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Bwrdd Iechyd Prifysgol
Hywel Dda
University Health Board

Cyfarfod Cyhoeddus y Bwrdd/ Public Board Meeting

DYDDIAD Y CYFARFOD: DATE OF MEETING:	24 September 2026
TEITL YR ADRODDIAD: TITLE OF REPORT:	Committee Update Reports
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Joanne Wilson, Director of Corporate Governance/ Board Secretary
SWYDDOG ADRODD: REPORTING OFFICER:	Clare Pearce, Committee Services Officer

Pwrpas yr Adroddiad (dewiswch fel yn addas)

Purpose of the Report (select as appropriate)

Ar Gyfer Penderfyniad/For Decision

ADRODDIAD SCAA SBAR REPORT

Sefyllfa / Situation

The purpose of this report is to provide the Board with a level of assurance in respect of recent Board level Committee meetings that have been held since the previous Board report and are not reported separately on the Board agenda, as follows:

- Ethics Panel held on 1 September 2026
- Mental Health Legislation Committee held on 1 September 2026
- Remuneration and Terms of Service Committee held on 6 August 2026

Additionally, in respect of the In-Committee Board meeting held on 30 July 2026.

This report also provides an update to the Board in respect of recent Advisory Group meetings, as follows:

- Health Board Partnership Forum held on 14 July 2026
- Stakeholder Reference Group held on 7 September 2026

Cefndir / Background

The Hywel Dda University Health Board Standing Orders, approved in line with Welsh Government guidance, require that a number of Board Committees are established. In line with this guidance, the following Committees have been established:

- Audit and Risk Assurance Committee (ARAC)
- Charitable Funds Committee (CFC)
- Mental Health Legislation Committee (MHLC)
- Quality, Safety and Experience Committee (QSEC)
- Remuneration and Terms of Service Committee (RTSC)

The Board has established the following additional Committees:

- Finance and Performance Committee (FPC)

- Health and Safety Committee (HSC)
- People, Organisational Development and Culture Committee (PODCC)
- Strategy and Planning Committee (SPC)
- Ethics Panel

Attached to this report are individual summaries of the key decisions and matters considered by each of the Committees held since the previous Board report, where these are not separately reported to the Board.

Approved minutes from each of the Committees' meetings are available on the Health Board's website via the link below:

<https://hduhb.nhs.wales/about-us/governance-arrangements/board-committees/>

The Health Board has approved Standing Orders, in line with Welsh Government guidance, in relation to the establishment of Advisory Groups. In line with this guidance, the following statutory Advisory Groups have been established:

- Health Professionals Forum (HPF)
- Health Board Partnership Forum (HBPF)
- Stakeholder Reference Group (SRG)

Asesiad / Assessment

Matters of which to Alert the Board:

There were no matters raised by the Ethics Panel, Mental Health Legislation Committee, Remuneration and Terms of Service Committee, In-Committee Board, Health Board Partnership Forum or Stakeholder Reference Group of which to alert the Board.

Matters of which to Advise the Board:

There were no matters raised by the Remuneration and Terms of Service Committee, In-Committee Board or Stakeholder Reference Group of which to advise the Board.

The Ethics Panel wish to **advise** members of the Board that:

- Since the previous update report, panel discussions continued to have focused on the ethical, legal, and clinical challenges of waiting list management and the following considerations have been made:
 - The Panel reflected on the competing principles of fairness that underpin prioritisation decisions. These include balancing clinical urgency, duration of waiting, first-come first-served principles, likelihood of benefit and finite organisational resources. Members agreed that no single principle is sufficient in isolation and that explicit ethical guidance may help support more consistent decision-making.

The Mental Health Legislation Committee wish to **advise** members of the Board that:

- Limited assurance was provided by the **Mental Health Act Data Performance Report** and that staffing reductions within the Mental Health Act Administration Team were impacting the level of detail that could be provided, with a more streamlined reporting format expected to continue in the short term. Despite these constraints, several key concerns were expressed, most notably the ongoing challenges in recording accurate Section 136 data within Accident and Emergency departments, where the quality of the information remained insufficient, and regarding proposed changes to the Mental Health Review Tribunal for

Wales (MHRfW) arrangements as below. Further exploration of the rationale for increased section activity, operational management in different settings, and the impact on patients and staff was requested.

- The **Mental Health Legislation Scrutiny Group (MHLSG)** had completed detailed consideration of governance arrangements and developed recommendations regarding future governance arrangements, membership, reporting and assurance processes for formal consideration and response by the Committee.
- Concerns were raised regarding recent changes to the **Mental Health Review Tribunal for Wales (MHRTfW)** scheduling arrangements, including increased use of remote hearings and shorter notice periods. The potential impact on patient experience, access to advocacy, continuity of professional involvement and the ability of tribunals to benefit from contributions from those most familiar with an individual's care and treatment were noted.

The Health Board Partnership Forum wish to **advise** the Board that:

- Regarding the ongoing impact of operational pressures across acute, community and primary care services, the continued concerns regarding corridor care, workforce pressures and the impact on staff wellbeing and patient experience, particularly during periods of extreme heat.

