Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

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

Date of Meeting:	**09:30, Thursday 29 May 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) Ms Anna Lewis, Independent Member (Community) Ms Ann Murphy, Independent Member (Trade Union) Mrs Chantal Patel, Independent Member (University) 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 Ms Donna Coleman, Llais West Wales (part) Mr Michael Gray, Director of Social Services and Housing, Pembrokeshire County Council Dr Eiry Edmunds, Deputy Medical Director (part) Dr Senthil Kumar, Consultant Physician (part) Ms Sara Davies, Graduate Trainee (observing) Ms Clare Moorcroft, Committee Services Officer (Minutes)

Minutes Ref.	**Item**	**Action**
PM(25)71	**Welcome and apologies**	
	Dr Neil Wooding, Health Board Chair, welcomed everyone to the Public Board meeting, particularly Ms Sarah Harraway, attending her first meeting as Independent Board Member (Community). It was also noted that this was Ms Sharon Daniel's first Board meeting since her appointment as Executive Director of Nursing, Quality and Patient Experience and Mr Mark Henwood's first	

Board meeting since his appointment as Executive Medical Director. Members heard that there would be additional attendees joining the meeting for the Clinical Services Plan Update item.

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

No apologies for absence were received.

PM(25)72 Declaration of Interests

Mrs Eleanor Marks advised that she had been appointed as the Wales member for the Professional Standards Authority (PSA) from 1 May 2025. Whilst she did not believe this presents any conflict of interest, she suggested that it be recorded.

PM(25)73 Minutes of the Public Meeting held on 27 March 2025

RESOLVED – that the minutes of the meeting held on 27 March 2025 be approved as a correct record.

PM(25)74 Matters Arising and Table of Actions from the Meeting held on 27 March 2025

An update was provided on the Table of Actions from the Public Board meeting held on 27 March 2025. Confirmation was received that outstanding actions had been progressed. In terms of matters arising:

PM(25)51 – Mrs Joanne Wilson advised that the Regional Pathology Operational Delivery Network transitional Memorandum of Understanding (MOU) remains unsigned at present. There are Information Governance issues which are being addressed; once resolved, this action will be taken forward.

PM(25)75 Minutes of the Corporate Trustee Meeting held on 27 March 2025

RESOLVED – that the minutes of the Corporate Trustee meeting held on 27 March 2025 be approved as a correct record.

PM(25)76 Report of the Chair

Dr Wooding presented his report on relevant matters undertaken since the previous Board meeting. The report suggests his objectives for the 2025/26 year have been confirmed; however, this is not quite correct. Dr Wooding has provided input with regard to his objectives and will meet with Independent Members (IMs) to discuss how these will influence their objectives for the year. Once this process has taken place, the Chair's objectives will be confirmed with Welsh Government. Dr Wooding

congratulated Mr Michael Gray on his re-appointment as Social Services Representative for a period of one year.

Mrs Lisa Gostling advised that the Organisational Development team will be taking steps to engage with the workforce with regard to the Organisational Values Refresh.

Decision: The Board:

- **SUPPORTED** the work engaged in by the Chair since the previous meeting and noted the topical areas of interest.
- **ENDORSED** the draft New Approach to Volunteering in Wales Framework.

PM(25)77 **Report of the Chief Executive**

Professor Philip Kloer wished to congratulate Ms Daniel and Mr Henwood on their appointments to substantive roles, welcoming their continued contribution to the organisation. He introduced his report on relevant matters undertaken since the previous Board meeting, drawing Members' attention to the recent Joint Executive Team (JET) meeting with Welsh Government and the letter received subsequently, included as an appendix. This provides detail regarding a number of important matters, which are summarised in the main report. The correspondence from Welsh Government reflects on progress made by the Health Board, along with areas for further improvement and references the Annual Plan, which will be discussed later on the agenda. Professor Kloer's report also requests Board's formal approval for ending the temporary service change at Angharad Ward in Bronglais Hospital (BGH). He wished to record his thanks to the team at BGH for facilitating this reinstatement of service. There is also an update on the Ceredigion Mental Health and Learning Disabilities (MHLD) service change, and a request for approval of a Deed of Variation in regard to the Wales Interpretation and Translation Services (WITS).

Cllr. Rhodri Evans welcomed the comprehensive report. Focusing on the update with regard to Ophthalmology, he noted that nine recommendations from the 2023 Getting It Right First Time (GIRFT) Ophthalmology Review remain outstanding, with a timescale for completion of March 2026. He requested clarification regarding how these will be monitored and progress reported. In response, Mrs Wilson advised that progress will be recorded in the Audit Tracker which is considered by the Audit and Risk Assurance Committee (ARAC). Members were assured that each of the 59 recommendations had been reviewed individually, with 50 having been completed and closed. Any issues which impact specifically on quality or safety will be referred to and considered by the Quality, Safety and Experience Committee (QSEC).

Welcoming the reversal of the temporary service change at BGH, Mr Maynard Davies enquired regarding the number of patients affected during the service change. With regard to the statement around the Transforming Access to Medicines Programme, he

suggested the statement that the impact on Hywel Dda is minimal is not quite correct. There has been a substantial delay in the delivery of this programme, which is impacting on the Health Board and resulting in additional costs by virtue of the need for a temporary aseptic facility and a requirement to purchase supplies commercially. In regard to the first query, Mr Andrew Carruthers indicated that, of 400 attendances, only 3 patients had needed to be diverted from BGH. Due to their medical conditions, 2 of these were already on clinical pathways which would have required them to be taken to Glangwili General Hospital (GGH) or Morriston Hospital. Therefore, only 1 patient had been directly affected by the temporary service change. Mr Maynard Davies welcomed this information and added his thanks to all of those involved with the reinstatement of this service.

Responding to the second query, Mr Huw Thomas explained that the update relates specifically to the south east Wales Transforming Access to Medicines Programme Business Case. In this respect, the impact on Hywel Dda is minimal. Members heard that there will, in due course, be a business case for the south west Wales element. Notwithstanding the above, Mr Huw Thomas acknowledged that delays in implementation of this programme have impacted operationally and financially. Referencing the update regarding the MHLD service change, Mr Winston Weir noted a reduction in the routine referrals into the Community Mental Health Teams in Ceredigion. He queried whether this was expected, or whether it should be a cause for concern. In response, Mr Carruthers explained that the service change inherently necessitates a different referral pathway; the reduction in referrals is an intended result. Members heard that, since the beginning of March 2025, a multi-agency ‘touchpoint’ meeting has been established. This considers input and data from various sources, including patient experience and feedback. There have been no causes for concern, complaints or incidents to date; however, the situation will be monitored on an ongoing basis.

Professor Kloer advised that one item which had not featured in his report was a recent meeting between the Chair, Chief Executive and a group of families who have children with Learning Disabilities and Epilepsy. The families had recounted moving and challenging stories around their experience of healthcare. The Medical Director and Director of Nursing, Quality and Patient Experience are working with the families to explore how better to meet their needs and a report on this topic will be considered at QSEC. Mr Mark Henwood indicated that there will be a review of this area, and that a workshop is planned for next week. Dr Wooding welcomed the update, noting that he had been humbled by how families such as this support their children, for significant periods of time. Ensuring that services are configured correctly and delivering effectively will have an enormous impact for these patients and their families. Whilst their numbers may be relatively small, they have a significant need for services, and a solution must be identified. On this topic, Ms Jill Paterson noted that, for Learning Disabilities, the Health Board works closely with Local

SD/MH

Authority partners, and she would wish to ensure that any meetings or decisions include input from these partners.

<u>Decision</u>: The Board:

- **NOTED** the letter from Welsh Government following the end of year JET Meeting
- **APPROVED** the formal closure of the Temporary Service Change at Angharad Ward – Bronglais General Hospital
- **APPROVED** the 25/038: Wales Interpretation and Translation Services (WITS) Collaboration Agreement and **AGREED** to the Health Board sealing the Deed of Variation
- **ENDORSED** the Register of Sealings since the previous report on 27 March 2025
- **NOTED** the status report for Consultation Documents received/responded to
- **NOTED** Executive Team discussions

PM(25)78 **Annual Plan 2024/25 Closure Report and Annual Plan 2025/26**

Presenting the report, Mr Lee Davies advised that this serves two purposes; an update on the 2025/56 Annual Plan and a closure report in relation to the 2024/25 Annual Plan. In terms of the latter, the report summarises progress made and highlights specific items, including an end of year update on Planning Objectives (PO), all of which have been reported to their respective Board level Committees. In regard to the 2025/26 Annual Plan, Members will note the Welsh Government request that the Health Board 'go further' in its ambitions. This matter had been discussed at the April 2025 Board Seminar, and a supplementary submission made as requested. Feedback on this is awaited; it is anticipated that there will be further dialogue with Welsh Government, particularly to discuss the potential consequences of any proposals therein.

Referencing the Planning Objectives update, and PO7 (Primary Care Strategy) specifically, Mrs Chantal Patel noted that the status of this is recorded as 'Behind'. Also, in respect of the statement around insufficient engagement and attendance, she requested further clarification and assurance. Mr Maynard Davies noted the brief paragraph with regard to Urgent and Emergency Care (UEC) and enquired whether it is intended to expand the Hospital@Home initiative to the other counties of Hywel Dda. Mr Winston Weir had two queries around the financial outturn and savings schemes; the latter with regard to balancing the financial challenge with the operational impact of limiting investment. Dr Wooding suggested that Mr Weir's queries be considered during the next agenda item.

