COFNODION Y CYFARFOD BWRDD IECHYD PRIFYSGOL CYMERADWYO/ APPROVED
MINUTES OF THE UNIVERSITY HEALTH BOARD MEETING

Date of Meeting:	**09:30, Thursday 27 November 2025**
Venue:	**Y Stiwdio Fach, Canolfan S4C Yr Egin, College Road, Carmarthen SA31 3EQ**

Present:	Dr Neil Wooding, Chair, Hywel Dda University Health Board Mrs Eleanor Marks, Vice-Chair, Hywel Dda University Health Board Mr Maynard Davies, Independent Member (Information Technology) Cllr. Rhodri Evans, Independent Member (Local Authority) Mr Michael Imperato, Independent Member (Legal) (part) Ms Ann Murphy, Independent Member (Trade Union) Mrs Chantal Patel, Independent Member (University) (VC) Ms Sarah Harraway, Independent Member (Community) Mr Iwan Thomas, Independent Member (Third Sector) Mr Winston Weir, Independent Member (Finance) Professor Philip Kloer, Chief Executive Mrs Lisa Gostling, Deputy Chief Executive and Executive Director of Workforce and Organisational Development Mr Andrew Carruthers, Chief Operating Officer Ms Sharon Daniel, Executive Director of Nursing, Quality and Patient Experience Mr Lee Davies, Executive Director of Strategy and Planning Dr Ardiana Gjini, Executive Director of Public Health Mr Mark Henwood, Executive Medical Director Mr James Severs, Executive Director of Allied Health Professions and Health Science Mr Huw Thomas, Executive Director of Finance
In Attendance:	Ms Alwena Hughes Moakes, Communications and Engagement Director Ms Jill Paterson, Director of Primary Care, Community and Long-Term Care Mrs Joanne Wilson, Director of Corporate Governance/Board Secretary Mr Michael Gray, Director of Social Services and Housing, Pembrokeshire County Council Ms Donna Coleman, Llais West Wales Dr Warren Lloyd, Associate Medical Director, MHLD (part) Ms Becky Temple-Purcell, Assistant Director of Nursing, MHLD CCG (part) Dr Clive Weston, Locum Acute Medical Consultant (part) Dr Karen Brown, Associate Medical Director, Community and Integrated Medicine (part) Dr Vicki Hughes, Clinical Lead, Emergency Department (part) Mr Peter Skitt, Care Group Director, Community and Integrated Medicine (part) Ms Anna Chiffi, Assistant Director of Nursing, Community and Integrated Medicine CCG (part) Ms Nerys Lewis, Senior Nurse Manager (part) Ms Clare Moorcroft, Committee Services Officer (Minutes)

Minutes Ref.	Item	Action
PM(25)190	**Welcome and apologies**	

Dr Neil Wooding, Health Board Chair, welcomed everyone to the Public Board meeting, indicating that minor changes had been made to the agenda order, to improve flow. He advised that additional attendees would be joining for items on the Ceredigion Community Mental Health Referral Pathway and Urgent and Emergency Care. There were no matters that Members felt were omitted from the agenda or reports. Dr Wooding reminded Members of the Board's five decision-making 'design principles':

1. Fair
2. Affordable/sustainable
3. Consistent with the Health Board's strategic approach
4. Does not create an unhelpful precedent
5. Safe

Apologies for absence were received from:

- Ms Anna Lewis, Independent Member (Community)
- Dr Jonathan Arthur, Health Professional Forum Chair
- Ms Mwape Burke, participant in the Aspiring Board Members Programme

PM(25)191 Declaration of Interests

No declarations of interest were made.

PM(25)192 Minutes of the Public Meeting held on 25 September 2025

Decision: RESOLVED – that the minutes of the meeting held on 25 September 2025 be approved as a correct record.

PM(25)193 Matters Arising/Table of Actions from Meeting held on 25 September 2025

An update was provided on the Table of Actions from the Public Board meeting held on 25 September 2025. Confirmation was received that outstanding actions had been progressed. There were no matters arising.

PM(25)194 Minutes of the Corporate Trustee Meeting held on 25 September 2025

Decision: RESOLVED – that the minutes of the Corporate Trustee meeting held on 25 September 2025 be approved as a correct record.

PM(25)195 Minutes of the Annual General Meeting held on 25 September 2025

Decision: RESOLVED – that the minutes of the Annual General Meeting held on 25 September 2025 be approved as a correct record.

PM(25)196 Report of the Chair

Presenting his report on relevant matters undertaken since the previous Board meeting, Dr Wooding highlighted that Urgent and Emergency Care will be discussed later on the agenda. He wished to formally record the Board's thanks to Ms Anna Lewis, who is

leaving the Health Board on 31 December 2025. This will be a significant loss to the organisation, given the breadth and depth of her knowledge, and her commitment.

Decision: The Board **SUPPORTED** the work engaged in by the Chair since the previous meeting and noted the topical areas of interest.

PM(25)197 Report of the Chief Executive

Professor Philip Kloer introduced his report on relevant matters undertaken since the previous Board meeting, drawing Members' attention to the update on Executive Team portfolios. As a result of the changes detailed, this is Ms Jill Paterson's final Board meeting. Members heard that Ms Paterson had contributed to the Health Board and its forerunners for many years, and has been recognised for her work with awards including a Lifetime Achievement Award from the Royal College of Nursing. Professor Kloer formally thanked her for all of her work. On behalf of the Board, Dr Wooding also wished to acknowledge Ms Paterson's contribution. He stated that her professionalism, discipline and clarity have been both welcomed and valued by the organisation, and will be much missed. He wished her all the best for the future. Other topics forming part of the report included an update on the Operational Structure; the Prince Philip Hospital Minor Injury Unit (PPH MIU) implementation; petitions received and being given due consideration; the National Maternity Assessment; Emergency Medical Retrieval and Transfer Service (EMRTS); HDdUHB's Public Accountability Meeting; Regional Orthopaedic work; the NHS Staff Survey and Meddygfa Penrhyn.

With regard to the latter, Ms Jill Paterson recorded the Health Board's thanks to Shalom House for the use of their facilities. Records show that 1,189 patients have accessed services there, which evidences the value placed on a facility in this location. Members were advised that the Health Board has considered alternative premises, numbering more than ten, and has not yet identified one which is suitable. More work to explore potential options is being undertaken. More than 60% of the service activity relates to Phlebotomy, and the possibility of offering a weekly Phlebotomy service in St David's is being considered. There would be a requirement to visit the main surgery in Solva for other services, and changes being made to the Meddygfa Penrhyn building would facilitate this. Ms Paterson emphasised that options are still being explored, and thanked all of those involved and contributing to discussions.

Dr Wooding suggested that the Health Board should be proud that it has retained the commitment it made to the community, and seeks to continue to do so. The pressures and challenges involved, however, must be acknowledged. Noting that the Clinical Care Groups (CCGs) have been in place for some time, Dr Wooding suggested that a review of their effectiveness should be scheduled. In response, Mr Andrew Carruthers confirmed that the new Operational Structure had been implemented on 1 April 2025.

He advised that an Internal Audit examining the governance arrangements is underway. Whilst CCGs have been in place, this is not necessarily the case for all of their sub-structures. There are still a number of roles to be appointed to and individuals yet to join the organisation; therefore, the structure is not fully operational. Progress has been made; however, there is further work to do on governance. Nevertheless, Mr Carruthers did feel that there is evidence of positive benefits as a result of the new structure, such as an improved 'grip and control' on finances. It was agreed that a 12 month review of the Operational Structure would take place at the March 2026 Public Board. **AC**

In response to a query from Mr Maynard Davies in relation to the National Maternity Assessment, Ms Sharon Daniel advised that there has not been any feedback from the Oversight Group visits on 19 and 20 November 2025. There have been conversations with the staff involved and no immediate issues of concern have been flagged. As the format of these visits was 'appreciative enquiry', their focus was on identifying examples of good practice which might be shared across Wales. Mr Maynard Davies noted reference to letters from the Petitions Committee regarding Glangwili Hospital (GGH) and Cardigan Integrated Care Centre (CICC) and enquired whether responses have been prepared. Professor Kloer reminded Members that the topic of Urgent and Emergency Care, which relates to both of these sites, is on the agenda, and is an area requiring focus and improvement. In relation to CICC specifically, this is a facility which is well-regarded locally. Seven day operation was possible last year due to funding from Welsh Government; restoring this on a permanent basis would require consideration, due to the financial implications. Mrs Joanne Wilson advised Members that Health Board responses to all of the petitions are being collated, and will be issued shortly.

Mr Carruthers agreed that consideration of how Minor Injury Units and Integrated Care Centres are resourced will be required. Welsh Government has expressed an interest in trying to support provision of a 7 day service; however, nothing has been confirmed to date. This is just one element of the wider discussion required around 7 day services. In relation to Maternity Services, Dr Wooding highlighted positive feedback and findings from previous regulator visits. Whilst emphasising that there should be no complacency, he would hope that this provides some assurance.

Decision: The Board:

- **ENDORSED** the Register of Sealings since the previous report on 25 September 2025
- **NOTED** the status report for Consultation Documents received/responded to
- **NOTED** Executive Team discussions

PM(25)198 Annual Plan 2025/26 and 2026/27 Planning Cycle

Mr Lee Davies introduced the report, which he suggested is relatively self-explanatory. It provides a high-level overview, and

aligns with the Financial and Performance reports. In terms of this year's Plan, Members heard that delivery had progressed beyond the original, in order to meet revised Welsh Government expectations. The report is presented in the format of 'by exception'. It was noted that the Urgent and Emergency Care (UEC) system remains under significant pressure. Whilst Cancer performance has stabilised at over 60%, it is not meeting the Welsh Government target and it is recognised that there is more to do to improve this position for the local population. There are also issues in relation to Ophthalmology and Delayed Pathways of Care (DPOC). With regard to next year's Plan, Members were reminded of discussions at Board Seminar, including around organisational risks. There are significant challenges in this regard, which will be discussed with Members in due course. The expectation in terms of availability of finance going forward is extremely challenging, and significant savings will be required. This only serves to demonstrate the underlying unsustainable nature of the current system. Difficult decisions will be required in terms of service provision, which will require consideration at future Board meetings.

