarding outstanding audit actions and the timeliness of action management and late extension requests. The Committee had sought greater assurance on delivery and accountability. Carl James indicated that while progress had been made over the past 12-24 months, he accepted that further improvement was needed and suggested that there were underlying process and system issues contributing to delays and late requests for extensions. Carl agreed to review the outstanding actions with the Executive Team and return with an informed plan. The Trust Board NOTED the content of the report and item of escalation identified at the meeting of the Audit Committee held on the 12th May.	CJ
5.3.0	Public nVCC Project Scrutiny Sub-Committee Highlight Report (18/06/2026) Hilary Jones reported that the nVCC Project had entered a complex phase as it approaches the latter stages of delivery. While the contractor continues to report that the project remains on track, the Sub-Committee was maintaining close oversight of programme risks and delivery milestones to ensure successful completion.	

	Following the update, Carl James thanked the Committee for their continued support, noting that while the building programme itself sits largely outside the Trust's direct control, there was a strong focus on working with delivery partners to ensure successful completion. The Trust Board is asked to NOTE the content of the report and item of escalation identified at the meeting of the Audit Committee held on the 18th June.	
6.0.0	ANNUAL REPORTS FOR APPROVAL It was confirmed that all reports shared with Board (via the Quality, Safety & Performance Committee) were statutory and that the nine reports listed below had been considered separately via an extraordinary meeting of the Quality, Safety & Performance Committee on the 9th July.	
6.1.0	Duty of Quality Annual Report The Trust Board APPROVED the Duty of Quality Annual Report.	
6.2.0	Trust Annual Integrated Quality & Safety Report The Trust Board APPROVED the Annual Integrated Quality & Safety Report.	
6.3.0	Equality Annual Report Led by Sarah Jenkins, Interim Executive Director of People & Organisational Development Board members raised the following questions / comments: • A marked reduction in staff numbers beyond age 60. This raised the issue of retention of experienced employees and the use of flexible employment approaches, including retire-and-return arrangements, to retain organisational knowledge and expertise. Sarah Jenkins noted an unanticipated change in behaviour post-COVID, and that balancing retention with future workforce requirements is being actively discussed both locally and nationally. It was also noted that the organisation is already supporting staff beyond the age of 60 via the Virtual Assessment Pathway (VAP) system, which enables those now unable to work 12-hour shifts to still provide high-level skilled assessment via telephone and virtual means. • Whether exit interviews are undertaken to capture reasons for staff leaving the organisation. Sarah advised that these are undertaken on a voluntary basis and this information is fed into the organisational cultural baseline work and triangulated alongside other staff experience data. She also indicated improving levels of psychological safety across the organisation. • Whether the Trust formally recognises long service in a similar way to universities. Sarah confirmed that long service awards are recognised through the Trust's awards arrangements and the Chair noted that personal letters are also issued to mark such achievements. The Trust Board APPROVED the Equality Annual Report.	

6.4.0	Gender Pay Gap Annual Report The Trust Board APPROVED the Gender Pay Gap Annual Report.	
6.5.0	Welsh Language Annual Report The Trust Board APPROVED the Welsh Language Annual Report.	
6.6.0	Social Partnership Duty Annual Report The Trust Board APPROVED the Social Partnership Duty Annual Report.	
6.7.0	Fire Safety, Estates, Health & Safety, Sustainability Annual Report The Trust Board APPROVED the Fire Safety, Estates, Health & Safety, Sustainability Annual Report.	
6.8.0	Wellbeing of Future Generations Act (2015) Annual Report The Trust Board APPROVED the Wellbeing of Future Generations Act (2015) Annual Report.	
6.9.0	Professional Registration, Appraisal and Revalidation Annual Assurance Report 2025-26 The Trust Board APPROVED the Professional Registration, Appraisal and Revalidation Annual Assurance Report 2025-26.	
7.0.0	CONSENT FOR NOTING	
7.1.0	Trust Seal Report The Trust Board NOTED the contents of the Trust Board Seal Register.	
7.2.0	Chair's Urgent Actions for Ratification The Trust Board RATIFIED the Chairs Urgent Action taken between the 22/05/2026 – 23/07/2026 .	
7.3.0	Trust-wide policy approvals update The Trust Board NOTED the policy approvals update.	
7.4.0	Extraordinary Public Quality, Safety & Performance Committee Highlight Report (09/07/2026) The Trust Board NOTED the key deliberations from the extraordinary meeting of the Quality Safety & Performance Committee.	
7.5.0	Public Strategic Development Committee Highlight Report (07/07/2026) The Trust Board NOTED the content of the report.	
7.6.0	Public Charitable Funds Committee Highlight Report (04/06/2026) The Trust Board NOTED the content of the report.	
7.7.0	Local Partnership Forum Highlight Report (02/06/2026) The Trust Board NOTED the content of the report.	
7.8.0	Shared Services Partnership Committee Assurance Report (14/05/2026 & 25th June 2026) The Trust Board NOTED the content of the report.	

