Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

Cyfarfod Cyhoeddus y Bwrdd/ Public Board Meeting

DYDDIAD Y CYFARFOD: DATE OF MEETING:	30 July 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 2 June 2026
- Mental Health Legislation Committee held on 4 June 2026
- Remuneration and Terms of Service Committee held on 24 June 2026

Additionally, in respect of the In-Committee Board meetings held on 28 May and 18 June 2026.

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

- Health Professionals Forum held on 19 June 2026
- Health Board Partnership Forum held on 12 May 2026
- Stakeholder Reference Group held on 19 May 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 Professionals Forum, 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 Ethics Panel, Remuneration and Terms of Service Committee, Health Professionals Forum and Stakeholder Reference Group of which to advise the Board.

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

- The Committee reviewed its **Terms of Reference (ToRs)** and raised concerns regarding the proposed reduction in membership. As the draft ToRs could not be approved, the existing ToRs were extended, pending a workshop on membership arrangements, with the revised ToRs to be presented for approval at the next meeting for approval.

The In-Committee Board wish to **advise** the Board that:

- The In-Committee Board considered the **Annual Plan 2026/27** report and appendices. Given the potential implications and need for detailed discussion, it was agreed that this matter would be considered further at an extraordinary In-Committee Board meeting in June 2026.

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

- Significant financial pressures remain, including a planned deficit and rising clinical negligence costs.
- Concerns were noted regarding variability in organisational processes, access to training and delays in policy publication.

The Stakeholder Reference Group meeting on 19 May 2026 was inquorate and unable to transact formal business, marking a third consecutive meeting without quorum. This raised concerns regarding member engagement and the effectiveness of current arrangements. A review of the Group's operation was proposed, including engagement with appointing bodies, clarification of purpose, and consideration of alternative meeting formats. Planned agenda items were deferred, although it was noted that a further meeting would be arranged to support consultation on Stroke Services. For this reason, no report is appended.

Argymhelliad / Recommendation

The Board is asked to:

- **APPROVE** 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
- **RECEIVE** the update reports in respect of work undertaken on behalf of the Board at recent Committee meetings
- **RECEIVE** the update reports in respect of the In-Committee Board meetings
- **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 Iechyd a Llesiant: (wedi'i gwblhau ar gyfer newid strategol a/neu newidiadau sylweddol i wasanaethau) A Social Model for Health and Wellbeing: (*complete for strategic change and/or significant service changes)*	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 Iechyd: 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: 2 June 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:

Alert[1] (may require discussion)/ **Rhybuddio** (efallai y bydd angen trafodaeth)

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

Advise[2] (to monitor)/ **Cynghori** (i fonitro)

The Ethics Panel has no items of which to **advise** the Board.

Assure[3] **(to note)/ Sicrhau (i nodi)**

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

- Since the last update report, Panel discussions have focused on the ethical, legal, and clinical challenges of waiting list management, emphasising the need for fair, transparent, and consistent decision-making.
- The topic of waiting list management also formed part of the virtual Health Board Grand Round session facilitated by the Ethics Panel on 15 July 2026. Participants explored a hypothetical case involving competing demands for a single theatre slot, highlighting the challenges of balancing population benefit with individual patient needs. The group also examined follow-up waiting lists and Patient-Initiated Follow-Up (PIFU) pathways, including initiatives to contact long-waiting patients and invite self-referral where appropriate. Discussions emphasised the importance of safeguards, clinical oversight, and balancing immediate harm reduction with longer-term service transformation. The Grand Round session once again attracted overwhelmingly positive feedback from the 64 staff members who attended.
- Since the last update report, the Ethics Panel Terms of Reference have been reviewed. Minimal changes have been made to the membership of the Panel, with the inclusion of the lay representative (Llais representative) and the newly appointed Associate Medical Director for Medical Education and Training. The revised Ethics Panel Terms of Reference were approved for onward ratification by the Board on 30 July 2026.

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[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.*

- Dates for further Grand Round sessions for 2026 are in the process of being confirmed.

Review of Risks/ Adolygiad o Risgiau

Not Applicable

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.