Dr Wooding agreed that there is a confluence between workstreams, with the key question being how the organisation becomes sustainable. Welcoming the report's clarity, Mr Maynard Davies presented a number of queries. He noted that DPOC is a system issue and, as such, queried how much the Health Board is able to achieve in isolation, as opposed to in partnership with other bodies. In terms of Ophthalmology, he enquired whether the regional work being progressed is impacting to improve, or at least stabilise the situation. Finally, referencing Principle 4 in the report's appendix, he suggested that the top three risks will differ significantly between different CCGs. All may be high-risk; however, it may be necessary to undertake further prioritisation and consideration of whether this is a sustainable process by which to manage risks.

Mrs Eleanor Marks agreed that DPOC is a system issue and requested assurance that the Health Board is working with partners to develop solutions. She noted that there are different approaches within the three counties, and that the Local Authorities have a key part to play, requesting assurance that there is a unified vision. Mrs Marks also enquired whether the actions taken to improve issues in UEC have impacted on DPOC. In view of previous levels of Cancer performance delivery, Mrs Marks queried whether the target of 70-80% is realistic, noting that the report does not describe how this will be achieved.

In response to the final of Mr Maynard Davies' queries, Members were advised that the Health Board is not trying to create a rigid process, rather some form of prioritisation. A number of risks will span multiple CCGs, for example those in relation to Cancer. A thematic analysis will be undertaken to consider such risks. It is hoped that the process will facilitate a more collaborative approach; however, it is not the only process for responding to

risks, it is in addition. With regard to Ophthalmology, Mr Carruthers emphasised that performance against only one measure – the 'R1' pathway – is outlined within the report. Regional work is not especially focused on addressing this. There have been delays in recruitment which would increase service capacity. Whilst some improvement has been seen, the service is not, therefore, fully resourced and operational. The expectation is for further improvement. A Deep Dive into this area is scheduled for the next Finance and Performance Committee (FPC) meeting in December 2025.

Members heard that, to achieve a step-change in Cancer performance, pathways would require revision, particularly in Urology. Actions have been implemented, and Mr Carruthers would anticipate seeing an impact on the backlog in December 2025 and January 2026. This would, however, result in an associated drop in overall performance against the Single Cancer Pathway target. It is hoped that an improvement in the latter will also result in the early part of 2026. Mr Carruthers felt that the achievement of a stable 60% performance trend should be recognised, noting that the service have indicated that 70% or even close to 80% is achievable.

DPOC is an area of challenge and scrutiny across the region, and Members were assured that the Health Board has been working with Local Authority partners. As suggested, this issue requires a systematic approach. There has been a 'spike' in DPOC numbers during October 2025; however, the latest (unvalidated) data indicates some improvement. This reflects both the work being undertaken by the Health Board, and activity by partners. Mr Carruthers suggested that this area presents real opportunities for aligned purpose between statutory partners, noting the need to present proposals to the regional Integrated Executive Group within the next couple of months. Members were assured that these will align with Welsh Government initiatives in this field.

Mr Michael Gray reported that he had attended a recent regional meeting which had provided opportunities to discuss the partnership work being undertaken. There are possibilities in terms of recurrent funding which will facilitate increased investment in care provision. The potential to base staff within hospitals is also being explored, to free-up acute capacity. He hoped that this would be operational from the beginning of 2026. Work is also taking place around managing the expectations of patients and families, and emphasising the message that hospital is not the best setting for those who are medically-fit for discharge, for both wellbeing and long-term health. Mr Gray explained that this message needs to be delivered collaboratively by all partners, rather than being the responsibility of Health Board staff alone.

Dr Wooding welcomed the update and agreed with other Members' comments. Whilst praising the work being undertaken in Pembrokeshire, he emphasised that there is no room for complacency in this area, where there are issues requiring urgent

resolution. Mr Michael Imperato echoed this view, and welcomed the assurance provided by additional context. He enquired whether there is a 'line of sight' regarding the initiatives employed in Pembrokeshire and potential to roll these out across the region. Mr Imperato felt that this is an area requiring Board oversight, to ensure that knowledge, expertise and good practice is not lost. In response, Mr Carruthers advised that other regions where similar initiatives have been successful note the importance of a shared purpose and Memorandum of Understanding (MOU). There is a commitment to develop the latter and progress this through the Regional Partnership Board. It is hoped that this will facilitate more purposeful use of available resources. It was emphasised, however, that the discussion needs to encompass more than DPOC; consideration also needs to be given to prevention of ill health and admission avoidance, care at home and managing demand. All of which will contribute to lower numbers of DPOC over time. **AC**

In response to Mr Imperato's comment, Mrs Wilson highlighted that the Strategy and Planning Committee (SPC) does consider this topic, and Board receives a Statutory Partnership Update, where this topic might sit. Suggesting this may require increased focus and scrutiny, Members were reminded of the challenges and timescales involved in establishing MOUs for other services. Mr Gray felt that it is important to reach a point where the statutory bodies involved in addressing DPOCs meet as partners in learning. They should seek to identify specific issues and actions to progress and focus on individually, to avoid feeling overwhelmed by the scale of the issue. He agreed that the conversation needs to be wider than DPOC; however, emphasised that progress will require a 'shift left' of both mindset and resource.

Mr Iwan Thomas echoed other's comments, particularly around the need for an integrated and partnership approach. He also highlighted the need to make messaging clear and straightforward for the public, and to apply a community perspective, with input from the local population. He reminded Members that communities provide significant levels of care, reducing the demand on Health Board, Local Authority and statutory services. Data evidences this and demonstrates a significant increase in community care provision. Returning to the issue of impact on patients and risks, Ms Sharon Daniel highlighted the issues of hospital-acquired conditions, deconditioning and patient experience, suggesting that there is a role for the Quality, Safety and Experience Committee (QSEC) in this regard.

Mrs Chantal Patel requested clarification, in relation to the planning cycle update, regarding the proposed approach; suggesting that it might 'lock the organisation into' the current plateau. Also, how the approach aligns with managing potential under-performance. In response, Mr Lee Davies clarified that the 'planning cycle' refers to the process applied by the organisation in order to assess its position, trajectory and develop its Plan. He

agreed, however, that it would be unreasonable to repeat the same process and pattern, while expecting a significant change and improvement in the risk profile. There will need to be major changes in certain areas to break out of this pattern, which will involve numerous challenges. Building on this, Dr Wooding suggested that consideration be given to how the success of the approach will be measured. The Health Board put in place a process last year for advanced preparation of the Plan; however, it must be assured regarding impact and outcomes. Whilst Members noted that there is a self-assessment of Planning Maturity, it was agreed that this matter should be considered in detail by SPC. **LD**

Decision: The Board:

- **DISCUSSED** the update on the 2025/26 Annual Plan
- **TOOK ASSURANCE** from the update on progress against the Planning Cycle and the associated risks for developing the 2026/27 Plan
- **REQUESTED** that SPC consider how the impact of the Plan is both measured and scrutinised

PM(25)199 Financial Report

Presenting the Financial Report, Mr Huw Thomas highlighted that this represents an improved position; whilst demonstrating the structural challenges and unsustainability of the Health Board's current delivery trajectory. This month's deficit is £0.6m, an improvement versus the planned deficit. It includes a one-off Aseptic Unit drugs accountancy gain, resulting from a system issue. The balance resulting from this error has been recognised and released, producing a one-off benefit. The error had been identified during a routine review of the balance sheet; however, there is a need to make the review process more sensitive to such issues. Mr Huw Thomas assured Members that a full review is being undertaken to ensure that this is not repeated, and that he has also requested the support of Internal Audit to identify any learning regarding system interactivity.

As discussed previously, there has been an emerging financial risk in relation to the Welsh Risk Pool, which has now been realised. This relates to the increase in medical negligence cases being processed by the court system, and a resultant increase in the settlements being reached. Whilst positive for those individuals who have been adversely affected by medical negligence, it does have a financial impact for the Health Board, in the amount of £4.2m. Other cost pressures result from operational pressures and challenges, premium medical agency usage, Continuing Health Care and increased theatre activity. The improved in-month position has enabled an improvement to the year-end forecast, to a proposed deficit of £24.1m. Taking into account the Welsh Risk Pool risk share agreement increase produces a deficit of £28.3m. Mr Huw Thomas emphasised that this forecast position is not without risk, particularly as the Health Board heads into winter.

Whilst the savings delivery is better than planned, there remains an over-reliance on non-recurrent savings. Mr Huw Thomas was particularly grateful to colleagues in Corporate functions for their contribution to savings generation, along with the wider organisation. However, the underlying deficit has deteriorated, the reasons for which will need to be analysed in more detail. As indicated within the report, strategic cash assistance is required from Welsh Government, necessitating submission of an Accountable Officer Letter. In terms of areas requiring additional focus, recurrent savings delivery and the underlying financial position are priorities for next year. This aligns with the next agenda item, around financial recovery. Finally, Mr Huw Thomas wished to record his thanks to Ms Paterson for her support and contribution to the organisation's financial planning and delivery.

Referencing the later Update Report from FPC, Mr Imperato noted that, whilst this describes a robust process for examining savings schemes, once presented; the Financial Report includes the statement that 'a proactive approach to declaring savings has not yet materialised from some budget holders'. Mr Imperato enquired how the latter can be addressed, particularly at this stage in the year. Mr Winston Weir expressed concern around the 'mixed messages' being presented. Whilst the revised deficit target set by Welsh Government has been met, this has not been without significant challenge and has required in-year savings schemes. He enquired regarding the potential options for prioritising prevention of ill health, suggesting that opportunities should be explored before the end of this year. Finally, Mr Weir echoed an earlier statement highlighting the contribution of Corporate functions to the financial position, recognising the impact this was having on the services these teams can deliver, noting that CCGs are not in the same place in terms of savings delivery.

Building on Mr Weir's comments, Ms Sarah Harraway queried the actions being taken to support services to think differently and more proactively around savings. She requested assurance that this is an area where there is sufficient 'grip and control'. Noting that the Welsh Risk Pool is an All Wales issue, Mr Maynard Davies enquired whether there have been any discussions with Welsh Government regarding financial support. He highlighted that HDdUHB's bottom-line, together with that of other Health Boards, will be impacted if no support is provided. Mr Maynard Davies also noted that the Health Care Support Worker Band 2/3 issue has been ongoing for some time. HDdUHB has provided for costs within its financial position; however, Welsh Government has since announced a settlement. He enquired whether this will involve provision of additional funding, or whether health boards will be required to make provision for this additional cost.