Argymhelliad / Recommendation

The Board is asked to:

- **APPROVE** the Stakeholder Reference Group Terms of Reference
- **RECEIVE** the update reports in respect of work undertaken on behalf of the Board at recent Committee meetings
- **RECEIVE** the update report in respect of the In-Committee Board meeting
- **RECEIVE** the update reports in respect of recent Advisory Group meetings
- **NOTE** the items that it is being advised of
- **TAKE ASSURANCE** from the items that it is being assured on

Amcanion: (rhaid cwblhau)

Objectives: (must be completed)

Cyfeirnod Cofrestr Risg Datix, Teitl a Sgôr Risg Cyfredol: Datix Risk Register Reference and Score:	Not applicable
Parthau Ansawdd: Domains of Quality Quality and Engagement Act (sharepoint.com)	7. All apply
Galluogwyr Ansawdd: Enablers of Quality: Quality and Engagement Act (sharepoint.com)	6. All Apply

Amcanion Strategol y BIP: UHB Strategic Objectives:	All Strategic Objectives are applicable
Nodau Cynllunio 2026/27 Planning Goals 2026/27	All Planning Goals Apply
Hypergyswllt i Amcanion Llesiant HDdUHB 2026 Hyperlink to HDdUHB Well-being Objectives 2026	9. All HDdUHB Well-being Objectives apply
Model Cymdeithasol ar gyfer lechyd a Llesiant: (wedi'i gwblhau ar gyfer newid strategol a/neu newidiadau sylweddol i wasanaethau) A Social Model for Health and Wellbeing: (<i>complete for strategic change and/or significant service changes</i>)	7. All Apply
Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	Standing Orders External Governance Review
Rhestr Termau: Glossary of Terms:	Included within the body of the report
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y cyfarfod hwn: Parties / Committees consulted prior to this meeting:	Committee and Advisory Group Chairs

Effaith: (rhaid cwblhau) Impact: (must be completed)	
Ariannol / Gwerth am Arian: Financial / Service:	Explicit within the individual Update Reports where appropriate.
Ansawdd / Gofal Claf: Quality / Patient Care:	Explicit within the individual Update Reports where appropriate.
Gweithlu: Workforce:	Explicit within the individual Update Reports where appropriate.
Tegwch lechyd: Health Equity:	Explicit within the individual Update Reports where appropriate.

Risg: Risk:	Explicit within the individual Update Reports where appropriate.
Cyfreithiol: Legal:	The Board has approved Standing Orders in relation to the establishment of Board level Committees. In line with its model Standing Orders, the Health Board has established Board level Committees, the activities of which require reporting to the Board. In line with its model Standing Orders, the Health Board has established a Stakeholder Reference Group, a Health Professionals Forum and a Health Board Partnership Forum, the activities of which require reporting to the Board.
Enw Da: Reputational:	Explicit within the individual Update Reports where appropriate.
Gyfrinachedd: Privacy:	Explicit within the individual Update Reports where appropriate.
Cydraddoldeb: Equality:	Explicit within the individual Update Reports where appropriate.



COMMITTEE UPDATE REPORT/ADRODDIAD DIWEDDARU'R PWYLLGOR – ETHICS PANEL

Date of last meeting/ Dyddiad y cyfarfod diwethaf: 1 September 2026

Quoracy/ Cworwm: Met

Report by/ Adroddiad gan: Chantal Patel, Chair

KEY DISCUSSION POINTS AND MATTERS FROM THE DISCUSSION AT THE MEETING/ PWYNTIAU TRAFOD ALLWEDDOL A MATERION I'W HUWCHGYFEIRIO O'R DRAFODAETH YN Y CYFARFOD:

Alert¹ (may require discussion)/ **Rhybuddio** (efallai y bydd angen trafodaeth)

The Ethics Panel had no items of which to **alert** the Board.

Advise² (to monitor)/ **Cynghori** (i fonitro)

The Ethics Panel wish to **advise** members of the Board that:

- Since the previous update report, panel discussions continued to have focused on the ethical, legal, and clinical challenges of waiting list management and the following considerations have been made:
 - The Panel reflected on the competing principles of fairness that underpin prioritisation decisions. These include balancing clinical urgency, duration of waiting, first-come first-served principles, likelihood of benefit and finite organisational resources. Members agreed that no single principle is sufficient in isolation and that explicit ethical guidance may help support more consistent decision-making.

Assure³ (to note)/ **Sicrhau** (i nodi)

The Ethics Panel wish to wish to **assure** members of the Board that:

- The Panel has agreed that a Task and Finish Group is required, to facilitate development of an overarching ethical framework to support waiting list management. This is in the process of being established.
- The Panel acknowledged the potential wider impact of secondary care waiting list management on primary care services and agreed that the Local Medical Committee should be consulted as part of the ongoing consideration of this issue.

Review of Risks/ Adolygiad o Risgiau

Not Applicable

¹ There is a lack of confidence that any action in place is sufficient to address the issue satisfactorily and/or within the scope of the operational team or executive to resolve. Engagement, action or intervention required.

² There are areas of concern where assurance has been taken on actions in place but requires close monitoring. An early warning of an emerging and potentially serious concern.

³ There is confidence that actions are robust and will be sufficient to address the issue or generally operating effectively. Routine monitoring.

Sharing of learning/ Rhannu dysgu

- The Ethics Panel will consider how the support offered can be shared across the Health Board with teams and departments who may be encountering similar ethical dilemmas.

Recommendation/ Argymhelliad

The Board/Committee is asked to:

- **Note** the items the Ethics Panel is advising it of
- **Take assurance** from the items that the Ethics Panel is providing assurance on

Date of next meeting/ Dyddiad y cyfarfod nesaf: 13 October 2026

Agenda, papers and minutes are available on our website/ Mae agenda, papurau a chofnodion ar gael ar ein gwefan: <https://hduhb.nhs.wales/about-us/governance-arrangements/board-committees/ethics-panel-ep/>



COMMITTEE UPDATE REPORT/ADRODDIAD DIWEDDARU'R PWYLLGOR – MENTAL HEALTH LEGISLATION COMMITTEE

Date of last meeting/ Dyddiad y cyfarfod diwethaf: 1 September 2026

Quoracy/ Cworwm: Met

Report by/ Adroddiad gan: Chantal Patel, Chair

KEY DISCUSSION POINTS AND MATTERS FROM THE DISCUSSION AT THE MEETING/ PWYNTIAU TRAFOD ALLWEDDOL A MATERION I'W HUWCHGYFEIRIO O'R DRAFODAETH YN Y CYFARFOD:

Alert¹ (may require discussion)/ **Rhybuddio** (efallai y bydd angen trafodaeth)

The Mental Health Legislation Committee had no matters of which to **alert** the Board.