7.9.0	Shared Services Partnership Audit Committee Highlight Report (28/04/2026)	
	The Trust Board NOTED the content of the report.	
7.10.0	Joint Commissioning Committee Highlight Report (26/05/2026)	
	The Trust Board NOTED the content of the report.	
8.0.0	QUESTIONS FROM THE PUBLIC	
	Two questions had been received from the public prior to the meeting, relating to the sale of the Whitchurch land. Lauren Fear was invited to respond to the questions as follows: Question 1 - Long-term protection of the sports clubs "The Trust has previously stated publicly that the existing sports clubs on the Whitchurch Hospital site are valued community assets and that their leases are not at risk as part of the disposal process. Can the Board confirm whether the successful purchaser will be contractually required, as a condition of the sale, to protect the long-term viability of the existing sports clubs and their operations, and if so, how that protection will be secured and enforced?" Lauren reiterated the Trust's commitment to securing the long-term future of the sports clubs at the Whitchurch site through engagement, planning protections and assessment of bidders' proposals. While contractual protections would be unusual where planning controls already exist, further legal and planning advice was being sought on additional mechanisms to support the clubs, with further discussion anticipated at September's Board meeting. Question 2 - Agent of Change "Given that Whitchurch Heath Cricket Club and the other sports clubs have operated on the site for many decades, what steps is the Trust taking within the disposal process to ensure that the Agent of Change principle is reflected in any future redevelopment, so that existing sporting activities are protected from future complaints or operational restrictions arising from new residential development, including cricket, training, noise, parking and other established community use?" Lauren advised that the Agent of Change principle is a planning matter to be addressed through the future development process and would require any new development to take account of existing sports club activities. She confirmed that the Trust is actively engaging with bidders to ensure matters such as ongoing sports use and parking requirements are reflected in emerging proposals. Lauren also advised that the requester would receive a direct written response to both questions following the meeting.	
9.0.0	ANY OTHER BUSINESS	
	The Chair had not been made aware of any items prior to the meeting. However, she acknowledged that this was Andrew Westwell's final Trust Board meeting and paid tribute to his contribution as an Independent Member.	

	Vicky Morris noted Andrew's excellent chairing of the Research, Development and Innovation (RD&I) Committee. She recognised his expertise at both Board and Committee level, highlighting the lasting impact he had made within the Trust's RD&I space. Jacinta Abraham noted Andrew's collaborative style which had put colleagues at ease and encouraged participation. Additionally, it was noted that he had provided constructive challenge, backed by evidence, to encourage change and improvements to the Trust's work. She also recognised the role he had played in strengthening relationships with Cardiff University, Cardiff and Vale University Health Board and other partners, to ensure the Trust was seen as an equal partner. In conclusion, the Chair expressed the importance of recognising publicly the role that Independent Members play and the expertise, time and passion they bring to the organisation. She acknowledged that Andrew had been a dedicated member of the Board, instrumental in the development of the Research, Development and Innovation agenda and had brought significant expertise, challenge and commitment to the organisation. The Board wished Andrew well for his future endeavours.	
10.0.0	DATE OF NEXT MEETING	
	The next public meeting will take place on Thursday, 24 th September 2026 at 10:00h at the Welsh Blood Service, as the service notes its 80 th anniversary.	
11.0.0	CLOSE	
12.0.0	ITEMS FOR DISCUSSION AT PART B	
	• Integrated Plan for Board Development • nVCC update • Private Risk Register • Integrated Radiotherapy Solution (IRS) • Talbot Green Infrastructure • oVCC Decommissioning Programme • Transforming Access to Medicines (TrAMs) Business Case • NWSSP Commitments of Expenditure • Trust Policies for Approval • Claims and Redress Annual Report (2025-2026)	