Responding to Mr Weir's comment around prevention of ill health, Dr Ardiana Gjini reminded Members that her Director of Public Health Annual Report appears later on the agenda. There are initiatives within the current financial year around health coaching, with some associated shift in resource; scoping of further

community-based services prioritising the first line of prevention; and healthy weight initiatives. Dr Wooding emphasised the need to focus on this area in the long-term. Mrs Marks suggested that this report should not be viewed in isolation, highlighting the need for a fundamental change in the way in which the Health Board approaches cost savings. The 'shift left' into community-based service provision and prevention of ill health absolutely needs prioritisation. Whilst the contribution of the Executive Director of Finance should be recognised, this change is crucial in order to achieve a sustainable position.

In response to Mr Imperato's query around becoming more proactive, Mr Huw Thomas highlighted that part of the approach taken this year has been to separate out, as savings, any underspends. There is a need to become more proactive in identifying recurrent savings, not necessarily in terms of generating ideas, but in terms of process. Whilst agreeing with Mr Weir that achievements this year should be recognised, Mr Huw Thomas tempered this by highlighting that risks remain around delivery. He felt that there are opportunities for step-change, which require focus, and that there is still time to consider system shifts to make the financial position more sustainable. In terms of assurance regarding 'grip and control' and CCGs, Mr Huw Thomas suggested that there is an increasing level of maturity around cost control. For example, the number of applications for recruitment submitted to the Financial Control Steering Group (FCSG) which need to be challenged has reduced.

With regard to Mr Maynard Davies' queries, Members heard that there are ongoing discussions with Welsh Government around funding for Welsh Risk Pool risk share and HCSW Band 2/3 costs. Welsh Government are conscious of the financial impact for health boards. With the latter already being provided for in HDdUHB's financial position, any funding support would represent a benefit. Conversely, the risk share in relation to the Welsh Risk Pool could increase further. In terms of changing the organisation's approach to cost savings, Mr Huw Thomas highlighted opportunities around technical efficiency (doing more with less) and allocative efficiency (shifting resource from low value to high value and low risk to high risk activity).

When considering the CCGs and services in terms of savings delivery, Mr Carruthers felt that it was important to recognise the significant financial risks and service deficiencies being managed within the service and operational space. An example is the Operational Allied Health and Health Sciences CCG, which has managed a £10m financial risk and would be £13m overspent had it not. Members were advised that Quality and Equality Impact Assessments conducted on proposed savings schemes have suggested that there would be a further detrimental impact on services, should further savings be enacted. There are also challenges around, for example, variable pay costs. Whilst a great deal of work has been undertaken in relation to nursing variable pay, which has had a positive impact and stabilised the workforce,

medical variable pay remains an issue. It should be recognised that some medical locum usage is vital in covering fundamental service gaps, due to insufficient workforce 'headroom' to provide cover for annual leave, for example. Service reconfiguration would assist in providing more effective cover.

Mr Carruthers suggested that perhaps Ms Paterson's greatest legacy will be her work in developing the leadership capability and capacity in Primary Care. The Health Board needs to consider how it utilises this to shift care, increase prevention of ill health and develop the high value activity concept.

Dr Wooding reiterated the need to fundamentally rethink service delivery, service configuration and resource allocation, to achieve a more sustainable position.

Decision: The Board:

- **RECOGNISED** that the Health Board's forecast deficit has changed to £24.1m, the target control total, plus the anticipated minimum Welsh Risk Pool risk share increase of £4.2m; a total deficit of £28.3m and **RECOGNISED** that the forecast deficit will be updated if any further recognition of Welsh Risk Pool risk share is required, increase or decrease.
- **TOOK ASSURANCE** on progress of savings actions to bridge the recurrent and non-recurrent savings gap from those Executive portfolios that have yet to identify their full target.
- **NOTED** that the Amber savings scheme judgement around future run rate conversion totalling £3.0m has been included within the Month 7 position, evidenced by past performance but in lieu of formal commitment and submission across service areas.
- **ACKNOWLEDGED** that an underlying deficit assessment has been undertaken and that will only be reduced via robust recurrent savings delivery improvements.
- **APPROVED** the draft Accountable Officer Letter for submission by 8 December 2025 for a Strategic Cash Request to Welsh Government.
- **NOTED** the work that is ongoing to provide more insightful and relevant reporting, through the Financial Performance Report development.

PM(25)200 Finance Roadmap to 2028/29

Mr Huw Thomas introduced the Finance Roadmap report, explaining that this represents the first iteration. Developing a credible three year plan is particularly challenging, given the uncertainty around income assumptions, especially due to the point in the political cycle and imminent Senedd election. The Health Board has taken a different approach in preparing this plan, which has costed the impact of disease prevalence and growth in the population, to prospectively forecast potential demand. Mr Huw Thomas outlined the three scenarios utilised in modelling, which were as described in the report, their financial

basis, requirements and outcomes. The second scenario, based on a zero uplift in allocation, is broadly that which is considered most likely at this stage and describes the challenge involved.

It was emphasised that the information presented is a financial modelling assessment only. It does not consider delivery, which brings with it a number of concerns. These include the need for system change to support the delivery of recurrent savings, which has already been mentioned. Also, the 'psychological' impact on the organisation of continued delivery of non-recurrent savings year-on-year. This will require continued cost control, which will be challenging, particularly given comments around the 'hidden' risks and deficits being managed by services. Transactional savings will not be sufficient; the quantum of savings required, at the level of approximately £50m per year, is more than has been delivered this year and would represent a significant challenge.

Given the inclusion of disease prevalence impacts in the plan, however, any proactive measures which could be taken around prevention of ill health should serve to alleviate cost pressures and reduce demand on services. Finally, Mr Huw Thomas wished to assure Members that the plan is based on potentially achievable savings opportunities which have been considered by both Executive colleagues and the FPC. There is significantly more detail which sits behind the information presented to Board; however, this has not been included, in the interests of brevity.

Professor Kloer welcomed the report, which powerfully describes the challenges faced by the Health Board. He felt that its achievements during the past couple of years should be recognised, and emphasised that the organisation's ability to and confidence in committing to early planning is significant. However, as has been indicated, budgetary control will not be sufficient, and building preventative capacity and working with local communities will be crucial. There will also be challenges associated with the spread and configuration of services, given how dispersed the local population is; an issue which other health organisations do not necessarily face. The fact that the Health Board will be unable to deliver 'double-running' for certain services will also require consideration. Professor Kloer suggested, however, that it is often the case that when organisations are faced with challenges such as this, that they become the most creative and transformational. He was of the opinion that the Health Board is in a strong position, despite the uncertainty around future financial allocations.

Also welcoming the report, Dr Wooding emphasised the need for a courageous approach. A common challenge levelled at the organisation is that it is only concerned with the financial position. This is not the case; the priority is utilising resources in the best way. It is not appropriate to continue using high-cost medical agency staff, for example. Prevention of ill health also needs to be a major focus. Messages such as this need to form part of the continuing Health Board narrative. Mr Maynard Davies wished to highlight an area which does not attract a great deal of attention:

the estates backlog, which currently sits at more than £300m, and its impact on the Health Board's ability to transform services and on staff recruitment. He suggested that the conditions in which some staff are expected to work is unacceptable. They should be thanked and recognised for their efforts and creativity in providing services and care in these circumstances. Mr Maynard Davies noted reference in an earlier report to certain areas delaying or deferring costs; he enquired how much this is likely to contribute to cost pressures for the coming year.

Ms Harraway emphasised that the Health Board is currently operating in an unsustainable system. the tendency is to take a somewhat fragmented view and approach. Instead, the organisation should perhaps consider how a sustainable system of healthcare for west Wales would look, and how this can be delivered. Dr Wooding suggested that this is the vision outlined in the Health Board's strategy. Whilst welcoming the report and its clarity around the challenge being faced, Mr Weir emphasised that the organisation needs to focus on the solutions. These will include the shift towards Primary Care and the community, and opportunities offered by digital and Artificial Intelligence (AI). He suggested that increased investment in preventative measures and Value Based Health Care would return benefits. There also needs to be consideration given to the shape of the Health Board's future workforce.

Responding to the query around the estates backlog, Mr Huw Thomas acknowledged that capital is an important driver of system productivity. He suggested that often too much time is spent considering the context in which the organisation is operating; it is for the organisation to determine how it best provides services and deploys resources. With regard to Ms Harraway's comment, it was highlighted that the Health Board's financial challenges are a direct consequence of the clinical and service delivery challenges it is required to manage. Mr Huw Thomas agreed that the organisation needs to reflect on the investment it needs to make in various areas, including digital, organisational development, prevention and Primary Care. There is a great deal which requires consideration as part of the overall Strategy. Dr Wooding reiterated the need for radical thinking and solutions. He agreed that the financial position is a direct consequence of an unsustainable system, a fact which has not been addressed sufficiently.

Decision: The Board:

- **NOTED** that the Health Board is progressing the development of a 3-year financial roadmap to support an improved financial trajectory. This will not be achievable if the anticipated budget for 2026/27 is not improved upon post-election.
- **NOTED** that the projected 3 year plan is a modelling assessment at a point in time. Assumptions will change through the planning cycle, and may materially change based on the developing risk landscape.

- **DISCUSSED** and **CONSIDERED** the approach taken in developing the assessment to date, particularly the savings challenge presented, in the context of recurrent savings delivery to date.
- **SUPPORTED** the ongoing work to further develop and refine the financial roadmap in the coming months, alongside the annual planning cycle and in line with Welsh Government guidance, as it becomes available.

PM(25)201 Integrated Performance Assurance Report

Dr Warren Lloyd and Ms Becky Temple-Purcell joined the Board meeting.

Presenting the Integrated Performance Assurance Report (IPAR) for Month 7 of 2025/26, Mr Huw Thomas acknowledged that there is a degree of 'cross-over' between this and preceding agenda items. In terms of UEC and Emergency Departments (EDs) specifically, he recognised that there have been a number of people waiting more than 12 hours. There has been a significant reduction in 4 hour ambulance waits, which represents positive progress. Whilst there has been an improvement against the target for Therapy waits over 14 weeks for the second month, HDdUHB remains the worst-performing health board in Wales against this metric. In Diagnostics, there has been a significant reduction in breaches, to the lowest level since early in the COVID-19 pandemic.