Advise² (to monitor)/ **Cynghori** (i fonitro)

The Mental Health Legislation Committee wishes to **advise** members of the Board that:

- Limited assurance was provided by the **Mental Health Act Data Performance Report** and that staffing reductions within the Mental Health Act Administration Team were impacting the level of detail that could be provided, with a more streamlined reporting format expected to continue in the short term. Despite these constraints, several key concerns were expressed, most notably the ongoing challenges in recording accurate Section 136 data within Accident and Emergency departments, where the quality of the information remained insufficient, and regarding proposed changes to the Mental Health Review Tribunal for Wales (MHRfW) arrangements as below. The Committee also requested further exploration of the rationale for increased section activity, operational management in different settings, and the impact on patients and staff.
- The **Mental Health Legislation Scrutiny Group (MHLSG)** had completed detailed consideration of governance arrangements and developed recommendations regarding future governance arrangements, membership, reporting and assurance processes for formal consideration and response by the Committee.
- Concerns were raised regarding recent changes to the **Mental Health Review Tribunal for Wales (MHRTfW)** scheduling arrangements, including increased use of remote hearings and shorter notice periods. Members noted the potential impact on patient experience, access to advocacy, continuity of professional involvement and the ability of tribunals to benefit from contributions from those most familiar with an individual's care and treatment.

¹ There is a lack of confidence that any action in place is sufficient to address the issue satisfactorily and/or within the scope of the operational team or executive to resolve. Engagement, action or intervention required.

² There are areas of concern where assurance has been taken on actions in place but requires close monitoring. An early warning of an emerging and potentially serious concern.

Assure³ (to note)/ Sicrhau (i nodi)

The Mental Health Legislation Committee wishes to **assure** members of the Board that:

- The outcome of the **review of its governance arrangements** was considered following detailed discussion at the previous Committee meeting, the subsequent workshop in August 2026, and further work through the Mental Health Legislation Scrutiny Group (MHLSG). The review focused on its Terms of Reference (ToR), roles, responsibilities and membership.

The review clarified the respective roles of MHLSG and the Committee, with MHLSG undertaking detailed scrutiny and the Committee retaining its statutory Board assurance function. While some duplication between the groups was considered unavoidable, particularly to support partner organisations, opportunities were identified to reduce duplication among Health Board representatives by adopting a more targeted approach to attendance. The review also proposed strengthening the Committee's oversight through Clinical Executive membership, greater use of digital dashboards, and enhanced primary care involvement within scrutiny arrangements. The revised Terms of Reference will be presented for approval at the next Committee meeting.

- The **Thematic report on Patient Experience**, which collated independent feedback on service users' experiences and highlighted a range of themes for further exploration and consideration, was positively received.
- The update report from the **Hospital Power of Discharge Sub Committee** considered business relating to Section 23 of the Mental Health Act 1983, including discharge applications, renewal directions, and other matters linked to the role of hospital managers.
- The **Mental Health (Wales) Measure 2010 Performance Report** identified two Child and Adolescent Mental Health Services (CAMHS) performance exceptions under target A and target B of Part 1, Local Primary Mental Health Support Services (LPMHSS), of the Measure during April to June 2026. Target A concerned the percentage of assessments completed within 28 days of referral, while Target B concerned the percentage of therapeutic interventions started within 28 days of assessment. The Committee noted that performance had been affected recruitment challenges, staff absences and seasonal fluctuations in demand, linked to the academic year and periods when schools were approaching holidays. Assurance was, however, provided that actions were underway to address workforce capacity pressures and strengthen service planning to better respond to demand patterns, with performance continuing to be monitored through established arrangements.

The post discharge follow-up within 72 hours remained an important area of good practice, although this has been affected by patients discharged to locations outside the Health Board area. Further discussion with NHS Wales Performance and Improvement was required regarding the treatment of exemptions within performance reporting.

³ There is confidence that actions are robust and will be sufficient to address the issue or generally operating effectively. Routine monitoring.



- A six-month extension was approved for the **Section 136 Place of Safety Joint Procedure**, on the basis that the policy must be revised and returned within that period. **Policy Number 625 – Community Treatment Order Access to Independent Mental Health Advocacy Policy** was also approved.

Review of Risks/ Adolygiad o Risgiau

Not applicable, as there are currently no risks aligned to the Committee on the Health Board's Risk Management system.

Sharing of learning/ Rhannu dysgu

Not applicable.

Recommendation/ Argymhelliad

The Board is asked to:

- **Note** the items the Committee is advising them of
- **Take assurance** from the items that the Committee is providing assurance on.

Date of next meeting/ Dyddiad y cyfarfod nesaf: 7 December 2026.

Agenda, papers and minutes are available on our website/ Mae agenda, papurau a chofnodion ar gael ar ein gwefan:

[Mental Health Legislation Committee \(MHLIC\) - Hywel Dda University Health Board](#)



COMMITTEE UPDATE REPORT/ADRODDIAD DIWEDDARU'R PWYLLGOR – REMUNERATION AND TERMS OF SERVICES COMMITTEE

Date of last meeting/ Dyddiad y cyfarfod diwethaf: 6 August 2026

Quoracy/ Cworwm: Met

Report by/ Adroddiad gan: Dr Neil Wooding, Chair

KEY DISCUSSION POINTS AND MATTERS FROM THE DISCUSSION AT THE MEETING/ PWYNTIAU TRAFOD ALLWEDDOL A MATERION I'W HUWCHGYFEIRIO O'R DRAFODAETH YN Y CYFARFOD:

Alert¹ (may require discussion)/ **Rhybuddio** (efallai y bydd angen trafodaeth)

The Remuneration and Terms of Service Committee had no items of which to **alert** the Board.

Advise² (to monitor)/ **Cynghori** (i fonitro)

The Remuneration and Terms of Service Committee had no items of which to **advise** the Board.

