

**MINUTES PUBLIC TRUST BOARD MEETING
VELINDRE UNIVERSITY NHS TRUST
29th January 2026 – 11:30am-2:30pm**

<p>PRESENT Sara Moseley Gareth Jones Prof. Andrew Westwell Vicky Morris Hilary Jones John Union Carl James Matthew Bunce Dr Jacinta Abraham Sarah Jenkins</p> <p>ATTENDEES Anne Carey Lauren Fear Non Gwilym Carl Taylor Kyle Page</p>	<p>Chair Independent Member Independent Member Independent Member Independent Member (remotely) Independent Member Chief Executive Officer (interim) Executive Director of Finance Executive Medical Director / Deputy Chief Executive Executive Director of People and Organisational Development (interim)</p> <p>Chief Operating Officer Director of Place, Portfolio and Partnerships Director of Corporate Governance (interim) Chief Digital Officer Business Support Manager (Secretariat)</p>
--	---

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"> • Lindsay Foyster, Vice Chair • Nicola Williams, Executive Director of Nursing, Allied Health Professionals and Health Science • Ceri Doyle, Independent Member • Katrina Febry, Audit Lead, Audit Wales <p>**Gareth Jones joined the meeting at 11:45am due to travel issues.</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"> • Bethan Davis, Simultaneous Welsh Translation • Tina Jenkins, Interim Deputy Director of Nursing, Quality & Patient Experience (deputising for Nicola Williams) • David Cogan, Chair of Patient and Carer Partnership Board • Ben Leijokari-Olosunde, Aspiring Board Members Programme Member • Alison Ramsey, Director of Finance and Corporate Services, NWSSP, (for item 6.2.0 if required) 	
1.3.0	<p>Declarations of Interest</p> <p>There were no declarations of interest noted in respect of today's agenda.</p>	

<p>1.4.0</p>	<p>Minutes of the Public Trust Board meeting held on 27th November 2025</p> <p>The Trust Board was content that the minutes of the meeting held on the 27th November 2025 were an accurate reflection of proceedings.</p>	
<p>1.5.0</p>	<p>Action Log</p> <p>The Board was content to close the six actions marked as 'propose to close'.</p> <p>Non Gwilym advised the following in relation to the remaining open action (Revisions to Schedule 2 of Trust Standing Orders (item 7.1.4 – 23.05.2024)):</p> <p>This has been incorporated into a wider piece of work which is already underway, suggesting that it may be appropriate to close the action at this point. The related Terms of Reference are currently being reviewed. While progress has been made, the work is not yet fully complete and a revised version will return to Board.</p> <p>The Trust Board was content to close the action on this basis and Non Gwilym agreed to update the note in the log.</p>	<p>NG</p>
<p>1.6.0</p>	<p>Matters Arising Led by Sara Moseley, Chair</p>	
	<p>There were no matters arising for discussion at today's meeting.</p>	
<p>2.0.0</p>	<p>REFLECTIONS</p>	
<p>2.1.0</p>	<p>David Cogan, Chair of Patient & Carer Partnership Board</p> <p>David Cogan reflected on the work and development of the Patient and Carer Partnership Board, focusing on what had gone well, what had not gone so well, and the opportunities ahead. The following key points were raised:</p> <p>What had gone well</p> <ul style="list-style-type: none"> • The Patient and Carer Partnership Board has been operating for approximately 18 months. Membership confidence has grown, and the Board now has a waiting list, indicating increased awareness and credibility across the Trust. • The Board is becoming embedded earlier in service development, an example being robust engagement with the Pharmacy team on their five-year strategy. • Progress has been made on initiatives such as listening posts within Velindre to hear directly from current patients. • Partnership Board members are increasingly involved in Trust activities, including attendance at Trust Board and Charitable Funds meetings. <p>What had not gone so well</p> <ul style="list-style-type: none"> • The Board has not yet reached its target membership (7 members rather than 12), and diversity remains limited. • Patient representatives do not yet have a seat at all key decision-making tables, which limits their influence. • Structural changes and leadership turnover within the organisation have slowed progress and created uncertainty. • Patient involvement is sometimes treated as a “tick-box exercise”, with engagement occurring too late in decision-making. 	

