

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

Date of Meeting: **10:00, Thursday 30 July 2026**
 Venue: **Ceredigion County Council Chambers, Penmorfa, Aberaeron,
Ceredigion SA46 0PA**

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)
 Mrs Sarah Harraway, Independent Member (Community)
 Mr Michael Imperato, Independent Member (Legal)
 Ms Ann Murphy, Independent Member (Trade Union)
 Mrs Chantal Patel, Independent Member (University)
 Mr Neil Prior, Independent Member (Community) (VC) (part)
 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
 Dr Ardiana Gjini, Executive Director of Public Health (VC)
 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
 Mr Shaun Ayres, Director of Delivery, deputising for Mr Lee Davies, Executive
 Director of Strategy and Planning
 In Attendance: Ms Alwena Hughes Moakes, Communications and Engagement Director
 Mrs Joanne Wilson, Director of Corporate Governance/Board Secretary
 Dr Bruce Bolam, Deputy Director of Public Health
 Ms Donna Coleman, Llais West Wales (VC) (part)
 Ms Corinna Lloyd-Jones, Interim Assistant Director of Organisation
 Development
 Ms Amanda Davies, Head of Service, Adult Mental Health (part)
 Mr Richard Williams, Head of Nursing, MHL D (part)
 Ms Mwape Burke, Aspiring Board Member (VC) (part)
 Mrs Clare Pearce, Committee Services Officer (Minutes)

Minutes Ref.	Item	Action
PM(26)138	Welcome and Apologies	
	Dr Neil Wooding, Chair of Hywel Dda University Health Board, welcomed everyone to the Public Board meeting. 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', intended to ensure that Board decision-making is consistent and robust:	

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

Dr Wooding noted that Dr Jonathan Arthur would be retiring from his role with the Health Board next month and thanked him for his contribution. Members noted that a number of individuals would be attending for later agenda items. Apologies for absence were received from:

- Mr Lee Davies, Executive Director of Strategy and Planning
- Mr Michael Gray, Director of Social Services and Housing, Pembrokeshire County Council
- Dr Jonathan Arthur, Healthcare Professionals Forum Chair
- Mr Tegryn Jones, Stakeholder Reference Group Chair

PM(26)139

Declaration of Interests

There were no declarations of interest made.

PM(26)140

Minutes of the Public Meeting held on 28 May 2026

Decision: RESOLVED – that the minutes of the meeting held on 28 May 2026 be approved as a correct record.

PM(26)141

Matters Arising and Table of Actions from the Meeting held on 28 May 2026

An update was provided on the Table of Actions from the Public Board meeting held on 28 May 2026. Confirmation was received that outstanding actions had been progressed. There were no matters arising; however, a number of the topics within the Table of Actions would feature in agenda items at today's meeting.

PM(26)142

Minutes of the Corporate Trustee Meeting held on 28 May 2026

Decision: RESOLVED – that the minutes of the Corporate Trustee meeting held on 28 May 2026 be approved as a correct record.

PM(26)143

Report of the Chair

Dr Wooding presented his report on relevant matters undertaken since the previous Board meeting.

Decision: The Board:

- **RATIFIED** the Resident Doctor Contract Implementation approved under the Chair's Action.
- **RATIFIED** approval of the release of the £4.5m funding withheld in reserves for the Urgent and Emergency Care (UEC) business case, recognising that this decision supersedes the decision made at the extraordinary In-Committee Board meeting held on 18 June 2026.

- **SUPPORTED** the work engaged in by the Chair since the previous meeting and note the topical areas of interest.

PM(26)144

Report of the Chief Executive

Professor Philip Kloer introduced his report on relevant matters undertaken since the previous Board meeting, highlighting a number of matters. He drew Members' attention to the section and letter in relation to the Escalation Board meeting. The report also includes an update on Meddygfa Penrhyn, with Professor Kloer advising that the Health Board has been working with Llais on this matter. There were staffing and sustainability concerns around the Meddygfa Penrhyn branch surgery, in addition to the fact that Shalom House, where it is based, will no longer be available from November 2026. It was emphasised, however, that the latter does not predicate a decision around the future of this branch surgery. Members were reminded that the Health Board has been engaging for a number of years with community representatives, including the Peninsula Working Group (who had attended a recent Public Board meeting). This engagement will continue.

Professor Kloer also drew Members' attention to the section of his report in relation to the Obstetrics Service Level Agreement (SLA) with Swansea Bay University Health Board (SBUHB). SBUHB has confirmed the cessation of the existing SLA that supports the antenatal clinic at Prince Philip Hospital (PPH). It was emphasised that the proposed change relates only to antenatal care. HDdUHB has been working with colleagues at SBUHB and the clinical teams feel that a new arrangement would lead to improvements in service quality and patient care. A period of engagement is being proposed and there have been discussions with Llais.

In terms of the 'A Healthier Mid and West Wales' (AHMWW) update, positive progress has been made and there has been engagement with Welsh Government. The Programme Business Case (PBC) Addendum was presented to the Infrastructure Investment Board (IIB) on 17 April 2026, and had received encouraging and constructive feedback. A revised approach to Business Case submission had been agreed. Meeting the requisite timeline will be extremely challenging and will involve a significant undertaking; however, this is vital to the Health Board's Strategy. Further updates will be provided in due course. With regard to the AHMWW Strategy Refresh, it has been agreed that further engagement with staff will be undertaken. Members were assured that there is continued progress around regional working, despite the most recent meeting of the Regional Joint Committee being stood down.

On the topics of Meddygfa Penrhyn and the Obstetrics SLA, Ms Donna Coleman, expressed Llais' concern regarding the tight timescales associated with engagement. She noted that Shalom House will be closed for the final two weeks of the proposed engagement period, which will cause issues for members of the public. Likewise, the antenatal service is scheduled to end in December 2026. Had this potential change been publicised

earlier, patients may have made different decisions regarding their delivery destination. Ms Coleman requested assurances that decisions regarding engagement are made earlier, to avoid unnecessary concerns and issues.

With regard to the Obstetrics SLA, Ms Sharon Daniel explained that there is a 5 month period until the proposed service change to engage with stakeholders. In terms of support for service users, community midwifery services will continue to be provided by the Health Board during and after that time. The proposed change relates to consultant-led antenatal services. If approved following the engagement, and in the event that a service user needs to see a consultant, they would need to travel to Singleton Hospital. The Health Board will continue to support patients as much as possible in the interim.

Mr Andrew Carruthers advised that, currently no alternative premises have been identified to house the Meddygfa Penrhyn branch surgery. He emphasised, however, that until a final decision is made, it would be regarded as a temporary closure. The public engagement timing has been moved, to reflect the busy nature of the August period. Mr Carruthers indicated that he has been reflecting on recent Board discussions, including that from the previous Board on Integrated Neighbourhoods, and how this could and should influence the future approach. He suggested that the Board might consider commissioning an exercise to develop a connected community pathfinder model. Whilst strictly speaking this is a separate issue, it would facilitate a broader conversation around community provision. This could feed into a report to Board. For clarity, Ms Alwena Hughes Moakes advised that the current plan is for engagement to begin on 24 August 2026, with responses from this to be incorporated into a report to the November 2026 Public Board meeting.

AC

**AC/
AHM**

Dr Wooding reminded Members that the Health Board had made a commitment to the St David's community, and that the Meddygfa Penrhyn branch surgery provides an important service. He wished to assure the community that this commitment will continue whilst the Health Board reviews this position using the Board approved governance process. Whilst it is unfortunate that the premises in which the branch surgery is currently located are being sold, this is unavoidable.

Noting the proposed six week period of engagement in relation to the Obstetrics SLA, Cllr. Rhodri Evans enquired whether the outcome of this will also form the basis of a report to the November 2026 Public Board. He further noted that reviews have identified differences in clinical guidelines and enquired whether these should, in fact, be consistent. With regard to the latter, Mr Mark Henwood advised that clinical guidelines are guidance, rather than rules or standards. It is common for there to be variance in how clinicians manage patients. An example relevant to Obstetrics is the timing of ultrasound scans. Mr Henwood

emphasised that the safety of care is not compromised by these variances in clinical practice.

To provide additional context, Ms Daniel advised that she and Mr Henwood had visited the Maternity Unit at Glangwili Hospital (GGH) yesterday. One of the discussions whilst there was around a new clinical digital system being introduced, which includes the facility for uploading guidelines. They heard that 85 sets of guidelines had been uploaded to date. Even so, there will not be one for every condition or clinical pathway, necessitating local adaptation of guidelines. In summary, Members were assured that guidelines are just that, and that variance does not preclude clinical standards being met. In respect of the Obstetrics SLA public engagement, Ms Hughes Moakes explained that that intention is to begin a six week period of engagement on 17 August 2026. The purpose will be to speak to individuals who might be impacted by a change in service. Thereafter, the outcome of the engagement to be reported to the Public Board in November 2026, together with the likely impact of changes and the steps which could be taken in mitigation.

Mrs Eleanor Marks wished to emphasise the importance of the Board driving HDdUHB into the future. Having closely considered the correspondence between the Health Board and Welsh Government, she recognised the role of the Board in driving the organisation forward at pace and with ambition, to create better services for Hywel Dda and regionally. Mrs Marks enquired regarding the work being undertaken around interdependencies; both those between the two health boards and those between the improvements being implemented. In relation to the first, and as an example, Professor Kloer indicated that there has been significant work between HDdUHB and SBUHB around Planned Care. There have also been conversations around how the relationship between the two health boards can be enhanced. He agreed that there are a number of systems between which there are interrelations, including UEC, Planned Care, Mental Health, community services.