Assure³ (to note)/ Sicrhau (i nodi)

The Remuneration and Terms of Service Committee wish to **assure** the Board that:

- The Committee approved the proposed Voluntary Early Release (VER) application and supported submission of a business case to Welsh Government to seek final approval for the release.
- The Committee agreed to establish a more structured honours nominations process within the Health Board, with the establishment of an Honours Panel for Autumn 2026.
- The Committee noted the Chief Executive Officer's End-of-Year Assessment 2025-26.

Review of Risks/ Adolygiad o Risgiau

Not applicable

¹ There is a lack of confidence that any action in place is sufficient to address the issue satisfactorily and/or within the scope of the operational team or executive to resolve. Engagement, action or intervention required.

² There are areas of concern where assurance has been taken on actions in place but requires close monitoring. An early warning of an emerging and potentially serious concern.

³ There is confidence that actions are robust and will be sufficient to address the issue or generally operating effectively. Routine monitoring.

Sharing of learning/ Rhannu dysgu

Not applicable

Recommendation/ Argymhelliad

The Board is asked to **take assurance** from the items that the Committee is providing assurance on.

Date of next meeting/ Dyddiad y cyfarfod nesaf: 10 December 2026



COMMITTEE UPDATE REPORT/ADRODDIAD DIWEDDARU'R PWYLLGOR - IN-COMMITTEE BOARD

Date of last meeting/ Dyddiad y cyfarfod diwethaf: 30 July 2026

Quoracy/ Cworwm: Met

Report by/ Adroddiad gan: Dr Neil Wooding, Chair

KEY DISCUSSION POINTS AND MATTERS FROM THE DISCUSSION AT THE MEETING/ PWYNTIAU TRAFOD ALLWEDDOL A MATERION I'W HUWCHGYFEIRIO O'R DRAFODAETH YN Y CYFARFOD:

Alert¹ (may require discussion)/ **Rhybuddio** (efallai y bydd angen trafodaeth)

The In-Committee Board had no matters of which to **alert** the Board.

Advise² (to monitor)/ **Cynghori** (i fonitro)

The In-Committee Board had no matters of which to **advise** the Board.

Assure³ (to note)/ **Sicrhau** (i nodi)

The In-Committee Board wishes to **assure** members of the Board that:

- The In-Committee Board noted the **Suspensions and Public Interest Report** and considered the implications of the matters reported.
- Assurance was provided by update reports from the **In-Committee Audit and Risk Assurance Committee (ARAC)** meeting held on 23 June 2026; the **In-Committee Quality, Safety and Experience Committee (QSEC)** meeting held on 11 June 2026; the **In-Committee Finance and Performance Committee (FPC)** meeting held on 30 June 2026; and the **In-Committee Health and Safety Committee (HSC)** meeting held on 7 July 2026.

Review of Risks/ Adolygiad o Risgiau

Not Applicable.

Sharing of learning/ Rhannu dysgu

Not Applicable.

Recommendation/ Argymhelliad

The Board is asked to:

- **Take assurance** from the items that the In-Committee Board is providing assurance on

Date of next meeting/ Dyddiad y cyfarfod nesaf: 24 September 2026

¹ There is a lack of confidence that any action in place is sufficient to address the issue satisfactorily and/or within the scope of the operational team or executive to resolve. Engagement, action or intervention required.

² There are areas of concern where assurance has been taken on actions in place but requires close monitoring. An early warning of an emerging and potentially serious concern.

³ There is confidence that actions are robust and will be sufficient to address the issue or generally operating effectively. Routine monitoring.



COMMITTEE UPDATE REPORT/ADRODDIAD DIWEDDARU'R PWYLLGOR – HEALTH BOARD PARTNERSHIP FORUM

Date of last meeting/ Dyddiad y cyfarfod diwethaf: 14 July 2026

Quoracy/ Cworwm: Met

Report by/ Adroddiad gan: Lisa Gostling, Chair

KEY DISCUSSION POINTS AND MATTERS FROM THE DISCUSSION AT THE MEETING/ PWYNTIAU TRAFOD ALLWEDDOL A MATERION I'W HUWCHGYFEIRIO O'R DRAFODAETH YN Y CYFARFOD:

Alert¹ (may require discussion)/ **Rhybuddio** (efallai y bydd angen trafodaeth)

The Health Board Partnership Forum has no items of which to **alert** the Board.

Advise² (to monitor)/ **Cynghori** (i fonitro)

The Health Board Partnership Forum wish to **advise** members of the Board:

- Regarding the ongoing impact of operational pressures across acute, community and primary care services. Members noted continued concerns regarding corridor care, workforce pressures and the impact on staff wellbeing and patient experience, particularly during periods of extreme heat.

Assure³ (to note)/ **Sicrhau** (i nodi)

The Health Board Partnership Forum wish to **assure** members of the Board that:

- Consultation on OCP2 organisational changes was ongoing, with continued monitoring required regarding staff engagement, job matching processes and implementation arrangements. Positive partnership working with Trade Unions continues.
- Members highlighted the need to strengthen organisational preparedness for extreme weather events, including workplace temperatures, hydration, cooling measures and support for vulnerable staff.
- Concerns relating to staff communications, training access, Continuing Professional Development processes, parking arrangements and staff safety during community visits were raised and are being progressed through appropriate management channels.

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³ There is confidence that actions are robust and will be sufficient to address the issue or generally operating effectively. Routine monitoring.

- Partnership working between management and Staff Side remains constructive and effective, particularly in supporting organisational change activity and staff engagement. There are no planned redundancies associated with OCP2.
- Progress continues on key service developments, including enhancements to paediatric services at Withybush Hospital and the ongoing development of Pentre Awel.
- Workforce policy updates were reviewed, with no significant concerns identified by the Forum.

Review of Risks/ Adolygiad o Risgiau

The Forum considered risks associated with operational pressures, corridor care, workforce capacity, extreme weather impacts and financial challenges. No new risks were identified for escalation.