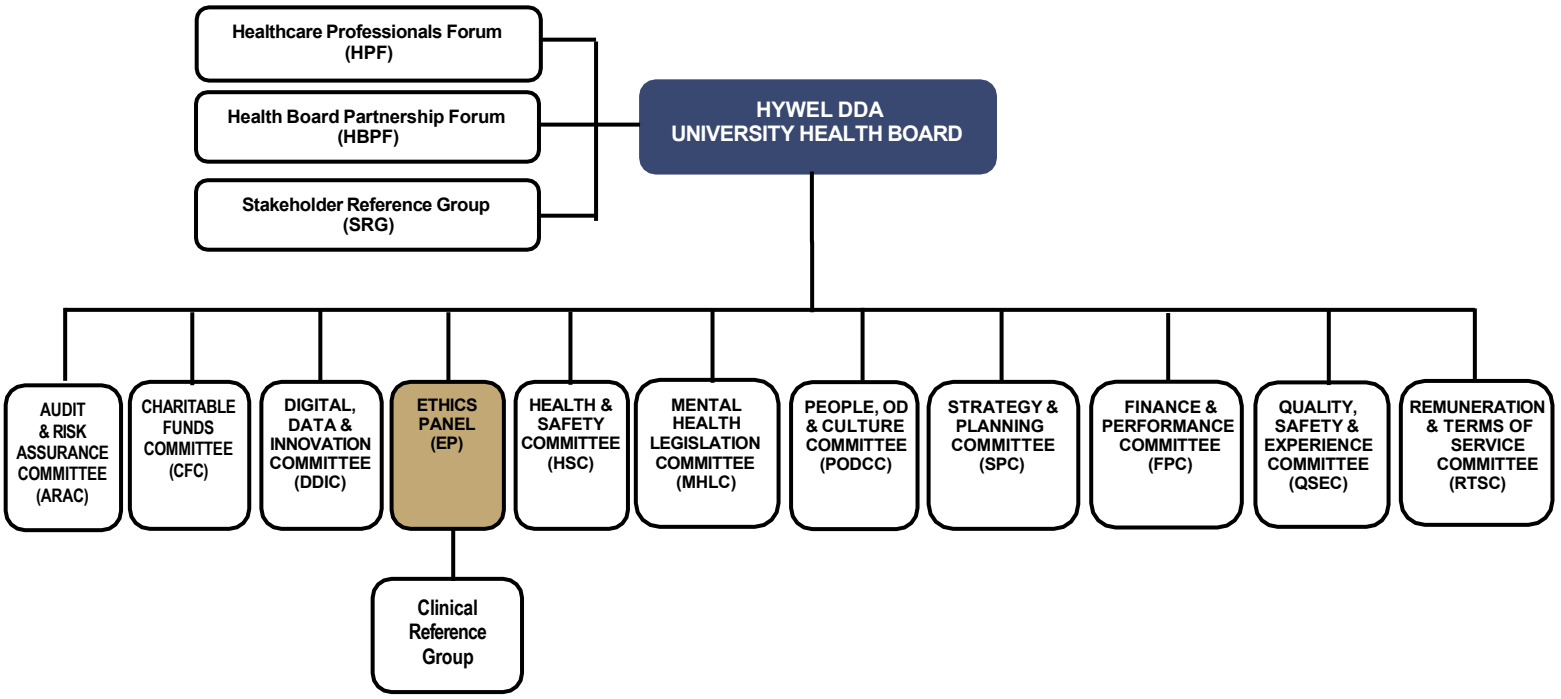
Recommendation/ Argymhelliad

The Board is asked to:

- **Approve** the revised Ethics Panel Terms of Reference (appended)
- **Note** the items the Ethics Panel is advising them of
- **Take assurance** from the items that the Ethics Panel is providing assurance on

Date of next meeting/ Dyddiad y cyfarfod nesaf: 4 August 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/



TERMS OF REFERENCE

ETHICS PANEL

Version	Issued to:	Date	Comments
V0.1	Gold Strategic Group	30.03.2020	Approved in principle
V0.2	Hywel Dda University Health Board	16.04.2020	Approved
V0.3	Hywel Dda University Health Board	25.05.2023	Approved
V0.4	Hywel Dda University Health Board	28.09.2023	Approved
V0.5	Hywel Dda University Health Board	27.03.2025	Approved
V0.6	Ethics Panel	02.06.2026	Approved
V0.6	**Hywel Dda University Health Board**	30.07.2026	For Approval

ETHICS PANEL

1. Constitution

1.1 The Ethics Panel was initially established in response to COVID-19, as a Panel of the Gold Strategic Group and constituted from 1 April 2020.