Mr Carruthers advised that there is a regional Clinical Services Plan forum which meets regularly. It has been agreed that there will be a sharing of information around service change, in order for the various parties to identify interdependencies and/or unintended consequences. The Planned Care Recovery exercise has served to emphasise the need for further work in this regard. Feedback from Welsh Government suggests that the regional aspect is regarded as reasonably coherent. There is a need to drive forward regional planning work; however, given that this involves the same people, it does create concerns around capacity. Consideration also needs to be given to how certain of the services interrelate, how they are organised across sites, and whether this could and should change. It is also necessary to consider how connections are made with the Mid and West Wales workstreams.

Mr James Severs noted that Appendix 5 references security management. He wished to clarify that the Executive Team had agreed to explore market feasibility, as opposed to outsourcing.

Decision: The Board:

- **ENDORSED** the Register of Sealings since the previous report on 28 May 2026
- **NOTED** the status report for Consultation Documents received/responded to
- **NOTED** Executive Team discussions

PM(26)145

Annual Plan 2026/27; Financial Report; Integrated Performance Assurance Report

Professor Kloer introduced the item by reminding Members of the request that these three items be combined, given the close interrelation between these matters. Combining the items is challenging, and the report represents the first attempt to do so. Further refinement will be required. Mr Huw Thomas confirmed that this is the first iteration of a combined Annual Plan, Financial and Performance report and thanked the various teams who have contributed to it. By its very nature, combining the report has led to a focus on the 'Alert' issues, which has resulted in the loss of certain more positive messaging. Mr Huw Thomas drew Members' attention to the graphics at the top of page 4, which he felt provides a useful navigational tool with regard to performance.

There is an overall declining trend in performance in the Health Board's Emergency Departments (EDs). Actions are being taken to address this. Cancer performance is also challenging, in terms of diagnostic and radiology services, non-obstetric ultrasound in particular. The skin cancer pathway performance is also of concern. There has been an increase in June 2026 in the number of Therapies 14-week breaches, with Physiotherapy and Podiatry being key drivers of this and demand outstripping capacity. Adult Psychological Therapy waits are also a continued cause for concern. The 104 week Referral to Treatment (RTT) position and 52 week Outpatients position have further increased. Discussions will consider the plans to address these and mitigations are being finalised, which will form part of the Health Board's submissions to Welsh Government.

Other issues of note include the highest level of staff sickness absence (6.8%) on a 12-month rolling basis in more than three years, with anxiety, stress and depression most commonly cited, followed by musculoskeletal issues. In terms of areas of more positive performance, the Health Board has achieved its target in relation to the Mental Health Act Parts A and B, for adults and children. Also, an improvement in Neurodevelopmental waits for the fourth consecutive month. Delayed Outpatient follow-ups continued to show a steady improvement over the last six months. There have also been further improvements in high-risk Eye Care performance.

Moving on to Finance, Mr Huw Thomas noted the issues resulting from the ongoing discussions nationally around approval of the Welsh Government supplementary budget. These impact on the Health Board as an organisation. Members were reminded of the Chair's Action to release funding £4.2m from the Health Board budget to support Planned Care theatre capacity and the UEC system. Discussions at the meeting had recognised the importance of quality, safety, performance and delivery; together with the fact that the £4.2m was predicated on delivery of the £41m deficit position. The latter is subject to various challenges, not least around savings delivery. By way of an update on this, Members heard that savings currently sit at £25.2m, a gap against Plan of £17.6m, set in the context of a rapidly-reducing window of time in which to deliver further savings.

Two Clinical Care Groups (CCGs) have been escalated to Level 4 under the internal escalation process, Community and Integrated Medicine (CIM) and Planned and Specialist Care. Initial improvement commitments from CIM have been met; this is not yet the case for Planned and Specialist Care. Further updates will be provided to future meetings. Finally, Mr Huw Thomas wished to highlight the request for the board to approve a transfer of funds from non-pay to pay, to facilitate the establishment of three posts identified as required by the Planning team.

Mr Shaun Ayres reminded Members that the organisation's Annual Plan had been approved in March 2026. The report seeks to demonstrate what the Plan represented and set out to achieve. It was intended to be a carefully calibrated understanding of the resources and risks, and the organisation's ability to manage those effectively. Hence, perhaps, a potential for viewing this year's Plan as not sufficiently ambitious. In trying to achieve a balance, the challenge across finance and performance and impact on patients is evident. It is important to be cognisant that behind all of the various statistics are people. As a result, the report should not be regarded as an assurance report; rather an attempt to identify those areas requiring focus and a demonstration of the impact of actions taken.

Mr Winston Weir thanked those involved in producing the report, particularly the summary on page 4. He wished to focus on the underlying causes for issues. For instance, the reason that certain CCGs are being escalated, while other are not. Whether this is as a result of capacity, demand, or a reactive rather than proactive approach. He also requested clarification around the support provided to these CCGs, given that their contribution will be critical in helping the Health Board to achieve its performance targets. Mrs Sarah Harraway welcomed the development of a combined report, albeit one which is sobering and challenging to read. She expressed concern that, despite significant and continued efforts, performance continues to deteriorate and queried whether the underlying reasons for this are being adequately articulated. Noting that Musculoskeletal issues are the second largest

contributor to staff sickness levels, she further noted that manual handling training compliance is below target.

Mrs Harraway also highlighted the following statement in the Finance Report 'Note a significant deviation from prior month forecast in Month 4 as mitigating actions previously assumed to deliver are unlikely to deliver within the required timeframe.' This presents challenges; she enquired how mitigating actions which are not proving effective are being proactively managed. With regard to the update on CCGs, Cllr. Evans noted that the CIM and Planned and Specialist Care CCGs, both in Level 4 escalation, have significant budgets. De-escalation is complex and multi-factorial, and he requested assurance that there is sufficient grip, control and accountability to ensure these areas will improve. He also requested clarification around the format of scrutiny and control being applied.

Professor Kloer suggested that the way in which this report is currently framed does not necessarily reflect all of the improvements. It tends to focus on the areas of challenge. The team will seek to address this in future reports. Responding to Cllr. Evans' queries, he explained that the internal escalation process is a formal one, involving a meeting between the Chief Executive and a number of Executive Directors and the full CCG leadership team. This meeting had taken place with both the CIM and Planned and Specialist Care CCGs, and he assured Members that their response to being escalated further was sincere. Since the meeting, the CIM CCG has demonstrated a marked change in their financial trajectory. Mr Carruthers felt that the report begins to highlight the relationship between the different escalation domains. There is a correlation between increased financial grip and control and the performance position. In UEC, for instance, there has been a deterioration in performance concurrent with reduced bed capacity and staff cover during Bank Holidays for financial reasons. This may echo an earlier comment around the Plan perhaps not feeling sufficiently ambitious.

LD/HT

Members heard though that, in UEC, there are some performance improvements this month. As at 28 July, there were 475 handovers in excess of 1 hour – progress from the 822 last month. There have also been improvements in patient flow. It is important to recognise that the areas being focused on are holding significant service risks, fragilities and workforce issues, including rota gaps. CIM are dealing with major pressures, which have been described to the Board. The emergency pathways are subject to workforce fragilities, with only 82% of their medical workforce in place and are heavily reliant on variable pay to bridge gaps in rotas. This presents challenges in maintaining patient flow and 24/7 services. In the same way, Planned and Specialist Care have workforce fragilities in terms of theatre staffing and anaesthetics staffing, necessary for the provision of core theatre capacity. In summary, certain of the actions taken to address expenditure do impact on performance.

In response to the query around support for CCGs, the Health Board is seeking to inject pace into the medical workforce stabilisation programme of work. This should assist in addressing some of the challenges in CIM and anaesthetics. In terms of patient flow, the operational Allied Health Professions and Health Science team is working with the Value Based Health Care team on Therapies, and actions which might be taken to drive efficiency and value. The issues outlined above, coupled with the inherent structural inefficiency of operating four sites (three of which are amongst the smallest 20 sites in the UK); with the region's population, geography and rurality, provide an indication of the challenges involved in balancing all of the demands.

Mr Huw Thomas thanked Members for their feedback on the report, particularly with regard to the summary on page 4, and thanked Mr Ayres and Ms Tracy Price for their contribution. He reminded Members that, whilst there is a link between finance and delivery, this is not direct. The underlying issue around the link between demand for services and activity provided, remains. Addressing this will require a continued focus on productivity and Value Based Health Care. Inclusion of this would potentially enhance the context of the report. Returning to the topic of support for CCGs, Mr Huw Thomas advised that different CCGs have requested different forms of support, including planning, project and medical leadership support. Members heard that the Health Board's Plan did anticipate some deterioration in performance; for example, continued breaches in certain areas, and in the financial deficit. However, there are other performance measures which have also deteriorated.

Confirming that staff sickness absence levels are an area of concern, Mrs Lisa Gostling assured Members that focused work is being undertaken in this regard. Whilst the reasons for sickness absence vary, the team will be seeking to establish whether there are patterns across sites. In response to Mrs Harraway's query around sickness absence as a result of musculoskeletal issues, the Health Board is exploring how to strengthen the pathway to Occupational Health.

