Ymddiriedolaeth Brifysgol GIG Gwasanaethau Ambiwlans Cymru
Welsh Ambulance Services University NHS Trust

MINUTES OF THE PUBLIC MEETING OF WELSH AMBULANCE SERVICES UNIVERSITY NHS TRUST, TRUST BOARD ON THURSDAY 28 MAY 2026 HELD IN THE CARDIFF MAKE READY DEPOT AND VIA TEAMS

Meeting started at 9.30am

PRESENT:

Colin Dennis	Chair of the Trust Board
Emma Wood	Chief Executive Officer
Dr Umar Ahmad	Non-Executive Director
Jayne Beeslee	Non-Executive Director
Lee Brooks	Executive Director of Operations
Peter Curran	Non-Executive Director
Bethan Evans	Non-Executive Director
Estelle Hitchon	Director of Partnerships and Engagement
Professor Hayley Hutchings	Non-Executive Director
Ceri Jackson	Non-Executive Director
Carl Kneeshaw	Director of People
Angela Lewis	Director of Culture Change
Rachel Marsh	Deputy Chief Executive
Hugh Parry	Trade Union Partner
Hannah Rowan	Non-Executive Director
Jonny Sammut	Director of Digital
Andy Swinburn	Executive Director of Paramedicine
Chris Turley	Executive Director of Finance and Corporate Resources

ATTENDEES:

Nic Anderson	Learning and Development Manager for Volunteering and Community Resilience (for item 8)
Julie Boalch	Assistant Director of Corporate Governance and Risk *(deputising for Trish Mills)*
Penny Durrant	Deputy Director of Nursing, Quality and Governance *(deputising for Liam Williams)*
Fflur Jones	Performance Auditor, Audit Wales (for item 13)
Angela Mutlow	Director of Operations, Llais
Alex Payne	Corporate Governance Manager
Marcus Viggers	Trade Union Representative *(deputising for Damon Turner)*
AnnaMaria Williams	Corporate Governance Officer

APOLOGIES:

Trish Mills	Director of Corporate Governance/Board Secretary
Damon Turner	Trade Union Partner
Liam Williams	Executive Director of Quality and Nursing

OPENING ITEMS

1. CHAIR'S WELCOME, APOLOGIES AND QUORUM

1.1 Apologies were received as set out above. Quorum was confirmed.

2. DECLARATIONS OF INTEREST

2.1 There were no other declarations recorded.

3. MINUTES OF PREVIOUS MEETING 26 MARCH 2026

3.1 The minutes of the public meeting of the Trust Board held on 26 March 2026 were received and approved.

4. ACTION LOG AND MATTERS ARISING

4.1 The Action Log was reviewed and discussed, with updates added to the log.

5. CHAIR AND VICE CHAIR'S REPORT

The paper for this item is in the committee pack in iBabs and on the Trust's website, therefore detail of the content is not repeated here.

5.1 The report was received and noted by the board.

6. CHIEF EXECUTIVE'S REPORT

The papers for this item are in the committee pack in iBabs and on the Trust's website, therefore detail of the content is not repeated here.

6.1 The board received and noted the report. Members heard that ambulance handover delays and the "release to respond" model remain the Trust's most significant operational and patient safety risks. Members were advised of a planned meeting with the Joint Commissioning Committee (JCC) on 2 June 2026 to agree sustainable delivery of the 45-minute handover standard and escalation arrangements, particularly in advance of winter pressures. NHS Performance and Improvement (NHS P&I) are holding discussions with several health boards (Swansea Bay, Aneurin Bevan, and Betsi Cadwaladr) ahead of this as part of a strengthened national focus.

6.2 Members asked about the level of confidence in the current approach to address ambulance handover delays, if this would deliver real and sustained improvement ahead of the winter period and whether any additional preparatory work would be needed internally to ensure the organisation could fully realise those benefits.