With regard to Workforce Stabilisation, Mrs Gostling wished to address rumours which were circulating that the Health Board does not have sufficient placements for trainees; assuring Members and those watching the Board meeting that these are unfounded. Mrs Marks felt that the organisation's staff should be

commended for their efforts in reaching this point, particularly in regard to progress against de-escalation.

Returning to an earlier comment around POs, Mr Lee Davies emphasised that the organisation strives to be open and transparent regarding the delivery of these, and tracks progress in this regard. POs cover broad remits, and a one word description of their status can be restrictive and non-representative. He reminded Members that there are regular detailed updates to both Committees and the Board, suggesting that the 'story' behind PO status is often more extensive. Consideration could be given to a more sophisticated process for updating progress. Welcoming this context, Ms Paterson emphasised that the update represents an honest reflection on progress. She explained that the original timescale for this work had been revised, in order to secure the engagement considered necessary. Clinical engagement is vital to the process, and Members were assured that steps are being taken to effectively engage with the clinical workforce and Primary Care contractor professions. To this end, workshops are scheduled, at which it is hoped there will be engagement from staff in all sections of the workforce.

The need to develop alternative service models and working practices is recognised, as is the importance of the interface with Secondary Care. This involves some extremely complex discussions and considerations. Ms Paterson also emphasised that the Clinical Services Plan involves 'whole system' conversations, including Primary Care. Further updates will be provided to the Strategy and Planning Committee (SPC) and Board later in the year. Professor Kloer welcomed this helpful explanation, acknowledging that this is a complex and extensive task. He noted, however, that there are real concerns within the population regarding access to Primary Care and emphasised the need to ensure a focus on this. Ms Paterson noted whilst Access Standards governing Primary Care exist, it is recognised that patients are still experiencing and reporting issues. There is to be a meeting with colleagues in Primary Care next week, specifically to discuss access, and Members were assured that there will be a continued focus on this area.

Whilst commending the report, Mr Michael Imperato requested clarification around the final paragraph under the 'Assessment' section on page 5. Mr Lee Davies explained that the process of developing this year's Annual Plan had begun in September/ October 2024, and that it had been many months in development. Its evolution had involved consideration of individual service plans and discussions around the balance between quality, access, performance, finances, etc. The Plan's ambition is to deliver improvements across all areas, rather than in one at the expense of another. This is a delicate balance to strike. The statements in this paragraph are intended to reflect the fact that altering one component of the Plan will naturally impact upon others. Also, that there is a need to be transparent about the challenges involved in

balancing these various demands and components. This is an area which is likely to require discussion with Welsh Government.

Returning to an earlier query around the Hospital@Home initiative, Mr Carruthers confirmed that consideration is being given to expanding this to the other counties. Within the Clinical Care Group (CCG) structure, the new service director is looking at both leadership and how services and initiatives such as this can be driven forward. Dr Wooding echoed Mrs Marks' comment, thanking staff for their contribution. He emphasised that there will be alterations to the Plan, suggesting that this and future Plans will need to be sufficiently flexible to accommodate changes and external impacts during the year, over which the Health Board may have no control. He welcomed the early start to the planning process, and the integration of finances and delivery. The Plan is inherently linked to the organisation's strategic direction, and it is important to fill the perceived strategic void which he felt currently exists. It is also vital to communicate effectively with the local population. Whilst commending everyone involved, he emphasised the need for continued consistency, resilience and resolve in implementing the Plan. Dr Wooding also reiterated his previous comments around any overspend in healthcare being at the expense of other public services. The organisation needs to take every possible step to achieve financial balance and to future-proof service delivery models. The challenge involved in investing to achieve the latter, while reducing expenditure to achieve the former, was not underestimated.

Decision: The Board:

- **RECOGNISED** the significant improvements delivered in 2024/25, particularly the elimination of 104-week RTT and 52-week outpatient waits, the delivery of £31.5m savings and the de-escalation of four key areas from Targeted Intervention to Enhanced Monitoring status.
- **ACKNOWLEDGED** the scale of ambition within the approved Annual Plan for 2025/26, balancing financial recovery (£44m savings) with access and quality improvements across urgent care, planned care, cancer services, diagnostics, and primary care.
- **CONSIDERED** the Welsh Government correspondence on the Annual Plan and, in light of this, the Health Board's existing investment decisions.
- **ENDORSED** the response to Welsh Government, including the aim to de-risk the £31.5m financial plan in quarter one and to develop plans to improve upon this position in quarter two, aiming for a position which is below £30m.

PM(25)79 **Financial Report - Month 12 2024/25 and Month 1 2025/26**

Before presenting this item, Mr Huw Thomas wished to echo Dr Wooding's comment regarding the challenging financial environment and the potential impact of spending in healthcare on other public services. Members heard that there are two Financial Reports for consideration, relating to Month 12 2024/25 and

Month 1 2025/26. The Board was reminded that the 2024/25 outturn position remains subject to audit and will be finalised at the year-end Public Board meeting in June 2025 and Annual General Meeting in September 2025. In terms of changes leading to the improved position last year, Mr Huw Thomas suggested that there were four main themes:

- Improvements in the macro-economic climate, reducing inflationary pressures. Whilst this is largely expected to continue, the impact of tariffs on medication costs and National Insurance contribution rises on supply chains is not yet clear
- Nurse workforce stabilisation. This has returned a significant reduction in nurse agency expenditure; a major improvement on 18-24 months prior and the lowest on record
- Financial 'grip and control' improvements. The Financial Control Sub-Group (FCSG) evaluates all expenditure. Whilst decisions are generally made 'in the moment' there are times when further reflection or information is required, which may result in delays to the process
- Ceredigion and Pembrokeshire county systems have delivered significant improvements on their financial position

In terms of delivering the Target Control Total set by Welsh Government, the Plan had identified the savings required. The challenge is not one of cost containment, rather converting savings plans into deliverable savings. The FCSG remains in place. One major theme and challenge is Urgent and Emergency Care (UEC). In addition to the experience for patients not being optimal, this is an area which is also financially wasteful. In terms of recurrent funding (totalling £26m), a number of conditions had been attached to the Welsh Government allocation. One was achievement of the Target Control Total, which had been met. Another is for the Health Board to demonstrate a plan for improving its financial position and achieving financial balance. There is further work required in this area, and the organisation is also awaiting confirmation of the financial allocation from Welsh Government. Once received, further information can be presented to the Board.

Mr Weir wished to recognise the significant progress the Health Board has made. Referencing the In-Month: Financial Position Summary for Month 1, he highlighted the figure for Continuing Health Care (CHC) which had doubled compared with the previous month, and requested clarification of the underlying factors. He also enquired whether HDdUHB is working with other Health Boards regarding a Medical Rate Card. Noting earlier statements around the FCSG, Mr Imperato requested assurance around how this Group judges the impact of its decisions. Mr Maynard Davies indicated that his main concern was around savings plans. He reminded Members of the commitment to Welsh Government to de-risk the Plan during Quarter 1, noting that no new additional saving schemes have been identified. It was emphasised that failure to identify savings schemes will make it increasingly challenging to deliver this year's Target Control

Total. Mr Maynard Davies also queried the steps being taken to deliver Ministerial Priorities. Members were reminded that these included a further 30% reduction in nurse agency spend, reducing Health Care Support Worker (HCSW) and admin agency spend to zero, and improvements in Job Planning compliance and sickness levels. He did not feel the report provided a sense of how these will be achieved.

Mr Huw Thomas noted that the expenditure on CHC is approximately £67m per month, and that this figure can be quite volatile. There is also the 'step-change' in NI contributions, which will impact on suppliers and care homes, etc. In terms of FCSG judgements, Members were reminded that this Group is working in 'real time' and – as such – full information and context is not always available. Therefore, it is sometimes necessary to request further information from CCGs and services before decisions can be made; which can cause delays in recruitment, for example. Responding to the query around savings, Mr Huw Thomas advised that the first round of escalation meetings with CCGs has now taken place, and an additional £3m in savings schemes has been identified during that round. This will be added to future iterations of the Plan. The Health Board now has full identification of recurrent savings; the challenge for teams is to convert these from Red and Blue rated schemes to Green and Amber.

With regard to Ministerial Priorities, the intention is to present a report to the Finance and Performance Committee (FPC) and then to Board. Mr Huw Thomas was confident around the agency expenditure requirement; there has been a significant improvement in Job Planning compliance levels; sickness absence remains an area of concern which is likely to be revisited by the People, Organisational Development and Culture Committee (PODCC). Mr Henwood indicated that Job Planning compliance currently sits at around 85% and has been fairly stable at this position. All specialties lower than this have action plans in place to improve their compliance levels. Returning to an earlier query around Medical Rate Cards, Mr Henwood advised that this had been the subject of a piece of work last year. Rate Cards have been in place since 2017. The Health Board had commenced a process of engagement with its Local Negotiating Committee last year, after which it had been made aware of work taking place on a national level. However, progress on the latter has been limited, so local arrangements are being reconsidered. A report on this topic is due for consideration at a future Executive Team meeting. Mr Henwood explained that there are various complicating factors, including potential industrial action.

Ms Sharon Daniel wished to emphasise that there is communication and cross-working between the FCSG and Quality Impact Assessment Panel, with QIAs undertaken as necessary, aligned to domains of the Duty of Quality. With regard to agency expenditure reduction, Mrs Gostling advised that a detailed update had been provided to the most recent PODCC meeting. This had considered all of the workstreams for each of the professional

groups, and the progress being made. For assurance, there are no agency workers in Estates and Facilities or Admin and Clerical, so the target for zero usage in these groups is already met. The plans in place have already met the target for nursing and with the further actions planned, the Health Board will over-achieve on the 30% reduction in this group. The focus will, therefore, be on the Medical and Allied Health Professions and Health Science groups.