Mr Maynard Davies expressed concern that more than 30% of the financial deficit is associated with three CCGs. Noting the indication that the savings position has improved since this report was prepared, he requested clarification around whether the £10.9m recovered from an unexpected underspend is included. Also, whether this is a one-off, or there is an ongoing implication associated with this. With regard to the request for approval of additional staff, Mr Davies enquired how this will be reconciled with Welsh Government's opposition to the Health Board increasing its workforce costs. Noting the statement on page 6 that Continuing Health Care (CHC) and Long Term Arrangements (LTAs) are sources of demand-led pressure, he queried whether there are any additional steps which can be taken to alleviate this. Also, whether the recent deterioration in Cancer performance is a temporary one, or of more concern. Finally, given that 5 of the 7

escalation criteria for Mental Health and Learning Disabilities (MHLD) are Red, Mr Davies requested clarification of its overall categorisation on page 3 as Green.

Mrs Chantal Patel requested clarification around the proportion of this year's position and activity supported by non-recurrent funding. Whilst acknowledging that the report and its contents are stark, Mrs Marks wished to also recognise that there is much positive work being undertaken within the Health Board. Referencing the Risk Register section of the covering SBAR, she noted the risk score of 25 in relation to financial sustainability. Given how high the score is, Mrs Marks enquired regarding mitigations in this regard. She felt that this comment also applied more generally, suggesting that consideration be given in future reports to identifying mitigating actions for the issues and risks recorded therein.

In response to one of Mr Davies' queries, around the proportion of deficit attributable to three CCGs, Mr Huw Thomas reminded Members that directorates have been consolidated into a relatively small number of CCGs, covering a number of service groups. It may be appropriate to consider reporting on service group level performance, although this could be viewed as more suitable for Committee-level discussion. However, the comment and concern remain valid, and there has been a focus via the escalation process on two of the three CCGs, as mentioned. With regard to two specific queries; around Green versus Red in relation to MHLD, and the proportion of non-recurrent funding supporting this year's position, Mr Huw Thomas committed to respond in detail via the Table of Actions.

HT

Noting Mrs Marks' query, it was recognised that the risk in relation to financial sustainability carries a significant risk score. Mr Huw Thomas explained that escalation to the level of 25 will necessitate defining mitigations, which will be presented to the Finance and Performance Committee (FPC), followed by the Board. Report authors will, however, seek to enhance the report by including mitigations for risks and issues more generally, as requested. With regard to comments around financial grip and control impacting on performance, Mr Huw Thomas wished to remind and assure Members that all savings schemes are subject to Quality Impact Assessments (QIAs) and Equality Impact Assessments (EqIAs). In regard to the £10.9m, this is being captured as a non-recurrent saving in the year-to-date position and the Executive Team has since agreed to a proposal to capture it prospectively in future months, recognising that there will always be a degree of fluctuation. Further detail will be included in the September 2026 report to Board, which will be critical in determining the financial trajectory for the remainder of the year and forecast outturn.

LD/HT

In response to the query around CHC, Mr Carruthers advised that a report had been presented to FPC in June 2026 regarding the processes, as requested by the Board. The organisation is seeing

a higher level of growth in this area, and more work is required to fully understand the reasons for this. Given the increasing demand for and complexity in packages of care, and increased frailty levels, a growth in CHC is perhaps expected. However, Mr Carruthers suggested that a more strategic approach to CHC is also required, in terms of examining the market and working with partners to identify a solution. With regard to Cancer performance, the Health Board has experienced a challenging start to the year, and there have been specific issues contributing to this. One example is the conversion rate with regard to skin cancers, which whilst positive from the patient perspective in terms of treatment, impacts on the performance forecast. Whilst the Cancer treatment rate is good, the diagnostic element of the Cancer pathway is challenging. Work is underway to strengthen the diagnostic pathway in Urology, Gynaecology and Lower Gastrointestinal, to create additional capacity. Significant improvement is expected in these areas. However, Cancer performance is also dependent on the general diagnostic pathway. On the topic of the request for new planning posts, Mr Carruthers indicated that all CCGs have identified additional planning support as a necessity in identifying solutions to issues.

In response to the classification of MHLD as Green, Mr Ayres explained that the matrix in question focuses specifically on Child and Adolescent Mental Health Services (CAMHS), which has shown improved performance across three metrics: referrals, assessments and interventions. The Integrated Performance Assurance Report (IPAR) examines the statistical trend over a longer period; the new report seeks to call out more short- to medium-term performance. With regard to the query around LTAs, Mr Ayres assured Members that the Health Board does have active challenges underway, amounting to several £m. Finally, in response to the query around the additional posts, whilst recognising the financial challenges being faced, Mr Ayres also highlighted challenges in terms of capability and capacity. Given the need for triangulation of plans and consideration of quality, workforce, deliverability and consequences, he respectfully submitted that the organisation needs to create such roles. Further, the Audit Wales Structured Assessment report has identified capacity and capability as a significant vulnerability for the Health Board.

Professor Kloer agreed that capability and capacity often form the topic of discussion at various fora. He also assured Members that concerns around adding to the organisation's workforce had been discussed a number of times by the Executive Team. He had requested that Mrs Gostling and Mr Ayres consider the Health Board's priority areas and strategic focus, and develop principles which might guide where the workforce should be increased and decreased in the future. Dr Wooding emphasised that this sits at the heart of robust workforce planning, which is a complex task. There is undoubtedly a great deal of positive work being undertaken within the organisation, which is driving delivery of the services needed. Whilst the report represents the correct

approach, it does not provide assurance to the Board. This will only be provided when satisfactory mitigations to the risks and issues identified within the report are defined. Dr Wooding suggested that the organisational mindset needs to change, to create and articulate solutions and mitigations, in order to provide the Board with the information and assurance it requires. Whilst noting that the request for approval of planning posts may seem somewhat incongruous in the context of this report, Dr Wooding recognised the reasoning for this, in that it requires a transfer of resource from non-pay to pay.

Decision: The Board:

- **SCRUTINISED** the Month 3 performance and financial position, including the adequacy of recovery action in areas below trajectory, the reliance on £21.2m of unconfirmed mitigations and the £21.8m savings gap.
- **REQUIRED** the Executive Team to demonstrate at the 4 August Escalation Board that the Health Board's response provides a credible roadmap to financial balance, a 50% reduction in NRI investigations and ambitious, deliverable performance trajectories, and to address any gaps identified by the Board.
- **RATIFIED** the In-Committee Board and Chair's Action decisions for Annual Plan investments and **APPROVED** the in-year investment decisions, subject to affordability and ongoing monitoring through the Finance and Performance Committee.
- **APPROVED** the establishment of three Whole Time Equivalent (WTE) Band 8C Heads of Planning and Improvement and the associated recurrent transfer of £155,486 from non-pay to pay for the central contribution, with confirmed Clinical Care Group contributions funding the balance. This uses an existing underspend and removes it as a recurrent savings opportunity.

PM(26)146

Planned Care Recovery 2026-27

Introducing the Planned Care Recovery item, Mr Carruthers noted that there was a great deal of information presented and apologised for the late issue of the report. Members heard that the proposal had been considered and approved by an extraordinary FPC meeting on 27 July 2026.

Response to Welsh Government request to provide a plan for recovering Planned Care, to include:

- Elimination of all 104 week waits
- Delivery of an 8 week (maximum) diagnostic target
- An explicit expectation to demonstrate and evidence transformation and productivity improvements
- Greater regional collaboration on services which are not sustainable on a local basis

Mr Carruthers suggested that there is a positive element to this request. The Health Board is starting from a point whereby it has managed to maintain the Planned Care position better than it anticipated. The gap to close is, therefore, smaller than it might have been. However, the organisation does need to drive the productivity and efficiency agenda, and enable clinical oversight of such. Transformation is a key component of the response. The plan also aligns with the new national approach to improvement of Planned Care and Diagnostic pathways, centred around an integrated pathway focus on the three pillars of:

- Referral and early diagnosis
- Capacity, productivity and treatment
- Follow up, surveillance and living well

The plan presented sets out a range of actions, totalling £11.9m, which seek to support current capacity deficiencies in Ophthalmology, Orthopaedics, Diagnostics, ENT and Urology. Since the FPC meeting on Monday, the team has continued to work on the proposals, in response to feedback from FPC Members. These included a request to consider how to build transformational ability, focus on the Cancer diagnostic challenges and build greater resilience. The team is also attempting to ensure clarity around the Radiology data, and whether the apparent significant increase in patients waiting is reflected in reality. More robust demand and capacity modelling is required. Subject to this, there may be a need to increase the Radiology element of the submission by approximately £4m. In considering the proposals, the Board will also need to consider the governance route to agreeing this additional amount. A recent meeting with the Welsh Government Performance and Improvement team suggested they viewed the Health Board's approach to regional working positively.

Mr Michael Imperato indicated that FPC was extremely supportive of the actions being proposed and had welcomed the comprehensive information provided. Members had sought to scrutinise what they viewed to be the key issues:

- Whether the plan was sufficiently ambitious
- Whether it was sustainable in the long-term
- The potential impact on workforce, for example variable pay
- The potential impact on other parts of the organisation and other services

The caveats attached by FPC were intended positively, rather than negatively.

Dr Wooding noted that this is not the first instance of Welsh Government providing funding to address issues in Planned Care. He agreed that challenges and concerns around sustainability need to be addressed. However, the fact that this has been made more explicit is reassuring. Mr Davies wished to thank the team for drawing together these proposals within the timescale, and FPC for their scrutiny. He welcomed the helpful summary provided

by the FPC Chair. He enquired whether the Senedd's rejection of Welsh Government's supplementary budget is likely to impact on the award of additional monies. Also, whether the potential timescale for receipt of funding impacts on the Health Board's ability to deliver the plan and what the cut-off date is to ensure delivery. Noting that outsourcing ENT is identified as costing less than in-house delivery, Mr Davies enquired whether there are other services to which this would apply. Finally, he echoed the need to provide assurance around sustainability in the long-term.