6.3 Emma Wood acknowledged that ambulance handover delays had not been successfully resolved to date and advised that the current intervention by NHS P&I represents a different approach, with a requirement for organisations to present delivery plans, provide assurance, and be held to account for implementation. This provides an opportunity to strengthen escalation arrangements during periods of pressure and increases the likelihood of meaningful and sustained improvement.

6.4 Members heard that engagement with health board colleagues in developing the plans had been constructive and collaborative and the development of Single Points of Access (SPOAs) and flow centres presented an opportunity to improve system working. Members were assured that a material improvement in handover delays should lead to clear service improvement, particularly through seeing more patients, reducing unmet need, improving the Trust's Orange category performance, and lowering risk and harm. It was noted however, that improvements in the most urgent categories may take longer to be realised.

6.5 Members asked how reduced patient harm can be evidenced to demonstrate the impact to health boards sufficiently. Committee were advised that there are specific indicators the Trust can use to evidence the impact of handover delays on patient outcomes; for example, call-to-door times for time-critical conditions, where delays are known to result in poorer outcomes. The greatest opportunity for improvement lies in reducing time-to-scene times, which depends both on internal efficiency and the availability of ambulance resources. Longer waits were noted to increase the likelihood of conveyance to hospital, including in cases where this may not otherwise have been clinically required. Greater linkage of patient data across the system would enable a more complete understanding of the full patient pathway and impact.

6.6 Members discussed the £1.23m recurrent funding for 111 online development and whether this will be allocated directly to the Trust or is shared, and whether there is sufficient funding and internal capacity to deliver the planned multi-year development programme. Members were advised that this funding is expected to be allocated directly to the Trust, however formal confirmation has not yet been received; without the

additional funding, only limited digital developments can be delivered. Formal confirmation of the funding will enable the Trust to deliver the programme, with initial work focusing on foundational elements, including content management tools and integration of symptom checkers into the website. Future opportunities include expanding functionality, including the use of agentic AI within symptom checkers and broadening the scope of the 111 offer, including integration with wider directory services and the NHS Wales App. Members noted the significant potential for digital transformation in how patients access and navigate services, the substantial and growing use of the website and digital tools, including sustained engagement with the AI chatbot and emphasised the importance of implementing changes in a safe, controlled and clinically appropriate way.

6.7 The board noted that the Trust is widely recognised for innovation, particularly in relation to the Ambulance Performance Framework and the development of a clinically focused operating model, with colleagues from other UK systems seeking to understand how aspects of the Welsh model could be applied elsewhere. The 111 service is part of an integrated remote clinical offer, unlike in other areas of the UK, and further opportunities were noted to strengthen the Trust's strategic positioning by aligning its 111 and digital offer with current Welsh Government (WG) priorities, including digitisation, telehealth and development of the NHS Wales App. It was recognised that there remains work to do to better demonstrate the full value of the Trust's national infrastructure and integrated model to commissioners and wider system partners.

6.8 Members discussed whether the board should formally review pandemic preparedness and learning from the UK Covid-19 Inquiry on an annual basis, to provide ongoing assurance that lessons have been learned and resilience arrangements remain in place. They were assured that that the Finance and Performance Committee receives the annual Emergency Planning, Resilience and Response report together with the incident response plan and a broader update on resilience, business continuity and emergency preparedness. Members heard that a 12-month programme of internal pandemic-plan exercises will commence in September 2026. An action was taken for the Pandemic Plan document to include pandemic related learning and progress; this will be presented to the Finance and Performance Committee alongside the annual EPRR reports. A further action was taken for governance colleagues to advise on whether a substantive item on annual pandemic planning will be required for board assurance, and for these items to be added to the forward planner and cycle of business as appropriate.

6.9 Members asked how far primary care providers are involved in SPOA discussions with health boards to ensure alignment, particularly in relation

to access to GP services, and the impact this may have on people seeking help through 111 or emergency departments. Members were assured that engagement with primary care is intrinsic to the development of SPOAs, and that health boards are considering the full range of access routes across the system, including primary care. This work aligns with the wider *Community by Design* programme, which is focused on defining and coordinating access points across the system. The Trust is actively working with individual health boards to shape how SPOAs should operate in practice and to support demand management.