In terms of escalation, the Community and Integrated Medicine (CIM) CCG is the most challenged directorate; however, there are a number in escalation. Members also noted that two Population Health measures have now been included within the Escalation Framework. This has highlighted the need to address issues around business continuity plans in a number of areas. There are discussions scheduled around escalation as part of the upcoming Board Seminar session. Mr Huw Thomas felt that these should include performance trajectories and the need for a more 'scientific' approach to the interplay between backlog and overall performance, such as that in Cancer. Also, the pace and responsiveness of action plans, and the underlying enabling conditions across the organisation to support sustained and successful improvement. Both of these issues can be considered in more detail at the Board Seminar. Assurance not just about tracking the indicators, it is about appreciating the 'underlying story' and the choices the organisation needs to make in response to the metrics.

Noting the increase in staff sickness levels, Cllr. Rhodri Evans enquired regarding the reasons for this. Mrs Lisa Gostling advised that the rate is the same as last year, adding that staff showing symptoms of coughs, colds and flu have been requested not to attend work, to avoid the spread of these illnesses. Members were informed that a post has been created in the Workforce and OD team to support services with absence management. Mr Carruthers felt that it was important to recognise the improvement

in ambulance handover performance, which exceeds both the Targeted Intervention (TI) de-escalation and Annual Plan targets. Whilst this improvement lessens the risk in the community for those waiting for ambulances, it does have an impact in the acute environment. The overall percentage of patients waiting more than 12 hours in EDs has reduced; however, it remains a significant issue and challenge.

With regard to Planned Care and Referral to Treatment Time (RTT), Members heard that the Health Board remains on track to deliver on the 52 week performance target. The funding received from Welsh Government has and will continue to assist in this regard. It is likely that the 104 week wait target will be missed by a small number of patients (fewer than 20). The ambition had been to achieve zero breaches; however, there are issues which preclude this. Mr Carruthers was confident that both of these out-turns will be delivered. In terms of the 8 week wait for diagnostics metric, Members were advised that the main challenge is in ultrasound. Options to address this are being explored. In considering escalation trends, Mrs Marks noted that the CIM CCG has been Level 3 against the Quality and Safety domain in every report since April 2025. She requested assurance that the reasons for this are being addressed. Likewise, in Strategy, Planning and Fragile Services, the Operational Allied Health and Health Sciences CCG is Level 3. Mrs Marks requested information around the specific risks involved and assurance that actions are being taken.

Members were reminded that specific individual Executive Directors are responsible for the escalation domains. With regard to Quality and Safety, Ms Daniel clarified that the metrics are based on the Foundational Governance Arrangements, including open incidents and complaints. She reminded Members that the CIM CCG is the largest care group in terms of inpatient activity, and most incidents reported relate to hospital settings. There are set assurance scores which allow de-escalation, and the majority of CCGs have de-escalated. The CIM CCG is making progress; they attended the Integrated Quality, Financial Performance and Delivery Group (IQFPD) to provide an update yesterday, and are attending QSEC next week. Additionally, Ms Daniel advised that she and the Executive Medical Director will be meeting with CCGs to ensure that they have adequate support. In respect of Strategy, Planning and Fragile Services, Mr Lee Davies indicated that the Operational Allied Health and Health Sciences CCG has made progress around the challenges in Radiology. However, there remains a wide range of other challenges, including those in relation to Pathology and Ultrasound services. It is a dynamic and fragile situation, to which the CCG is trying to respond at pace. There are significant pressures involved.

Decision: The Board **DISCUSSED** the IPAR – Month 7 2025/26 report and **TOOK ASSURANCE** on the operational delivery of mitigating actions to improve performance in the areas that have been categorised as ‘alert’.

PM(25)202 Board Assurance Framework

Mrs Wilson presented the Board Assurance Framework (BAF) report, advising that this has been discussed at a number of fora, including Board level Committees. The organisation is on track with the agreed timelines for all four Strategic Objectives. All Planning Objectives are also on track; an interactive dashboard is available for Members to interrogate should they wish.

Decision: The Board **TOOK ASSURANCE** on areas giving rise to specific concerns and **NOTED** the revised reporting date of July 2026.

PM(25)203 Refreshing the 'A Healthier Mid and West Wales' Strategy

Introducing the report, Mr Lee Davies advised that the Health Board is working on a programme of engagement to support the Strategy Refresh. He thanked the Communications and Planning teams for their commitment in this regard, particularly for their work outside normal office hours. Members heard that the Primary Care and Community Services Strategic Plan is being progressed, with Mr Lee Davies thanking Ms Paterson and her team for their contribution. It is intended to present the Strategic Plan to the January 2026 Public Board meeting. As part of taking this work forward, the Board is requested to confirm its support in principle to seek external consultancy support.

Updating on discussions with Welsh Government, Mr Lee Davies advised that some progress was being made. Welsh Government has requested that an addendum to the Programme Business Case be submitted early in the new year. Whilst this is a positive development, it involves a significant amount of work, alongside all the other programmes of work being progressed. Members were reminded that there had been an extensive discussion at Board Seminar around transport and travel challenges; this being recognised as a major issue of concern for the general public. Mr Lee Davies wished to emphasise that it is at the forefront of the Health Board's considerations.

With regard to the request to support the appointment of external consultants, Ms Harraway enquired whether this is driven by capacity or capability deficiencies. She further enquired regarding added value and the message that this request sends about the organisation's transformational change capability, if this support cannot be sourced internally. Building on this comment, Mr Imperato reported that he had attended an NHS Wales conference at the beginning of November, where one of the Cluster Leads from Pembrokeshire had given an outstanding presentation. He suggested that the Health Board does have this expertise internally, and does not need to utilise external consultants. Should the decision still be to pursue this route, he highlighted that conducting a procurement process will delay progress further. Having raised the issue of transport on several occasions, Mr Imperato welcomed the recognition of this

fundamental issue and intention for a wider plan, whilst querying the timeline for this.

In response to Members' queries around capacity and capability, Mr Lee Davies indicated that there is an element of both behind the request for additional support, although it is more to do with capacity. The issue of pace in developing the Primary Care and Community Services Strategic Plan had been highlighted when it was last discussed. Health Board staff are having to focus on delivering their substantive workload and services. Employing external consultants would also allow the organisation to draw on expertise and learning from elsewhere. However, the cost implications are recognised, and value for money would need to be given due consideration. Mr Lee Davies agreed that there is significant leadership capability within the region's Clusters; this should be embraced and enhanced with additional input and expert knowledge. In order to get different results, a different approach is needed.

Regarding transport, Mr Lee Davies emphasised that this has always been recognised as a public concern. There had been a useful discussion at Board Seminar and subsequently, the Health Board's Transport team had been requested to explore this issue further. An update will be provided to a future Board Seminar, and there will be reference to this in the report at the January 2026 Public Board. **LD**

As Chair of the Audit and Risk Assurance Committee (ARAC), Cllr. Evans requested further assurance regarding the sourcing of external consultants, emphasising the need for an open and transparent procurement process as opposed to direct award. He also queried whether there will be a 'cap' or maximum spend imposed, rather than an open-ended arrangement. Cllr. Evans wished to highlight the need for due diligence when Board is considering such contracts and added this would require Board approval. In response, Mr Lee Davies advised that procurement advice is being sought on the best way to proceed. The precise scope of the work is not yet agreed. He assured Members that advice will be taken and due process will not be circumvented. The proposal will be submitted to FPC for consideration and approval. Mr Huw Thomas confirmed that there is a defined procurement process, which will be followed for this contract. The details will also form part of the Procurement Report to Board. **LD**

With regard to Mr Imperato's first comment, Ms Paterson agreed that there are a number of impressive leaders within Primary Care Clusters. There are also various initiatives in place which are improving care for significant numbers of the population. However, this programme of work involves a significant and 'seismic' change, which will alter fundamentally the service delivery model for Primary Care and Community Services. External expertise is required to convert ideas into feasible delivery models. Mr Mark Henwood suggested that the presentation referred to was probably the most inspiring of the entire conference. It was

delivered by a Cluster Lead and practising GP, who had undertaken 38 pilot projects. The Health Board needs to identify how such projects can be spread and scaled. The organisation is fortunate to have engaged and committed clinicians; it needs to consider how it can support them to translate successful projects into day-to-day practice. When considering the availability of internal capacity, it needs to be recognised that such clinicians are also delivering their routine work.

Whilst agreeing that there is a place for external expertise, Dr Wooding emphasised that the organisation must also seek to establish internal capacity and develop the skills and experience of its own staff. Mr Lee Davies indicated that there is transformation and change capacity within the organisation; however, this is currently focused primarily on hospital-based services. Given the scale of the organisation's ambition, consideration needs to be given to its change capacity, particularly around Primary Care and Community services, and provision of this on a sustainable basis. Professor Kloer suggested that there are messages which need to be emphasised more strongly, and that there also needs to be a change in mindset. Care delivery should be focused in the community, with hospital-based care by exception. Leaders in the community want the Health Board to view them as part of the solution rather than part of the problem; this should be embraced. Whilst the organisation has a wealth of internal capability, there is a need to draw on others' specialist expertise. In particular, there will be occasions when this will be required for brief periods to bolster transformational capacity.

Decision: The Board:

- **NOTED** the findings for the strategic refresh engagement, which have already been shared with the Strategy and Planning Committee, along with the progress update on work to date
- **NOTED** the updated capital position following discussions with Welsh Government
- **ENDORSED** the approach to **SUPPORT** in principle, subject to funding availability, an open, fair and transparent procurement exercise (which complies with the mandated procurement process) to seek consultancy support for the Primary Care and Community Services strategic plan, recognising this will need Board approval
- **ENDORSED** the approach to present the strategic refresh in draft form for Board approval in January 2026, with a final version for publication to follow
- **NOTED** the work underway towards the completion of an addendum to the AHMWW Programme Business Case, with the intention of presenting back to Public Board in January 2026

PM(25)204 A Healthier Mid and West Wales Community Schemes Update

Mr Lee Davies introduced the ‘A Healthier Mid and West Wales’ Community Schemes report, reminding Members that these schemes represent a key element of the Strategy and service delivery model. Regular updates have been provided to SPC and the Board, with this report providing an overarching update on the larger capital schemes. There are a number of smaller schemes which could have also been included, such as the Sexual Assault Referral Centre (SARC) in Aberystwyth. It is recognised that the Integrated Care Centres (ICCs) offer major benefits; some are already in place, others are due to open. The Health Board also has ambitions to progress further, subject to funding availability.