Mrs Harraway did not feel that the proposals articulate sufficiently the interdependencies. As an example, the interdependency with the Clinical Services Plan, specifically around diagnostics. She requested assurance that these are appreciated and can be effectively managed. Building on an earlier comment, Mrs Patel enquired whether consideration has been given to the risks associated with any inability to deliver the plan, such as the requirement to return funding. Mr Carruthers confirmed that there are challenges associated with the supplementary budget remaining unapproved, which would potentially impact and delay implementation of the plan. The suggested total Planned Care recovery funding across Wales is £145m. The understanding is that there is a sum of money already previously agreed for allocation, which Welsh Government is keen to release, to support progress in reducing waiting times.

With regard to outsourcing, this needs to be considered within the context of service risks. The Health Board should also consider how it might be approached on a regional basis for specific areas, such as Ophthalmology and Anaesthetics, and would likely wish to explore this further. Responding to the comment around interdependencies, Mr Carruthers noted that the proposals being tabled are specifically in relation to a challenge to improve waiting times in the next 9 months. Given the interest around surgical hubs, he anticipated further similar requests. With regard to Mrs Patel's query, he expected allocation of funding to be contingent upon delivery.

Whilst suggesting that the plan includes elements the organisation should have been considering anyway, Mrs Marks wished to recognise that they present an exciting opportunity to make a palpable difference. She enquired whether the workforce is available to deliver the plan, and regarding the Health Board's ability to facilitate the associated follow-up appointments, etc. Cllr. Evans indicated that the FPC discussion had been extremely beneficial and is well-summarised in the document provided. Highlighting an earlier comment, he enquired regarding the governance route to approve any additional funding request for Radiology validation costs. Mrs Joanne Wilson advised that ongoing scrutiny would be via FPC, with final approval of this report either by Health Board Chair's Action or delegating authority to the Chair and Chief Executive. Board Members would need to agree the most appropriate governance route.

In response to Mrs Marks' comments, Mr Carruthers advised that a great deal of the work described in the plan was already being progressed. This request from Welsh Government had, however, facilitated its explicit presentation to the Board, together with its potential impacts. The work being undertaken at a regional level on demand and capacity will assist greatly and it is believed that sufficient capacity exists at a local and regional level, within existing outsourcing arrangements in place. There is also the potential for an expressions of interest process, as utilised previously for Outpatients outsourcing.

Dr Wooding recognised that the plan includes several examples of innovation and ambition, and welcomed the fact that this sets the bar for the future. Agreeing that the organisation needs to test its ambitions further, Professor Kloer wished to thank the team involved. In terms of interdependencies and integration with other services, he highlighted that long waits in Planned Care can impact negatively on other services, including Primary Care and UEC. The plans, therefore, offer other potential positive impacts, through treating Planned Care patients in a more timely manner.

Noting that scrutiny of further funding requests for the Radiology element would be via FPC, Dr Wooding proposed that the route of delegated authority to the Chair and Chief Executive be utilised for this approval. Should they deem the request to be contentious, it would be referred for Board discussion. Members noted that an audit trail regarding all changes to the plan and proposals would be provided via the Table of Actions.

AC/JW

Decision: The Board:

- **APPROVED** the Planned Care Recovery and Sustainability Plan for submission to Welsh Government, noting that this is subject to change, pending finalisation of the Radiology element.
- **AGREED** that the appropriate governance route, should the final funding request or delivery assumptions change materially following completion of radiology validation and related demand and capacity work, be via delegated authority to the Chair and Chief Executive.
- **NOTED** that the Finance and Performance Committee approved the Plan for onward consideration, recognising the expected positive impact on patient waiting times and outcomes.
- **NOTED** the Committee's caveats relating to financial consequences, demand and capacity, transformation capacity, sustainability, workforce and variable pay, data quality, governance, and regional delivery arrangements.
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PM(26)147

Mental Health Section 136 Facilities Public Engagement

Ms Amanda Davies and Mr Richard Williams joined the Board meeting.

Mr Carruthers presented the report, which follows a comprehensive review of the Health Board's Section 136 Places of Safety. Significant environmental and staffing risks within the model being operated, highlighting the need to develop a more sustainable solution. A multi-agency approach was taken to the options appraisal, working with healthcare, local authority and police partners, and members of the public with lived experience. the conclusion is that a dedicated Section 136 suite adjacent to Hafen Derwen in Carmarthen offers the safest, most clinically effective and sustainable model for the Health Board. The report requests the Board's acknowledgement of this conclusion and approval of a period of public and staff engagement, prior to making a final recommendation to the Board in January 2027.

Mr Richard Williams advised that the report has been in development for a number of years. It was initially instigated as a result of Health and Safety issues identified with the previous environments. This proposal facilitates a more purpose-led environment, with safety for both service users and staff at the forefront. There has been wide-ranging engagement with stakeholders and the recommendations have been fully explored with them. Mr Williams emphasised that the current facility in Llanelli is not purpose-built, and is located on the outskirts of the Health Board area. Ideally, the Section 136 suite should be accessible to the majority of the population served. Ms Amanda Davies agreed that the more central location would provide a better patient service and safer environment.

Mrs Patel, Chair of the Mental Health Legislation Committee (MHLC), wished to assure Members that the proposals have been discussed in detail at MHLC, and received its full support. Adding his support, Mr Davies noted that the suite has a capacity of 1; with 198 uses of Section 136 for 2025/26. He enquired whether there are many instances of concurrent usage or demand, and how this is managed. Mr Davies also queried the financial impact of 11.2 WTE staff: whether these are new posts or part of the funded establishment. Finally, he enquired whether the proposed engagement would be regarding all five options, or just Option 3. Ms Coleman wished to enquire regarding patient engagement, recognising the challenges and limitations specific to this sensitive area. She emphasised the importance of understanding the patient experience perspective.

Referencing the location data on page 2 of the report, Mr Weir queried whether the figures by county/out of area were typical or representative. He also noted the distinction between adult and child detentions and enquired whether there is a separate, dedicated location for children detained under Section 136. If not, whether this has been considered. Finally, he requested the numbers which other health boards contribute to the out of area figure. In response to the query around engagement, Ms Hughes Moakes indicated that this will be on Option 3, as this is the preferred option identified following work with stakeholders.

Regarding Ms Coleman's query, the sensitive nature of the patient group involved is recognised. The Health Board has been working with West Wales Action for Mental Health (WWAMH) and other partners, and intends to continue to do so. Ms Hughes Moakes also felt that it is important to be cognisant that any individual, regardless of background, may be in a similar position, should their circumstances change. Given this, she emphasised the Health Board's commitment to seek the views of the widest range of stakeholders possible. On a point of detail, whilst the official suggested start date for engagement is 1 September 2026, it may be another day that week, should there be any technical issues caused by the Bank Holiday.

Responding to one of Mr Weir's queries, Ms Davies indicated that information around the numbers making up the out of area detentions can be incorporated into the collated feedback document. Whilst it is possible for concurrent usage to occur, this is extremely rare. It would not be possible to physically accommodate more than one individual. In such an instance, steps will be taken to expedite assessments and place individuals accordingly. Ms Davies emphasised that numbers of detentions have been reduced significantly by improving and enhancing engagement with Dyfed Powys Police. In response to another query, Members heard that there is a designated Section 136 suite for children, operated by CAMHS.

Cllr. Evans welcomed the report and additional context. Noting the proposal that engagement output be presented to the January 2027 Public Board meeting, he enquired regarding the likely start date for any new facility; whether this will be April 2027, or sooner after the January Board meeting. Mrs Marks wished to confirm both her support for the proposals, and her understanding that the preferred option has been socialised with all partners and stakeholders, who are all supportive of a single location. She has served on the MHLC for more than two years and there has not been an instance of more than one detention under Section 136 during that time. Echoing earlier comments, Mr Iwan Thomas noted that feedback from service users in this area is challenging to obtain. It is also retrospective, post-crisis, and there will need to be cognisance of this, together with an approach which applies due care and sensitivity.

With regard to the timeline for implementation, Mr Williams advised that this will be as soon as possible after the January 2027 Public Board meeting, given the issues with the current environment. In response to the query around staff costs, he explained that staffing for the suite is already incorporated into the establishment. There would, however, be a need for consultation with staff regarding their work base.

Decision: The Board:

- **ACKNOWLEDGED** the process that has been undertaken alongside key stakeholders and partners to develop and identify Option 3 – the consolidation of adult Section 136 Place of Safety provision into a dedicated suite adjacent to Hafan Derwen at St David's Park, Carmarthen, as the preferred option recognising that this option provides the safest, most clinically effective and sustainable model of care.
- **APPROVED** the service progressing to a period of staff and public engagement for eight weeks, from 1 September 2026 to 26 October 2026, on the preferred option – Option 3;
- **REQUESTED** that a report detailing the outcome of the engagement process, including feedback received, proposed mitigations and a final recommendation, be presented to the Board in January 2027 for consideration and decision.

PM(26)148

Board Assurance Framework

Ms Donna Coleman, Ms Amanda Davies and Mr Richard Williams left the Board meeting.