Sharing of learning/ Rhannu dysgu

The Forum highlighted the value of early partnership engagement during organisational change and the importance of proactive planning and communication to support staff during periods of operational and environmental pressure.

Recommendation/ Argymhelliad

The Board is asked to:

- **Note** the items the Forum is advising it of
- **Take assurance** from the items that the Forum is providing assurance on

Agenda, papers and minutes are available on our website/ Mae agenda, papurau a chofnodion ar gael ar ein gwefan: <https://hduhb.nhs.wales/about-us/governance-arrangements/advisory-groups/health-board-partnership-forum/>

^[1] *There is a lack of confidence that any action in place is sufficient to address the issue satisfactorily and/or within the scope of the operational team or executive to resolve. Engagement, action or intervention required.*

^[2] *There are areas of concern where assurance has been taken on actions in place but requires close monitoring. An early warning of an emerging and potentially serious concern.*

^[3] *There is confidence that actions are robust and will be sufficient to address the issue or generally operating effectively. Routine monitoring.*



COMMITTEE UPDATE REPORT/ ADRODDIAD DIWEDDARU'R PWYLLGOR – STAKEHOLDER REFERENCE GROUP

Date of last meeting/ Dyddiad y cyfarfod diwethaf: 7 September 2026

Quoracy/ Cworwm: Met

Report by/ Adroddiad gan: Mr Tegryn Jones, Chair

KEY DISCUSSION POINTS AND MATTERS FROM THE DISCUSSION AT THE MEETING/ PWYNTIAU TRAFOD ALLWEDDOL A MATERION I'W HUWCHGYFEIRIO O'R DRAFODAETH YN Y CYFARFOD:

Alert¹ (may require discussion)/ **Rhybuddio** (efallai y bydd angen trafodaeth)

The Stakeholder Reference Group had no matters of which to **alert** the Board.

Advise² (to monitor)/ **Cynghori** (i fonitro)

The Stakeholder Reference Group had no matters of which to **advise** the Board.

Assure³ (to note)/ **Sicrhau** (i nodi)

The Stakeholder Reference Group wish to **assure** Members of Board that:

- The **Terms of Reference** for the Stakeholder Reference Group were updated and approved by the Group and are appended for Board approval.
- The **Review of the Stakeholder Reference Group Membership** outlined a number of updates to the representative membership. While the Group continues to function effectively, the position of Vice Chair remains vacant and efforts to identify an appropriate appointment are continuing.
- An update was received on **Current and Planned Engagement** activities across the Health Board, including the second phase of the Clinical Services Plan (CSP) Stroke Services consultation, and engagement on the 'A Healthier Mid and West Wales' Strategy Refresh, Section 136 Mental Health, Meddygfa'r Penrhyn, BANDI and Children's Centre proposals, maternity service changes, Pharmaceutical Needs Assessment, and outreach work with seldom-heard communities. Members discussed the importance of ongoing engagement with local communities, accessibility of services, rural transport considerations, and maintaining open dialogue with the public on service developments.
- The **Clinical Services Plan – Stroke Services update** showed a strong level of engagement and the rich range of feedback received through the consultation process. A draft consultation report is currently being developed and reviewed to ensure that feedback is accurately represented and balanced. The Stakeholder

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³ There is confidence that actions are robust and will be sufficient to address the issue or generally operating effectively. Routine monitoring.

Reference Group has been provided with an opportunity to review and comment on the draft report via email as part of the conscientious consideration process.

- An update was received on the **BANDI Children's Centre** redevelopment project. Members noted the proposal to relocate the service from Glangwili General Hospital to St David's Park, supported by charitable fundraising and Welsh Government funding. Extensive engagement has been undertaken with stakeholders, including BANDI Trustees, Carmarthenshire County Council, local schools, children, young people and service users. Members were invited to share their views, as part of the engagement process that will run until 14 October 2026.
- The **Pharmaceutical Needs Assessment** (PNA) assesses the current and future pharmaceutical needs of the population over the next five years. The findings from the public engagement exercise, alongside feedback from professional stakeholders, were shared with the Group. The assessment reviewed current pharmacy service provision, identified patterns of access and use, and highlighted opportunities for service development.

Review of Risks/ Adolygiad o Risgiau

Not applicable.

Sharing of learning/ Rhannu dysgu

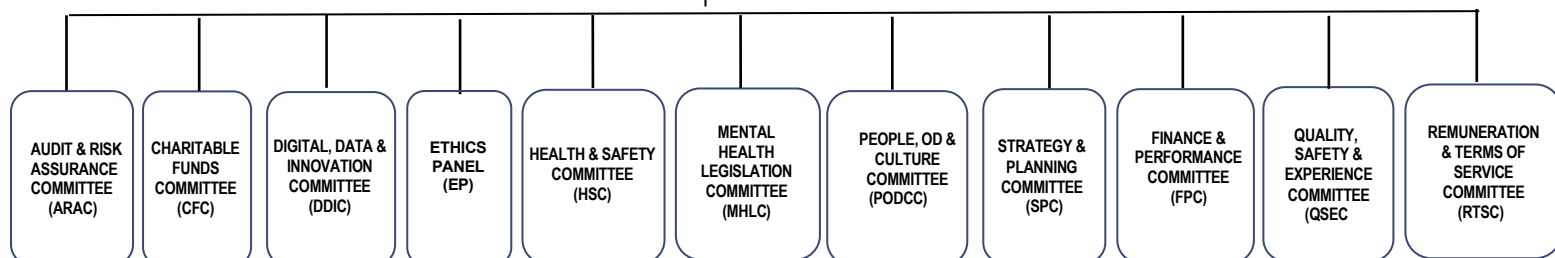
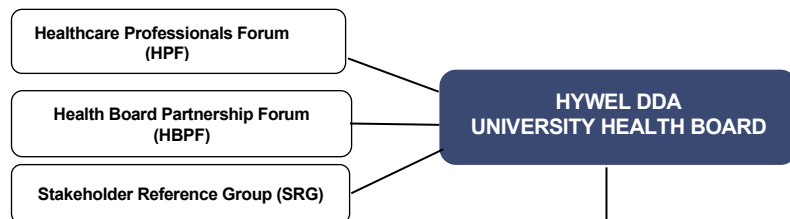
Not applicable.