1.2 Following a review of the Terms of Reference, the Ethics Panel was established formally within the Health Board's governance structure.

2. Principal Duties

2.1 The purpose of the Ethics Panel (EP) is to provide advice to the Board on ethical matters.

2.2 The EP will:

2.2.1 Provide **guidance** to professionals in the Health Board, in respect of specific ethical dilemmas by:

- Providing analysis of ethically complex issues which might arise as part of immediate and/or planned service change, as well as those which might arise as part of individual clinical cases
- Identifying courses of action that are ethically problematic
- Offering reassurance where courses of action are ethically robust
- Facilitating exploration of possible solutions in discussion with the referring team (the panel will reinforce the good practice of informing the patient that their case is being considered by the Ethics panel)

2.2.2 **Support** the Health Board's Policies & Guidelines by:

- Enabling individual members to participate constructively in developing and implementing them by providing continuing professional development in medical/clinical ethics
- Critically evaluating them where there are important ethical aspects to consider, during development and consultation phases

2.1.2 **Respond** to consultation documents from outside bodies such as the Welsh Government and General Medical Council, that have important ethical dimensions and affect professionals in the Health Board

- **Educate and Train** *professionals from across the Health Board*, to help foster an increased awareness of nature and importance of ethical issues in healthcare and facilitate the acquisition of basic competencies.

2.3 The EP will not:

- provide legal advice, however legal issues will likely be debated in situations where the ethical and legal issues might be linked
- advise on research ethics, this will be provided by the Research & Innovation Team

2.4 The aim of the advice provided by the EP is to be consultative rather than prescriptive.

3. Operational Responsibilities

3.1 Through its advice, the EP will:

3.1.1 Advise Health Board employees (individually or as teams) faced with difficult ethical decisions as to what courses of action are ethically permissible, those that are problematic, and those that should certainly not be pursued.

3.1.2 Advise Health Board employees (individually or as teams) where legal advice should be sought[1].

3.1.3 Advise on the recognition and articulation of careful ethical arguments in Health Board policies and guidance through:

3.1.3.1 Advice and support during the development process by fielding members with training in ethics to support Board working groups

3.1.3.2 Critical analysis of early drafts by the EP

3.1.3.3 Involvement of individual members in groups tasked with implementing Health Board policies and guidance

3.1.4 Advise individual professionals in the Health Board of the need for competence in recognising and addressing ethical quandaries through:

3.1.4.1 Using Health Board IT infrastructure to:
- Raise awareness of the EP and its activities
- Appropriately disseminate deliberations that illustrate important general principles
- Signpost and facilitate access to existing educational modules, particularly on-line resources such as the Institute of Medical Ethics

3.1.4.2 Participating in existing Health Board educational programmes such as Grand Rounds.

3.1.5 Maintain an acceptable standard of competence in healthcare ethics among its members:

3.1.5.1 A condition of the appointment to the panel will be that candidates possess or are willing to acquire, a set of minimum competencies in line with national publications (Core competencies for clinical ethics committees. Larcher V, Slowther A-M, Watson A. Clinical Medicine 2010;10(1):30-33)

3.1.5.2 To support development of those competencies among members, the Chair shall be responsible for coordinating and arranging a rolling programme of education for EP corporately during regular meetings, to include occasional invited experts and dissemination of skills and competencies held by EP members themselves[2].