	<ul style="list-style-type: none"> • There is no clear organisational "home", strategy, or accountability lead for patient engagement, making escalation and coordination difficult. <p>Opportunities and asks of the Trust Board:</p> <ul style="list-style-type: none"> • David proposed using a Trust Board Development Day to hold a strategic discussion on patient engagement and involvement. • Clarification regarding (1) who "the patient" is (current, former, future), (2) how patient voice should influence decisions and (3) where accountability for patient engagement sits. • A requirement for better infrastructure and support, including administrative support and emotional support for patient representatives. • The importance of embedding patient representation in recruitment panels, key committees, and prioritisation of change programmes. The Partnership Board should be patient-led, as opposed to adapting to existing organisational structures. <p>Board members considered the following issues:</p> <ul style="list-style-type: none"> • The need for a single point of accountability for patient and carer engagement, to enable escalation and coordinated progress. • Resources required to support the Patient and Carer Partnership Board • The location of the Board which is currently outside the Trust's formal structures • How the Trust ensures appropriate support and wellbeing arrangements are in place for members of the Patient and Carer Partnership Board, particularly when undertaking listening and engagement activities that may be emotionally challenging. <p>The Trust Board NOTED the update.</p>	
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"> • The Chair's annual appraisal with the Cabinet Secretary had been scheduled for the 2nd March 2026, and details of what is expected would be shared once the documentation had been received. Finalising Independent Members' objectives would follow. • NWSSP governance and accountability work was progressing with the establishment by Welsh Government of a group to oversee implementation of the recommendations arising from its review. Colleagues from Velindre and the Shared Services Partnership are working together to prioritise recommendations, and distinguishing what sits primarily with Velindre, with the Shared Services Partnership, and with Welsh Government. • The recent Performance Accountability meeting had been an intense but constructive process. The Trust had presented strongly as a team, demonstrating a clear understanding of risks, strengths and ambitions. <p>The Trust Board NOTED the content of the Chair's update.</p>	
3.2.0	<p>Chief Executive's Report Carl James, Chief Executive Officer (interim)</p>	

	<p>Carl James indicated a busy, enjoyable period for the Trust, highlighting the following:</p> <ul style="list-style-type: none"> • The signing of the Blood Establishment Computer System (BECS) contract, which is significant in terms of supporting a reliable blood supply across Wales and enabling future service transformation. • A positive Performance Accountability Meeting. • Emerging strategic themes from recent activity, such as the Trust's future ambition and direction, the importance of effective leadership and culture and the need for agility and governance to support delivery. <p>The 'Readiness Board' had been established to bring together building commissioning, clinical readiness and service transformation, ensuring the move into the new Cancer Centre.</p> <p>Lauren Fear explained that the Readiness Board is being supported by work to clarify reporting lines and governance arrangements, ensuring clear Board-level assurance. "Readiness" includes support services such as estates and commercial arrangements, and she highlighted the importance of Board oversight and training in relation to future service payments for the new Cancer Centre.</p> <p>It was agreed that a Readiness master plan setting out key milestones, risks, impacts and outcomes would be brought to the March meeting of the Trust Board. It was also agreed to keep the Board sighted on any strategic or operational sticking points that may require Board-level focus or intervention.</p> <p>The Trust Board NOTED the Chief Executive's update.</p>	LF
4.0.0	QUALITY, SAFETY & PERFORMANCE	
4.1.0	<p>Performance Management Framework (PMF) (November 2025)</p> <p>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>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 November 2025. The following was highlighted:</p> <ul style="list-style-type: none"> • The PMF has continued to evolve, with changes made over recent months to better reflect service complexity and national changes. • Cancer clinical standards have been revised nationally, including greater categorisation of patient groups, and the PMF is being adapted accordingly. • Velindre treats around 200 SCP (Single Cancer Pathway) patients per month where it provides the first definitive treatment. Work is underway to separate SCP patients from other treatment cohorts in reporting, to improve visibility and accountability. <p>Board members raised the following:</p> <ul style="list-style-type: none"> • The requirement for clearer articulation of actions being taken where performance is below target, particularly in Radiotherapy, symptom control and areas affected by workforce shortages. It was highlighted that some challenges relate to capacity and booking processes, with mitigation actions including process review, automation, and workforce planning. 	

