MINUTES PUBLIC TRUST BOARD MEETING
VELINDRE UNIVERSITY NHS TRUST
21st May 2026 – 10:00am-1:00pm

PRESENT	
Sara Moseley	Chair
Lindsay Foyster	Vice Chair
Gareth Jones	Independent Member
Prof. Andrew Westwell	Independent Member
Vicky Morris	Independent Member
Hilary Jones	Independent Member - *remotely*
John Union	Independent Member
Matthew Bunce	Executive Director of Finance
Dr Jacinta Abraham	Executive Medical Director / Deputy Chief Executive
Gillian Knight	
Sarah Jenkins	Executive Director of People and Organisational Development (interim)
ATTENDEES	
Anne Carey	Executive Director of Nursing, AHPs and Health Sciences (interim) Chief Operating Officer
Victoria Oxley	Director of Strategy, Planning and Performance
Lauren Fear	Director of Place, Portfolio and Partnerships
Non Gwilym	Director of Corporate Governance (interim)
Kyle Page	Business Support Manager (Secretariat) – *remotely*
Emma Williams	Business Support Officer (technical support)

1.0.0	PRELIMINARY MATTERS	LEAD
1.1.0	**Welcome and Apologies:** The Chair welcomed attendees to the meeting, noting the following apologies: • Carl James, Chief Executive Officer (interim) • Carl Taylor, Chief Digital Officer • Ceri Doyle, Independent Member • Katrina Febry, Audit Lead, Audit Wales, was not present. • David Cogan, Patient Representative, was not present. The Chair also welcomed the following newly appointed Board members to their first Board meeting: • Gillian Knight, Executive Director of Nursing, Allied Health Professionals and Health Sciences (interim) • Victoria Oxley, Director of Strategy, Planning & Performance (interim)	
1.2.0	**In Attendance:** The Chair extended a warm welcome to the following additional attendees: • Ben Leijokari-Olosunde, Aspiring Board Members Programme Member *(in part)* • Bethan Davis, HEIW (simultaneous translation)	

	• Arshad Siddiqui, Junior Clinical Fellow (observing) • Elisabeth Davies, Principal Clinical Scientist (Transfusion Medicine) Welsh Blood Service – for staff story • Joanne Gregory, Genetic Haemochromatosis Clinic Co-ordinator, Welsh Blood Service – for staff story • Lindsey Peddle, Patient and Carer Forum • Vaxsika Kumarakulasingham, Cardiff University Medical Student (observing)	
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 26th March 2026** Board members were content that the minutes of the meeting held on 26th March 2026 were an accurate reflection of proceedings.	
1.4.1	**Minutes of the extraordinary Public Trust Board meeting held on 30th April 2026** Board members were content that the minutes of the meeting held on 26th March 2026 were an accurate reflection of proceedings, subject to clarification on wording (endorsement vs approval for item 2.1).	
1.5.0	**Action Log** The Board was content to close all actions marked as 'propose to close' and it was noted that an update in relation to the two outstanding actions would be provided at the July meeting in line with the deadlines.	
1.6.0	**Matters Arising**	
	There were no matters arising for discussion at today's meeting.	
1.7.0	**Patient, Donor or Staff Story: Genetic Haemochromatosis – turning treatment into donation** Led by Elisabeth Davies, Principal Clinical Scientist (Transfusion Medicine) and Joanne Gregory, Genetic Haemochromatosis Clinic Co-ordinator, WBS Elisabeth Davies and Joanne Gregory presented a story on patients with Genetic Haemochromatosis (GH), highlighting the following: • The initiative focuses on patients with Genetic Haemochromatosis (GH), enabling their routine venesection treatment to be used as blood donation rather than discarded as clinical waste. • The donation pathway is quicker, more convenient, and easier to access (e.g. online booking, closer locations), significantly reducing time burden compared to hospital treatment pathways. • Donated blood is used for patients in need rather than destroyed and a single donor's contributions can support multiple patients (including babies) through blood component use, therefore also providing a societal benefit.	