3.1.5.3 The Chair shall attend to maintaining competencies of the EP corporately, both through those educational programmes and through discriminating recruitment to and dismissal from the Panel. Surveys of competencies held by EP members individually and corporately ('skills audits') will occasionally be carried out at the discretion of the Chair.

3.1.5.4 These arrangements for maintaining competencies will be reviewed annually by the Chair in discussion with the Panel.

3.1.6 Support the Board with regard to its responsibilities for ethically robust planning and practice by reviewing:

3.1.6.1 Reviewing the ***ethical basis*** of, and ***ethical arguments*** set out in, policy and guidance documents by those tasked with their development

3.1.6.2 Reviewing the ***ethical implementation*** of those policies and guidance in practice

3.1.6.3 Reviewing the ***ethical use*** of emergent technologies, such as Artificial Intelligence.

3.1.6.4 Feeding back to the Board
- Through the Chair
- By publishing minutes of EP meetings, including anonymised summaries of any responses, on the Health Board website
- Inviting referrers to provide an update and feedback on cases after a suitable period has elapsed

[1] This is the full extent of the EP's responsibility in respect of legal advice. Although members of the EP will likely have legal training, this expertise is only the background to their contribution as individual members of the EP. The EP should not be in any way seen as a source of formal legal advice to the Board or its employees.

[2] Reasonable costs to be approved by the Medical Directorate without the need for tender.

4. Membership

4.1 The membership of the Panel shall comprise of:

Member	
Chair	Independent Member
Vice Chair	Executive Medical Director
Medical Representative	
Primary Care	Deputy Medical Director for Primary Care & Community Services Clinical Director/ Deputy Associate Medical Director Primary Care
Secondary Care	Consultants, to include those from Paediatrics, Palliative Care, Psychiatry and Psychiatry.
Nursing Representative	Head of Safeguarding Nurse
Allied Health Professions & Health Care Science Representative	Assistant Director of Therapies and Health Sciences
Patient Experience & Support Services Representative	Head of Legal Services
Mental Capacity Act Representative	
Equality, Diversity & Inclusion Representative	Head of Partnerships, Diversity and Inclusion
Workforce & OD Representative	Head of Strategic Workforce Planning & Transformation
Faith & Spirituality Representative	Senior Chaplain
Philosopher	Academic Philosophers
Lay Representative	Llais Representative
Medical Education Representative	Associate Medical Director for Medical Education & Training Head of Medical Education & Professional Standards

Member Appointments

4.2 The Chair will be an Independent Member of the Board. The term will be three years, automatically renewable for a further three. Appointment for any further terms will be at the discretion of the Board on advice from the Panel.

4.3 The Vice-Chair will be the Executive Medical Director. The main role of the Vice-Chair is to chair meetings in the absence of the Chair, or when there is a conflict of interest in respect of a specific case requiring the Chair to step down for the duration of that discussion.

4.4 The membership of the Panel shall be determined by the Chair of the Panel in discussion with current members of the Panel. Appointments to, and dismissals from the Panel will take into account:

- any specific requirements or directions made by the Welsh Assembly Government, to which those determinations are subject

- expressed preferences of individual candidates or members
- the number of current members
- the balance of skills and expertise necessary to deliver the Panel's remit
- possession of, or willingness to acquire, the necessary competencies in ethics

4.5 The Chair of the Panel reserves the right to adapt the membership to suit the needs of the organisation and the circumstance.

4.6 The membership of EP should:

-reflect a range of individuals with diverse cultural and ethical lifestyles and world views

-include representatives of those who are users of healthcare as well as those who are providers of it

-include some individuals with formal training in certain key knowledge and/or skills that are essential to the functioning of the Panel:

- Medical
- Nursing
- Allied Healthcare
- Patient Support Services/Legal
- Mental Health Act
- Equality & Diversity
- Workforce & Organisational Development
- Faith & Spirituality
- Moral philosophy or theology

4.7 Joining

- The membership of the EP should not exceed 25 in number. Members will be invited to join the Panel on the basis of a short biography and statement of interest after discussion with existing members. New members will have observer status for their first three meetings, however may participate in discussions at the invitation of the Chair.
- There is no renumeration for members, However the Health Board expects individual Directorates to make members of the Panel available for meetings and to reimburse reasonable travel and study expenses.
- Where there are high numbers of willing and knowledgeable individuals, a Clinical Reference Group comprising individuals from one or more of the above specialty areas will be established to contribute to panel discussions.