- The importance of clarity and consistency in assurance ratings, noting that changes in assurance status should clearly indicate whether movement is recent or historic.
- That the PMF was recognised as improving, but members emphasised the need for clearer links between performance, risk and action and continued refinement to ensure greater clarity of narrative and continued refinement to ensure the Framework remains accessible and meaningful at Board level.
- In relation to the SACT performance position, they asked which workforce roles were contributing to the pressure, what actions were in place to address this, and where the organisation was with recruitment and mitigation. Anne Carey advised that the main issue affecting SACT performance relates to booking capacity and that a process review is underway to understand and address bottlenecks, removing non-specialist tasks from the booking team to allow them to focus on their expertise. Workforce planning is also supporting to stabilise and strengthen the team.
- Whether Radiotherapy performance data includes both Velindre and the satellite service at Nevill Hall, and whether there was value in separating the performance to understand differences. Anne Carey advised that Radiotherapy performance data presented to the Board includes both Velindre and the satellite service as a single service review. However, the data is separated and reviewed locally to understand differences between sites.
- In terms of closure of incidents within the Welsh Blood Service, that the report referenced improved performance linked to the recruitment of a lead nurse. It was queried why the incident review (and closure) had been dependent on recruiting a Lead Nurse, given the number of experienced clinical professionals already working within WBS and whether opportunities had existed for existing clinical staff to step into a leadership or oversight role for incident management in the interim. It was advised that WBS incidents are already managed through the quality team and that the Lead Nurse role was intended to provide additional senior leadership to align with quality and safety governance, rather than being the sole driver for incident closure.
- That the reported percentage of patients rating their experience as positive is 96%. It was queried how many patient responses this figure was based on. Tina Jenkins advised that while exact response numbers were not readily available, these could be provided in the Quality report going forward.
- The recurring nature of sickness absence within the PMF, which remains consistently high beyond winter pressures. It was queried what actions are in place to drive improvement. Sarah Jenkins advised that sickness absence is being addressed through a proactive and targeted approach, including improved access to data, coaching and support for managers and targeted action in areas with persistently higher sickness levels.

DIGITAL: Carl Taylor reported that performance against major digital incidents has improved, with the Trust meeting the target for the first time through six consecutive reporting periods. He noted that while the number of incidents remains too high, the trend is positive and reflects improved partnership working and sustained focus on digital resilience. The Chair asked that work to prepare the organisation for the nVCC be brought back to the Trust Board with clear visibility of milestones, risks and any strategic sticking points, and that the Board be assured on how readiness will be actively overseen as the programme progresses.

FRESH: Lauren Fear indicated that performance across the FRESH (Facilities, Risk, Estates, Safety and Health) portfolio remains solid, with good performance reported against the KPIs. Lauren highlighted the closure of a Health and Safety issue escalated to the HSE and confirmed that this had been addressed and would