6.10 Members discussed the public perception of the ambulance service being largely focused on emergency activities. They asked whether the Trust could provide insight into what proportion of its activity relates to ongoing, repeat, or community-based interactions, particularly for patients with long-term conditions, regular treatment needs or recurring episodes of care. Members were advised that emergency response constitutes approximately 20% of overall ambulance activity, with the service responding to a wide range of care needs that do not necessarily constitute emergencies but still require timely intervention.

6.11 Emma Wood thanked Carl Kneeshaw for his work and support, noting that this was his final board meeting with the Trust.

7. QUESTIONS FROM MEMBERS OF THE PUBLIC

7.1 There were no questions received.

ITEMS FOR ASSURANCE, DISCUSSION OR APPROVAL

8. STAFF EXPERIENCE [NIC ANDERSON]

Nic Anderson joined the meeting

8.1 The board welcomed Nic Anderson, Learning and Development Manager for Volunteering & Community Resilience and a Paramedic, to present her personal and professional experience of volunteering titled 'The Selfish Volunteer'.

8.2 Nic highlighted how volunteering provides mutual benefit, offering volunteers purpose, skills, confidence and community, while strengthening service delivery. She outlined the scale and value of the Trust's volunteer network, supporting nearly 1,000 volunteers across Wales.

8.3 Nic emphasised the importance of culture, leadership and inclusion; highlighting initiatives to improve staff support, embed positive

behaviours, and address inequalities, including targeted work on CPR provision for women. She described the role of civility and human factors in improving decision-making, teamwork and patient outcomes, noting that poor behaviours can adversely impact both staff performance and patient safety.

8.4 Members noted the successful development and roll-out of the Community Welfare Responder (CWR) model, providing an accessible entry point into volunteering and enabling volunteers to support patient care in the community. This model has expanded capacity, improved patient support, and created clear progression pathways into more advanced roles. The board noted the broader contribution of volunteering in supporting system resilience and patient care by proxy, and the importance of continuing to invest in volunteer development, inclusive culture and community engagement as key enablers of improved outcomes.

8.5 Members discussed opportunities to attract young people into volunteering and the value of volunteer work in building skills, confidence and experience; they were advised that Llais has started to explore this, particularly for young people aged 18 to 25 and is working with universities to engage students in volunteering opportunities. Nic suggested further opportunities to broaden access, including the inclusion of volunteers in internal recruitment opportunities across the Trust, targeting individuals without traditional academic pathways and encouraging peer recruitment to widen participation.

8.6 Members were advised that the Trust's five-year Volunteer Strategy has concluded, with future focus shifting toward integrating volunteering within the IMTP rather than treating it as a standalone programme. Positive progress has been seen through initiatives such as *Volunteer to Care*, including evidence of volunteers progressing into employed roles within the Trust. Future priorities include expanding staff volunteering opportunities, increasing shadowing and exposure of volunteers to wider parts of the organisation as well as broadening the range of non-clinical volunteering roles. Members noted that delivery ambition must be balanced with capacity, highlighting that a team of approximately 12 staff are currently supporting around 1,000 volunteers.

8.7 Members provided overwhelmingly positive feedback, describing Nic's presentation as inspiring, powerful, and impactful. Members commended her openness and willingness to share personal experiences, recognising the authenticity and vulnerability in her story. The presentation effectively demonstrated the importance of volunteering, inclusion, and positive behaviours in improving patient outcomes and organisational culture.

8.8 Members reflected on the wider value of the volunteer service, recognising both the contribution volunteers make to the organisation and the personal benefits they gain. There was strong support for further developing volunteering opportunities, including engaging younger people, broadening non-clinical roles, and strengthening strategic focus on volunteering within the Trust.