4.8 Leaving

- The usual term of membership will be three years. Members who wish to remain for a second term may do so without re-applying by arrangement with the Chair. Members wishing to remain for a third or subsequent term should re-apply as new members.
- Members can stand down from the Panel at any time by informing the Chair.
- Members would usually be expected to attend at least 50% of meetings each year, though individual members might make prior arrangements with the Chair to remain on the Panel during a long absence (for example sickness or sabbatical).
- Three consecutive missed meetings with apologies will prompt an enquiry from the Chair as to whether the individual wishes to continue as a member.
- Five consecutive missed meetings without prior arrangement will usually constitute resignation.

Attendees

4.9 On behalf of the Panel and the Board, the Chair may invite:

- Any employee of the Health Board seeking advice from the Panel to attend all or part of a specific meeting to assist with discussions on any particular matter or to join the Panel as a co-opted member.
- Members of the Hywel Dda Stakeholder Reference Group, or another stakeholder group, where it is felt that specialist stakeholder advice is required, to contribute to Panel discussions on the specific topic in question.
- Any individual (within or outside the Health Board) able to provide education and training to members of the Panel that enables the Panel more effectively to fulfil its function in the Board.

5. Quorum, Attendance and Voting

5.1 A quorum shall consist of no less than a third and must include as a minimum the Chair or Vice Chair of the Panel.

5.2 EP decisions will normally be reached by general agreement of the members present, as determined by the Chair. Where a vote is deemed necessary, it shall rest upon a simple majority of those present and will normally be conducted by a show of hands. In the event of a tie, the Chair shall have an additional casting vote. The vote shall be recorded in the minutes.

5.3 Any senior officer of the Hywel Dda University Health Board (HDdUHB) or from a partner organisation may, where appropriate, be invited to attend for either all or part of a meeting to assist with discussions on a particular matter.

5.4 The Panel may also co-opt additional independent external 'experts' from outside the organisation to provide specialist knowledge.

5.5 The Chairman of the University Health Board reserves the right to attend any of the Committee's meetings as an ex officio member.

5.6 Should any officer Member be unavailable to attend, they may nominate a deputy, with full voting rights, to attend in their place subject to the agreement of the Chair.

5.7 The Panel may ask any or all of those who normally attend but who are not members to withdraw to facilitate open and frank discussion of particular matters.

6. Agenda and Papers

6.1 The Panel's Secretary is to hold an agenda setting meeting with the Chair and the Panel Lead at least six weeks/three weeks before the meeting date.

6.2 The agenda will be based around the Panel work plan, identified risks, matters arising from previous meetings, issues emerging throughout the year and requests from Panel members. Following approval, the agenda and timetable for receipt of papers will be circulated to all Panel members.

6.3 All papers should have relevant sign off before being submitted to the Panel Secretary.

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).

6.6 Members must forward amendments to the Panel Secretary within the next **seven** days. The Group Secretary will then forward the final version to the Panel Chair.

7. Frequency of Meetings

7.1 The Panel will meet bi-monthly and shall agree an annual schedule of meetings. Any additional meetings will be arranged as determined by the Chair.

7.2 The Chair of the Panel, in discussion with the Secretary, shall determine the time and the date of meetings of the Panel and procedures of such meetings.

7.3 The topic of ethical consideration will be shared with the Clinical Reference Group (Appendix 1) members via email and contributions towards core panel discussions will need to:

7.3.1 Incorporate a detailed rationale for any advice or opinions provided

7.3.2 Be submitted directly to the panel secretary within 24 hours of the request for advice

7.3.3 Any contributions received outside of this timeframe are unlikely to be considered by the EP.

7.4 The contributions submitted by the Clinical Reference Group will be collated by the Panel Secretary and be shared with the EP members.

7.5 The EP will consider and discuss the contributions of the Clinical Reference Group Members during the next scheduled meeting.