Referencing the final statement, Mr Maynard Davies noted that the scope for the Cross Hands Health and Wellbeing Centre has been limited by availability of capital funding. Returning to the topic of capacity for change, and noting the number of projects being progressed, Mr Maynard Davies enquired regarding the typical amount of time between development of business case and a facility opening. Further, whether there are any discussions ongoing with Welsh Government around changing or improving the process in this regard. Also, whether there is any indication of timescale for the housing consultant to report on their findings regarding Cylch Caron. Cllr. Evans welcomed the report, congratulating the team on their achievements in progressing community schemes. It was noted that the Cylch Caron project has been underway for 20 years.

Mr Weir commended the report and expressed support for the principles therein. He agreed that the impact and value of the ICCs is significant. It appears that those schemes managed by other parties progress more slowly. Finally, Mr Weir highlighted that there are a number of schemes due to commence in Pembrokeshire, and enquired how the organisation might release funds to facilitate this. It might be necessary to think more radically, such as whether there are any Health Board premises which might be sold to raise capital. Mrs Marks wished to thank Mrs Eldeg Rosser and her team for their contribution to progressing the schemes in the report. The subject of the report is the embodiment of the organisation’s vision, and aligns with the Public Health and preventative agendas. It also demonstrates investment in and impact on local communities and represents the ideal model for the future. Like others, Mrs Marks recognised the value of ICCs, and noted that every report on this topic seems to propose a diminution of the Cross Hands scheme, which is very unfortunate. Dr Wooding shared these views, suggesting that such schemes should be seen as ‘flagships’. He would, however, like to understand the full strategic impact of these facilities, noting that the list of potential opportunities exceeds the capital available. He would also appreciate information on the total cost of developing the Cross Hands scheme to date.

Mr Lee Davies thanked Members for their comments. He agreed that the community schemes very much align with the organisation’s strategic direction, and added his thanks to the

team for their efforts and resilience in taking these forward. The Cross Hands project had gone through Outline Business Case to the latter stages of Full Business Case. Unfortunately, this had coincided with a significant inflationary increase in construction costs, which Welsh Government had felt unable to support. The Health Board is acutely aware that the local community is eager for the scheme to progress, and have been for some time. Options are being explored; however, these will involve a significant re-design of the scheme. In terms of the finances and value for money, this is challenging to assure, given that a significant of work and fees are already committed.

In response to an earlier query, Members heard that it takes a number of years to progress a scheme to opening. The route to this is not necessarily entirely linear. As has been the case with Cross Hands, situations can change, the financial environment can change. Mr Lee Davies was not aware, however, of any plans within Welsh Government to alter their processes. Regarding Mr Weir's comment, it was not necessarily felt that the Health Board would have been able to progress schemes any more quickly. Retrofitting existing facilities, such as the Carmarthen Hwb, for example, is extremely complex and costly. It was emphasised that schemes often offer more to local communities than healthcare provision, including economic benefits; the wider context should be appreciated. In terms of strategic impact, there is an opportunity to consider wider benefits for communities and the potential for working with partners on integrated facilities. With specific reference to Clych Caron, Mr Lee Davies understood that the relevant report is with Ceredigion County Council. The Health Board will continue to contribute to the process, and is committed to progressing the scheme as quickly as possible. Professor Kloer agreed that community schemes offer wider economic and social benefits. It is also important to create flexible facilities, which can be adapted to provide different services. The full strategic impact needs to be considered, including the impact of a community-focused workforce. In this space, it will be possible to learn from Mental Health and Learning Disabilities (MHLD). Professor Kloer emphasised the need for pace in this area.

Decision: The Board:

- **TOOK ASSURANCE** on progress being made around the delivery of the Community Schemes which were included within the 'A Healthier Mid and West Wales (AHMWW)' Programme Business Case (PBC) in January 2022.
- **APPROVED** the submission of a request to Welsh Government for £2.992m fees to develop a revised scope Full Business Case for the Cross Hand Scheme and **DELEGATED AUTHORITY** to the Strategy and Planning Committee to review the revised plans at the 18 December 2025 committee meeting.

PM(25)205 Property Leases

In considering the Property Leases report, Mrs Marks enquired whether the proposed move to Llys Aur is likely to negatively impact on the constructive integrated working she has witnessed on visits to the Eastgate premises. In response, Mr Lee Davies indicated that he has been assured the move would still support and facilitate integrated working. He emphasised that the teams have very much been at the forefront of the proposal; it has not been imposed on them. Noting the statement that the Health Board will be liable for 'a fair proportion of a service charge levy' at Llys Aur, Mr Maynard Davies enquired whether there are any contractual limits or cap on this. For Canolfan Rheidol, he noted that the Council have opted not to apply VAT on the rent charged; he enquired whether the Health Board have established that this is an appropriate approach, to ensure that VAT does not become payable at a later date. Mr Lee Davies agreed to seek clarification around both of these queries. **LD**

Decision: The Board:

- **NOTED** the approval status to proceed with each arrangement.
- **APPROVED** the progression of the legal arrangements, subject to clarification of queries and final agreement, to the following contract terms:
  - Llys Aur premises and Car park leases – to complete the agreements, following agreement of the legal documentation.
  - Rheidol Premises lease – to complete the lease, following agreement of the legal documentation.
  - Compass Group contracts – to complete the Deed of Variation agreements for the five facilities.
  - Sexual Assault Referral Centre (SARC) lease – to complete the Deed of Variation agreement.

Following Board approval, the Common Seal will be applied to those documents which are required to be signed under seal (in accordance with Standing Orders).

PM(25)206 Strengthening Quality Governance through Integrated Experience Reporting and Llais Report

Presenting the report, Ms Daniel indicated that the team have reflected on previous feedback and discussions at Board, noting that advances in technology provide opportunities in terms of data gathering and triangulation. It is proposed that the Improving Experience Board Report be presented on a bi-annual basis and further, that the timing be aligned to the Llais Report, as there is congruence between the two. It is also proposed that the report format be revised, to meet with requirements in terms of statutory duties. The Listening and Learning Sub-Committee will be strengthened to ensure more diverse representation and better tracking of experience 'journeys'. A report on the updated Learning Framework is due to be considered at QSEC. Increased use of digital tools is planned, together with a bilingual webpage. Whilst the proposal is for a bi-annual report to the Board, Ms

Daniel assured Members that the full Quality Assurance Dashboard will be considered at every meeting of QSEC.

Ms Ann Murphy wished to thank Llais for their report, commending the presentation of the patient voice at Board. Dr Wooding agreed that the Health Board's understanding of patient experience and that which is reported to Llais, as an external body, should be brought together for Board consideration. Ms Donna Coleman explained that in gathering feedback, Llais employ an approach of spending time with people in their communities, attending existing groups and events, such as cookery classes and organised walks. Whilst there tend to be recurring themes to feedback, these often have local nuances. The approach used is helpful in identifying this variation, together with potential solutions and actions. The majority of the information within Llais' report has been obtained via such engagement, as opposed to formal submissions and complaints. If people feel that they are being heard, and issues can be addressed at the point of engagement, they can sometimes be prevented from becoming more formal. Welcoming the Llais Report, Dr Wooding enquired whether it is considered at QSEC. Ms Daniel explained that the full report has not previously been presented to QSEC; however, it will be in future.

Decision: The Board:

- **CONSIDERED** and **ENDORSED** the proposed actions, which will enable the Health Board to meet its statutory obligations, improve service quality, and visibly demonstrate how it listens, learns, and improves in response to what matters most to patients and the public:

    - Restructuring the Improving Experience Board Report into a thematic, twice-yearly publication, aligned with statutory duties
    - Strengthening the Listening and Learning Sub-Committee's role in tracking learning and impact
    - Ensuring public transparency through accessible, bilingual reporting platforms

- **NOTED** the Llais West Wales Region Report Q1 and Q2 2025-26

PM(25)207 **Public Services Ombudsman Wales Public Interest Report and Annual Letter**

Ms Daniel introduced the Public Services Ombudsman Wales (PSOW) Public Interest Report and Annual Letter, outlining the background to receipt of both. In terms of the Public Interest Report, Members heard that a working group has been established, which includes representation from both MHLD and Llais. In addition, meetings have been arranged to facilitate engagement with other stakeholders and parties. The report and its findings were presented verbally and discussed at the previous QSEC meeting, and a further update is planned for the December 2025 meeting. The report's recommendations are accepted, and

are being actioned and progressed. The PSOW Annual Letter is as presented, with any proposed actions to be agreed and reported to QSEC.

With regard to the Public Interest Report and its findings, Dr Wooding advised that he and others had met with the families concerned earlier in the year, which had been humbling, given their experience. The Health Board was aware that the service in question was sub-optimal; however, had not addressed this fact until the PSOW had intervened, which was unacceptable. Concerns should be addressed at an earlier stage; this should be regarded as a collective responsibility. Ms Daniel advised that this topic has been discussed at various fora and that there is a follow-up meeting next week intended to share learning across the organisation. Mr Henwood wished to apologise again to the families concerned, and thank them for their continued input and engagement. The Health Board recognises that it needs to build trust with them, and appreciates their willingness to engage.

Decision: The Board:

- **CONSIDERED** the findings and **TOOK ASSURANCE** from the arrangements in place for compliance with the associated recommendations from the Public Interest Report (Case 202401728)
- **NOTED** the proposed arrangements for review of the Public Services Ombudsman Annual Letter 2024/25
- **DELEGATED** oversight of compliance assurance to the Quality, Safety and Experience Committee

PM(25)208 Ceredigion Community Mental Health Referral Pathway

Mr Carruthers welcomed Dr Warren Lloyd and Ms Becky Temple-Purcell to the meeting. Members were reminded that an urgent temporary change to the referral pathway had been agreed at Public Board in March 2025, due to significant workforce pressures. Since implementation of the change, positive feedback has been received regarding its impact. A great deal of learning has been obtained, which the Health Board is keen to use in informing the next stage of the process, and considering whether the Ceredigion pathway model might be extended across the region. As such, Board approval of a further extension to the current arrangement is sought, together with the launch of a period of engagement. Dr Warren Lloyd thanked the Board for this opportunity. Following the extension granted at the September 2025 Public Board, the MHLD team had engaged with colleagues in Primary Care. He thanked these staff for their valuable contribution and time, which had facilitated detailed and constructive discussions and specific changes to the proposals. Some concerns have been expressed, which the team has done its best to address, and Members were assured that there are sufficient channels for both service user and provider feedback.