With regard to the underlying deficit, Mrs Marks enquired whether any work is being undertaken around productivity and whether consideration has been given to reporting on this. In terms of the link between the FCSG and quality, she observed that there are some directorates which are ranked red across all escalation domains, such as MHLD. This Directorate gave her most concern, as it is a fragile service, and she felt that the priority should not simply be saving money. Mrs Marks noted the new CCG structure and enquired around how the responsibilities for delivering quality and savings are embedding and whether any impact is being seen. Finally, she highlighted that the budget for Secondary Care prescribing is already overspent and is consistently increasing, when the equivalent budget for Primary Care is on target. She requested information on how HDdUHB's spend compares with the rest of Wales. Dr Wooding echoed this view, noting that prescribing costs represent 10% of the organisation's total expenditure. He felt that there should be further analysis of spending in this area to ensure that current levels are justified.

Mrs Patel requested assurance regarding the reliability of the costing model in ensuring delivery. Also, whether there is confidence around internal financial controls and monitoring. Dr Wooding suggested that a certain level of risk appetite and risk management actions are required around some of the highest profile risks. Responding to the various queries, Mr Huw Thomas indicated that work is currently underway on productivity reporting. This is a challenging and complex task; however, a dashboard is being developed for consideration at FPC. The Health Board is also responding to recommendations made as part of the Ministerial Action Group (MAG) review. Members were assured that this is an area where reporting will be enhanced and increased. With regard to those directorates in escalation, it remains an uncomfortable position, with too many ranked red in the various domains. There is, however, a formal and transparent framework and process in place, and a great deal of work is being undertaken to support de-escalation.

In terms of Secondary Care drugs spend, Mr Huw Thomas indicated that this is an area of challenge across Wales. National benchmarking is conducted, with the most recent report illustrating the fluctuations from year to year. The benchmarking data suggests that other Health Boards are predicting less of an increase than HDdUHB in Secondary and Primary Care drugs costs. However, it should be recognised that medicine is evolving, with increases in what medication can do, and resulting increases in demand. Members heard that a report in this area has been

presented to the Board previously; however, a further Deep Dive into prescribing is on the FPC Workplan. A report has already been provided to the Value and Sustainability Group by the Medicines Management team, which had provided assurance on how they are managing expenditure in this area. In response to Mrs Patel's query, Mr Huw Thomas described the forecasting cycle undertaken within the Finance team. A 'flash report' is produced on Day 1 of the cycle, with a forecast to the organisation provided on Day 5. This extends across the remainder of the financial year, and is referred back to as part of the next forecasting cycle, providing a constant 'learning loop' as part of the process.

With regard to MHLD and their escalation level, Mr Carruthers acknowledged that there are a number of concerns, and agreed that it is a fragile area. The temporary service change enacted at the previous Board evidenced this. Members may be aware that a former Chief Executive of a Mental Health Trust in England has been providing support to Swansea Bay UHB (SBUHB). HDdUHB has also made contact with this individual, and Mr Carruthers and the senior leadership team for MHLD have met with them. This has prompted consideration of various issues and a number of potential options. Mr Carruthers was optimistic that it will help to begin the process of developing a strategic direction and potential solutions. He has tasked the team with considering a number of specific issues.

In terms of the impact of the new CCG structure, Members were assured that this is being closely monitored. The structure is 7-8 weeks old, and Mr Carruthers is encouraged by some of the discussions with CCG leaders. He believed that the impact, for example in terms of savings schemes development, will be seen imminently; however, recognised that the key is delivery of these savings. All CCGs have taken deliberate actions to consider finances, and are keen to increase oversight, grip and control in this regard. The operational core budget is currently showing an underspend, which is an unusual position. Mr Carruthers has asked one of his senior team to take on a programme manager role and independently assess savings plans. The data from this exercise should be available soon. In summary, Mr Carruthers felt that there are early positive signs, which he hoped will begin to translate into improved performance data soon.

Whilst welcoming the discussion, Professor Kloer reminded Members that a certain level of financial performance is required to achieve this year's Target Control Total. This has not been achieved in Month 1, and (if the Month 1 trend was to continue) the outturn would be a deficit of approximately £40m. In addition, Welsh Government have indicated an expectation that the Health Board improve further on the Target Control Total; there needs to be clarity around how this will be achieved. As Mr Maynard Davies has previously indicated, historically, the organisation's track record in delivering savings has been poor. However, the CCG structure is new, with new personnel and a new approach. The

Executive Team is also considering other potential choices which might be required in order to deliver the additional savings required by Welsh Government. There is a need to be mindful of how any plans might affect quality, access and finances; together with a cognisance around the impact in the short- and medium-term. Dr Wooding emphasised that it will be another challenging year. As mentioned earlier, the organisation will need to accept that there are risks involved. Whilst ensuring that information on the impact of any changes is transparent and honest, the Health Board needs to assist its managers and staff in delivering the required savings. This will involve developing fiscal literacy skills and providing them with the guidance they require. However, savings must not be made at the expense of quality or safety. In considering the report's recommendations, Members were advised that all Budget Delegation Accountable Officer letters have now been signed.

Decision: The Board:

- **NOTED** that, following Welsh Government funding received, the Health Board's unaudited year-end financial position is £24.1m, improving on the Target Control Total set by Welsh Government of £31.55m.
- **SCRUTINISED** the Executive Delegated Officer portfolios which have overspent against their delegated budgets.
- **ACKNOWLEDGED** that an underlying deficit assessment has been undertaken and the brought forward deficit into the 2025/26 financial year is £51.1m, significantly higher than the 2024/25 forecast outturn, due to the reliance in-year on non-recurrent actions and the lack of progress made in converting to recurrent improvements.
- **TOOK ASSURANCE** from those directorates with a Level 3 escalation for Finance, Strategy and Planning, that they have sufficient actions and milestones in place to de-escalate (full details provided within the IPAR report as well as directorates listed under the alert section for the finance domain).

Decision: The Board:

- **NOTED** that the Health Board's Deficit plan is now £31.5m, with a savings target of £44.4m.
- **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.
- **TOOK ASSURANCE** that those functions which are escalated for finance have sufficient actions and milestones in place to de-escalate.
- **TOOK ASSURANCE** that there are sufficiently robust plans in place to eliminate the use of all off-contract agency, and reliance on Healthcare Support Worker on-contract agency by the deadlines set in the Ministerial Priorities.
- **RECOGNISED** and **DISCUSSED** the feedback received from Welsh Government which states that the Health Board's

Annual Plan is not supportable, in part, due to the limited financial improvement trajectory planned in 2025/26.

- **ACKNOWLEDGED** the risk of conditionally recurrent funding being withdrawn linked to Welsh Governments feedback on the Annual Plan.
- **ACKNOWLEDGED** that an underlying deficit assessment has been undertaken and that will only be reduced by robust recurrent savings delivery improvements.
- **ACKNOWLEDGED** the status update for signed Budget Delegation Accountable Officer letters.

PM(25)80 **Integrated Performance Assurance Report - Month 12 2024/25 and Month 1 2025/26**

As with the Financial Report, Mr Huw Thomas explained that there are two Integrated Performance Assurance Reports (IPARs) for consideration, relating to Month 12 2024/25 and Month 1 2025/26. In regard to the Month 12 report, Members' attention was drawn to the 'Assure' section and statements around Planned Care performance in waits of over 52 weeks and 104 weeks. There were zero new outpatient waits over 52 weeks, breaches were at their lowest point since March 2020 and the Targeted Intervention (TI) de-escalation goal was met for the first time. There were zero Referral to Treatment (RTT) waits over 104 weeks, breaches were at their lowest point since December 2020 and the TI de-escalation goal was met for the first time. There were 12,202 RTT waits over 52 weeks, the lowest since December 2020. The Month 1 report exhibits a revised format, as does the financial report. It is intended to be more forensic and targeted. Key concerns are outlined on page 3, and include MHLD, UEC and Planned Care, which has moved into the 'Advise' category for Month 1. The 'Triangulating our data' section has a slightly changed format, and will change again to align with the new escalation arrangements. Whilst recognising the need for figures and analysis in considering performance, Mr Huw Thomas acknowledged that, at the end of every statistic, is a person.

Cllr. Evans noted that there had been a slight increase in staff sickness rates and requested an update. Noting that there has been a Deep Dive into Estates and Facilities, he enquired whether this has correlated with any improvement in sickness rates. With regard to long-term versus short-term sickness rates, Dr Wooding expressed concern regarding the significant levels of long-term sickness absence. Ms Ann Murphy advised that this has been the topic of discussions at the Staff Partnership Forum and PODCC, with both having considered detailed figures on sickness absence. A high percentage of the long-term sickness is related to stress. The Staff Psychological Wellbeing Service has recently increased its workforce, in order to provide more in-house and in-person support, which has previously had to be outsourced. Mrs Gostling confirmed that Estates and Facilities has seen a significant reduction in sickness absence rates following the support process implemented. A member of the Workforce team is meeting on a weekly basis with this Directorate and targeted processes are in place to examine the staffing position.