	• The work has been developed through close collaboration with patients, donors, and health board colleagues, and tools such as videos, SharePoint resources and QR codes support education and confidence in the pathway. • The introduction of an e-referral system has significantly reduced delays in accessing the pathway, while ongoing work is addressing IT and process issues based on donor feedback. • There is potentially a large cohort of patients who could benefit. Board members raised the following points / queries: • The scale of opportunity, given the number of people in Wales with GH and the potential to expand the initiative. It was advised that while this is the most common genetic condition in Wales (affecting around 1 in 150 people), not all will develop symptoms and there are therefore potentially thousands of patients across Wales who may not yet be diagnosed. • Whether it is possible to use a cannula instead of the standard needle for donation. It was advised that using a cannula is unlikely to be suitable as the donation process requires blood to be collected within a specific time frame to maintain product quality. However, the team noted that this option could be explored further by colleagues. • Equity and geographic access; while the service appears to work well in more populated areas, patients in less densely regions may experience a potentially poorer service. The team advised that service location is population driven and that clinics are generally targeted in more densely populated areas to ensure they are visible and can be fully utilised. The team acknowledged the potential to adapt where required, and that if specific pockets of patients are identified in rural areas, there would be scope to consider additional clinic provision. • The great example of an initiative that has been driven by a patient and where they have collaborated fully on a solution. • The initiative has already reduced carbon emissions (250kg over 6 months), as each unit of blood incinerated carries a carbon cost of approximately 0.5kg per bag. The Board thanked the team for sharing the story.	
2.0.0	**KEY REPORTS**	
2.1.0	**Chair's Report** The Chair took her report as read and added the following updates which had not been included: • This week marked the second anniversary of the Infected Blood Inquiry publication. The Chair acknowledged its significance and suggested the Board should receive an update on management of consequences and the compensation scheme. • The recent national election and appointment of a new Cabinet Minister for Health and Social Care, confirming that Chairs had written collectively and the Board would also engage and seek opportunities for engagement. The Trust Board **NOTED** the content of the Chair's update.	
2.2.0	**Chief Executive's Report** In the absence of Carl James, Jacinta Abraham introduced the report, highlighting the following key points:	

	• Recent engagement (including visits to the new Velindre Cancer Centre) to set ambition for delivering specialist cancer services and strengthening partnerships. • Attendance at the Federation of Specialist Hospitals meeting by the Chief Executive, with a focus on the potential of Artificial Intelligence for specialist services. • A visit to UCLH, highlighting strong organisational values, leadership, and the integration of research and clinical care as aspirations for the Trust. • An away day with clinical medical leaders, to identify themes of organisational readiness for the new Velindre Cancer Centre, including clinical model development, leadership engagement and the work of the Readiness Project Board. The Trust Board **NOTED** the content of the CEO's update.	
3.0.0	**QUALITY, SAFETY & PERFORMANCE**	
3.1.0	**Performance Management Framework (PMF) (March 2026)** Colleagues presented the report, which highlighted key issues for the attention of the Board for the month of March 2026. It was noted that detailed scrutiny takes place via the Quality, Safety & Performance Committee and a recent Board workshop had been valuable in improving understanding of performance issues and demonstrated the benefit of the new divisional structure and diagnostic work on cancer pathways. Members highlighted the significant complexity across cancer pathways and the scale of work underway to understand pathway issues, develop improvement plans and deliver better patient outcomes. Divisional and directorate ownership of pathways, improved accountability and monthly performance reviews were noted as enabling challenge and oversight. It was advised that focus would now be on delivering targeted improvement plans (e.g. Radiotherapy, SACT) and ensuring alignment between current improvement work and readiness for transition to the new Velindre Cancer Centre. It was noted that there is also significant complexity in clinical coding and financial alignment (e.g. a large number of clinic codes), with work underway to simplify these and ensure income reflects activity. Board members queried the organisation's position in terms of digital capacity. Anne Carey explained that an internal Patient Tracking List (PTL) had been developed, pulling data from multiple systems, and that it is the intention to move toward a shared PTL with Health Boards to enable sooner treatment for patients; however, this is currently constrained by wider system limitations. While Board members also recognised and welcomed progress in improving diversity and inclusion within the blood donor base, greater visibility of the actions and initiatives underway was requested, to provide further assurance regarding how the organisation would achieve its diversity targets going forward. Anne Carey advised that the Director of the Welsh Blood Service had visited NHS Blood and Transplant (NHSBT) to observe their initiatives and that the visit had provided learning and insight into good practices. WBS Actions and plans would be refreshed and shared with the Board at a future meeting.	**AC**