Introducing the report, Mrs Wilson explained that, following the AHMWW Strategy Refresh, the Board Assurance Framework (BAF) has also been refreshed, to align to the new Strategic Objectives and Planning Goals. It had been aligned to Board level committees, with consideration also given to agreed outcome measures and principal risks. It had been discussed at Board Seminar, with Members providing input. The BAF refresh seeks to address an outstanding Structured Assessment recommendation. Members were assured that all four Strategic Objectives are on track. Thanking Mrs Wilson and her team for their work, Professor Kloer indicated that the Strategic Objectives and supporting context for these is more meaningful than perhaps previously. This serves to demonstrate the importance of the BAF.

Welcoming the report, Mr Davies requested further clarity around changes in certain of the outcome measures. For instance, responses to the staff survey have declined in recent years. He enquired regarding the reason for this, and how the associated staff engagement score is calculated. Also, reasons for the deterioration in childhood vaccination uptake. Mrs Gostling explained that whilst participation in the survey had increased, engagement had reduced. The survey includes 3 themes, with 7 set questions for each, which can be shared with Members. A number of questions contribute to the staff engagement score; a key one, which has reduced for the third year, being around whether staff feel they are involved in change. However, Members were assured that various forms of engagement are being undertaken, including a local monthly staff survey, a culture survey and the national NHS staff survey. Feedback from all of these is triangulated by the Workforce team.

Dr Ardiana Gjini confirmed that the 95% target for uptake of childhood vaccinations by the age of 5 has not been met. This target includes several vaccination programmes. Uptake is better for primary vaccinations, for example Measles, Mumps, Rubella

(MMR1) vaccine, uptake levels decline in older children, such as MMR2. Members heard that the Public Health team has worked closely with colleagues in Primary Care to consider actions which might improve vaccine access and awareness. Whilst a number of areas have shown improvement, this is not consistent across all vaccination programmes. Declining vaccine uptake has been a trend for a number of years, and is not limited to the Hywel Dda region. Members were assured that work is ongoing in this regard.

Decision: The Board:

- **RECEIVED** the refreshed Board Assurance Framework, aligned to the Health Board's strategy, A Healthier Mid and West Wales – Healthier Lives, Well Lived;
- **TOOK ASSURANCE** from the current position presented against the strategic objectives, planning goals, outcome measures, principal risks and assurance arrangements;
- **REVIEWED** the confidence assessments for each strategic objective and the principal risks which remain above target; and
- **IDENTIFIED** areas where further assurance, scrutiny or action is required to support delivery of the Health Board's strategic objectives.

PM(26)149

Clinical Services Plan, including Stroke Services Consultation

Mr Henwood presented the Clinical Services Plan (CSP) report, indicating that its purpose is to provide the Board with assurance around progress on the decisions made earlier in the year around 8 of the 9 services within the CSP. He reminded Members of the background to development of the CSP, and the services included. Following the extraordinary Public Board meeting in February 2026, decisions were made in regard to all services, with the exception of Stroke, which will be discussed separately under this agenda item. For the other services, the key focus is implementation planning. Progress is being delivered in line with the phased implementation described previously. The programme is now in the analyse stage, with support provided by Data Science, Workforce, Capital Estates and Finance colleagues. A Hospital Transfer Working Group has been established to assess the impact of service changes on patient movement between sites and inform the detailed implementation plans. Mr Henwood drew Members' attention in particular to Appendix 1, the Implementation Phasing Assessment. Planned work for the current year and next year is as follows:

- Enhanced Care Unit PPH
- Increasing Endoscopy capacity
- Work towards a single Emergency General Surgery rota at GGH
- Review elective Orthopaedic efficiency at Worthybush Hospital (WGH)

- Managing specific Radiology service changes
- Increasing Urology capacity through phased migration of outpatient activity towards PPH
- Further increasing Endoscopy capacity at PPH
- Ophthalmology Diagnostic Hub
- 7 day Radiology capacity at PPH and WGH
- Continued development of a Prim Care GP basal cell carcinoma pathway within Dermatology
- Further work on Surgical Same Day Emergency Care (SDEC) and Emergency Surgery rotas

In later years:

- Additional Orthopaedic theatre sessions
- 7 day Therapies support
- Further Radiology capacity
- Inpatient intervention consolidation
- Longer-term Critical Care and Dermatology developments

The appendix also identifies those components likely to involve significant capital investment and a formal Business Case planning process with submission to Welsh Government. In summary, the report describes how the CSP has moved from decision-making into structured implementation planning.

Focusing on capability and capacity, Mrs Harraway requested assurance that the Health Board has sufficient and appropriate clinical leadership and implementation resources to deliver this change programme, alongside the operational pressures already discussed. Mr Davies noted that the workplan includes a number of areas rated Amber. He enquired whether any are of significant concern or at risk of turning Red. In response to Mrs Harraway's query, Mr Henwood acknowledged that the organisation is dealing with a number of demands, and that service changes represent an additional task. He felt that the capacity does exist, adding that the CSP is a multi-year process. The fact that it is a work in progress also links to Mr Davies' query. The Health Board will need to ensure that the CSP is aligned to the planning cycle. He recognised, however, that it will require resource and may require additional clinical recruitment. In terms of Red rated areas, Mr Henwood indicated that, in the current year, the only such issue is in relation to Critical Care. this is to do with differences in clinical opinion. In response to a further query around the timescale for resolving this matter, Mr Henwood advised that there is a Standard Operating Procedure (SOP) in place and assured Members that care is being delivered safely. The issue relates to future change. He has set a timescale for this of October 2026.

Whilst Ms Ann Murphy felt that the report reads well, she counselled that some staff involved in the programmes of work do not feel that progress is being made and do not feel valued. She gave examples of feedback describing meetings being cancelled

and silo-working. Ms Murphy emphasised that staff involvement and engagement is crucial to the successful planning and implementation of the CSP. Expressing his concern around this feedback, Mr Henwood committed to discuss this further with Ms Murphy outside the meeting. On this topic, Mrs Gostling advised that trade union representatives' hours have been increased within the Health Board to enable effective staff engagement. There is also work ongoing within the Partnership Forum to ensure updates are communicated. On the more general topic of staffing to support the CSP, workforce planning will need to take into account any additional staff resource.

Dr Wooding acknowledged that significant change is being undertaken across the organisation, and that this presents major challenges. He emphasised, however, that the CSP has been developed to address a number of issues and that staff engagement is vital. Whilst there is a need for flexibility and management in its implementation, the Health Board has been given a mandate to deliver on the CSP. Mr Henwood emphasised that the importance of this programme to the organisation and its staff is widely recognised and acknowledged.

In response to a query around the extent to which regional planning can assist in facilitating the CSP, Mr Carruthers assured Members that changes, interdependencies and unintended consequences are being discussed between HDdUHB and SBUHB. He recognised, however, that the same level of connectivity needs to be ensured with the mid and west Wales region. Noting that a number of the Red rated areas in the workplan relate to estates, with a number of issues requiring resolution, Cllr. Evans requested assurance that these are being approached in a coordinated manner. In response, Mr Huw Thomas noted that, subject to and pending agreement by the Board, these would become part of the organisation's overall Plan.

Professor Kloer welcomed the report and discussion. He noted that the detailed implementation will be reported and scrutinised via the Strategy and Planning Committee (SPC). The CSP is also discussed regularly at the Regional Joint Committee Planning Group and at the Mid Wales Joint Committee Clinical Planning Group. In terms of leadership, all CCGs are provided with leadership development support tailored to their needs. It is important to ensure that this support includes the tools for addressing multiple demands.

Stroke Services Consultation

Mr Henwood advised that, following the Board decision in May 2026, a second phase of public consultation was undertaken, closing on 26 July 2026. The preferred option brings together elements of two previous options, with a 24 hour 7 day Stroke Unit at GGH and dedicated Stroke Rehabilitation Unit at Bronglais Hospital (BGH) and treat and transfer services at BGH, PPH and WGH. This intends to create a more balanced proposal which

responds to clinical, workforce and access challenges, tested transparently with communities before any final decision. The purpose of the report presented today is to:

- Update the Board on consultation activity undertaken
- Share the independent quality assurance position
- Seek agreement on the reporting timetable

The consultation period has followed the same externally quality assured process as the first phase. This had confirmed successful completion of the consultation phases. One improvement had been highlighted, around improving signposting of travel information relating to the preferred option. Enhanced information has been included on the consultation webpage, and transport has been a topic of discussion at all engagement events. A mid-point review has taken place. At this point, more than 1,360 members of staff and public had been engaged through consultation activity, with 349 questionnaire responses received. In those areas identified by the mid-point review as requiring attention, the external assessment had agreed with the actions proposed to address these, which are described in the report. Letters from the Consultation Institute are appended. It has been made clear throughout the process that reporting to the November 2026 Public Board meeting is dependent on the level and complexity of responses and analysis required. This is currently still viewed as achievable, with discussion at the Board Seminar in October 2026 as part of the conscientious consideration.

Ms Hughes Moakes advised Members that a meeting had taken place on 22 July 2026, with colleagues from Llais and Hugh Irwin Company (HICO). Following this meeting, it had been determined that the Health Board was in a position to close the consultation, having met all of the necessary requirements. Since then, a letter has been received which takes the process to Stage 5 of the consultation framework, and which provides quality assurance around the process. In terms of engagement, 3,083 individuals have participated in consultation events. There have been 120 meetings and community events; 30 individual responses, 735 questionnaire responses received thus far. Hard copies of questionnaire responses are still being received, and will be included in the collated feedback. As noted, the next stage of the process is conscientious consideration, prior to preparation of a report to Board in November 2026. Ms Hughes Moakes wished to thank members of local communities and the Health Board teams for their participation in the consultation process. She also noted that the feedback from the Consultation Institute has recognised the contribution of Independent Board Members and Health Board teams. Mr Imperato advised that he had attended one of the consultation events and had been impressed with how it had been run. He emphasised, however, the importance of complying with the November Board timeline.