Nic Anderson left the meeting

8.9 PREVIOUS STORY FOLLOW UP: STAFF EXPERIENCE, JUDITH PARFITT

8.9.1 The board noted the learnings from Ms Parfitt's patient story, which highlighted the risk of "harm after harm", where processes can add to distress, and noted that this had informed ongoing improvements.

8.10 PREVIOUS STORY FOLLOW UP: PATIENT EXPERIENCE, KEVIN CLARKE

8.10.1 The board noted the actions taken following Mr Clarke's patient story and noted that he had been provided with an accessible Summary of Harm review, which was positively received.

8.10.2 Members were advised that following observations at Trust Board in March 2026, the Good Governance Institute (GGI) will use case studies of the Trust's approach to patient stories in their professional materials as examples of good practice.

9. MONTHLY INTEGRATED QUALITY AND PERFORMANCE REPORT (MIQPR)

The papers for this item are in the committee pack in iBabs and on the Trust's website, therefore detail of the content is not repeated here.

9.1 The board received the refreshed MIQPR report for March and April 2026, noting the revised format following board development discussions, to provide a clearer overview of performance against strategic objectives. The report highlighted continued challenges across urgent and emergency care, particularly in 999 and 111 demand and response, while showing examples of productivity improvements linked to Integrated Medium Term Plan (IMTP) initiatives.

9.2 Members were advised that further refinement is ongoing and will include clearer presentation of metrics and terminology, distinguishing between targets and longer-term ambitions, and development of trajectories to demonstrate expected improvement over time. Further work to complete data, refine measures, and align with new national metrics where applicable is also taking place.

9.3 The executive emphasised that the MIQPR should function as a high-level assurance tool, enabling the board to identify areas of concern and commission more detailed scrutiny through committees, which would receive more granular data. The introduction of Statistical Process Control (SPC) charts was positively received, with members commenting that they significantly enhance understanding of performance trends. However, it was also recognised that this represents a different way of interpreting data, and further support or development sessions may be needed to ensure consistent understanding by Members.

9.4 Members asked how the performance trajectory in the report could better reflect the impact of WG expectations and system commitments on handover delays, so that the Trust's projected performance is shown in that context. The board was assured that performance trajectories are influenced by several factors such as ambulance patient handovers, reducing unnecessary dispatch through clinical assessment and alternative pathways, and improvements in other operational measures. It was noted that the Trust intends to use modelling support to develop more realistic and meaningful performance trajectories.

9.5 Members discussed the level of detail that is appropriate for consideration by the board and committees and queried whether long ambulance wait times, for example, can be seen in the metrics presented. An action was taken for the board to use the refreshed MIQPR to identify issues requiring deeper scrutiny and to request deep dives on these from committees, with each committee potentially having responsibility for a certain set of indicators. It was specifically agreed for this to include a deep dive on longer patient wait times to be considered by the Quality, Patient Experience and Safety (QuEST) committee.

9.6 The board discussed the differential performance between 'hear and treat' and 'see and treat,' noting that while 'hear and treat' metrics are performing broadly in line with expectations, 'see and treat' metrics remain significantly lower. It was clarified that decisions to convey patients are clinically appropriate, and the primary constraint on improving 'see and treat' times is wider system capacity and the limited availability of alternative care pathways and services to support patients safely outside of Emergency Departments. The 'hear and treat' pathway is less reliant on these external pathways and can be delivered more consistently through call centre processes.

9.7 Members asked if there were measures in place to assess user satisfaction levels for Albot and were advised that there is opportunity to leave feedback after every user engagement. The patient feedback outcomes

from these interactions going forward will be reported to Finance and Performance Committee.

9.8 The board welcomed the refreshed March/April 2026 MIQPR and actions being taken, and were assured that it provides a clearer, more structured and integrated view of organisational performance, highlighting its stronger alignment to strategic objectives and governance pillars. Members suggested that clearer benchmarks for certain indicators would strengthen assurance and it was considered that the report format should be allowed to settle into a stable format for a period of time before being reviewed further.