CT

	<p>be included in the next report. It was also advised that Audit Wales is undertaking a review of estates functions across NHS organisations and it was confirmed that the audit brief has been signed off and that findings are expected to be reported to the Board in May/June. The low compliance with fire safety and evacuation procedures was acknowledged and Lauren confirmed that a detailed 2026/27 improvement plan will be brought to the March Quality, Safety & Performance Committee.</p> <p>FINANCE: Matthew Bunce advised that financial performance remained on track to deliver all key targets for the year. It was noted that the full finance report had not been appended to the PMF item and confirmed that it would be circulated to Board members following the meeting. There were no new financial concerns noted at this stage.</p> <p>The Chair queried the level of confidence in delivering the savings plan, given the risks associated with non-delivery, and sought assurance on the robustness of the position. Matthew advised that there was confidence in delivering the current year savings plan, noting that while some savings are non-recurrent and will increase the challenge in future years, the in-year position remains on track and pressures are reflected in the forward financial plan, with mitigation in development.</p> <p>The Chair queried the impact of cost pressures and whether these could affect delivery of the savings plan. Matthew confirmed that known pressures, including Welsh Risk Pool costs, are built into the financial plan and are being actively managed. He acknowledged increased challenge in future years due to non-recurrent pressures but confirmed that the in-year position remains on track, with mitigation reflected in forward planning.</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. 	LF
<p>4.2.0</p>	<p>VUNHST Risk Register Non Gwilym, Interim Director of Corporate Governance</p> <p>Non Gwilym presented the Risk Register, confirming it had been reviewed through QSP and reflected the Trust's current key risks.</p> <p>Board members raised the following:</p> <ul style="list-style-type: none"> • That a number of risks had remained at the same score for a significant period. Non Gwilym responded that where risk scores have remained unchanged, this reflects that the underlying risks continue to exist and have not yet been sufficiently mitigated to justify de-escalation. Non emphasised that risk scoring must be evidence-based and that maintaining a stable score provides appropriate transparency until assurance demonstrates a material reduction in risk. <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. 	

	<ul style="list-style-type: none"> the assurance level 3. 	
4.3.0	<p>Board Assurance Framework (BAF) Non Gwilym, Interim Director of Corporate Governance</p> <p>Non Gwilym introduced the paper. Non advised that the Framework brings together the Trust's main strategic risks, linking them to controls, assurances and gaps, in addition to building on work already reviewed via Trust Committees.</p> <p>Board members commented on the following:</p> <ul style="list-style-type: none"> Some emerging priorities, particularly readiness for the New Velindre Cancer Centre (nVCC), were not yet sufficiently explicit within the Framework. The importance of Patient Reported Outcome Measures (PROMs) data in evidencing patient outcomes and experience, noting the need to establish a clear baseline and to use the data to demonstrate improvement over time as the dataset matures. Members were advised that there are currently only a small number of months' worth of data, meaning it is too early to draw trends or conclusions. The intention is to build a robust dataset, to inform service improvement and assurance and that this data will be integrated into the routine Performance Management Framework (PMF) once sufficiently mature. <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. 	
4.4.0	<p>Culture and Inclusion Report Sarah Jenkins, Executive Director of People and Organisational Development (Interim)</p> <p>Sarah Jenkins advised that the report brought together learning from discovery work, staff engagement and the recent neutral assessment, which provided a clearer understanding of organisational culture. She said that overall culture is positive, but identified two key areas requiring focused improvement:</p> <ul style="list-style-type: none"> Speaking up safely; How change is managed across the organisation. <p>Sarah Jenkins emphasised that building trust through leadership visibility and behaviour is central to addressing both issues, and that this is equally important for patients and staff; the organisation must move beyond initiatives to ensure actions have measurable impact, and that future work will focus on listening more effectively, co-creating solutions with staff, and embedding learning rather than adding new layers of activity.</p> <p>The Board was asked to support a wider, connected programme of work linking culture, leadership and governance, noting that this would be a priority over the coming year and would align closely with workforce and NBCC readiness work.</p> <p>The Board raised the following:</p> <ul style="list-style-type: none"> Lack of clarity on timescales and milestones. Sarah Jenkins advised that while a number of immediate actions are underway, the next phase of work requires 	