PODCC had received a presentation on the Recovery in Nature programme, which has been shown to assist in avoiding staff sickness and helping people to recover. An exercise is being undertaken with colleagues in Public Health to examine staff sickness based on geographical location (home rather than work location). This will examine whether there are any trends or correlation between staff sickness and the epidemiology of the local population. Early findings suggest that there may be some correlation. Following on from this will be consideration of whether the Health Board needs to make changes to its Occupational Health and Staff Wellbeing Service provision. It is hoped that this exercise will be replicated across Wales. Mr Iwan Thomas welcomed the breakdown of staff sickness absence figures into short- and long-term sickness. However, the 'headline' figures were a major cause for concern, with sickness rates equating to approximately 500 staff on long-term sickness absence and the resultant impact on services. In addition to the in-house services described above, he wondered whether any thought has been given to utilising community resources which are already available, such as services which help to build resilience and wellbeing. Dr Wooding agreed that this option should be explored. **LG**

Ms Anna Lewis expressed increasing discomfort around the metrics which show a reduction in staff reporting incidents, noting that she had raised this as a concern at the previous meeting. Whilst a reduction in incidents reported might be viewed as a positive, it is possible that it reflects a 'disconnect' among staff resulting from lack of engagement, burnout, or disillusionment. Ms Lewis felt that the reasons behind this statistic should be explored. Ms Daniel agreed that the concern was valid, noting that the Staff Survey appears as a later agenda item. The results from this include a positivity score relating to patient safety which is not as high as would be desirable. The Health Board would definitely want staff to feel comfortable about reporting incidents; this is linked to organisational culture and needs to be continuously embedded and emphasised. Ms Daniel has asked her team to review this issue, including an analysis of the number of incidents reported over the past four years. A report is due to be considered at QSEC in June 2025 which will include proposed actions. Building on mention of the Staff Survey results, Mrs Gostling advised that the percentage responding positively to the question 'I feel able to report' was 72%. The positivity score drops in relation to the follow-up question of 'and I have feedback', which suggests the need to 'close the feedback loop' is the more pressing issue.

Referencing the TI target in relation to the Single Cancer Pathway (SCP) performance of more than 60% for three consecutive months, Mr Maynard Davies noted the figure of 65% for March 2025 and enquired regarding the April figure. In response, Mr Carruthers indicated that he was confident it would be between 60 and 65%. Members were reminded that reporting timescales mean that data being presented to the Board is delayed.

Professor Kloer wished to clarify that, whilst the Health Board's TI target is 60%, the national SCP performance target is 80%. He added that there is a significant programme of work in relation to Urgent and Emergency Care, reflecting the fact that the Health Board recognises that patient experience in this area is unsatisfactory. Whilst it is an extremely complex task, Members were assured that work is being undertaken. Professor Kloer emphasised that the organisation will need to develop (or start to develop) an Integrated Medium Term Plan (IMTP) later this year, in order to set out a 'route map' to financial balance. This will be partly dependent on how the Health Board approaches its performance and there will be a fine balance between the various issues and challenges which require consideration. He hoped that the impact of the new CCG structure will become evident in the coming months.

Decision: The Board **DISCUSSED** the IPAR – Month 12 2024/2025 – final position report and **TOOK ASSURANCE** on the operational delivery of mitigating actions to improve performance in the areas that have been categorised as 'alert'.

Decision: The Board **DISCUSSED** the IPAR – Month 1 2025/2026 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)81 **Improving People and Community Experience Report**

Dr Eiry Edmunds and Dr Senthil Kumar joined the Board meeting.

Ms Daniel introduced the Improving People and Community Experience Report, which covers February and March 2025 and provides an overall summary of the year 2024/25. Members' attention was drawn to the introduction of the new People's Experience Framework. Ms Daniel acknowledged that feedback should be used both to celebrate good practice, and to identify where improvements are required. As indicated in the report, CCGs will be undertaking self-assessments against the Framework and developing improvement plans. It is hoped that the Framework will be helpful in progressing work in relation to quality. The report also includes as an appendix the Arts and Health Annual Report for 2024/25. Ms Daniel wished to thank Mrs Marks for her contribution to this report and her support for the Arts and Health Programme as a whole. The main report includes feedback from recent patient experience surveys conducted by Health Board Managed Practices via the Quality Improvement Framework (QIF) element of the General Medical Services (GMS) Unified Contract. More data has been received since the report was produced, which will be included in the next report. The Civica system has been introduced into a number of Primary Care practices as part of a pilot programme, data from which will also be included in the next report.

Mrs Patel noted that communication remains a consistent theme for concerns and complaints. She queried whether the Health

Board is content to maintain the current approach for addressing this issue, or whether new methodologies are being considered. In response, Ms Daniel suggested that the new Framework should assist in this regard, and the CCG structure will also provide new opportunities to explore different approaches. The themes for concerns and complaints remain relatively consistent, and Ms Daniel acknowledged the need to consider this further. Mr Henwood stated, whilst communication is better than it has been, it is a common cause for complaint both locally and nationally. There is no straightforward solution or remedy; it is an area which will always require focus and attention.

Mr Imperato enquired whether complaints or concerns regarding communication are categorised further. It was agreed that Ms Daniel would look to provide a more granular analysis of complaints and concerns in this category. Ms Murphy noted that the Health Board's performance against the Welsh Government target for managing complaints under Putting Things Right (30 working days) has been adversely affected by the increase in cases managed under early resolution. It is unfortunate that the positive performance in resolving cases earlier is not recognised. Concerns and enquiries managed under early resolution have seen an increase of 118% from the previous year. However, this has adversely affected the performance against the 30 day target, as those complaints managed outside early resolution are generally more complex. There is a need, however, to achieve improved compliance with this timescale. Dr Wooding suggested that data from the Llais Report should also be considered.

SD

Referencing the Arts and Health Annual Report, Mr Michael Gray noted that there is only one Arts Therapist employed, and enquired whether they will provide sufficient capacity to meet the public commitment made to integrate arts into the work of the Health Board. Ms Daniel indicated that the Arts and Health team has expanded during its time. Their focus is primarily on patients and service users; however, there is also the staff wellbeing aspect which requires integration. Dr Wooding added that there should also be consideration of how the team connects with art projects and initiatives within local communities. Mrs Marks indicated that she chairs the Arts and Health Group. The team itself is small and is coordinating a number of projects which offer many benefits; attempts are being made to integrate clinical leads. Whilst this workstream is small, it is extremely important, and is the subject of an evaluation to demonstrate its value. The aim is to mainstream those projects which provide the greatest benefits.

Returning to the topic of communication, Professor Kloer echoed Mr Henwood's view that there has been significant progress in this regard. However, it is evident that there is still further work required. There are certain areas where communication is more of an issue than others, for example waiting lists and Emergency Departments. The Health Board needs to continue to test this area and consider how best to support staff in communicating effectively. Dr Wooding also highlighted the need for correlation of

‘patient personas’ (ethnic group, age, language, gender, etc) with experience and complaints data. Ms Daniel noted that these form part of the core data set for feedback and agreed that there needs to be analysis of this aspect. It was agreed that QSEC should consider this detail. **SD**

Dr Wooding concluded discussions by thanking the team for their contribution to this item.

<u>Decision</u>: The Board:

- **RECEIVED** and **DISCUSSED** the Improving Patient Experience report, which highlights to patients and to the public the main themes arising from patient feedback across the Health Board.
- **RECEIVED** the People’s Experience Framework and revised People’s Experience Survey and planned self-assessment process.
- **RECEIVED** and **APPROVED** the Arts and Health Annual Report 2024/25.

PM(25)82 **Equality, Diversity and Inclusion Taskforce**

Ms Lewis presented the Equality, Diversity and Inclusion (EDI) Taskforce report, which provides an update on work undertaken to progress this important area. Aware that there will be an appetite for further information, she committed to provide a more detailed update in the autumn of 2025. A second workshop is scheduled for a few weeks’ time. Ms Lewis recognised the need to consider how best to engage with the Health Board workforce, whilst emphasising that this must not be viewed or approached as a corporate initiative which will ultimately have no impact. To this end, she would request that every Board Member consider how both the organisation and they personally can contribute to addressing inequities. This will help to ensure the required organisation-wide momentum and collective approach. In considering the report’s recommendation, Ms Lewis suggested that it might be more appropriate to make a collective commitment to leadership and material change within the organisation, rather than simply support the work of the EDI Taskforce. Mrs Gostling’s added that, in preparation for the workshop, information regarding current EDI initiatives and approaches will be collated, for consideration of those which could be scaled-up or progressed more quickly. Relevant aspects of the Staff Survey findings will also be fed into the EDI Taskforce work. **AL/LG**

Mrs Patel welcomed this work, particularly the proposed collective commitment to change. She emphasised that there must not simply be a focus on compliance with regard to EDI, but on the culture of the organisation as a whole. In considering the issue of equity, Dr Gjini highlighted the organisation’s duty to the health of the population. The duty of equality is an obligation; however, equity is not necessarily incorporated under the protected characteristics. There are factors including socio-economic issues

leading to poverty within the region, which need to be considered in order to address equity and prevent ill health.

Dr Wooding reminded Members of the background to this agenda item and the establishment of the EDI Taskforce, which was evidence of mistrust and discrimination within the organisation. Even if challenging and uncomfortable, there must be collective ownership of this issue, together with transparency and openness. There needs to be more pace and priority applied in this area, and the currently small group of committed individuals needs to be supported and augmented. This subject should sit at the very heart of the Health Board's work.

Decision: The Board **TOOK ASSURANCE** that work requested by the Board is progressing, **SUPPORTED** the work of the Equality, Diversity and Inclusion (EDI) Taskforce and **MADE A COLLECTIVE COMMITMENT** to change.

PM(25)83 Refreshing the 'A Healthier Mid and West Wales' Strategy

Introducing the report, Mr Lee Davies indicated that the process involved intends to provide a refresh of the 'A Healthier Mid and West Wales' (AHMWW) Strategy by January 2026. Whilst a rapid process, this aims to address the strategic void mentioned earlier and support the development of plans for future years. A review of the Strategy has already been undertaken and is summarised in the report; however, it will be important to set out for Board consideration the design principles and it is proposed that a Board Seminar be utilised for this purpose. In terms of public engagement, the Clinical Services Plan (CSP) consultation findings will be of particular interest and value.