Whilst recognising that the proposals appear logical and progressive, Dr Wooding noted that they had been ‘born out of

necessity' and requested assurance that there is full awareness of any risks and potential weaknesses, and how to mitigate these. Dr Lloyd explained that the proposed engagement would involve all stakeholders, including service users, and its findings would be presented to the Board. The need to align any future model with the wider Strategy and strategic direction is also recognised. Ms Becky Temple-Purcell emphasised that there is positivity and optimism around the potential pathway model. The new strategy around mental health across Wales offers opportunities and aligns with the principles in relation to self-directed care, range of choice and same day response. HDdUHB was one of the first health boards to fully develop and embed the 111 Option 2 service. Strengthening and building the model which has been in place temporarily is the first step towards an open access model.

In terms of risks, any move to open access brings with it unknowns around the potential for creating unprecedented demand. However, there has not been evidence of this to date; whilst demand has increased slightly, this has not been to a level which causes concern. The model will enable the Health Board to utilise resources in a more proactive way, and will assist in addressing certain challenges. It is recognised that not all service users will be receptive towards a telephone-based access model. Flexibility around this will need to be incorporated, based on any feedback from the engagement. Ms Temple-Purcell emphasised that work on the proposals has been undertaken in co-production with people with lived experience. The engagement of Primary Care and GPs has also been crucial. There has not been evidence of any significant concerns with regard to quality metrics. Mr Henwood thanked Dr Lloyd and Ms Temple-Purcell. He wished to reiterate that the work in this area has been co-produced, transformative and clinically-led, in collaboration with Primary Care and other partners. It was indicative of how changes should be made, and is being observed with interest across Wales.

Ms Murphy noted that the staff in Ceredigion had been very much involved in the process. There is no specific mention of planned engagement with staff in Pembrokeshire and Carmarthenshire, and she requested assurance that this would take place. Ms Murphy also enquired whether the number of patients being taken into EDs as a 'place of safety' is likely to reduce as a result of implementation of this pathway more widely. Thanking the team for their work, Mr Iwan Thomas queried whether staffing is likely to be an issue, noting that there have been a number of vacancies. He requested assurance around the capacity and skill-mix required to deliver the proposed model. Mr Imperato welcomed the co-productive approach, enquiring why it had been decided to propose a period of engagement rather than consultation.

In response to Ms Murphy's first query, Dr Lloyd emphasised that staff engagement and involvement is a given. The staff in MHLD are committed and essential to delivering the service, and their views must be considered. They will have as much valuable 'lived experience' as service users. One of the drivers is ensuring the

service is more sustainable, together with ensuring the Health Board is compliant with Part 2 of the Mental Health (Wales) Measure 2010. Primarily, though, the priority is ensuring that individuals can access the right care, at the right time, with the right person, to support their needs. A great deal has been learned from the temporary change in Ceredigion. The 111 Option 2 service will need to be expanded to meet the needs of the proposed pathway model and this will be an important consideration. Should implementation across the region be approved, a phased approach would be taken, with learning from each phase applied to the next. 111 Option 2 would be the key service affected, and is already part of the change process. In terms of capacity, the team would need to continue to monitor performance and response rates, and a shift in resources may be required. With regard to ED presentations, Dr Lloyd would hope that early intervention would impact positively on these, adding that other workstreams are also focused on this issue.

Responding to Mr Imperato's query around engagement versus consultation, Ms Alwena Hughes Moakes indicated that the change involves a pathway rather than a service change. Members were assured that the Health Board has been working with both Llais and West Wales Action for Mental Health on the proposals. The duration of engagement suggested reflects the timing, allowing an extra week for the Christmas period.

Decision: The Board:

- **ACKNOWLEDGED** the work undertaken to evaluate the temporary Ceredigion Community Mental Health Referral Pathway
- **APPROVED** the further extension of the temporary pathway change within Ceredigion until March 2026
- **APPROVED** the launch of a nine week long engagement period in early December 2025 and broadening this engagement to include Pembrokeshire and Carmarthenshire, to help the Health Board better understand the potential impacts on service users and stakeholders, if the temporary referral pathway change were to be made permanent across the entire Health Board area; recognising the ongoing engagement work in Ceredigion
- **APPROVED** the suggestion that Board receive the engagement outcome in March 2026 and agree next steps

Dr Warren Lloyd and Ms Becky Temple-Purcell left the Board meeting.

PM(25)209 Director of Public Health Annual Report

Dr Gjini introduced her Director of Public Health Annual Report, at what is a time of the greatest need, highest demand and greatest pressure on the NHS. It is often the case that the health service meets patients too late in the care pathway to provide effective preventative measures. The 20/4/7 model outlined within the report builds on a number of interlinking priorities:

- Focus on the 20% most socioeconomically deprived people in the population (‘20’)
- Address four modifiable risk factors (‘4’): Smoking, poor Nutrition, harmful Alcohol use, and Physical inactivity (SNAP)
- Reduce the burden in seven priority areas (‘7’): Cancer, Cardiovascular disease, Respiratory disease, Diabetes, Mental Health, Children/Young People, and Older People

The report’s key recommendations are viewed as both ambitious and feasible. A system-wide approach to prevention would ensure that it is not left to chance. It would aim to enhance existing programmes of work; engage with the workforce to embed the philosophy of ‘Making Every Contact Count’ (MECC); emphasise leadership and accountability, empowering staff; and assure sustainable funding and ensure equality in data, by developing the bespoke Population Health escalation domain mentioned earlier. Dr Gjini concluded by highlighting that prevention should not be viewed as a separate healthcare agenda; it is the very essence of good medicine and medical management.

Whilst emphasising that the Board is entirely supportive of the approach proposed, Dr Wooding suggested that the report reads more like a proposal than an annual report. This was, however, a purely presentational observation. Dr Gjini was conscious of this, and explained that it had been a deliberate decision. Illustrative examples had, however, been included. Mr Huw Thomas highlighted the potential link between work in Public Health and prevention and the three year finance roadmap. Recognising that any reallocation of resource will impact on other services, it will be important to ensure that the potential system impact is measured in the short-, medium- and long-term, along with the benefits which might result. Whilst agreeing, Dr Wooding emphasised that this is a change which needs to be made; it is also a topic which should be discussed by the Board on a more regular basis.

Professor Kloer suggested that this is a necessity which has been building for some time, highlighting the various references to prevention already made during today’s discussions. He queried, however, whether this should be a partnership endeavour, noting that an impetus in this direction by the health sector will impact on elsewhere in public services and querying whether there is sufficient recognition in this regard. Dr Wooding agreed that strong relationships with key partners will be essential. Welcoming the commitment to MECC, Mr Gray enquired whether there has been consideration of expanding this to other areas, such as the care sector and Third Sector. Dr Gjini acknowledged the need for a partnership approach, emphasising that this is the intention. In response to Mr Gray’s query, she advised that this has already begun, via the Carmarthenshire Public Services Board, utilising opportunities such as visits to the elderly by the Fire Service.

Decision: The Board **CONSIDERED** and **ENDORSED** the HDdUHB Director of Public Health Annual Report 2025 and join

the Director of Public Health in recognising the recommendations outlined therein.

PM(25)210 Urgent and Emergency Care Update

Dr Clive Weston, Dr Karen Brown, Dr Vicki Hughes, Mr Peter Skitt, Ms Anna Chiffi, and Ms Nerys Lewis joined the Board meeting.

Dr Wooding welcomed attendees for this item to the meeting, reflecting on the importance of this issue and the need for a clear direction of travel. He felt that UEC is an area where there is a conflict in delivery between the dedicated and committed clinicians and the chaotic, albeit challenging environment in which they are working. Multiple factors are at play, including resource, environment, circumstances and demand. Patient experience is, in some cases, exceptional; in others, poor. In view of all this, Dr Wooding felt that it was important to facilitate a more comprehensive discussion around potential actions and solutions.

Mr Carruthers was grateful to the Board for extending an invitation to staff who are closely involved in the delivery of UEC. He outlined some of the performance metrics and background information involved, all of which highlight a number of inconsistencies. Some of these are as basic as a patient presenting with a specific condition on one day having a different experience to another patient presenting with the same condition on another day. It is hoped that the presentation to Board will serve to demonstrate both the staff and patient perspective of UEC at HDdUHB. Mr Carruthers wished to thank all the staff working tirelessly to deliver quality care under extremely difficult circumstances. He also thanked the Communications team for creating the video being presented at short notice. Ms Nerys Lewis introduced the video, in which 11 members of Health Board staff gave their experience of a good day and a bad day in ED.

Following the video, Ms Lewis emphasised that the priority for staff is providing safe, dignified care in the correct environment. Delivering care in corridors is not what anybody wants; however, demand and patient flow are extremely challenging. Factors which influence this include people presenting to the ED when this is not appropriate or necessary, and the lack of a 7 day service. Patients waiting in ambulances is also unsatisfactory but unavoidable, given issues with patient flow. Delivering quality care and good patient experience in these conditions is extremely challenging. Dr Clive Weston explained that one of his roles within the Health Board is to investigate complaints and concerns. He shared with the Board (with the permission of the patient concerned) a presentation outlining a pertinent clinical case study. Mr Peter Skitt explained that the video, presentation and feedback reflect the environment and circumstances in which UEC staff are providing care.

Thanking staff for their helpful input, Dr Wooding indicated that, whilst there was not necessarily any specific individual to blame

for the experience in the case study, it was, nevertheless, sub-optimal. Mr Henwood counselled that the experience described should not be viewed as unusual, suggesting that this was more common than not, and rapidly becoming normalised. He expressed concern that a number of staff in the video had identified a ‘good day’ as one where there were sufficient staff. Mr Henwood suggested that staff being provided with the resources required to treat patients and do their job should be the minimum expectation rather than viewed as ‘good’. It is vital that clinicians be offered the opportunity to tell the Board how it can support them to deliver care.

Cllr. Evans suggested that the case study is very sobering, and that it represents only one of many similar patient experiences, which are often recounted to Independent Board Members. The video describes many aspects, along with a number of recurrent themes. With regard to the recent initiative around 45 minute ambulance handovers, Cllr. Evans enquired whether there is evidence that this is moving the issue elsewhere by filling ED corridors. Also, what staff feel is the limit or ‘breaking point’ and whether this is being or has been reached. Finally, he asked staff for their views on the enhancements or improvements which are needed. Dr Wooding emphasised the need for a system-wide perspective, rather than isolated ‘fixes’. Mrs Marks agreed that the video and presentation are sobering. She also enquired what actions could be taken to make the most difference, and whether a holistic lens has been applied, to consider the impact of one element on another. She concluded by thanking all of those who work in ED and emphasising the need to consider the wellbeing of staff also. Mrs Marks echoed the view that the situation where a ‘good day’ is one characterised by having sufficient staff should not be tolerated.