10.1 FINANCIAL PERFORMANCE AT MONTH 12, 2025/26

The papers for this item are in the committee pack in iBabs and on the Trust's website, therefore detail of the content is not repeated here.

10.1.1 The board received the month 12 financial update, reflecting the final position for 2025/26 following year-end. Members heard that the Trust year-end position is broadly in line with the reported position, with a minor adjustment since submission of the initial outturn to WG. The external financial audit is underway, with the majority of key areas substantially complete and no material issues identified. Members were assured that the accounts are on track for completion in line with planned timelines.

10.1.2 The board noted and gained assurance in relation to the Month 12 revenue financial position and performance of the Trust as at 31 March 2026, noted the delivery of the 2025/26 savings plan, the capital programme for 2025/26 and the Month 12 WG monitoring return submission (as required by WG).

10.2 FINANCE REPORT MONTH 1 2026/27

The papers for this item are in the committee pack in iBabs and on the Trust's website, therefore detail of the content is not repeated here.

10.2.1 The board received the month 1 financial update, reflecting an early balanced position for 2026/27, consistent with the approved financial plan.

10.2.2 Members were advised that this position is underpinned by several assumptions and emerging risks; there is an assumed allocation of additional funding from WG in relation to the Welsh Risk Pool, which is in line with expectations but for which formal confirmation is awaited. It was noted that new financial risks, most notably rising fuel costs, could create

a significant in-year pressure if sustained. These emerging pressures have increased the overall risk profile, with some risks now moving towards a medium rating. Members heard that the financial outlook will be closely monitored as the year progresses.

10.2.3 Members questioned the assumption around WG funding and the level of confidence that this funding will not change, as has happened in previous years. Members were assured that the underlying cost estimate was more robust than in the previous year, reflecting learning from prior volatility. The risk will be closely monitored throughout Q1 2026/27, with the expectation that clarity on funding would be secured by that point.

10.2.4 Members queried the reported Month 1 overspend on non-pay of £0.3m, asking whether this was attributable to fuel costs and whether there was any concern about the remaining variance. Members were advised that the overspend relates to fuel pressures and fleet maintenance costs and were assured that the remaining non-pay variance was not a significant concern, noting that actions were in place to manage costs and mitigate pressures going forward. Fuel costs remain the primary emerging financial risk and the key area of concern if sustained at the current level.

10.2.5 The board noted and gained assurance in relation to the Month 1 revenue financial position and performance of the Trust as at 30 April 2026, noted the delivery of the 2025/26 savings plan, and the context of this within the overall financial position of the Trust, noted the initial capital programme for 2026/27 and noted the Month 1 WG monitoring return submission.

11. INTEGRATED MEDIUM-TERM PLAN 2025/26 Q4 (END OF YEAR REPORT)

The papers for this item are in the committee pack in iBabs and on the Trust's website, therefore detail of the content is not repeated here.

11.1 The board received the Integrated Medium-Term Plan (IMTP) for 2025/26 Q4 and noted the delivery of a substantial number of commitments and deliverables, with a large proportion of actions completed or on track. This reflected significant effort across the organisation and members welcomed the overall level of progress.

11.2 Members highlighted that the programme is now moving into a more mature phase, particularly in relation to the Clinical Model Transformation Programme where the focus is shifting from delivery to benefits realisation, and that this phase requires robust mechanisms to evidence impact and outcomes. It was noted that benefits realisation would remain a key area of focus for the board going forward, given the complexity of measuring and demonstrating the impact of large-scale transformation programmes.

12. TRUST BOARD QUALITY AND GOVERNANCE REVIEW 2025/26

The paper for this item is in the committee pack in iBabs and on the Trust's website, therefore detail of the content is not repeated here.