As outlined in the report, the Health Board is planning to adopt a continuous engagement approach to the 'Discover phase' of the strategy refresh, in the hope of avoiding public engagement fatigue. The platform 'Engagement HQ' will be utilised for this exercise. The Board is asked to approve the launch of the engagement; in the first instance, it is proposed that members of the public will be asked to respond to one question: "What is important for you to live a healthy life?" The second part of the report focuses on key considerations which form part of the Strategy refresh. As Members will be aware, the current healthcare system is under significant pressure; a paradigm shift will be required in the UEC model, together with a shift into community care and enhanced use of digital solutions. The level of change needed is radical and will require clinical teams to consider different models of care, in conjunction with the local population.

Mrs Marks noted that the context of the Strategy has changed significantly since it was developed in 2018. She agreed that proactive conversations with local communities are required, focusing on what they want and how this can be delivered. The core principles of care closer to home and the right care at the right time in the right place are still relevant. There is a significant

link, as mentioned, with the CSP. All of the contributory elements serve to frame the approach taken for the next five to ten years and the report had been very useful in this regard. Mr Imperato agreed that the overlap with the CSP is both interesting and intrinsic, and that the two exercises should not be 'siloed'. He welcomed the integrated approach planned. Dr Wooding agreed, suggesting that the CSP should sit comfortably within the existing and any future Strategy.

Mr Iwan Thomas welcomed in particular the commitment on page 4 around partnership working. Noting the planned utilisation of 'Engagement HQ', he requested that consideration be given to those members of the population who do not routinely use or have access to digital facilities, to ensure a cross-section of views is obtained. Mr Iwan Thomas also highlighted that settings such as the Carmarthenshire Living Well Centre, and its equivalents in Ceredigion (Lampeter) and Pembrokeshire (Neyland) offer opportunities to engage with local communities. Whilst recognising that the Health Board is involved in a number of consultation and engagement processes, Dr Wooding did not necessarily feel that 'engagement fatigue' was an issue; he suggested that the key is the manner in which engagement is undertaken. He agreed that opportunities to engage with local communities in existing settings should be explored.

With regard to UEC, Ms Lewis wished to emphasise that this is a regular topic of discussion at QSEC, with consideration of reports from regulators such as GIRFT. QSEC has unambiguously concluded that it is not possible or appropriate to simply make small adjustments to the UEC model; there needs to be a complete reorganisation. Otherwise, the system will continue to fail the population. Returning to an earlier comment, Ms Alwena Hughes Moakes assured Members that the 'Engagement HQ' digital platform will not be the only mechanism for engagement with the population. There will also be regular meetings with groups, representation at the Pembrokeshire Show and other events and other engagement methods. During the recent consultation regarding the Prince Philip Hospital (PPH) Minor Injury Unit, conversations had been held with patients in the waiting room; consideration will be given to how this model might be expanded. Mr Lee Davies echoed previous comments around the CSP, noting that this is a sub-programme of the overall Strategy. Many conversations will focus on which services are provided where; this will naturally expand into what is required for the wider Strategy Refresh engagement. Members were reminded of the 'Every Contact Counts' principle; staff should be encouraged to engage with patients and service users to obtain data and feedback.

Conscious that there has not been an opportunity to discuss in detail plans for Urgent and Emergency Care, Dr Wooding suggested that this should be an agenda item at the July 2025 Public Board meeting, and should include emerging plans for discussion and approval. Professor Kloer noted that there is a

AC

great deal which needs to be delivered in UEC this year. Dr Wooding indicated that the focus should be on providing Board endorsement of plans for the teams and individuals involved in their delivery. Agreeing, Mr Carruthers advised that a workshop on this topic, with partners, is scheduled for June 2025. The July 2025 Board meeting would, therefore, be timely in terms of an update.

Decision: The Board:

- **ENDORSED** the methodology, phasing and approach for delivering the AHMWW strategic refresh by January 2026
- **TOOK ASSURANCE** from the learning to date on how the strategy refresh will seek to undertake the delivery phase
- **NOTED** the engagement methodology which will be used to underpin the strategic refresh and continued delivery into later phases
- **APPROVED** the launch of the 'Have Your Say' webpage to begin the continuous engagement around the strategy refresh
- **DISCUSSED** the emerging thinking on the urgent and emergency care model and the links to other elements of the strategy refresh

PM(25)84 **Clinical Services Plan**

Dr Eiry Edmunds and Dr Senthil Kumar were welcomed to the meeting.

Mr Lee Davies introduced the Clinical Services Plan update report, reiterating that the current service model for the nine services identified is unsustainable. He described the extensive process undertaken thus far, which had involved survey responses from around 6,000 service users, consideration of options via an Options Development Group and testing of these options through 'check and challenge' sessions. The options had been further refined, following which the Board had supported moving to the next stage of public consultation. Preparations have been taking place for this process and Board approval is now sought for a formal launch. Mr Lee Davies emphasised that no decisions have been made; the Health Board wishes to hear from the public, service users and staff their ideas, concerns and potential alternative options.

Mr Henwood wished to thank the public and staff for their contributions to the CSP process to date, and the Health Board staff who have facilitated the process. Members were reminded of the significant service fragilities which had resulted in the need for development of the CSP. These included staffing challenges, an estate in poor condition, and an inability to recover to pre COVID-19 levels of service. All of which are contributing to the Health Board not delivering the highest possible standards of care. There are nine services covered by the CSP, and the specific reasons for their inclusion are outlined within the report. As has been indicated, the request is for the Board to endorse

enabling the formal launch of the CSP public consultation. Consultation documents have been developed, with questionnaires available both online and in hard copy. There will be a number of engagement events, which will be detailed on the Health Board website. As part of the consultation, individuals will be able to offer their opinion on the options, voice concerns and suggest alternative options. Mr Henwood drew Members' attention to the independent quality assurance process described in the report, which has been undertaken by Hugh Irwin & Co. The report also provides an update on the Urgent and Emergency Paediatrics implementation plan at Withybush Hospital (WGH).

Dr Eiry Edmunds emphasised that the Health Board's clinicians are anxious for progress and change. Services are under extreme pressure and are not delivering the performance and quality of care they can, and would wish to deliver. Services are fragile and are not sustainable; urgent change is required. Both clinicians and stakeholders are keen to progress this matter, and Dr Edmunds would welcome the opportunity for engagement with local communities. She wished to reiterate that the options being presented are suggestions, not pre-determined outcomes or decisions. The Health Board also wants to hear from the public and staff about their suggestions for potential alternatives. Dr Senthil Kumar, a specialist in Stroke Medicine, indicated that this could not have happened at a more opportune time. The service is rapidly reaching a point at which something has to change. Stroke care itself has changed significantly, and the Health Board needs to keep up with the changes. He was grateful for the proposed consideration of options and endorsed the approach being taken.

Referencing the language used in the consultation documents, Mrs Patel highlighted that service users' perspective will differ from those on the Board, and queried whether other information will provide that viewpoint. She was concerned regarding a lack of detail and assurance in the documentation. Mr Imperato reminded Members that the Health Board is somewhat constrained in terms of language by certain requirements regarding formal consultation documents. Nevertheless, he would expect that any options would be co-designed and co-produced with communities, staff and stakeholders, with communities at the forefront of the process. Noting that there is a list of public events, Ms Murphy enquired whether there is an equivalent list for staff, emphasising that staff are both service users and providers, and that they will be in a good position to assist communication with the public, if they feel that they are involved with the process. Welcoming the clinically-led process, Mrs Marks emphasised that the Board recognises the need for change highlighted by clinicians. She agreed that the organisation's staff are important advocates in this process. The need for early, clear and proactive conversations with the public and staff was underlined, which should focus on 'what does this mean for me?'

Responding to an earlier comment around a lack of detail, Ms Hughes Moakes explained that the two consultation documents

provided to Board Members in hard copy are only part of a suite of documents. This includes an ‘Easy Read’ version in both Welsh and English, a Youth version in both Welsh and English, an audio version, a British Sign Language version and versions in other languages. These will be supplemented by Teulu Jones stories and case studies relevant to each service in the CSP. Members were assured that the Health Board is absolutely committed to ensuring that options are co-designed with stakeholders. They were reminded that 6,000 questionnaire responses have already been considered and members of the public have been part of the options development process. It is recognised, however, that more engagement can be undertaken. Ms Hughes Moakes confirmed that there are staff events scheduled, and that every other opportunity will be utilised for engagement. The organisation would welcome the support and input of Trade Unions in taking forward this process and facilitating staff engagement. Mrs Gostling added that there are plans for an extraordinary Staff Partnership Forum meeting to discuss the consultation.

Cllr. Evans welcomed the external quality assurance process which had taken place. He also commended the reintroduction of the Teulu Jones family device, and the provision of documentation bilingually. Cllr. Evans enquired whether the team were content with the proposed three month consultation timeframe. Also, whether there is a recognised threshold in terms of number of responses for a consultation to be considered valid or credible. In terms of the final query, Ms Hughes Moakes emphasised the need for a realistic approach, indicating that there is no set figure in this regard. She suggested that the quality of the engagement is more important than quantity of responses. Members heard that the consultation documentation has been tested with readers’ panels and their feedback incorporated. With regard to the duration of the process, Ms Hughes Moakes explained that 12 weeks is the statutory requirement; in view of the timing, this has been extended to 13.5 weeks, until the end of August 2025.