	<p>focus on listening to staff and co-creating solutions, as opposed to imposing a pre-determined action plan, therefore ensuring meaningful and sustainable change.</p> <ul style="list-style-type: none"> • That culture and inclusion should be managed through existing leadership, workforce and governance arrangements, rather than as a standalone initiative, with a focus on listening to staff and refining current plans rather than adding new programmes. • That patients experience organisational culture on a daily basis, often more intensely than staff, as they observe how staff interact, communicate and behave throughout providing care. It was noted that patients can act as an important independent lens on culture. • That only around a third of staff complete the staff survey, therefore limiting how representative the results are. It was agreed that the survey should be combined with other data, such as patient and donor feedback, walkabouts and direct conversations with staff and learning from incidents and speaking up routes. <p>The Board TOOK ASSURANCE on the details provided and discussed in detail at QSP and SDC and AGREED the further work required on Governance, Culture and Leadership.</p>	
<p>4.5.0</p>	<p>Embedding the Donor & Patient Voice Across Velindre University NHS Trust Tina Jenkins, Interim Deputy Director of Nursing, Quality & Patient Experience</p> <p>Tina Jenkins advised that the paper was intended to prompt early discussion on embedding the donor and patient voice, highlighting the need to reduce silo working, triangulate feedback, and clearly evidence how patient and donor views inform improvement, with a tangible plan to be brought back to the Board.</p> <p>The Chair cautioned against over-engineering this work, emphasising the need to maintain a simple approach focusing on meaningful engagement rather than additional paperwork.</p> <p>Tina Jenkins advised that this work would be taken forward through Executive Management Board, Quality Safety & Performance Committee and with both divisions, and that a revised paper with an agreed plan would be brought to the March meeting of the Trust Board for consideration and approval.</p> <p>The Trust Board NOTED the discussion.</p>	<p>TJ</p>
<p>5.0.0</p>	<p>COMMITTEE HIGHLIGHTS FOR DISCUSSION</p>	
<p>5.1.0</p>	<p>Public Audit Committee Highlight Report (02/12/2025) Gareth Jones, Independent Member and Chair of the Audit Committee</p> <p>Gareth Jones highlighted the Digital Health and Care Record (DHCR) audit and explained that Phase 2 delivery is subject to national prioritisation following a move to a product-based delivery model.</p> <p>Carl James advised that while Phase 2 funding for the Digital Health and Care Record (DHCR) exists, delivery is now dependent on national prioritisation and capacity, rather than a dedicated project team. The Trust's requirements have been fed into the national product roadmap and are being actively discussed. It was also suggested that a future Board Development session would provide better</p>	

	<p>understanding of this work, key risks and dependencies and how digital enablement underpins future service delivery.</p> <p>It was noted that Velindre had identified 11 priorities (two completed and nine outstanding). A particular priority highlighted for the Trust was hospital-initiated referrals, which is a critical enabler for patient safety and pathway efficiency. It was confirmed that this DHCW had been asked to prioritise delivery of this. The Trust Board NOTED the content of the report.</p>	
6.0.0	CONSENT ITEMS FOR APPROVAL	
6.1.0	<p>Trust Policies for Approval Sarah Jenkins, Interim Executive Director of People and Organisational Development</p> <p>The Board received four policies and one procedure for approval.</p> <p>The Trust Board:</p> <ul style="list-style-type: none"> • APPROVED the All Wales Anti-Sexual Harassment Policy • APPROVED the All Wales Short Term Protection of Earnings Guidance • APPROVED the All Wales Medical Appraisal Policy • APPROVED the Flexible Working Policy <p>The Board APPROVED the policies presented and NOTED the updated Exit Interview Procedure (as this did not require Board approval), with members emphasising the importance of clear, accessible guidance for managers. It was agreed to develop a summary guide for manager to support consistent and effective use of the Exit Interview Procedure.</p>	SJ
6.2.0	<p>NWSSP Commitments of Expenditure for CEO Approval Alison Ramsey, Director of Finance and Corporate Services, NWSSP</p> <p>The Board had received the following documents for approval:</p> <ul style="list-style-type: none"> • Influenza vaccinations purchase <p>This item related to the procurement of Influenza vaccinations for the forthcoming vaccinations programme, which is a routine annual purchase. Assurance was provided that the purchase is completely funded by Welsh Government, with no financial risk to the Trust. Alison Ramsey agreed to forward Welsh Government's written confirmation of this.</p> <p>The Quality Impact Assessment (QIA) had been completed, with final sign off pending.</p> <ul style="list-style-type: none"> • E-expenses contract extension & Trac recruitment contract extension <p>It was confirmed that the above were contract extensions, both linked to the transition away from ESR. It was noted that a contract renewal was required to ensure continuity while the future workforce solution is implemented and that the proposal had been considered and approved by the Shared Services Partnership Committee.</p> <ul style="list-style-type: none"> • Health Courier Services Fleet Insurance annual premium 	AR