Recommendation/ Argymhelliad

The Board is asked to:

- **Approve** the Stakeholder Reference Group Terms of Reference
- **Take assurance** from the items that the Committee is providing assurance on

Agenda, papers and minutes are available on our website: [Stakeholder Reference Group - Hywel Dda University Health Board](#)



STAKEHOLDER REFERENCE GROUP

TERMS OF REFERENCE

Version	Issued to:	Date	Comments
V0.1	Hywel Dda University Health Board	25.03.2010	Approved
V0.2	SRG	08.06.2010	Approved
V0.2	Board (Standing Orders)	22.07.2010	Approved
V0.3	SRG	14.01.2011	Approved
V0.3	SRG	29.03.2011	Approved
V0.4	SRG	20.09.2011	Approved
V0.5	SRG	17.07.2012	Approved
V0.5	Board (Standing Orders)	27.09.2012	Approved
V0.6	SRG	22.01.2013	Approved
V0.6	Board (Standing Orders)	26.09.2013	Approved
V0.7	SRG	27.01.2014	Approved
V.08	SRG	15.10.2015	Approved
V.09	SRG	12.01.2017	Approved
V.09	Hywel Dda University Health Board	26.01.2017	Approved
V10	SRG	05.02.2018	Approved
V.10	Hywel Dda University Health Board	28.03.2019	Approved
V.11	Hywel Dda University Health Board	26.09.2019	Approved
V.12	SRG	16.04.2021	Approved

V.12	Hywel Dda University Health Board	27.05.2021	Approved
V.13	Hywel Dda University Health Board	29.07.2021	Approved
V.14	SRG	06.05.2022	Approved
V.14	Hywel Dda University Health Board	28.7.2022	Approved
V.15	SRG	05.05.2023	Approved
V.15	Hywel Dda University Health Board	25.05.2023	Approved
V.16	SRG	02.05.2024	Approved
V.16	Hywel Dda University Health Board	25.07.2024	Approved
V.17	SRG	07.07.2025	Approved
V.17	Hywel Dda University Health Board	25.09.2025	Approved
V.18	SRG	07.09.2026	Approved
V.18	Hywel Dda University Health Board	24.09.2026	For Approval

1. Constitution

- 1.1 The Stakeholder Reference Group (SRG) has been established as an Advisory Group of the Hywel Dda University Health Board (HDdUHB) and was constituted from 1 June 2010.

2. Principal Duties

- 2.1 The purpose of the SRG is to provide:
- 2.1.1 Early engagement and involvement in the determination of the HDdUHB's overall strategic direction;
 - 2.1.2 Advice to the HDdUHB on specific service improvement proposals prior to formal consultation; as well as
 - 2.1.3 Feedback to the HDdUHB on the impact of the HDdUHB's operations on the communities it serves.
 - 2.1.4 The SRG has responsibilities under the Equalities Act 2010.

3. Operational Responsibilities

- 3.1 The SRG will, in respect of its provision of advice to the Board:
- 3.1.1 Provide a forum to facilitate full engagement and activate debate amongst stakeholders from across the communities served by the HDdUHB, with the aim of reaching and presenting, wherever possible, a cohesive and balanced stakeholder perspective to inform the HDdUHB's decision-making. NB: Even when the SRG is unable to reach a consensus, it has an important role as a forum through which to draw the HDdUHB's attention to the full range of views.
 - 3.1.2 The SRG shall represent those stakeholders who have an interest in, and whose own roles and activities may be impacted by the decisions of the HDdUHB and vice-versa. The SRG's role is distinctive from that of Llais West Wales (Citizen Voice Body), who have a statutory role in representing the interests of patients and the public within their geographic areas.

4. Membership

- 4.1 The membership of the SRG, including the approval of nominations to the Group; the appointment of Chair and Vice Chair; definition of member roles, powers and terms and conditions of appointment will be determined by the Board, taking account of the views of its stakeholders. The membership of the Group shall comprise:

Chair: Nominated from within the membership of the SRG by its members and approved by the Board.

Vice Chair: Nominated from within the membership of the SRG by its members and approved by the Board.

Members: The SRG shall function as a coherent Advisory Body, all members being full and equal members and sharing responsibility for the decisions of the SRG.

The membership is drawn from within the area served by the HDdUHB and ensures involvement from a range of bodies and groups operating within the communities serviced by the HDdUHB. It is the role of SRG members to represent fairly and fully the interests and views of those bodies and groups. Membership may include community partners, provider organisations, special interest and other groups operating within HDdUHB's geographical area. Where appropriate, the Board may determine to extend membership to individuals in order to represent a key stakeholder group where there are not already formal bodies or groups established or operating within the area and who may represent the interests of these stakeholders on the SRG.

There shall be no minimum or maximum requirement in terms of membership size. In determining the number of members, the Board shall take account of the need to ensure the SRG's size is optimal to ensure focused and inclusive activity.

The membership of the SRG will also serve as the membership of the Reference Group to advise the West Wales Regional Partnership Board (RPB), especially on matters of integration and seamless health and social care.

In determining the overall size and composition of the SRG, the Board must take account of the demography and diversity of the areas served by HDdUHB;

The Board shall keep under review the size and composition of the SRG to ensure it continues to reflect an appropriate balance in stakeholder representation.

All members must:

- Be prepared to engage with and contribute fully to the SRG's activities and in a manner that upholds the standards of good governance – including the values and standards of behaviour – set for the NHS in Wales;
- Comply with their terms and conditions of appointment;
- Equip themselves to fulfil the breadth of their responsibilities by participating in appropriate personal and organisational development programmes; and
- Promote the work of the SRG within the communities it represents.