	Victoria Oxley advised that work would be ongoing over the summer to improve the PMF, to ensure a 'single version of the truth' and align performance, finance, workforce and assurance reporting in line with the new Welsh Government Accountability Framework. **<u>Finance</u>** Matthew Bunce provided an overview of finance, based on discussion at Quality, Safety and Performance Committee: • The Committee had reviewed the March position and noted delivery of statutory financial duties, providing a high level of assurance on the year-end position. • Discussions had also focused on the forward financial position, highlighting risks including delivery of current savings plans, workforce growth pressures and wider NHS Wales financial constraints and funding uncertainty. • The importance of not relying on one-off solutions, noting underlying cost pressures in both Cancer Services and the Welsh Blood Service. • Pressures around commissioning flows and the wider financial landscape. • While financial governance and control were described as robust, there is a need for increased control going forward. • The Trust remains at Level 1 within the accountability framework and will need to maintain this position through continued focus. The Trust Board: • **NOTED** the Performance Management Framework for assurance purposes. • Reviewed and **CONCURRED** with the levels of assurance noted in the report.	
3.2.0	**VUNHST Risk Register** Non Gwilym introduced the report, which provided the Board with a summary of activity related to the status of the risks and associated movement. The following was highlighted as key: • The importance of having clear line of sight across risks, ensuring visibility from operational level through to Board. • Ensuring that risks are clearly articulated and owned, and strengthened in terms of tracking and management within systems. • Ensuring robust and meaningful risk management, to support effective scrutiny. Board members noted the following: • Concern regarding the accuracy of information in the risk register, indicating that while a number of target dates were imminent or due, the narrative suggested that the targets were unlikely to be met. • The need for clear, SMART (Specific, Measurable, Achievable, Relevant, Time Bound) actions and due dates, noting that actions and timelines should be specific, realistic and actively updated. • That it would be useful to consider the wider risk register, acknowledging that there is significant work required to keep all risks up to date and properly reviewed.	

	The Chair emphasised the need for all Executive leads to take active responsibility for reviewing and updating their risks accordingly. The Trust Board **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. • the update on the Datix risk system replacement.	
3.3.0	**Board Assurance Framework (BAF)** Non Gwilym, Interim Director of Corporate Governance Non Gwilym advised that the Board Assurance Framework (BAF) is being developed as a structured way to align risks with strategic objectives and to provide clearer visibility of assurance and gaps. It was noted that this is still a work in progress, improving how risks, controls and assurances are presented and understood across the organisation. Board members commented as follows: • While the improved alignment of the BAF to strategic objectives was welcomed, further clarity is required regarding whether this reflects current-year deliverables, or the full three-year IMTP period. • That BAF06 (People and OD) requires further clarification. It was confirmed that work would be taken forward for further discussion and development, with the intention of bringing clearer articulation back to the Board. • That some high scoring risks had remained so for a significant amount of time, suggesting that actions are not effective or have not been achieved. The Trust Board **NOTED** the current status of the Board Assurance Framework, which has a current assurance rating of **2**.	**Executives** **SJ**
4.0.0	**ORGANISATIONAL DEVELOPMENT**	
4.1.0	**New Operating and Accountability Arrangements 2026** Victoria Oxley introduced the paper, which provided an overview of the new Operating and Accountability Framework, which had been approved by the NHS Wales Leadership Board on the 17th February 2026. The following was highlighted: • The arrangements are a result of the Ministerial Advisory Group (MAG) recommendations, which aim to modernise systems and processes, strengthen accountability and simplify priorities and improve transparency. • The framework is now live and represents a significant shift for both Welsh Government and organisations; • The need to adapt the Framework to reflect the Trust as a specialist organisation, as opposed to mirroring Health Board measures. • Alignment is required between the arrangements and the Trust's Performance Management Framework, Committee structures and consistency between internal and external reporting must be ensured. • There is an expectation to contribute to a national data dashboard, with a focus on ensuring metrics are relevant to the Trust and reflective of specialist services.	

	• The arrangements are linked to a national escalation system, with the Trust currently at the lowest level, but with potential for increased oversight if performance changes. • This presents an opportunity to shape the framework early on, while still in development. Next steps are to include further work to embed and align the framework internally before bringing it back to Board, including through Board Development and Committee alignment. The Trust Board **NOTED** the new Operating and Accountability Framework for 2026/27 and **DISCUSSED** the implications for our internal performance and accountability processes.	**VO**
4.2.0	**Board Committee Structure Update** Non Gwilym introduced the paper, which provided a further update on work undertaken since the March meeting of the Trust Board, to review and restructure Board Committee arrangements. The following was highlighted: • Engagement had been undertaken with Executive leads to review how the Committee structure operates and where improvements are required; discussions had identified a number of themes and issues across committees, which require working through collectively. • Duplication / gaps across committees should be avoided. • Clear oversight must be maintained, with detailed scrutiny in Committees and assurance remaining visible at Board level. • The intention to test and review the new structure once implemented to ensure it is working effectively. The Trust Board **NOTED** the proposal and **AGREED** the revised date for implementation.	
4.3.0	**Streamlined Approach for the Culture Milestone Plan** Sarah Jenkins introduced the paper, which sought Board approval for a refinement to the implementation approach of the Trust's three-year Culture Milestone Plan, originally approved by the Board in March 2026. Sarah outlined a refined approach to delivering the culture milestone plan, emphasising integration into operational delivery, prioritising high impact areas and reducing duplication. Board members raised the following: • A minor numbering error (six key areas intended as opposed to five). • The need to explicitly embed a learning organisation approach into the plan, highlighting integration of research, innovation and continuous improvement. • Concern around the potential impact of leadership development activity on delivery, highlighting the need to maintain both. It was advised that it is the intention to use a streamlined approach to focus on key leadership behaviours to reduce overload rather than slowing pace; this would be to bring multiple action plans together as opposed to adding new layers of activity, focusing on the correct goals with greater impact. The Trust Board: • **APPROVED** the proposed refinement to the implementation approach for the Culture Milestone Plan; and	