Decision: The Board **NOTED** the progress made in delivering the Clinical Services Plan.

Decision:

With regard to the Stroke Services Consultation, the Board:

- **SUPPORTED** the activities carried out to date, as detailed in the report, along with any verbal updates received following consultation closure
- **TOOK ASSURANCE** that the consultation has met pre-consultation quality assurance stages and undertaken mid-point reviews
- **APPROVED** the reporting timeline to Board, with the final report being presented to the Public Board meeting on 26 November 2026

PM(26)150

Building a Positive Workforce Culture

Mr Neil Prior joined the Board meeting.

Introducing the item, Mrs Gostling thanked the Board for offering an opportunity to discuss the topic of workforce. The report is intended to promote discussion and consideration of the workforce culture, organisational effectiveness and the need to treat these as a strategic objective and a priority. There is a direct link between these and equality, patient outcomes, productivity, financial recovery and service sustainability. It is clear that workforce numbers alone will not deliver what is required. In the first instance, Mrs Gostling wished to record the organisation's pride in its workforce, who continue to demonstrate compassion, professionalism, teamwork and commitment, despite sustained financial and operational pressures. This is echoed in feedback from patients.

Ms Corinna Lloyd-Jones noted there has been a significant amount of discussion today around an environment of escalation, which rightly requires grip, control and accountability, and about delivery across multiple organisational domains. In addition, the organisation remains committed to its values-based culture, where staff feel healthy, happy, valued and empowered to do their best for the patients in their care. The latter should not be viewed as an alternative to strong organisational performance; it is fundamental to achieving it. Whilst addressing what is required undoubtedly involves organisational culture, it also concerns bureaucracy, barriers to decision-making and the mismatch between demand and capacity, which all divert staff from their true priorities. Ms Lloyd-Jones suggested that the main consideration for the Board today is not simply how to improve individual performance, but how to create the conditions under which the collective performance can improve organisational productivity.

Dr Wooding welcomed and commended the report, emphasising the need to deepen inquiry and understanding; and ensure the Health Board's workforce feel engaged and sufficiently skilled, flexible and collegiate. This is fundamental to the Board in delivering its priorities, as no plan or action can be driven without

the participation of staff. Having recently taken over as Chair of the People, Organisational Development and Culture Committee (PODCC), Mr Neil Prior advised that he had discussed this item and report with Mrs Gostling and Ms Lloyd-Jones. A great deal of work is being undertaken around shifting the workforce culture. The report explores future ideas to accelerate cultural change, such as the Faculties of Education and Organisational Development, which are very interesting concepts. Mr Prior emphasised that central to any shift is whole-organisational ownership of cultural change.

Mr Davies thanked the team for the report, which had his full support. He agreed that it is vital for the Health Board to demonstrate their commitment to the workforce, given that they demonstrate their commitment every day. He did, however, request further information and clarity around the proposed faculties mentioned in the report. Returning to the theme of capability and capacity, Mrs Harraway noted that there has been a focus on management capability and capacity, less so on leadership. The Health Board's leaders need to reflect on which behaviours they should be exhibiting themselves, and inspire in its leaders. The organisation needs individuals to lead it, not manage it through the level of transformational change it is seeking. There is, however, a significant opportunity to influence service outcomes and patient experience by enhancing staff experience. This needs to be by co-production, not a top-down process; however, it needs to start at the top.

Whilst confirming his full support for the principles described in the report, Mr Iwan Thomas counselled against attempting to 'instil a culture by committee'. It is unrealistic to simply develop a concept of how to empower staff; this must be facilitated by instilling flexibility and building resilience and a sense of empowerment. This level of detail is not provided in the report, although he was confident that it is being considered. Dr Wooding reminded Members that at Board Seminar, it had been agreed that the organisation would follow an approach of empowering others. This concerns adoption of a mindset or tenet, rather than giving individuals licence to do as they wish. Staff need to feel safe in taking this approach, within a set of environmental factors. It is widely acknowledged that decisions are best made close to the point of delivery.

Ms Daniel endorsed the need to encourage staff to demonstrate innovation and give them the freedom, within a framework, to act and innovate. One of the fundamental messages in the report is how compassionate the Health Board's staff are, which is echoed in patient experience feedback. In terms of behaviours, Ms Daniel suggested that these include attendance, listening, understanding and empathy. It is also important to consider compassionate leadership, behaviours during periods of pressure and at times of challenging decisions, and self-compassion. Agreeing, Dr Wooding highlighted the issue of bandwidth. The organisation operates in a compassionate 'industry'; however, patients often

report that communication is poor. When staff are under pressure, communication can suffer. It is important to develop the bandwidth to manage this, this being a sign of a maturing organisation.

Noting the questions at the end of the report, Mr Imperato suggested that these are a useful source of reflection and prompt for discussion. Welcoming the report and the detail and insight it provides, Cllr. Evans made specific reference to the final question, around where efforts should be focused to achieve the greatest impact. He agreed with Mrs Harraway, that culture and behavioural change need to start at the top. The response rate to the national staff survey was disappointing. Cllr. Evans enquired how the Board identify where best to target its efforts and whether it should, for example, focus on those areas which receive the highest numbers of complaints. Whilst discussions have their part to play, this matter needs to be grasped effectively, and the ethos needs to be shared within and owned by the wider organisation.

Mrs Patel indicated that it will also be important to have a sense of outcomes, so that assessments can be made around the impact of any actions taken. She agreed with Mr Davies that further information and detail is required regarding the proposed faculties and how these would support positive workforce transformation, before the Board can make a judgement in this regard. Mrs Marks expressed her interest in the proposal around faculties. Whilst healthcare has proved to be a highly adaptive system, she suggested that it can sometimes adapt to 'self-protect'. Thus, it is important to seek an external perspective and input. Regarding the effect of staff experience on patient experience, the organisation is seeing many examples of staff experiencing burnout, stress and pressure. Whilst not suggesting that these lead to a deliberate lack of compassion, it can be an unintended consequence. Levels of staff sickness also impact on patient experience and service performance.

Mr Prior felt that it is important to establish and focus on the issue that the Health Board is trying to solve. If it is recognised that more engaged and better motivated staff lead to improved outcomes and higher performing organisations; the question becomes how the Health Board becomes achieves this in the context of its budgetary challenges, waiting lists, patient safety outcomes, etc. If the staff survey is taken as a starting point (recognising that the response rate, whilst improved, is still low), the three areas with the lowest scores are morale, engagement and patient safety. This suggests that, as has been mentioned, a Board-level discussion around workforce culture is not sufficient. The ethos needs to be owned and demonstrated by the leadership and right across the organisation. The PODCC Terms of Reference were recently reviewed and a discussion ensued around an ambition for the Health Board to be 'world-class' in this field. Given this year's staff survey results, Mr Prior had queried whether this was an appropriate aim; however, he did feel that the proposed faculties may well offer an opportunity to demonstrate

inspirational leadership in this area. Whatever the outcome, there is clearly a role for PODCC.

Dr Wooding emphasised that it is not appropriate for the Board to simply determine a course of action and expect others to implement it. An ownership of the workforce culture envisaged and active demonstration of the values and behaviours at a leadership level is required. Dr Wooding noted that there will be a significant proportion of staff who have never worked anywhere other than HDdUHB, or its predecessor organisations. This will have a certain impact on the workforce culture, values, behaviours and standards. Not that this is negative; however, there needs to be a cognisance of it. As Mrs Marks has suggested, organisations are not designed to change, they are designed to control and structure. Requesting them to change is, therefore, challenging and can be met with resistance. This can also lead to individuals defining themselves and the way they work within an organisational context, rather than at a personal level. Again, not necessarily problematic, but needs to be regarded as a reference point in the change process. Those people who feel that they are operating at their best, often gain this confidence through a sense of being skilled to the level they need to be and being connected to an organisation and the purpose of that organisation, to others within the organisation and to themselves. To move forward, the Health Board needs to identify the drivers which enable people to feel and be the best they can be within the workplace. The barriers to this also need to be identified.

Focusing on the role of the Board, Professor Kloer noted that the King's Fund defines this as: accountability, strategy and culture. He observed that HDdUHB's Board tends to spend a great deal of time considering the first two of these, and much less on the third, potentially neglecting a fundamental part of the Board's role. He agreed with Mrs Harraway, that culture must begin at the top. The report does not discuss in detail the issue of Board development; however, it will be crucial to embed this topic within the Board development programme. In terms of excellence, he felt that the organisation should be ambitious, and agreed that it should seek input and views from other relatable organisations. A Faculty of Organisational Development (OD) would assist in the Health Board's commitment to be a learning organisation, and Professor Kloer would endorse this proposal. His final comment was that the organisational approach and expectation in terms of culture and behaviours must be relatable to individuals and an organisation under pressure; it must not be disconnected from reality.

Mrs Gostling emphasised that leadership is not easy. It requires vulnerability and a willingness to listen, and potentially hear challenging feedback. Cultural change will take time. In response to specific comments, she explained that the 'faculty' terminology has been used because HDdUHB is a university health board. It is important to use the correct language to engage with the necessary individuals and organisations. Mrs Gostling noted that the Health Board does not currently give due consideration to

multi-professional education. It will seek to develop that aspect and create the necessary environment and culture to do so.