SRG members are accountable, through the SRG Chair to the University Health Board (UHB) for their performance as Group members, and to their nominating body or grouping for the way in which they represent the views of their body or grouping at the

SRG.

The membership of the SRG is made up of representatives from the following sectors with the number of representatives in brackets ():

Sector/ Organisation

- Armed Forces Covenant Representative (1)
- Carer representation (Carmarthen, Ceredigion and Pembrokeshire) (3)
- Citizens Advice (1)
- Fire & Rescue Service (1)
- Hywel Dda Llais (Citizen Voice Body) (1)
- HDdUHB Independent Board Member (1)
- HDdUHB Public Health representation (1)
- Housing Associations (1)
- Independent Sector (1)
- Mental Health representation (1)
- Natural Resources Wales representation (1)
- Patient representation (Carmarthen, Ceredigion and Pembrokeshire) (3)
- Public Service Boards representation (Carmarthen, Ceredigion and Pembrokeshire) (3)
- Siarad Iechyd/ Talking Health Member (Carmarthen, Ceredigion and Pembrokeshire) (3)
- Third Sector (CAVO, CAVS & PAVS) (1)
- Un Llais Cymru/One Voice Wales (*formerly Town and Community Councils*) (Carmarthen, Ceredigion and Pembrokeshire) (3)
- West Wales Care Partnership/ Regional Partnership Board (1)
- Welsh Ambulance Services NHS Trust (WAST) (1)

Total: 28

Additional organisational representation may be co-opted as appropriate and will include:

- Office of the Police and Crime Commissioner
- Strategic Partnerships, Diversity and Inclusion
- Local Health Board County Directors
- Mental Health
- Planning
- Engagement
- Patient Experience
- Youth Forums
- Transformation
- Those from an ethnic community/Those with protected characteristics

This membership will be reviewed by the Chair and Lead Director on an annual basis.

Members who are unable to attend a meeting may send a deputy, providing such deputies are eligible for appointment to the SRG.

4.2 In attendance:

- 4.2.1 The Communications and Engagement Director will be the Lead Director and sponsor for the SRG. A minimum of one Director will attend all formal meetings.
- 4.2.2 The HDdUHB may determine that designated Board members or HDdUHB staff should be in attendance at SRG meetings. The SRG's Chair may also request the attendance of Board members or HDdUHB staff, subject to the agreement of the HDdUHB Chair.

4.3 **Member Appointments**

Appointments to the SRG shall be made by the Board, based upon nominations received from stakeholder bodies/ groups. The Board may seek independent expressions of interest to represent a key stakeholder group where it has determined that formal bodies or groups are not already established or are operating within the area and may represent the interests of these stakeholders on the SRG.

The nomination and appointment process shall be open and transparent, and in accordance with any specific requirements or directions made by Welsh Government. The appointments process shall be designed in a manner that meets the communication and involvement needs of all stakeholders eligible for appointment.

Members shall be appointed for a period specified by the Board, but for no longer than three (3) years in any one term. Those members can be reappointed but may not serve a total period of more than five (5) years consecutively. The Board may, where it considers it appropriate, co-opt members to the SRG on an interim or short-term basis to fulfil a particular purpose or need.

The **Chair** shall be nominated from within the membership of the SRG, by its members, in a manner determined by the Board, subject to any specific requirements or directions made by Welsh Government. The nomination shall be subject to consideration by the HDdUHB, who must submit a recommendation on the nomination to the Minister for Health and Social Services. The appointment as Chair shall be made by the Minister, but it shall not be a formal public appointment. The Constitution Regulations provide that the Welsh Ministers may appoint an Associate Member of the Board, and the appointment of the Chair to this role is on the basis of the conditions of appointment for Associate Members set out in the Regulations.

The Chair's term of office shall be for a period of up to two (2) years, with the ability to stand as Chair for an additional one (1) year, in line with that individual's term of office as a member of the SRG. That individual may remain in office for the remainder of their term as a member of the SRG after their term of appointment as Chair has ended.

The **Vice Chair** shall be nominated from within the membership of the SRG, by its members, following the same process as that adopted for the Chair, subject to the condition that they be appointed from a different sector/ organisation from that of the Chair. In the SRG Chair's absence, the Vice Chair shall also perform the role of Associate Member on the UHB.

The Vice Chair's term of office will be as described for the Chair.

- 4.3 A member's tenure of appointment will cease in the event that they no longer meet any of the eligibility requirements determined for the position. A member must inform the SRG Chair as soon as is reasonably practicable in respect of any issue which may impact on

their eligibility to hold office. The SRG Chair will advise the Board in writing of any such cases immediately.

- 4.4 The HDdUHB will require SRG members to confirm in writing their continued eligibility on an annual basis.
- 4.5 The membership of the Group shall be determined by the Board, based on the recommendation of the HDdUHB Chair, and subject to any specific requirements or directions made by Welsh Government.
- 4.6 A member of the SRG may resign office at any time during the period of appointment by giving notice in writing to the SRG Chair and the Board.
- 4.7 If the Board, having consulted with the SRG Chair and the nominating body or group, considers that:
- It is not in the interests of the health service in the area covered by the SRG that a person should continue to hold office as a member; or
 - It is not conducive to the effective operation of the SRG
- it shall remove that person from office by giving immediate notice in writing to the person and the relevant nominating body or group.
- 4.8 A nominating body or group may request the removal of a member appointed to the SRG to represent their interests by writing to the Board setting out an explanation and full reasons for removal.
- 4.9 If an SRG member fails to attend any meeting of the Group for a period of six months or more, the Board may remove that person from office unless they are satisfied that:
- The absence was due to a reasonable cause; and
 - The person will be able to attend such meetings within such period as the Board considers reasonable.
- 4.10 Before making a decision to remove a person from office, the Board may suspend the tenure of office of that person for a limited period (as determined by the Board) to enable it to carry out a proper investigation of the circumstances leading to the consideration of removal. Where the Board suspends any member, that member shall be advised immediately in writing of the reasons for their suspension. Any such member shall not perform any of the functions of membership during a period of suspension.