	<p>It was noted that this formed year three of an existing all-Wales contract. The Board acknowledged historic approval arrangements and were assured that future approvals will be better aligned to contract timelines.</p> <ul style="list-style-type: none"> • Forensic & Statement Reconciliation Software <p>The Board noted the importance of the Forensic & Statement Reconciliation Software contracts in terms of supporting financial assurance, fraud prevention and error detection. It was acknowledged that it would have been beneficial for conversations to have taken place earlier given the complexity, and the need for clearer completion of the Quality Impact Assessment was also reiterated.</p> <ul style="list-style-type: none"> • Remote Advice and Guidance System contract renewal <p>The Board had previously approved a 12-month extension to the Remote Advice and Guidance system contract, noting that the original contract had been approved in 2022 and that Welsh Government funding for the extension had now been confirmed.</p> <p>The Trust Board APPROVED:</p> <ul style="list-style-type: none"> • the expenditure for required volumes of Influenza vaccine product and AUTHORISED the subsequent signing of the Purchase Orders by the Chief Executive. • renewal of the e-expenses contract for an initial period of two years from 05 August 2026 to 04 August 2028, with an additional option for a further two (2) years in 12-month increments, and in doing so also authorised the Chief Executive to approve the purchase order. • renewal of the contract for the TRAC recruitment system for two years from 01 August 2026 to 31 July 2028, with the option to extend for a further two years (1+1) from 01 August 2028 to 31 July 2030, and in doing so also authorised the Chief Executive to approve the purchase order; • and AUTHORISED the Chief Executive to sign the purchase order for Health Courier Services Fleet Insurance for the period 1 December 2025 to 30 November 2026. • the Forensic & Statement Reconciliation Software contract for £497,146.01 excluding VAT (£596,575.21 including VAT) and in doing so also AUTHORISED the Chief Executive to approve the purchase order. • the 12-month Remote Advice contract extension from 01/04/2026 – 31/03/2027 with a value of £761,935 (excluding VAT) and in doing so also AUTHORISED the Chief Executive to approve the purchase order. 	
<p>6.3.0</p>	<p>Summary of Chair's Urgent Actions since November 2025 Non Gwilym, Interim Director of Corporate Governance</p> <p>There were two (2) urgent items of business for the Trust Board that were considered via Chair's Urgent Action during this period:</p> <ul style="list-style-type: none"> • Procurement Dashboard – Benchmarking and Analytics Business Justification Case and Commitment of Expenditure • GP Locum Hub Wales Contract 	