	• **APPROVED** the streamlining to focus on the key priorities set out: o Our Governance and Leadership work with Line of Sight o Executive team recruitment o Supporting Velindre Cancer Service to move o Building on actions already taken, such as Speaking Up Safely, embedding these and assessing their impact. o Staff Survey engagement and action planning (include learning from other sources, for example WRES/WES, with psychological safety at the core); and o Wider leadership development.	
5.0.0	**COMMITTEE HIGHLIGHTS FOR DISCUSSION**	
5.1.0	**Public Quality, Safety & Performance Committee Highlight Report (07/05/2026) – including Quarter 4 Integrated Quality and Safety Report** Vicky Morris introduced the report, the purpose of which was specifically to support discussion in relation to the Trust Risk Register and risk management approach. Vicky highlighted that there are risks associated with the current risk management system (Datix), such as delays in implementation, training and using the system effectively. The Board was informed that work is underway to explore procurement of an enhanced risk management system and that further detailed plans would be brought to the September meeting of the Audit Committee. It was noted that there would not be a 'once for Wales' solution, as organisations are at varying stages of maturity. Further discussion reinforced the need to ensure clear Board visibility of risks, align risk management with governance structures and systems and ensuring that interoperability must be a core requirement in the procurement design, ensuring systems have interface capability. It was emphasised that national digital partners (such as Digital Health and Care Wales) should be involved to ensure interoperability and Board Members expressed disappointment that an all-Wales risk system solution was not being pursued. Risks associated with TrAMs delays were also highlighted, noting the absence of South-East hub support when moving into the new Velindre Cancer Centre and the need for renewed Board assessment and mitigation plan. It was proposed that a clear assessment of the current position and implications should be brought back to the Board, to address this risk. Vicky also emphasised the need for stronger oversight and ownership of Shared Services issues, including improved escalation of concerns from Shared Services forums into Board and Committee governance structures. The Trust Board: • **DISCUSSED** and **NOTED** the key deliberations and highlights from the meeting of the Quality, Safety & Performance Committee held on the 7th May 2026. • **NOTED** the Quarter 4 Integrated Quality & Safety Report.	**AC**
6.0.0	**CONSENT ITEMS FOR APPROVAL**	
	There were no items for approval at today's meeting.	

7.0.0	**CONSENT FOR NOTING**	
7.1.0	**Trust Seal Report** Led by Non Gwilym, Director of Corporate Governance (Interim) The Trust Board **NOTED** the contents of the Trust Board Seal Register.	
7.2.0	**Trust-wide policy approvals update** Led by Non Gwilym, Interim Director of Corporate Governance The Trust Board **NOTED** the policies that have been approved during the period **March 2026 to May 2026.**	
7.3.0	**Strategic Partnerships Update** Led by Lauren Fear, Director of Place, Portfolio and Partnerships The Trust Board **NOTED** The content of the report.	
7.4.0	**Public Strategic Development Committee Highlight Report (20/01/2026 & 17/03/2026)** Led by Lindsay Foyster, Vice Chair and Chair of the Strategic Development Committee The Trust Board **NOTED** the content of the reports and any actions being taken to address any issues highlighted in the meeting.	
7.5.0	**Shared Services Partnership Committee Assurance Report (19/03/2026)** Led by Non Gwilym, Interim Director of Corporate Governance The Trust Board **NOTED** the content of the report.	
7.6.0	**Joint Commissioning Committee Highlight Reports (17/03/2026 & 23/03/2026)** Led by Non Gwilym, Interim Director of Corporate Governance The Trust Board **NOTED** the content of the report.	
8.0.0	**ANY OTHER BUSINESS** The Chair had not been made aware of any items prior to the meeting and no other business was raised.	
9.0.0	**DATE OF NEXT MEETING** The next public meeting will take place on Thursday, 30th July 2026 at 10:00h.	
10.0.0	**CLOSE**	
11.0.0	**ITEMS FOR DISCUSSION AT PART B**	
	• Whitchurch Land – City Hospice Land Sale • Private Risk Register • Board Assurance Framework – new Strategic Risk • Lineofsight update • NWSSP – Implementation Group update • Committee Highlight Reports • Chair's Urgent Actions	