12.1 The board received the Quality and Governance Review report, the suite of 2025/26 board committee annual reports and the Audit, Risk and Assurance Committee (ARAC) 2026/27 terms of reference. Members noted that the programme of reviews has concluded across all Board Committees with the exception of the Welsh Ambulance Services Partnership Team which will be considered at its meeting in June 2026 and which was deferred to allow further engagement from members.

12.2 Members were advised that the reviews have shown the Trust Board continues to demonstrate effectiveness of its core responsibilities with strong leadership, transparency and challenge with appropriate assurance being provided to the Board in line with our commitment to the Duty of Quality.

12.3 The 2025/26 reviews have coincided with a broader period of governance development that have included several Trust Board approved adjustments to the committee framework alongside an externally commissioned Good Governance Institute (GGI) review. The final report and action plan from GGI is expected in July 2026. This will provide further assessment of the effectiveness of committee structures, board effectiveness, and maturity matrix aligned to characteristics of a high performing board.

12.4 Members discussed the disbandment of the Academic Partnership Committee and queried how oversight will be retained when this work is subsumed into other committees. It was noted that the intent is to integrate academic, research, and engagement responsibilities in a way that ensures these areas continue to receive appropriate focus and scrutiny.

12.5 The executive provided assurance that agenda time will be allocated within receiving committees and engagement mechanisms maintained to ensure clear visibility and assurance of the research and innovation portfolio. It was further noted that University Trust status requires ongoing evidence of academic activity and engagement.

12.6 Members took assurance that its corporate governance framework continues to operate effectively, supported by a well-established committee structure, strong leadership, and a culture of openness, transparency, and constructive challenge.

The board:

- **Approved the suite of 2025/26 board committee annual reports, noting that all committee quality and governance reviews have been completed, save for the WASPT review.**
- **Approved the ARAC 2026/27 terms of reference.**

13. ANNUAL AUDIT PLANS AND ARRANGEMENTS AUDIT WALES 2026/27

The paper for this item is in the committee pack in iBabs and on the Trust's website, therefore detail of the content is not repeated here.

Fflur Jones joined the meeting.

13.1 Fflur Jones presented the 2026 Audit Wales Annual Audit Plan, noting that it had been considered in detail by ARAC. Members heard that the plan is based on a risk-based approach, which will be kept under review throughout the year.

13.2 The board were advised that work for the audit on the 2025/26 financial statements is ongoing, with no specific risks for the Trust identified. The final audit report will be received by the board with the annual report and accounts for 2025/26 in late June 2026.

The board approved the Annual Audit Plan for 2026/2027.

14. PARTNERSHIPS AND INFLUENCING: AN UPDATE

14.1 The board received an overview of the Trust's partnership and influencing activity and noted the content of the paper.

14.2 Members asked whether ongoing briefing and support to executives can be provided, so that every external engagement has strategic impact, and queried whether any further support is needed from the board to strengthen the partnership and influencing work, acknowledging the limited resources available for this. Members were advised that the aim is to work collaboratively across the organisation to align partnership activity with wider organisational priorities, including long-term strategy development and Government engagement. It was confirmed that work is underway to strengthen alignment and ensure consistent messaging both internally and externally.

14.3 Members emphasised the need for a more deliberate and strategically owned approach to external relationships, including clearer prioritisation of high-impact stakeholders, stronger alignment between engagement activity and organisational objectives, and greater consistency in the messages brought to external meetings. The importance of focusing on

relationships and engagement opportunities most likely to deliver strategic value, including opportunities to strengthen relationships with government, special advisers, the charity sector and other key partners, was highlighted.

14.4 Members sought assurance regarding engagement with primary care. It was confirmed that this is being progressed through wider team links with primary care networks and local medical committees across Wales, including through dedicated clinical leadership.

15. BOARD COMMITTEE AAA HIGHLIGHT REPORTS

The papers for this item are in the committee pack in iBabs and on the Trust's website, therefore detail of the content is not repeated here.