Regarding the comment around the CSP being a clinically-led process, Mr James Severs confirmed the commitment to this, thanking all of those involved. Reflecting on the concerns voiced by clinicians regarding the fragility of services, he emphasised that this consultation is the opportunity to formally express these views, reiterating that no decisions have been made. Ms Lewis suggested that any sense of trepidation regarding what may be ahead should not be allowed to undermine recognition of the significant amount of work already undertaken. The clinical evidence base for change is clear. With specific reference to Stroke care, Ms Lewis enquired whether the contribution made by families and carers in the rehabilitation of patients has already been considered in the proposals, or whether this is an aspect on which the public should be providing input.

Dr Kumar indicated that there has been a rigorous and detailed process to consider options. There now needs to be an equally thorough process of communication with the public around how

the Health Board can provide high quality care in the future. He emphasised that this offers learning opportunities for clinicians, who often take purely a scientific and medical approach, in applying additionally a focus on empathy and kindness. Dr Edmunds confirmed that the patient and family experience and contribution needs to feed into the process, in order to ensure improved clinical outcomes. It should be recognised, however, that the region has geographical challenges which will require a balance between delivering acute services and care closer to home for chronic conditions. Mr Lee Davies agreed that the Health Board's ambitions to deliver the high-quality services it can is not necessarily conducive with its configuration or geography. This will mean that choices will need to be made.

The information as it stands does not contain all of the answers. There are details which have not yet been worked through, due to the stage of the process. Whilst it will be important to obtain as many responses as possible, it is also important to ensure that these come from a representative cross-section of the population. This will be considered and evaluated at the mid-point review. Ms Donna Coleman was grateful to see the return of the Teulu Jones family, emphasising the need for people to be able to identify with any proposals. It is also important for clinicians to be available during discussions with the public; the involvement of senior clinicians in the PPH MIU consultation had been welcomed. Dr Wooding agreed that clinical input ensures richer and more credible conversations.

Professor Kloer thanked all of those involved to date, including Board Members and other staff and stakeholders. The CSP involves nine services, each with their own risks, issues and opportunities. As has been mentioned, a number of factors will need to be balanced in developing options, which will need to form part of the dialogue with public and stakeholders. There are likely to be conflicting opinions, and some will view this process as a threat to services. The Health Board will need to be humble in its approach, be open-minded and committed to listening. It is vital that clinicians, who are in the best position to explain the rationale and need for change, are involved. Dr Wooding emphasised that all relevant parties and stakeholders must be involved. He agreed that an empathetic and kind approach is required; highlighting that the process, as well as the outcome, must be kind. Some will question the motives behind this process, and will need to be reassured regarding the rationale, timing and services selected. The overarching aim of better quality, safe, kind and sustainable services must be central to both the process and its messaging.

Members thanked Dr Edmunds and Dr Kumar for their contribution and attendance, and Ms Hughes Moakes and her team for their efforts.

Decision: The Board:

- **ENDORSED** enabling the formal launch of the Clinical Services Plan public consultation
- **TOOK ASSURANCE** from the Quality Assurance Process undertaken by Hugh Irwin & Co

Regarding the Urgent and Emergency Paediatrics Implementation Plan, the Board:

- **NOTED** the update on the Urgent and Emergency Paediatrics Implementation Plan at Withybush Hospital

Ms Donna Coleman, Dr Eiry Edmunds and Dr Senthil Kumar left the Board meeting.

PM(25)85 **Nurse Staffing Levels (Wales) Act Annual Report 2024/25**

Ms Daniel presented the Nurse Staffing Levels (Wales) Act Annual Report 2024/25, describing the purpose of this report. Members were advised that the extent to which nurse rosters are maintained is also monitored at QSEC and will be explored further at the next meeting. The report includes information on the impact of not maintaining staffing levels: for Adult Medical and Surgical Inpatient wards during the 2024-25 reporting period there were no incidents of hospital acquired pressure damage that met the threshold; there were two falls which met the threshold for inclusion; there was one medication administration error incident which met the threshold for inclusion; and one complaint where not maintaining the nurse staffing levels was deemed to be a contributory factor. For Paediatrics inpatient wards in the same period there were no incidents of reportable hospital acquired pressure damage; no falls resulting in serious harm or death; no medication administration errors; no infiltration/extravasation injuries; and no complaints which met the threshold for inclusion. In conclusion, the Health Board is compliant with its duties under the Act.

Noting that the report consists largely of data capture, Dr Wooding enquired whether there are any particular trends or patterns when compared with previous reports. He also referenced earlier discussions around the decrease in staff reporting incidents. Ms Daniel explained that there has been a slight change to the reporting requirements due to the new Duty of Candour, whereby an incident which would not have been reported previously is now included. There has been a change in pressure damage incidents due to reporting changes. Ms Daniel advised that a detailed breakdown of incidents is scrutinised at QSEC.

Decision: The Board **RECEIVED** the Annual Assurance report for 2024/25, as a source of assurance that the necessary processes and reviews have been enacted to enable the Health Board to remain compliant with its duties under the Nurse Staffing Levels (Wales) Act 2016.

PM(25)86 **Report of the Audit and Risk Assurance Committee**

Cllr. Evans, ARAC Chair, presented the update reports from the meetings held on 15 April and 8 May 2025. He drew Members' attention to the recommendation that the Board approves (under the next agenda item) the revised Standing Orders and Scheme of Delegation. In other matters considered by the Committee, there had been discussion of the Audit Wales Audit Plan for 2025 and a number of Internal Audit reports received, with positive assurance ratings. The meeting on 8 May 2025 had considered a number of Internal Audit reports deferred previously, together with various year-end documentation. The latter included reports in relation to Declaration of Interests, Gifts, etc; compliance with Welsh Health Circulars and Ministerial Directions and the ARAC Annual Report. The Draft Head of Internal Audit Opinion had not been available for consideration at the meeting, and was – at that point – finely balanced in terms of assurance rating. However, following a subsequent meeting with the Head of Internal Audit and Director of Corporate Governance, Cllr. Evans was pleased to report that this year's Head of Internal Audit Opinion would be one of Reasonable Assurance, recognising this had been a fine balance with improvements required in the operational arm of the organisation. He wished to thank Mrs Wilson and her team, and other teams throughout the Health Board, who had contributed to this positive outcome. Finally, Members' attention was drawn to the proposed change in banking arrangements, which follows an increase in bank charges and subsequent review. The change would result in a cost saving and avoid further additional costs, and is recommended to the Board for approval.

Mr Huw Thomas provided additional context and assurance regarding the proposed change in banking arrangements, emphasising that the expected 'default' is for Health Boards to use the Government Banking Service (GBS) unless there is a benefit to using a commercial provider. Whilst the latter was previously the case, it is no longer, hence the proposed change.

Decision: The Board:

- **APPROVED** HDdUHB's revised Standing Orders and Scheme of Delegation (see also below)
- **APPROVED** the decision to close the main and general Barclays accounts and move all exchequer transactions to the Government Banking Service (GBS), noting that a separate Charity current account will also be set up in GBS
- **TOOK ASSURANCE** from the items that the Committee is providing assurance on

PM(25)87 **Standing Orders/Standing Financial Instructions/Scheme of Delegation**

In considering the Standing Orders, Ms Murphy highlighted that Schedule 3 on page 68 includes the names of Committees which are no longer operating, rather than those which were established

from April 2025. It was agreed that this would be amended accordingly. **JW**

Decision: Subject to the above, the Board **APPROVED**:

- The required amendments made to the HDdUHB's Standing Orders, following Welsh Government amendments to the Model Standing Orders in January 2025.
- The revised Scheme of Delegation.

PM(25)88 **Report of the Quality, Safety and Experience Committee**

Ms Lewis, QSEC Chair, presented the update report from the meeting held on 8 April 2025, highlighting the complementary nature of QSEC and Board discussions, which she hoped provided assurance that there is cross-over between the two.

Decision: The Board **NOTED** the items the Committee is advising them of and **TOOK ASSURANCE** from the items that the Committee is providing assurance on.

PM(25)89 **Report of the Finance and Performance Committee**

Mr Imperato, FPC Chair, presented the update report from the meeting on 29 April 2025. The 'Alert' items had already been covered in earlier discussions. Mr Imperato wished to highlight reference to monitoring, emphasising that there will be a focus on ensuring that this occurs when actions are proposed. He hoped that this will be apparent in future reports.

Members were reminded that all of the Delegated Budget Accountability Letters have been agreed and signed. Mr Huw Thomas explained that Outsourcing of Ophthalmology Services is included in the upcoming Procurement Report, with Mr Carruthers adding that this forms part of the national approach to allocation of Planned Care recovery monies in relation to surgery, outpatients and diagnostics. The award of this contract offers an opportunity to utilise funding for treatment of patients with cataracts and achieve the activity levels required to meet the Annual Plan. Health Boards are also permitted to explore regional solutions in utilising these monies. In response to a query around value for money, Mr Huw Thomas assured Members that this award has been subject to the required procurement process. Members heard that it will enable treatment of approximately 2,400 patients on the cataract clinical pathway.

Decision: The Board:

- **APPROVED** the award of Outsourcing of Ophthalmology Services (Stage 4 - Cataracts) to the provider to be confirmed prior to the Board meeting on 29 May 2025 for the period 1 July 2025 to 31 March 2026, with an option to extend for a further twelve months. This contract will have onwards submission to Velindre NHS Trust (as hosts of NHS Wales Shared Services Partnership) (see also below)

- **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)90 **Procurement Report**

Members' attention was drawn to the two awards in addition to the Ophthalmology Outsourcing for which approval is sought.