	<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>The Trust Board RATIFIED the Chairs Urgent Action taken between the 21/11/2025 and 22/01/2026.</p>	
6.4.0	<p>Nurse Staffing Levels Act Tina Jenkins, Interim Deputy Director of Nursing, Quality & Patient Experience</p> <p>Tina Jenkins noted an increase in acuity and bed occupancy but confirming that the organisation remains compliant with the Act, including the required 25% uplift; staffing levels continue to be reviewed and adjusted to reflect patient need. The increase in acuity was the result of patients generally presenting with more complex needs and requiring greater levels of care, and that changes to skill mix and deployment of healthcare support workers had been made in response. Additionally, increased vigour in ward review processes and reporting may be contributing to better capture of acuity data.</p> <p>The importance of clarity in how harm is reported within the context of the Nurse Staffing Levels Act was noted, highlighting that while the report states no harm attributable to staffing levels, harm such as pressure ulcers has occurred and is being reviewed through quality processes. The need for careful wording and clear distinction between harm attributable to staffing compliance under the Act and harm arising from wider clinical factors was emphasised.</p> <p>The Trust Board APPROVED the report in line with the Nurse Staffing Levels (Wales) Act 2016, prior to the report being submitted to Welsh Government.</p>	
7.0.0	CONSENT FOR NOTING	
7.1.0	<p>Trust Seal Report Non Gwilym, Director of Corporate Governance (Interim)</p> <p>The Trust Board NOTED the content of the report.</p>	
7.2.0	<p>Public Quality, Safety & Performance Committee Highlight Report (13/01/2026) Vicky Morris, Independent Member and Chair of the Quality, Safety & Performance Committee</p> <p>The Trust Board NOTED the content of the report.</p>	
7.3.0	<p>Public nVCC Project Scrutiny Sub-Committee Highlight Reports (21/10/2025 & 20/11/2025) Hilary Jones, Independent Member and Chair of the nVCC Project Sub-Committee</p> <p>The Trust Board NOTED the content of the reports.</p>	
7.4.0	<p>Public Strategic Development Committee Highlight Report (04/11/2025) Lindsay Foyster, Vice Chair and Chair of the Strategic Development Committee</p> <p>The Trust Board NOTED the content of the report.</p>	
7.5.0	Public Charitable Funds Committee Highlight Report (09/12/2025)	

	Sara Moseley, Chair and Chair of the Charitable Funds Committee The Trust Board NOTED the content of the report.	
7.6.0	NHS Wales Shared Services Partnership Assurance Report (14/11/2025) James Quance, Assistant Director of Corporate Services It was noted that the report did not sufficiently reflect emerging issues relating to the TrAMs programme, in particular, slippage in the timetable due to delays in progress from Outline Business Case to Full Business Case ahead of the pre-election period. It was acknowledged that this could result in a delay of approximately 5 months and may have material implications for some partner organisations. Anne Carey agreed to escalate this through Shared Services governance to ensure this is reflected more explicitly in the report. The Trust Board NOTED the content of the report.	AC
7.7.0	NHS Wales Shared Services Partnership Audit Committee Highlight Report (07/11/2025) Gareth Jones, Independent Member and Chair of the NWSSP Audit Committee The Trust Board NOTED the content of the report.	
7.8.0	Trust-wide policy approvals update Non Gwilym, Interim Director of Corporate Governance The Trust Board NOTED the content of the report.	
7.9.0	Charitable Funds (Trustee) Annual Report & Annual Accounts Led by Anne Carey, Chief Operating Officer and Matthew Bunce, Executive Director of Finance The Trust Board NOTED the content of the report.	
7.10.0	Health Technology Wales (HTW) Strategic Plan Susan Myles, Director, Health Technology Wales Non Gwilym indicated that the Health Technology Wales Strategic Plan was subject to public consultation until 23 January. Further meetings with HTW management team would take place ahead of the final plan being brought back to the March Board for approval. The Trust Board NOTED the content of the report.	
8.0.0	ANY OTHER BUSINESS	
	Sara Moseley, Chair The Chair had not received prior notice of any other business.	
9.0.0	DATE OF NEXT MEETING	
	The next public meeting will take place on Thursday, 26 th March 2026.	
10.0.0	CLOSE	