15.1 7 May 2026: Quality, Patient Experience and Safety Committee

15.1.1 Bethan Evans provided an overview of the meeting, highlighting key areas of discussion and noting that while there are clear areas of progress and assurance, significant system pressures, particularly related to handover delays, continue to present challenges.

15.1.2 The committee endorsed the Duty of Quality Annual Report for 2025/26. The board noted that it had enhanced levels of accessibility by virtue of it being presented via Sway, and a greater focus on patient safety, more clarity around governance matters and broader oversight arrangements.

The Board approved the Duty of Quality Annual Report for 2025/26.

15.2 5 May 2026: People and Culture Committee

15.2.1 Ceri Jackson, Chair of the People and Culture Committee, highlighted several important areas of discussion and noted improving assurance in key workforce areas; alongside ongoing challenges relating to staff experience and system pressures, with continued focus on wellbeing, culture, and workforce sustainability.

15.2.2 The committee recognised the contribution and positive impact of Director of People, Carl Kneeshaw, and expressed their appreciation to him.

15.3 28 April 2026: Audit, Risk and Assurance Committee

15.3.1 Peter Curran, Chair of the Audit, Risk and Assurance Committee (ARAC), advised that the April ARAC meeting was largely focused on undertaking the detailed Quality and Governance Review. The committee received appropriate assurance across its areas of responsibility and was assured that audit activity continues to

support the Trust's move toward stronger strategic governance and risk management arrangements. The consistent theme of capacity and system pressures was noted.

15.4 19 May 2026: Finance and Performance Committee

15.4.1 Jayne Beeslee, Chair of the Finance and Performance Committee, reported that the committee received strong assurance across the areas addressed while recognising ongoing risks, particularly in relation to the external financial environment and capacity to deliver longer-term strategic priorities.

15.4.2 The committee reviewed the Commercial Plan in detail and endorsed it for approval. The committee was confident in the plan's contribution to the Trust's financial sustainability and advised that it will retain oversight of its implementation.

The Board approved the Commercial Plan.

15.5 6 March 2026: Academic Partnership Committee

15.5.1 Hannah Rowan, Chair of the Academic Partnership Committee, provided an update from the meeting, noting that the committee is currently in transition, with its scope reducing as its functions are expected to transfer into other committees as part of wider governance changes.

15.5.2 Attention was drawn to the Research Impact Report included within the papers, noting that this had been developed in response to previous challenge from the committee to better demonstrate the tangible impact of research activity. The focus is now on evidencing how that activity translates into benefits for patients, staff and services, rather than simply reporting activity levels.

15.5.3 Members welcomed the report, finding it informative and valuable and noting that it clearly demonstrated the breadth of research activity across the Trust with a range and diversity of research topics illustrating the scale and relevance of the Trust's work in this area.

16. GOVERNANCE REPORT

The papers for this item are in the committee pack in iBabs and on the Trust's website, therefore detail of the content is not repeated here.

16.1 The board received and noted the report outlining the formal governance matters for board consideration and detailing the request for the application of the Trust Seal on documents relating to the approval of participation of the Trust in a new NHS Wales Microsoft Enterprise

Agreement and a lease agreement for retrospective licensing for alterations, with the relevant parties being Welsh Ministers and the Trust.

The Board approved the application of the Trust Seal for the transaction as detailed in the report.

CLOSING ITEMS

17. REFLECTIONS

17.1 Members reflected on the good balance of strategic, governance and operational points discussed at the meeting.

18. ANY OTHER BUSINESS

18.1 There was no other business.

19. EXCLUSION OF THE PRESS AND MEMBERS OF THE PUBLIC

The board resolved that, pursuant to Section 1(2) of the Public Bodies (Admission to Meetings) Act 1960), the press and public be invited to leave the meeting because of the confidential nature of the business about to be transacted.

20. DATE AND TIME OF THE NEXT MEETING

20.1 The next meeting will be held on 30 July 2026 at 11:00.

The meeting closed at 12:57