In response to an earlier query around the format of the faculties, and how managers feature in this, Ms Lloyd-Jones explained that co-creation will be a key step. The report's recommendation seeks support in undertaking a feasibility assessment. However, developing the faculties would see the team working with those who will benefit from their existence. This will ensure that staff understand what the faculties are and their role in developing them. Ms Lloyd-Jones emphasised the importance of ensuring that workforce culture is not viewed as 'another initiative', about which updates are presented from time to time. Updates should not be required, because it should involve everyone. She also wished to recognise that the Health Board is not starting from scratch. A great deal of work is already underway across the organisation, supported by the Workforce and OD team. The OD team in particular undertake targeted work to capture information on staff experience, and share with teams and leaders. The staff survey responses reflect this, with strong results in teamworking, being strong together and speaking-up. Where the faculties would provide specific benefits are in providing the pace and scale of transformation required, particularly in the improvement change perspective and by connecting and aligning programmes of work.

Whilst recording the Board's 'in principle' support to the recommendations, Dr Wooding endorsed further work being undertaken on the faculties, suggesting that more detail regarding the model is required and that this should probably be discussed at PODCC. He also noted the need to demonstrate the required behaviours at a senior level, including at Board, and the need for metrics in order to evaluate success in implementation. He emphasised, however, that this will be an iterative and ongoing process. Dr Wooding suggested that the organisation needs to become 'comfortable with feeling uncomfortable'. Staff often work for the Health Board for long periods of time; the organisation should seek to make those years a positive experience. This should be viewed as an organisational responsibility and priority, along with the others. It will reflect in the services the Health Board delivers and quality of care. As has been mentioned, workforce culture should also be part of Board development and the topic of a Board Seminar session.

LG

JW

Decision: The Board:

- **RECOGNISED** workforce culture and organisational effectiveness as a strategic organisational priority and acknowledge their direct impact on quality, patient outcomes, productivity, workforce sustainability and financial recovery.
- **CONFIRMED** that improving workforce culture and effectiveness is a whole-organisation responsibility, requiring collective leadership from the Board, Executive Team, operational leaders and staff.

- **PROVIDED** in-principle support for the development of a Faculty of Education and Faculty of Organisational Development, subject to completion of time-limited feasibility and design work, and commission the Executive Team to undertake this, including consideration of organisational, workforce, financial and governance implications.
- **DETERMINED** the priority and urgency to assign to an accelerated Workforce Culture and Effectiveness Programme.
- **AGREED** that the People, Organisational Development and Culture Committee (PODCC) will provide oversight of the next phase, providing assurance to the Board on delivery, outcomes, impact and risk.

PM(26)151

Report of the Audit and Risk Assurance Committee

Ms Mwape Burke left the Board meeting

Cllr. Evans, Audit and Risk Assurance Committee (ARAC) Chair, introduced the update report from the meeting held on 23 June 2026. There were no 'Alert' items. With regard to 'Advise' items, the Committee had received Limited Assurance Internal Audit reports in relation to GP Out of Hours, Infection Prevention and Control and High Cost Drugs. Members will be aware from the extraordinary Public Board meeting in June 2026 that the overall Head of Internal Audit Opinion was also one of Limited Assurance. Cllr. Evans indicated that discussions have taken place with Internal Audit around ensuring that audits are delivered in a timely manner, and that any issues are escalated at an early point.

In response to a request for assurance that the audits mentioned above would be followed-up and recommendations monitored and implemented, it was confirmed that this would take place. Dr Wooding emphasised the importance of acting upon audit recommendations in an efficient and timely manner.

Decision: The Board:

- **APPROVED** the revised ARAC Terms of Reference
- **NOTED** the items the Committee is advising it of
- **TOOK ASSURANCE** from the items that the Committee is providing assurance on

PM(26)152

Report of the Quality, Safety and Experience Committee

Mrs Marks, Quality, Safety and Experience Committee (QSEC) Chair, introduced the update report from the meeting held on 11 June 2026. There were no 'Alert' or 'Advise' items. The Committee had discussed, endorsed and recommended for approval the Duty of Candour report, which had been approved at the extraordinary Public Board meeting on 25 June 2026.

Decision: The Board:

- **NOTED** the items the Committee is advising them of

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

PM(26)153

Report of the Finance and Performance Committee

Mr Imperato, FPC Chair, presented the update report from the meeting on 30 June 2026. He noted that much of its contents have already been discussed, including the single 'Alert' item in relation to the Health Board's financial position. The Committee's attention had been drawn in particular to ongoing pressures in delayed transfers of care in urgent and emergency care services, cancer services and elective care, among others. Mr Imperato wished to highlight FPC's request for an organisational focus on a number of key priorities. Moving onto the 'Advise' items, significant workforce-related pressures were highlighted, resulting in expenditure on variable pay. All of these are areas which will be of increasing focus for the Committee.

Decision: Within the procurement report, the Board:

- **APPROVED** the award of the Electronic Document and Records Management System (EDRMS) Renewal contract from the 01 September 2026 to the 31 March 2032 with an option to extend to 31 March 2034 at a total contract value of £1,244,903.00 ex VAT. This contract will have onwards submission to HDdUHB Public Board, Velindre NHS Trust (as hosts of NHS Wales Shared Services Partnership) and Welsh Government for approval.
- **APPROVED** the award for Oral Surgery contract for five (5) years from 01 October 2026 to 30 September 2031 with the option to extend for a further five (5) year, by way of three (3) plus two (2) years, with total contract value of £5,060,000.00 ex VAT. This contract will have onwards submission to HDdUHB Public Board, Velindre NHS Trust (as hosts of NHS Wales Shared Services Partnership) and Welsh Government for approval.
- **APPROVED** the commencement and subsequent award of the procurement process for Outsourcing Ophthalmology contract for up to two (2) years from 01 August 2026 to 31 July 2027 with no option to extend, with total contract value of up to £12,000,000.00 ex VAT. This contract will have onwards submission to HDdUHB Public Board, and Velindre NHS Trust (as hosts of NHS Wales Shared Services Partnership). This requirement does not require Welsh Government approval.
- **APPROVED** the approval and delegated authority arrangements for procurement activity within the Health Board.

Decision: The Board:

- **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.

Decision: The Board:

- **APPROVED** the award of the Electronic Document and Records Management System (EDRMS) Renewal contract from 01 September 2026 to 31 March 2032 with an option to extend to 31 March 2034 at a total contract value of £1,244,903.00 ex VAT. This contract will have onwards submission to Velindre NHS Trust (as hosts of NHS Wales Shared Services Partnership) and Welsh Government for approval.
- **APPROVED** the award for Oral Surgery contract for five (5) years from 01 October 2026 to 30 September 2031 with the option to extend for a further five (5) year, by way of three (3) plus two (2) years, with total contract value of £5,060,000.00 ex VAT. This contract will have onwards submission to Velindre NHS Trust (as hosts of NHS Wales Shared Services Partnership) and Welsh Government for approval.
- **APPROVED** the commencement and subsequent award of the procurement process for Outsourcing Ophthalmology contract for up to two (2) years from 01 August 2026 to 31 July 2028 with no option to extend, with total contract value of up to £12,000,000.00 ex VAT. This contract will have onwards submission to Velindre NHS Trust (as hosts of NHS Wales Shared Services Partnership). This requirement does not require Welsh Government approval.
- **APPROVED** the extension option for the Regional Construction Framework for nine months from 01 August 2026 to 30 April 2027 with a value of up to £20,000,000.00 ex VAT. This contract will have onwards submission to Velindre NHS Trust (as hosts of NHS Wales Shared Services Partnership). This requirement does not require Welsh Government approval.
- **APPROVED** the contract change notice for The Microsoft Enterprise Agreement for a total additional contract value of up to £221,279.94 ex VAT. This contract will have onwards submission to Velindre NHS Trust (as hosts of NHS Wales Shared Services Partnership). This requirement does not require Welsh Government approval.
- **APPROVED** the contract change notice for Fire-led Multidisciplinary Services for the Bronglais General Hospital Fire Scheme for an additional contract value of £107,480.00 ex VAT, increasing the total contract value to £1,673,868.00 ex VAT. This contract will have onwards submission to Velindre NHS Trust (as hosts of NHS Wales Shared Services Partnership). This requirement does not require Welsh Government approval.
- **APPROVED** the contract change notice for Fire-led Multidisciplinary Services for the Glangwili General Hospital Fire Scheme for an additional contract value of £73,532.50 ex VAT, increasing the total contract value to £925,153.50 ex VAT. This contract will have onwards submission to Velindre NHS Trust (as hosts of NHS Wales Shared Services

Partnership). This requirement does not require Welsh Government approval.

- **APPROVED** the approval and delegated authority arrangements for procurement activity within HDdUHB.

PM(26)155

Report of the Strategy and Planning Committee

Mr Weir, SPC Chair, presented the update report from the meeting on 22 June 2026, noting that there is one 'Alert' item. This relates to Welsh Government advising that the Health Board's Annual Plan remains unacceptable due to concerns regarding deliverability, performance trajectories and financial recovery. Additionally, there are concerns around planning processes, including regional planning. These topics have been referenced earlier in today's discussions. SPC's conclusion had been that the Board needs to retain a monitoring approach to these issues. There are two 'Advise' items, the first of which identifies the need for a strategic approach in regard to managed practices. This will be a topic revisited by the Committee later in the year. The second relates to the NHS Hospital Resilience Survey Report, with the Health Board now having the oldest NHS estate in Wales, a finding well-known to Members.