Decision: The Board:

- **APPROVED** the award of an Outsourcing of Ophthalmology Services (Stage 4 - Cataracts) contract to Spa Medica, for the period 1 July 2025 to 31 March 2026, with an option to extend for a further 12 months to 31 March 2027. This contract will have onwards submission to NHS Wales Shared Services Partnership.
- **APPROVED** the award of Virtual Application Delivery and Network Load Balancing contract to Citrix, for the period 14 December 2025 to 13 December 2028. This contract will have onwards submission to Digital Health & Care Wales.
- **APPROVED** the award of the All-Wales Contract for Fuel Oil contract to Supplier A for the period of 1 June 2025 to 31 May 2028, with an option to extend for a further 12 months. This contract will have onwards submission to NHS Wales Shared Services Partnership.

PM(25)91 **Report of the Strategy and Planning Committee**

Mr Weir, SPC Chair, presented the update report from the meeting on 24 April 2025, indicating that there were no 'Alert' items. The 'Advise' item, around the Major Infrastructure Business Continuity - Risks and Patient Impact Report, highlights the risks the Health Board is carrying relating to its estate and implications for patient care. There are a number of items for Board ratification, which are included as separate agenda items.

Decision: The Board:

- **NOTED** the items the Committee is advising them of and **TOOK ASSURANCE** from the items that the Committee is providing assurance on
- **RATIFIED** award of the contract at £1,846,777.51 (excluding VAT) to T. Richard Jones (Betws) Ltd, with call-off agreement to be prepared and executed by the Health Board (see also below)
- **RATIFIED** the Energy and Carbon programmes of work – New Energy Performance Contract outline (see also below)
- **RATIFIED** the 5th LINAC brief in order to approach Welsh Government for a scoping meeting, in view of formally initiating the capital project, recognising the paper has been further developed to include the 6th bunker which has been discussed

with the Chair/Vice Chair of the Committee and has been supported by the Regional Joint Committee (see also below)

PM(25)92 **Withybush General Hospital Fluoroscopy Project**

Mr Lee Davies introduced the report, which details proposed Fluoroscopy replacement and associated infrastructure/ enablement work at WGH. Members heard that this work is to be funded via Welsh Government and has been subject to the required procurement process. Board approval is now sought for the award of this contract.

In response to a query around the procurement process, Mr Huw Thomas explained that this was managed via a national framework, with companies tendering for the relevant contract.

Decision: The Board **APPROVED** award of the contract at £1,846,777.51 (excluding VAT) to 'T. Richard Jones (Betws) Ltd', with call-off agreement to be prepared and executed by the Health Board.

PM(25)93 **Energy Performance Contract**

Mr Severs presented the report, which aims to provide assurance around the Health Board's energy performance delivery plan and ambitions in this regard. The existing contract ended on 31 March 2025 and the report details the proposed plan for transition to the new provider. This has been scrutinised by SPC and is presented for Board approval.

Decision: The Board:

- **TOOK ASSURANCE** from the current project development, including the financial and risk status.
- **APPROVED** the submission of the WG business case in line with the tabled IGP outputs and following WG arranged Salix Finance technical review to secure funding to deliver the scheme.
- **NOTED** the further procurement work and approval requirements to appoint the Health Board client-side support team.
- **NOTED** the further legal work to develop works contract in line with the Framework.

PM(25)94 **South West Wales Cancer Centre – 5th LINAC/6th Bunker Business Case**

Mr Lee Davies introduced the 5th LINAC/6th Bunker Business Case, which had been considered by SPC. Members were informed that there had been a slight amendment to the proposal, with a Chair's Action meeting held on 28 May 2025 to consider and approve this. The proposal is a joint initiative with SBUHB, with a key part being expansion of the radiotherapy facilities and capacity. This involves expanding the Linear Accelerator (LINAC) capacity to a 5th and 6th Bunker. It is anticipated that there will be a need for a further capacity increase and consideration is being

given to how this might be provided at HDdUHB. Mr Lee Davies assured Members that the project represents a shared ambition for both HDdUHB and SBUHB. Mr Weir clarified that, whilst this is a development shared with SBUHB, SBUHB will not be considering this proposal until their Public Board in June or July 2025. Whilst there is an additional cost involved, SPC had agreed that it should be taken forward.

Mrs Marks commended this example of joint working, which – so long as it benefits both populations – should be welcomed. On a practical level, she enquired whether a 'bunker' refers to an actual physical bunker, which was confirmed to be the case. Responding to a request for clarification regarding the purpose of the 6th bunker, Mr Lee Davies explained that each LINAC is set within an individual bunker. The 6th bunker will be vacant and is to provide 'void' capacity for the decanting of a LINAC machine when it requires replacement. Professor Kloer requested clarification regarding the request being made of Board, and was advised that this was to approve an approach to Welsh Government around development of the Business Case. The latter would need to be presented to Boards for their ratification in due course. Board visibility at this stage was considered important, in order to be able to confirm to Welsh Government that the Health Boards are supportive of the proposal and likely associated revenue costs.

Professor Kloer highlighted the importance of the revenue aspect, noting that it needs to be balanced against how the demand for radiotherapy services would otherwise be provided. Mr Huw Thomas explained that the revenue costs associated with this project will be different for SBUHB and HDdUHB. SBUHB will be creating the service capacity and will have the direct revenue consequences of this. HDdUHB's revenue costs will be driven by patient demand for that service. There is projected to be an increasing demand for Cancer treatment in the future, which will create increased revenue costs. It was noted the same paper would be taken to SBUHB's Board on June 2025.

Decision: The Board:

- **SUPPORTED** the development of a 5th working LINAC/6th bunker at Singleton (the 6th bunker will provide void space to support regional replacements)
- **APPROVED** the regional programme to approach Welsh Government for a scoping meeting to formally initiate the capital project
- **APPROVED** undertaking further reviews for additional capacity either within the Hywel Dda footprint (for a potential 6th and 7th working LINAC in a satellite radiotherapy unit) or Swansea Bay footprint
- **ACKNOWLEDGED** the risk that the 5th LINAC may not be fully operational by 2026/27, the resulting risk to radiotherapy access times and patient outcomes, and that limited interim solutions (e.g. outsourcing) will need to be explored with potential significant revenue consequences

PM(25)95 **Report of the People, Organisational Development and Culture Committee**

Due to the proximity of the PODCC meeting to the Board meeting, Mrs Marks, PODCC Chair, presented a verbal report. There were no 'Alert' items and only one 'Advise' item, regarding the Staff Survey results, which forms the next agenda item. Another issue raised at the Committee meeting, concern regarding the reduction in reporting of incidents, has already been discussed.

PM(25)96 **Staff Survey**

Presenting the Staff Survey report, Mrs Gostling indicated that she was conscious of the level of detail within this, and that Members may be keen to see more detailed analysis of responses to specific questions. It will be important to now consider the information obtained through different 'lenses' to evaluate its meaning for different staff groups and professions. This is the work currently being undertaken by the Workforce and OD team. Whilst this year's response rate had been the best to date, the ambition is to further increase the number of staff participating. Mrs Gostling was, however, grateful to those staff who had responded for committing their time. The survey consists of 10 themes, with HDdUHB scoring below the national average in 6. Members were reminded that the results were based on the organisational structure pre-introduction of CCGs. It was the case that staff experience generally correlates with other metrics such as performance. Overall, Mrs Gostling felt that there were four key messages from this year's Staff Survey experience:

- It is vital to engage with staff to increase response rates
- The results affirm that the Health Board's staff are committed to do their best
- There has been improvement
- There is more to do

It has been agreed that there will be a Deep Dive into the Staff Survey findings at the August 2025 PODCC meeting. There will also be discussions at the Staff Partnership Forum, fora for each of the professional groups and linkage with the EDI Taskforce.

Cllr. Evans advised that discussion of the survey findings at the PODCC meeting had been interesting and worthwhile. He felt, however, that the survey should be more user-friendly, noting that it is not possible to undertake it in more than one 'sitting'. Whilst commending the increase in response rate, Dr Wooding observed that it is still extremely low. This makes it challenging to regard it as truly representative of the workforce. He agreed regarding the survey tool, highlighting that the survey takes 20-25 minutes to complete and suggesting that this is unrealistic for busy staff. Dr Wooding stated that he would be interested to know how many staff began the survey without finishing it. In summary, the Health Board is being required to use a survey tool not of its own making, and put in place actions based on the findings. These are findings

from only 20% of the workforce, suggesting that the tool is not fit for purpose.

Mrs Gostling indicated that the survey is managed by Health Improvement Education Wales (HEIW) and that HDdUHB is part of the national group involved. Concerns regarding the survey tool have been fed back previously. With regard to the requirement to complete the survey in one 'sitting', Members heard that this was due to staff concerns that the functionality would otherwise require some form of registration, which would prevent anonymity. Members were also reminded that the Health Board conducts its own monthly survey of 1,000 staff. Professor Kloer suggested that Mrs Gostling feed back to HEIW and the national group concerns around the length of the survey and functionality and user-friendliness of the survey tool. It was highlighted that some organisations who participate have higher response rates, although Dr Wooding noted that these organisations were smaller in size than HDdUHB.

LG

Ms Lewis highlighted the findings in relation to patient safety on page 8, that staff feel unsafe in reporting errors, near misses or incidents. She suggested that this is an indictment of the current organisational culture. Whilst the survey findings may only represent a small number of staff, any number of staff responding in this manner should be a matter for concern. Ms Lewis enquired how the survey findings had been received by the Executive Team, and requested assurance that urgency is being applied in addressing them. In reply, Professor Kloer indicated that the Staff Survey findings are sobering in general, both in terms of response rate and the responses themselves. The specific finding mentioned by Ms Lewis aligns with previous comments and concerns around lack of engagement and a reduction in the number of incidents reported. Professor Kloer noted this reflects a much deeper cultural issue, to which there is not one singular solution. He felt that this issue, together with the EDI Taskforce work, and work in relation to staff wellbeing, are all intrinsically linked. It is also important to recognise the reliance on this element of the OD programme being put in place for operational managers.