5. Quorum and Attendance

- 5.1 A quorum shall consist of no less than one third of the membership and must include the Chair or Vice Chair of the Group. If a meeting is not quorate, any decisions made must be ratified at the next quorate meeting of the SRG.

6. Agenda and Papers

- 6.1 The Group's secretary is to hold an agenda-setting meeting with the Chair and the Lead Director at least **six weeks** before the meeting date.

- 6.2 The agenda will be based around the work plan, matters arising from the previous meetings, issues emerging throughout the year and requests from SRG members. Following approval, the agenda and timetable for request for papers will be circulated to all group members.
- 6.3 All papers must be approved by the relevant Director.
- 6.4 The agenda and papers for meetings will be distributed **seven days** in advance of the meeting.
- 6.5 A draft Table of Actions will be issued within **two** days of the meeting. The minutes and Table of Actions will be circulated to the Lead Director within **seven** days to check the accuracy, prior to sending to Members (including the Committee Chair) to review within the next **seven** days.
- 6.6 Members must forward amendments to the Committee Secretary within the next **seven** days. The Group's Secretary will then forward the final version to the Committee Chair for approval.

7. Management of Meetings

- 7.1 The Group will meet quarterly and will agree an annual schedule of meetings consistent with the HDdUHB's annual plan of Board business. Additional meetings will be arranged as determined by the Chair of the SRG in discussion with the Lead Director.
- 7.2 The Chair of the Group, in discussion with the Group's secretary, shall determine the time and the place of meetings of the Group and procedures of such meetings.
- 7.3 The Board's commitment to openness and transparency in the conduct of all its business extends equally to the work carried out by others to advise it in the conduct of its business.

8. Authority

- 8.1 The SRG may offer advice to the HDdUHB through the following mechanisms:
 - 8.1.1 At Board meetings, through the SRG Chair's participation as an Associate Member;
 - 8.1.2 In written advice; and
 - 8.1.3 In any other form specified by the Board.

9. Reporting and Assurance Arrangements

- 9.1 The SRG Chair is responsible for the effective operation of the SRG:
 - 9.1.1 Chairing Group meetings;
 - 9.1.2 Establishing and ensuring adherence to the standards of good governance set for the NHS in Wales, ensuring that all Group business is conducted in accordance with its agreed operating arrangements; and
 - 9.1.3 Developing positive and professional relationships amongst the Group's membership and between the Group and the HDdUHB's Board and its Chair and Chief Executive.
- 9.2 The Chair shall work in close harmony with the Chairs of the HDdUHB's other advisory groups, and, supported by the Board Secretary, shall ensure that key and appropriate

issues are discussed by the Group in a timely manner with all the necessary information and advice being made available to members to inform the debate and ultimate resolutions.

- 9.3 The Chair of the SRG will be appointed as an Associate Member of the HDdUHB's Board. The Chair is accountable for the conduct of their role as Associate Member on the Hywel Dda University Health Board to the Minister, through the HDdUHB's Chair. They are also accountable to the Hywel Dda University Health Board for the conduct of business in accordance with the governance and operating framework set by the HDdUHB.
- 9.4 The Group's Chair shall:
- 9.4.1 Report formally, regularly and on a timely basis to the Board on the Group's activities. This includes written updates on activity after each meeting and the presentation of an annual report reviewing the Group's activity and effectiveness against the ToRs within 6 weeks of the end of the financial year;
- 9.4.2 Bring to the Board's specific attention any significant matters under consideration by the Group.
- 9.5 The requirements for the conduct of business as set out in the HDdUHB's Standing Orders are equally applicable to the operation of the Group.

10. Relationship Accountabilities with the Board, Others and Llais

- 10.1 The SRG's main link with the Board is through the SRG Chair's membership of the Board as an Associate Member.
- 10.2 The Board should determine the arrangements for any joint meetings between the HDdUHB and the SRG.
- 10.3 The Board's Chair should put in place arrangements to meet with the SRG Chair on a regular basis to discuss the SRG's activities and operation.
- 10.4 The Board must ensure that the SRG's advice represents a balanced, co-ordinated stakeholder perspective from across the local communities served by the UHB. The SRG shall:
- Ensure effective links and relationships with other advisory groups, local and community partnerships and other key stakeholders who do not form part of the SRG membership;
 - Ensure its role, responsibilities and activities are known and understood by others; and
 - Take care to avoid unnecessary duplication of activity with other bodies/groups with an interest in the planning and provision of NHS services, e.g., Regional Partnership Boards.
- 10.5 The SRG shall make arrangements to ensure designated Llais members receive the SRG's papers and are invited to attend SRG meetings.
- 10.6 The SRG shall work together with Llais within the area covered by the UHB to engage and involve those within the local communities served whose views may not otherwise be heard.

11. Secretarial Support

- 11.1 The Director of Corporate Governance/Board Secretary will ensure that the SRG is properly equipped to carry out its role by:
- 11.1.1 Ensuring the provision of governance advice and support to the SRG Chair on the conduct of its business and its relationship with the HDdUHB and others;
 - 11.1.2 Ensuring that the SRG receives the information it needs on a timely basis;
 - 11.1.3 Ensuring strong links to communities/groups;
 - 11.1.4 Facilitating effective reporting to the Board;
 - 11.1.5 Enabling the Board to gain assurance that the conduct of business within the SRG accords with the governance and operating framework it has set.
- 11.2 The Group's secretary shall be determined by the Director of Corporate Governance (Board Secretary).

12. Review Date

- 12.1 These terms of reference and operating arrangements shall be reviewed on at least an annual basis by the Group for approval by the Board.