Decision: The Board:

- **APPROVED** application of the seal for all schemes listed
- In respect of the additional 5th LINAC Business Case, **APPROVED** the recurring revenue commitment of £2.8m, shared equally at £1.4m each. For HDdUHB this is circa £0.4m more than previously agreed in principle by the Board, and support the £6.832m capital investment, led by SBUHB and funded by WG
- **RESPONDED** to the items that they are being alerted to
- **NOTED** the items the Committee is advising them of
- **TOOK ASSURANCE** from the items that the Committee is providing assurance on

PM(26)156

Additional 5th Linear Accelerator (LINAC) Business Justification Case

Presenting the report, Mr Ayres suggested that this represents a positive development for the organisation. It is a regional solution, and one which SBUHB's Board has approved this morning. Members noted that £1m in relation to LINAC has already been approved as part of the Health Board's Plan. The information presented today describes an updated proposal, which relates to capacity required in order to maximise usage. Further business cases to provide additional capacity may come to future Boards. Mr Ayres drew Members' attention to the rationale behind the request for funding, noting that the South West Wales Cancer Centre (SWWCC) serves approximately 0.9m people across Swansea Bay, Hywel Dda and parts of Powys. The four current machines provide 32,525 treatment slots a year. A recent demand model indicates demand of about 42,659 slots by 2027/28. A fifth

machine would add approximately 8,131 slots, still leaving a shortfall in meeting the demand.

Whilst noting the caveat that this business case represents only part of the solution, Dr Wooding welcomed the news that it had been approved by SBUHB.

Decision: The Board:

- **APPROVED** the Business Justification Case for the fifth LINAC and the enabling expansion of CT-Sim capacity.
- **APPROVED** Hywel Dda's full-year recurrent contribution of £1.387 million (reported as £1.4 million), noting that circa £1.0 million is already reflected in the current planning position and £0.387 million (circa £0.4 million) is the residual recurrent pressure.
- **SUPPORTED** the £6.832 million capital case led by Swansea Bay and funded by Welsh Government, noting that this is not a capital funding request to Hywel Dda.
- **NOTED** the risk to timely access, patient experience, service resilience and cost if the fifth LINAC is delayed.
- **NOTED** that the single or twin bunker choice in BJC2, and any later sixth or seventh LINAC, are not approved by this decision and will return separately.
- **SUPPORTED** continued development of the BJC2 options through the agreed governance route.

PM(26)157

Report of the People, Organisational Development and Culture Committee

Mr Prior presented his first update report as PODCC Chair, from the meeting on 19 May 2026. Whilst there were no 'Advise' or 'Alert' items, there were a number which fall into the 'Assure' category. On a personal level, Mr Prior wished to add to these his assurance that the 50% response rate to the Committee's Annual Report would improve. He drew Members' attention to the reviewed and revised Terms of Reference, presented for Board approval. He noted that a set of principles for PODCC's work has also been developed, the first of which aligns with an earlier agenda item, as it commits to prioritise valuing people, organisational development and culture.

Decision: The Board:

- **APPROVED** the PODCC Terms of Reference
- **TOOK ASSURANCE** from the items that the Committee is providing assurance on

PM(26)158

Report of the Health and Safety Committee

Ms Murphy, Health and Safety Committee (HSC) Chair, presented the update report from the meeting on 7 July 2026, highlighting the single 'Advise' item. This relates to concerns regarding the volume of operational risks, particularly those relating to Estates and Facilities, the consistency of risk reporting and management

arrangements, and the extent to which mitigating actions and controls were clearly articulated with up-to-date timescales. A review will be undertaken, with a Deep Dive to be reported to the next meeting. The Board is also requested to approve the Major Incident Plan, which forms the next agenda item.

Decision: The Board:

- **APPROVED** the Major Incident Plan
- **NOTED** the items the Committee is advising them of
- **TOOK ASSURANCE** on the items that the Committee is providing assurance on

PM(26)159

Major Incident Plan

Presenting the Major Incident Plan, Dr Gjini noting that the refreshed Plan provides an organisation-wide framework for responding to major incidents. It replaces the existing Plan and has been updated following a multi-agency consultation. It also reflects learning and debriefs from a number of major incidents and exercises undertaken. Approval would provide the Board with assurance that HDdUHB remains ready to respond effectively to emergencies and protect its population, patients, staff and services.

Cllr. Evans noted the instruction on page 4 of the Major Incident Plan, that staff should not stop to read it in the event of a major incident. In view of this, he requested assurance that staff are sufficiently aware of its contents. In response, Dr Gjini would anticipate that Executive Directors and senior staff are cognisant of its contents and highlighted that the staff consultation provides an opportunity for staff to increase their awareness of it. There have been a few incidents recently, for example in relation to the hot weather. Referencing the latter, Professor Kloer noted that the Health Board's buildings are not designed to deal with extreme heat. A number have, for example, large expanses of glass. As a result, it is proving very difficult for staff to maintain them at reasonable temperatures. A report had been considered at the Executive Team on learning from the first heatwave, and he has requested a further update on the actions which could reasonably be taken. It is a challenge, of which the Board needs to be aware. The topic has been and will continue to be discussed at HSC. With regard to the recent hot weather, Dr Gjini wished to record her thanks to members of staff for their efforts. She noted that extreme heat has been highlighted within the climate adaption risk assessment.

Decision: The Board **APPROVED** the Major Incident Plan 2026/27.

PM(26)160

Report of the Charitable Funds Committee

Mr Iwan Thomas, Charitable Funds Committee (CFC) Chair, introduced the update report from the meeting on 9 June 2026. There were no 'Alert' or 'Advise' items; however, he wished to

highlight certain of the 'Assure' items. Members heard that the charity generated £4.11 for every £1 spent during 2025-26, exceeding the £4 sector benchmark for the first time. In terms of scrutiny applied by the Committee, two bids for funding from the Making a Difference Fund were placed on hold pending further information. A number of Members will recall that administration of the JC Williams (Elizabeth Williams Endowment) Trust Fund has been ongoing for several years. Mr Iwan Thomas was pleased to report that the Hydrotherapy Pool at Canolfan Pentre Awel is now fully operational and the fund is now closed. There was one correction to the report, with the date of the next meeting being 8 September 2026.

Decision: The Board:

- **APPROVED** the Charitable Funds Committee Terms of Reference
- **TOOK ASSURANCE** from the items that the Committee is providing assurance on

PM(26)161

Report of the Digital, Data and Innovation Committee

Due to the proximity of the Digital, Data and Innovation Committee (DDIC) meeting to the Board meeting, a verbal report was provided by Mr Davies, DDIC Chair. The Laboratory Information Management System (LIMS) has already been mentioned within the Chief Executive's Report. Mr Davies indicated that there were three 'Advise' items, the first regarding the effort involved in completing Data Protection Impact Assessments, and the delays in implementing digital systems which result. Secondly, legislation around Subject Access Requests has changed, meaning that the Health Board is no longer permitted to charge for responding to these, which has increased the number significantly. As a result, it is unable to keep pace and meet the target date for response on a large percentage of these. Thirdly, digital inclusion, with the Committee receiving a report outlining an impressive level of engagement achieved by an extremely small team. However, it has not been possible to fully progress the Health Board's ambition to assist external communities in this regard.

Decision: The Board **NOTED** the items the Committee is advising them of

PM(26)162

Committee Update Reports

Mrs Wilson presented the Committee Update Reports item, explaining that this covers various Committees and Groups, and highlights a number of 'Advise' items. The Board is also requested to approve several Terms of Reference.

Decision: The Board:

- **APPROVED** the following Terms of Reference:
 - Ethics Panel and Clinical Reference Group
 - Mental Health Legislation Committee (extension of existing TORs)

- Remuneration and Terms of Service Committee
- Health Professionals Forum
- Health Board Partnership Forum
- **RECEIVED** the update reports in respect of work undertaken on behalf of the Board at recent Committee meetings
- **RECEIVED** the update reports in respect of the In-Committee Board meetings
- **RECEIVED** the update reports in respect of recent Advisory Group meetings
- **NOTED** the items that it is being advised of
- **TOOK ASSURANCE** from the items that it is being assured on

PM(26)163

Joint Committees and Collaboratives

Introducing the report, Professor Kloer highlighted the 'Alert' item from the Joint Commissioning Committee (JCC) report in relation to the £16.2m gap against their Plan. The JCC has been requested to work with all Health Boards to reduce this figure, and Professor Kloer would provide an update following the next meeting on 18 August 2026.

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(26)164

Statutory Partnerships Update

Dr Gjini presented the Statutory Partnership Update Report, which highlights work being undertaken within the Regional Partnership Board (RPB) and Public Services Boards (PSBs). All three PSBs are engaging with the general public with regard to their Wellbeing Assessments, and Dr Gjini would encourage participation. The RPB continues to undertake a review regarding their structure.

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(26)165

Any Other Business

Ms Hughes Moakes highlighted this year's National Eisteddfod, Eisteddfod y Garreg Las, taking place in Llantwd from 1-8 August 2026. The Health Board will, as usual, be attending.

Dr Wooding wished to record the Health Board's thanks to Ceredigion County Council for accommodating the Board meeting at short notice, which was greatly appreciated.

PM(26)166

Board Annual Workplan

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

PM(26)167

Date and Time of Next Meeting

9:30am, Thursday, 24 September 2026