Ms Daniel informed Members of work being undertaken with CCGs, whereby they are reminded of the need to provide feedback to staff following the reporting of incidents, to ensure that staff feel this is valued. It is also intended to develop 'trigger lists' to provide clarification on when incidents need to be reported. Ms Daniel suggested that there should be consideration of the terminology used in this area to make it feel less punitive, noting that 'Scrutiny Panel' may be better replaced by 'Learning from Events'. Finally, there is a need to ensure that incidents are investigated and closed in a timely fashion. All of these elements can help to contribute to a positive shift in culture.

Dr Wooding wished to emphasise that all mistakes, errors and incidents are potentially serious, both in their impact on patients

and their impact on healthcare professionals/staff. Meaning that incidents have a major significance. He suggested that there should be exploration of potential reasons behind a reluctance to report incidents. Agreeing, Ms Lewis highlighted that there is no need for speculation around the possible reasons, as the evidence-base for this already exists, in the form of patient safety literature. She suspected that the 'lived experience' among Board Members is significantly detached from the 'lived experience' of the average member of Health Board staff. This gap presents a real danger, and any action which can address it will assist in understanding what is required to progress the issues in this area.

Professor Kloer highlighted that evidence suggests those in healthcare are generally more concerned about speaking up than in other industries. He emphasised the importance of Board leadership in this regard, noting that it does not take much to potentially close channels of communication. Whilst it may be challenging to establish how best to engage with frontline staff to obtain an insight into reasons for the reduction in incident reporting, it was suggested that QSEC should consider this further. With regard to the survey results in general, Dr Wooding stated that it would be helpful to see the data in a more granular form, by staff demographic, to judge how representative it is. **SD**

Returning to potential reasons for non-reporting of incidents, Ms Murphy highlighted feedback from staff that, following the recording of incidents on Datix, no follow-up or response is received. This can lead to a lack of future engagement. She also wished to recognise that the increase in response rate to the survey is a testament to the work of the Workforce and OD team and Trade Unions. Agreeing, Dr Wooding emphasised that his dissatisfaction with the Staff Survey is not in regard to the Health Board teams, or the work they are undertaking; it is concerned with the tool that organisations are expected to use.

Ms Sarah Harraway observed that there had been a great deal of discussion at this meeting on equality, diversity and inclusion; being kind; and staff engagement. It was disappointing, therefore, to note the Staff Survey findings in regard to inclusion; ability to contribute towards improvement at work; and compassionate culture, all of which show a decline in scores. Dr Wooding agreed that there is a disconnect between the organisation's aspirations and reality, which warrants further investigation. Mrs Gostling committed to reflect on these comments. She indicated that managers have been requested to develop action plans outlining the top three priorities for their team, based on the survey findings. Progress will be reported through PODCC. **LG**

Dr Wooding stated this is an area requiring Board leadership, expressing concern that the Board is not sufficiently overt in its behaviour and tone to communicate the importance with which it views these issues. Professor Kloer emphasised that the organisation is asking its staff in some cases to undertake extremely difficult jobs in challenging circumstances and

environments. He suspected that this is leading to important messages such as the ones above being lost among the many other priorities and demands. It was suggested that this topic should form the basis of discussion at a future Board Seminar. **JW**

<u>Decision</u>: The Board **TOOK ASSURANCE** that a plan has been developed to take forward the results of the survey and **AGREED** that the People, Organisational Development and Culture Committee will regularly monitor progress against the actions presented, with regular updates provided to the Board through the reporting structures.

PM(25)97 **Report of the Health and Safety Committee**

Ms Murphy, Health and Safety Committee (HSC) Chair, presented the update report from the meeting on 6 May 2025, indicating that this consists of only 'Advise' and 'Assure' items.

<u>Decision</u>: The Board:

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

PM(25)98 **Report of the Charitable Funds Committee**

Mr Iwan Thomas, Charitable Funds Committee (CFC) Vice-Chair, presented the update report from the meeting on 18 March 2025. There were no 'Alert' items and only one 'Advise' item; however, he hoped the report reflects the depth and breadth of the Committee's discussions and topics considered. Mr Iwan Thomas also wished to record his thanks, on behalf of the Committee, to Ms Delyth Raynsford, its previous Chair.

<u>Decision</u>: The Board:

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

PM(25)99 **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 22 April 2025. The meeting had been well attended, including by clinical representatives. The only 'Alert' item relates to university partnership arrangements, and the fact that MOUs with Swansea University, Aberystwyth University and University of Wales Trinity Saint David have expired. The Board is requested to approve the revised DDIC Terms of Reference, appended, with it noted that these have since been further amended to include a total of 5 IMs in the Membership.

With regard to the MOU issue, Professor Kloer understood that the relevant arrangements are being put in place to ensure that these are signed by the date indicated.

Decision: The Board:

- **APPROVED** the Digital, Data and Innovation Committee (DDIC) Terms of Reference
- **RESPONDED** to the items the Committee is alerting them to
- **NOTED** the items the Committee is advising them of
- **TOOK ASSURANCE** from the items that the Committee is providing assurance on

PM(25)100 Report of the Regional Joint Committee

Dr Wooding, Regional Joint Committee (RJC) Co-Chair, presented the update report from the meeting on 7 May 2025, recognising that a number of HDdUHB Board Members had been in attendance. The 7 May meeting had been the second this year, and the first formal meeting. Dr Wooding suggested that the RJC is evolving and should become more strategic over time.

Decision: The Board:

- **CONSIDERED** the report of the RJC meeting held on 7 May 2025, recognising the progress made in establishing the governance arrangements and the endorsement of the 2025/26 work programme
- **RATIFIED** the approval and adoption of the RJC governance arrangements, including the RJC revised Terms of Reference, leadership, membership, and transitioning arrangements, effective from 7 May 2025

PM(25)101 Committee Update Reports

Mrs Wilson presented the Committee Update Reports, highlighting the reports included and noting that there were no 'Alert' items. The Board is requested to approve the revised Healthcare Professionals Forum (HPF) Terms of Reference. Members were further advised that, due to timing, a Remuneration and Terms of Service Committee (RTSC) report from the most recent meeting has not been included; however, RTSC had approved Mr Mark Henwood's appointment to the role of Executive Medical Director.

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** on the items that it is being assured on
- **APPROVED** the Healthcare Professionals Forum Terms of Reference

PM(25)102 **Joint Committees and Collaboratives**

Introducing the report, Professor Kloer highlighted that this incorporates three updates, and that there is always a slight 'lag' in terms of the timing of these. Members were advised that there is due to be a joint session with the Joint Commissioning Committee (JCC) at the June 2025 Board Seminar. Also, that Professor Kloer will be taking over the lead Chief Executive role for the Mid Wales Joint Committee for Health and Care (MWJC). Finally, it was noted that the NHS Wales Shared Services Partnership (NWSSP) is currently the subject of an accountability and governance review, the outcome of which will be reported in due course.

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.

PM(25)103 **Statutory Partnerships Update**

Ms Paterson presented the Statutory Partnerships Update report, drawing Members' attention to work in relation to the Population Needs Assessment (PNA) and Market Stability Report (MSR). Also, the update with regard to the Public Services Boards (PSBs) local wellbeing plans. Consideration is being given to a review by the Regional Partnership Board (RPB) in conjunction with Chief Executives of all its partner organisations, of RPB working arrangements and practices. Dr Gjini advised that the PSBs had recently held a session to discuss issues including the wellbeing and health of the local population. There have also been discussions between PSBs around regional working, for example with regard to climate change.

Professor Kloer advised that the Chair of Pembrokeshire PSB is stepping down; as is he as Vice-Chair. Both posts will, therefore, be subject to re-election. Mr Iwan Thomas noted that the Pembrokeshire PSB had met on 23 May 2025. In terms of joint working, they are exploring the food sector and impact on wellbeing and prevention of ill health. The Pembrokeshire Local Food Partnership are working with their equivalents in Ceredigion and Carmarthenshire, and with the Dietetics team and other colleagues in HDdUHB. Noting the planned work in relation to the PNA, Mrs Marks enquired whether this covers all three counties and would welcome sight of this at Board. In response, Ms Paterson confirmed that this is a regional document and that it is extensive in its content, involving a great deal of work. Likewise the MSR. Members were assured that both documents will be presented to the Board in due course.

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)104 **Any Other Business**

Dr Wooding advised that he and the Chief Executive had been approached by the Health Board's Enfys LGBTQ+ staff network, who had expressed concern regarding the potential impact of the recent Supreme Court ruling regarding transgender people. A meeting with representatives of Enfys will take place in the next couple of weeks. Mrs Gostling confirmed that this ruling has been the subject of much discussion, including within an NHS Wales working group. An initial briefing has been received, and further guidance is due to be issued. The Health Board does have a position statement in this regard.

PM(25)105 **Llais Report**

Ms Murphy welcomed and commended this report, which she had found to be informative and easy to read. It provides assurance that the voice of service users is being heard. Ms Daniel advised that previous reports had been the source of useful data and suggested that learning be incorporated into a future Improving People and Community Experience Report. **SD**

PM(25)106 **Board Annual Workplan**

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

PM(25)107 **Date and Time of Next Meeting**

2:00pm, Thursday, 26 June 2025 (extraordinary meeting)
9:30am, Thursday, 31 July 2025