Mrs Patel agreed that there needs to be a focus on system solutions. Managing excessive demand on a regular basis is impacting on staff. She enquired regarding the support being provided to them, highlighting that the Health Board is duty-bound to meet its professional obligations in this regard. Building on this, and viewing the case study from a clinical perspective, Ms Daniel noted the need to support clinicians to make the correct clinical decisions and balance risks. Mr Skitt felt that it was important to recognise that the patient in the case study did require ED and hospital care. The issue is ensuring patients are able to access the services they need in a timely fashion.

In term of service provision model, Dr Karen Brown indicated that there is a capability challenge in balancing demand with professional ability, skill set, etc. It also requires the ‘shifting’ of more care into the community. She echoed that in the case described, the patient did need to be in ED/hospital. The integrated UEC model previously outlined could account for around 50% of current ED activity. The other issue demonstrated in the case study is inequitable access to services. There needs to be a 7 day service; a topic which will be revisited at a future Board

meeting. One of the key requirements is ‘right-sizing’ staffing models. In the example given, it had also proved difficult to identify a suitable space to talk to the patient and maintain their dignity and privacy, examine the patient and administer safe treatment. As a result, the care that the individual was able to receive was compromised.

There is a need to think differently about how care is delivered. Rather than being site-focused, as is the case currently, a more appropriate model may be around the patient care journey, taking into account specialty care pathways. This will necessitate effective communication between community and acute teams. There are also opportunities for delivering care differently, with more focus on multi-disciplinary teams within the community. Clinicians are keen to move to a specialty care pathway model. This will also involve consideration of the region’s population health requirements and ensuring the clinical establishment is ‘right-sized’ to align. The organisation will need to evaluate how this is enabled within the financial resources available. Mr Skitt noted that it is also important to consider the Health Board estate, and the impact of this on service provision.

Dr Vicki Hughes wished to emphasise that she enjoys working in ED, despite the challenges this presents. She is able to work alongside exceptional people; however, for multiple reasons, they are struggling to deliver the care they want to. Whilst the situation is challenging throughout the NHS, HDdUHB does have a unique set of challenges around its geography and demographics. Healthcare now is increasingly specialised; however, it is not realistic for HDdUHB to deliver every specialty on every site. Unfortunately, not doing so potentially impacts on its ability to recruit staff. This, in turn, impacts on the level of experience of the staff body, and the ability to supervise juniors and facilitate ‘grow your own’ programmes, for example. There is no easy solution to this issue. In addition, the Health Board is operating within a constrained financial environment, requiring demonstrable value for money and patient outcomes.

All staff are committed to delivering excellent patient care. The question is how and how long this commitment can be sustained, if no change is forthcoming. Whilst the initiative around 45 minute ambulance handovers had presented challenges, Dr Hughes emphasised that ED does not work ‘in a silo’. Staff understand that ambulances are needed to respond to patients in the community. Equally, the challenges involved in discharging patients safely are recognised. Discharging patients before they are ready, to improve patient flow, is both sub-optimal care and counter-productive. However, discharge involves provision of services wider than healthcare, including social care packages. There is an ever-growing demand, a situation which will not change, and collaborative working is required.

Whilst to the outsider, ED may look chaotic, Dr Hughes stated with confidence that it is not. Via the triage process, the lead clinician

and nurse will have an understanding of every patient in the department, in terms of clinical risk. Whilst all staff are human, Dr Hughes reiterated that staff are committed to delivering their absolute best. As has been indicated previously, up to 50% of ED attendees could have their care needs better met elsewhere. There is a need and a place for clinical prioritising and streaming; however, if services are not available or accessible (for example at weekends), patients need to stay in EDs. Mr Skitt suggested that the main issues are how the 'shift left' is achieved; how the potential 'double running' this will necessitate can be delivered; and how a 7 day service can be implemented. The team hope to present potential plans and actions to the next Board meeting.

Dr Wooding agreed that this information is required, noting that the team has already started to articulate potential models. He indicated, however, that changes are likely to meet resistance from some quarters, and any proposals must be data-driven and evidence-based. Mr Skitt recognised that the Health Board will need to work with the population. Ms Anna Chiffi felt that it was important to recognise the wealth of experience, skills and expertise within the Health Board's community-based staff. The skills, competencies, training and enhanced workforce establishment to facilitate 7 day provision will be crucial to delivering any new service model. This will enable in certain cases the maintaining of care at home and avoiding hospital admission. In addition, patients who have historically needed acute care in hospitals could be managed in the community, and enhanced community-based skills will also facilitate earlier patient discharge.

Mrs Gostling was struck in particular by comments around the need to build workforce resilience in the community. She reminded Members of the successful work undertaken to stabilise the nursing workforce, and approach to this. It is clear that a defined workforce plan is needed for the community workforce and the skills required therein, rather than the 'piecemeal' approach based on non-recurrent funding which has been applied to date. This focus would allow the achievement of much more. Thanking the team for sharing their input, Mr Huw Thomas agreed regarding funding and the need for more flexibility. There is a need to move resources from areas which are delivering sub-optimal outcomes to where they will have most impact. He emphasised, however, that these decisions are 'within the gift' of the CCGs. There are various ways in which budgets could be allocated (by site, patient cohort, care pathway); however, whichever is selected will result in silos and will be imperfect. The principle of collective leadership and behaviours in applying this flexibility, is the more important issue. Mr Huw Thomas was more concerned about the workforce implications of 'double-running' than the financial implications, particularly in view of the recruitment challenges in meeting the current workforce establishment.

Professor Kloer thanked the team for attending and articulating experiences and opinions which it is important for the Board to

hear. He also wished to thank, on behalf of the Board, the wider ED staff for their contribution and commitment, recognising the challenges they face on a daily basis. Professor Kloer also apologised to the public for any inconsistency in patient experience. In terms of the 'driver for change', the demographic prediction is of particular significance, with an increasingly aging population and fewer economically active younger people. It was suggested that the weekly 'pattern' of performance in ED is relatively predictable and cyclical. This pattern needs to be broken. Professor Kloer felt, however, that the team's view around the potential solutions is broadly aligned to the Board's. The key will be to identify priorities and actions which are most impactful. Courageous clinical leadership will also be required.

Dr Hughes emphasised that there is widespread agreement and acceptance of the need to move resources into the community in the long-term. In the short-term, steps need to be taken to ensure that the public feel confident they will receive the care that they need when they need it. There is overcrowding in EDs; ambulances are waiting; patients are not necessarily in the correct clinical 'space'. All contribute to delays in care. The ratio of staff to patients is also insufficient, with HDdUHB being an outlier in this respect. Addressing the issues in ED will require significant investment in capacity, physical space, staff, and wrap-around support services (laboratories, imaging, etc) available across 7 days. Patient flow is also a significant factor, with discharge again needing to be on a 7 day basis.

Dr Brown felt that the team does have a vision and plan, which is incremental in nature. There needs to be consideration of short-term measures to achieve the long-term aspiration. To achieve this, an incremental reduction in pressure on the acute sites is required. The integrated UEC model includes the tools to facilitate this, including clinical streaming, alternative sites for accessing care, such as Same Day Emergency Care (SDEC) centres and Primary Care. in addition, the medical workforce plan needs to be modernised and sufficiently robust. Dr Brown agreed that, currently, the UEC service provision is not equitable across the week. Professor Kloer advised that HDdUHB's ED medical staffing model is very different to others, primarily as a result of the Health Board's configuration. The impact of this on staffing numbers needs to be recognised.

Dr Wooding concluded discussions by expressing the view that the Health Board is getting better at listening to its clinicians; a trend which needs to continue, given their undoubted expertise. He thanked the team again for their contribution to the meeting and recognised the challenge moving forward, especially as the Health Board also has financial duties to achieve.

Decision: The Board **NOTED** that, whilst the system is moving in the right direction, the data shows that fragility remains, with a requirement to improve 7 day coverage, with sustained focus and

cross-system collaboration being essential to achieve lasting change.

Dr Clive Weston, Dr Karen Brown, Dr Vicki Hughes, Mr Peter Skitt, Ms Anna Chiffi, and Ms Nerys Lewis left the Board meeting.

PM(25)211 Nurse Staffing Levels (Wales) Act: Annual Presentation of Nurse Staffing Levels

Ms Daniel introduced the Nurse Staffing Levels report, offering to provide newer Board Members with additional context around the requirements of the Act outside the meeting, should this be required. She outlined the findings of the report, changes made to staffing levels to ensure compliance and the reporting process. There were no queries raised in relation to this.

Decision: The Board **TOOK ASSURANCE** that:

- Hywel Dda University Health Board (HDdUHB) is meeting its statutory 'duty to calculate' responsibility in respect of the nurse staffing level in all wards that fall under the inclusion criteria of Section 25B of the Nurse Staffing Levels (Wales) Act 2016
- HDdUHB is meeting its statutory duty to provide an annual presentation to the Board of the detail of the nurse staffing levels
- HDdUHB is meeting its statutory duty under paragraph 21 of the statutory guidance to inform patients of the nurse staffing levels, for each individual ward to which S25B to S25E of the Act pertain

PM(25)212 Report of the Audit and Risk Assurance Committee

Cllr. Evans, ARAC Chair, presented the update report from the meeting held on 14 October 2025, noting in particular the 'Advise' items around Limited Assurance rated Validation of Emergency Department Waiting Time Data and Human Tissue Authority Internal Audit reports.

Decision: The Board:

- **NOTED** the items the Committee is advising it of
- **TOOK ASSURANCE** from the items that the Committee is providing assurance on

PM(25)213 Report of the Quality, Safety and Experience Committee

Mrs Eleanor Marks, QSEC Vice-Chair, presented the update reports from the meetings held on 9 October and 4 November 2025, noting that all 'Advise' items have already been discussed.

Decision: The Board:

- **NOTED** the items the Committee is advising it of
- **TOOK ASSURANCE** from the items that the Committee is providing assurance on

PM(25)214 **Report of the Finance and Performance Committee**

Mr Imperato, FPC Chair, presented the update report from the meeting on 21 October 2025, indicating that all pertinent issues have already been discussed. A number are due for further scrutiny at the next FPC meeting.

Decision: The Board:

- **APPROVED** the award of an All-Wales Standard and Custom Procedure Packs Framework Agreement for the period 1 January 2026 to 31 December 2030, with the option to extend to the 31 December 2031. This framework agreement will have onwards submission to Velindre NHS Trust (as hosts of NHS Wales Shared Services Partnership) and Welsh Government for approval.
- **APPROVED** the award of Insourcing of Theatre Scrub Team to (provider, value and contract term to be confirmed prior to Board). This contract will have onwards submission to Velindre NHS Trust (as hosts of NHS Wales Shared Services Partnership) and Welsh Government for approval.
- **NOTED** and **APPROVED** the Health Board has a cumulative current contract value which exceeds £1 million including VAT with Circle Health Group (BMI Werndale).
- **NOTED** and **APPROVED** the Health Board has a cumulative current contract value which exceeds £1 million including VAT with Spa Medica.
- **NOTED** and **APPROVED** the Health Board has a cumulative current contract value which exceeds £1 million including VAT with Healthcare Business Solutions.
- **NOTED** and **APPROVED** the award of an Insourcing of Dermatology Procedures contract for the period 1 August 2024 to 31 March 2025 with the option to extend to the 31 March 2027. This contract was not previously put to Board as, excluding VAT, it was below £1 million.
- **RESPONDED TO** the items that the Committee is alerting them to
- **NOTED** the items that the Committee is advising them of
- **TOOK ASSURANCE** from the items that the Committee is providing assurance on

PM(25)215 **Procurement Report**

Mr Huw Thomas introduced the Procurement Report, advising that certain contracts are presented to the Board due to their cumulative spend being in excess of £1m. He also explained the reason for benchmarking against Scotland, due to their utilising a national procurement approach also. Benchmarking can, however, be time-sensitive for certain contracts, due to inflation on food being particularly high recently, for example.

Decision: The Board:

- **APPROVED** the award of an All-Wales Standard & Custom Procedure Packs Framework Agreement for the period 1 January 2026 to 31 December 2030, with the option to extend to 31 December 2031. This framework agreement will have onwards submission to Velindre NHS Trust (as hosts of NHS Wales Shared Services Partnership) and Welsh Government for approval.
- **APPROVED** the award of an All-Wales Bread, Milk, Baked Goods and Dairy Agreement for the period 1 January 2026 to 31 December 2030, with the option to extend to 31 December 2031. This framework agreement will have onwards submission to Velindre NHS Trust (as hosts of NHS Wales Shared Services Partnership) and Welsh Government for approval.
- **APPROVED** the award of ASD for the period 1 January 2026 to 31 December 2030, with the option to extend to 31 December 2031. This contract will have onwards submission to Velindre NHS Trust (as hosts of NHS Wales Shared Services Partnership) and Welsh Government for approval.
- **APPROVED** the contract change notice for Insourcing of First Outpatients Appointments – South Wales for the period 1 January 2026 to 31 December 2028 with option to extend to 31 December 2030. This contract will have onwards submission to Velindre NHS Trust (as hosts of NHS Wales Shared Services Partnership).
- **APPROVED** the award of a Multi-Disciplinary Design Team for the BGH Fire Improvement Scheme for the period 1 December 2025 to 26 April 2029. This contract will have onwards submission to Velindre NHS Trust (as hosts of NHS Wales Shared Services Partnership) and Welsh Government for approval.
- **NOTED** the Health Board has a cumulative current contract value which exceeds £1 million including VAT with Circle Health Group (BMI Werndale).
- **NOTED** the Health Board has a cumulative current contract value which exceeds £1 million including VAT with Spa Medica.
- **NOTED** the Health Board has a cumulative current contract value which exceeds £1 million including VAT with Healthcare Business Solutions.
- **NOTED** the award of an Insourcing of Dermatology Procedures contract for the period 1 August 2024 to 31 March 2025 with the option to extend to 31 March 2027. This contract was not previously put to Board as, excluding VAT, it was below £1 million.

PM(25)216 **Report of the Strategy and Planning Committee**

Mr Weir, SPC Chair, presented the update report from the meeting on 30 October 2025. He advised that most of the issues have already been discussed, with the exception of the emerging capital risk. Associated with this is the appended list of capital schemes, for which application of the Common Seal is requested.

Decision: The Board:

- **APPROVED** application of the seal for all schemes listed
- **NOTED** the items the Committee is advising it of
- **TOOK ASSURANCE** from the items that the Committee is providing assurance on

PM(25)217 Report of the People, Organisational Development and Culture Committee

Mrs Marks, PODCC Chair, presented the update report from the meeting on 4 November 2025, highlighting that the Committee had recommended for Board approval the Social Partnership Duty Annual Report. There had been several items deferred from the meeting, prompting agreement that approval from the Chair must be sought in the future for this course of action.

Decision: The Board:

- **APPROVED** the Social Partnership Duty Annual Report 2024-25
- **TOOK ASSURANCE** from the items that the Committee is providing assurance on

PM(25)218 Social Partnership Duty Annual Report 2024-2025

Dr Gjini advised that this is the first such report presented to the Board. It has been subject to the required due process. Ms Murphy thanked the team for working with staff, highlighting that HDdUHB has a positive record of collaborative working, which allows early identification and resolution of potential issues.

Decision: The Board **APPROVED** the Social Partnership Duty Annual Report 2024-2025

PM(25)219 Report of the Health and Safety Committee

Ms Murphy, Health and Safety Committee (HSC) Chair, presented the update report from the meeting on 11 November 2025, highlighting the two 'Advise' items.

Dr Wooding queried whether there is a potential correlation between poor manual handling training compliance and levels of sickness absence due to musculoskeletal issues.

Decision: The Board:

- **NOTED** the items that the Committee is advising them of
- **TOOK ASSURANCE** from the items that the Committee is providing assurance on

PM(25)220 Report of the Charitable Funds Committee

Mr Iwan Thomas, Charitable Funds Committee (CFC) Chair, presented the update report from the meeting on 16 September 2025. Three items had been presented for funding approval, and the Committee had also received feedback around the positive

impact of funding. Mr Iwan Thomas wished to thank all of those who fundraise and donate for their valuable efforts.

Decision: The Board:

- **TOOK ASSURANCE** from the items that the Committee is providing assurance on

PM(25)221 Report of the Digital, Data and Innovation Committee

Mr Maynard Davies, Digital, Data and Innovation Committee (DDIC) Chair, presented the update report from the meeting on 7 October 2025, indicating that there are no 'Alert' or 'Advise' items.

In response to a query around the Radiology programme implementation, Mr Huw Thomas confirmed that this is scheduled to 'go live' the weekend of 29/30 November 2025. An update can be provided to a future Board meeting. **HT**

Decision: The Board:

- **TOOK ASSURANCE** from the items that the Committee is providing assurance on

PM(25)222 Committee Update Reports

Introducing the Committee Update Reports, Mrs Wilson highlighted that there were a number of 'Advise' items for noting.

Decision: The Board:

- **RECEIVED** the update reports in respect of work undertaken on behalf of the Board at recent Committee meetings
- **RECEIVED** the update report in respect of the In-Committee Board meeting
- **RECEIVED** the update reports in respect of recent Advisory Group meetings
- **NOTED** the items that it is being advised of
- **TOOK ASSURANCE** from the items that it is being assured on

PM(25)223 Joint Committees and Collaboratives

Professor Kloer introduced the report, highlighting that the Mid Wales Joint Committee for Health and Care (MWJC) report describes the progress made on various areas of activity. The recent Rural Health and Care Wales Conference had been excellent. Members heard that it is intended to revisit the priorities set by the MWJC some time ago. There had been a meeting of the Joint Commissioning Committee (JCC) on 25 November 2025. Mr Lee Davies, who had attended this meeting, drew Members' attention to two issues which had been discussed. Firstly, regarding EMRTS and the recommendation regarding additional provision. Work which had been paused during the recent Judicial Review will now recommence; the importance of the aforementioned recommendation is recognised. Secondly, JCC's financial forecast is considerably in excess of the original plan

(£7.7m). It is unlikely that this will position be recovered, which will place additional pressure on health boards. The JCC funding allocation was in excess of inflationary uplift; however, expenditure is still exceeding this level.

Decision: The Board:

- **RECEIVED** the updates in respect of recent Joint Commissioning Committee (JCC), NHS Wales Shared Services Partnership Committee (NWSSPC) and Mid Wales Joint Committee for Health and Care (MWJC) meetings.
- **APPROVED** the updated JCC Standing Orders for inclusion at Schedule 4 of Hywel Dda University Health Board Standing Orders.
- **APPROVED** the updated All Wales Individual Patient Funding Request policy for adoption from 1 December 2025.

PM(25)224 Statutory Partnerships Update

Presenting the Statutory Partnership Update Report, Ms Paterson indicated that the Regional Partnership Board (RPB) continues to redefine its purpose to reflect increased responsibility to the communities it serves. It also seeks to move away from the current over-reliance on short-term funding. Professor Kloer will be joining the RPB as the Health Board's representative. With regard to the Public Services Boards (PSBs), Dr Gjini highlighted Food Resilience workshop in Ceredigion and Carmarthenshire PSB's consideration of the regional structure options paper. Pembrokeshire PSB had also considered the latter; however, did not support development of a regional PSB at this time. Pembrokeshire PSB intends to invite the Future Generations Commissioner to a future meeting.

Mr Maynard Davies noted the RPB ambition to establish a regional digital strategy, requesting assurance that the Health Board would be involved in any such discussions. Mr Huw Thomas confirmed that this would form part of the various programmes of regional work.

Decision: The Board **TOOK ASSURANCE** that the Health Board is working effectively with Statutory Partners in order to meet the required obligations as laid out by the Well-being of Future Generations (Wales) Act 2015 and the Social Services and Wellbeing (Wales) Act 2014.

PM(25)225 Any Other Business

There was no other business reported.

PM(25)226 Healthcare Inspectorate Wales Annual Report 2024/25

The Board **NOTED** the Healthcare Inspectorate Wales Annual Report 2024/25.

PM(25)227 Llais Report

As discussed under **PM(25)206**.

PM(25)228 **Board Annual Workplan**

The Board **NOTED** the Board Annual Workplan.

PM(25)229 **Date and Time of Next Meeting**

9:30am, Thursday, 29 January 2026