7.6 In the event that urgent advice is required before the next scheduled meeting, a sub panel can be convened by the Chair or Vice-Chair to represent the EP and must report to full EP at the next scheduled meeting.

8. Accountability, Responsibility and Authority

8.1 The Panel will be accountable to the Board for its performance in exercising the functions set out in these terms of reference.

8.2 Although the Board has delegated authority to the Panel for the exercise of certain functions as set out within these terms of reference, it retains overall responsibility and accountability for ensuring the quality and safety of healthcare in its purview. The Panel, via the Chair, is directly accountable to the Medical Director for its performance in exercising the functions set out in these Terms of Reference.

8.3 The Panel shall embed the HDdUHB's vision, corporate standards, priorities and requirements, e.g. equality and human rights, through the conduct of its business.

8.4 The requirements for the conduct of business as set out in HDdUHB's Standing Orders are equally applicable to the operation of the Panel.

9. Reporting

9.1 The Panel, through its Chair and members, shall work closely with the Board's other committees, including joint/sub committees and groups to provide advice and assurance to the Board through the:

9.1.1 joint planning and co-ordination of Board and Committee business; and the

9.1.2 sharing of information.

9.2 In doing so, the Panel shall contribute to the integration of good governance across the organisation, ensuring that all sources of assurance are incorporated into the Board's overall risk and assurance framework.

9.3 The Panel may establish sub-groups or task and finish groups to carry out on its behalf specific aspects of Panel business. The Panel will receive an update following each sub-groups meetings detailing the business undertaken on its behalf. The Sub-Group reporting to this Panel is:

9.3.1 Clinical Reference Group

9.4 The Panel's Chair, supported by the Panel Secretary, shall:

9.4.1 Report formally, regularly and on a timely basis to the Board on the Panel's activities.

9.4.2 Bring to the Board's specific attention any significant matters under consideration by the Panel.

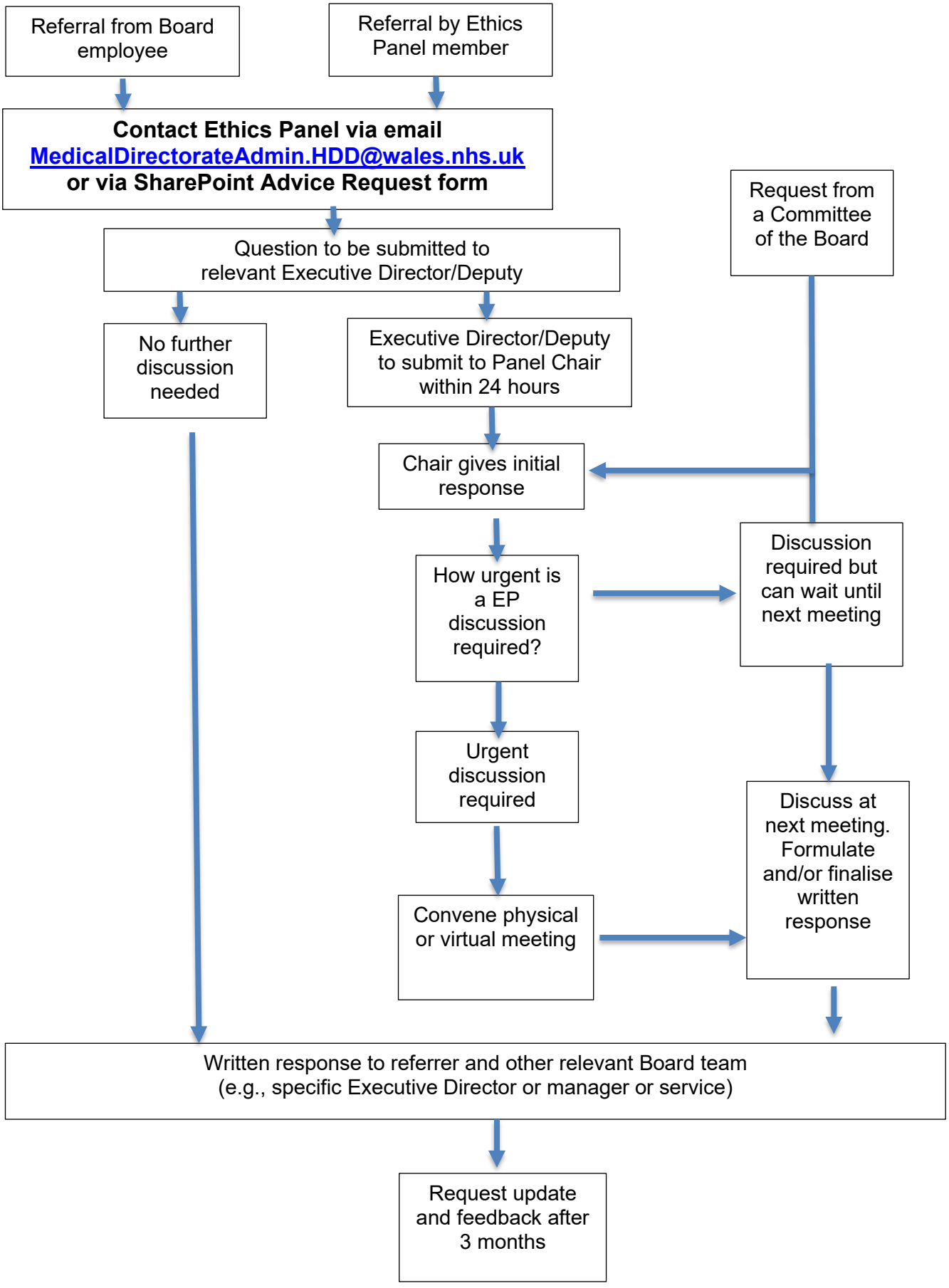
10. Secretarial Support

10.1 The Panel Secretary shall be determined by the Executive Lead.

11. Review Da

11.1 These terms of reference shall be reviewed on at least an annual basis by the Panel for approval by the Board.

Operation of Hywel Dda Ethics Panel



Clinical Reference Group
Terms of Reference

GROUP	**CLINICAL REFERENCE GROUP**
PURPOSE	To ensure that the Ethics Panel are provided with information from a broad range of specialities and skills which will contribute to the ethical decisions made.
MEMBERSHIP	Membership will be varied and will comprise individuals from a range of specialty areas, in accordance with the Ethics Panel membership. Clinical Reference Group Members will be recruited based upon willingness and knowledge.
PROCESS & DUTIES	- Ethical questions generated by the organisation from internal or external information will be shared with members of the Clinical Reference Group by email and flagged as urgent. - Template provided to be completed fully for each question and returned within 24 hours. - Responses received outside of this timescale are unlikely to be considered by the Panel due to the need for decisions to be made quickly.
REPORTING	- Clinical Reference Group responses will be collated and shared with Ethics Panel members for consideration at least 24 hours prior to scheduled meetings. - Decisions made during Ethics Panel meetings will be reported back to Clinical Reference Group members for information.

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

Date of last meeting/ Dyddiad y cyfarfod diwethaf: 4 June 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:

Alert[1] (may require discussion)/ **Rhybuddio** (efallai y bydd angen trafodaeth)

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

Advise[2] (to monitor)/ **Cynghori** (i fonitro)

The MHLC wishes to **advise** members of the Board that:

- The Committee reviewed its **Terms of Reference (ToRs)** and raised concerns regarding the proposed reduction in membership. As the draft ToRs could not be approved, the existing ToRs were extended, pending a workshop on membership arrangements, with the revised ToRs to be presented for approval at the next meeting for approval.

Assure[3] **(to note)/ Sicrhau (i nodi)**

The MHLC wishes to **assure** members of the Board that:

- Assurance was received around progress to strengthen the use of the **Patient Story** within Committee business and reporting. Advocacy West Wales will first present a thematic report on patient experiences to the Mental Health Legislation Scrutiny Group (MHLSG) to identify recurring themes, organisational learning and potential system wide actions. This will inform a more structured patient experience report for the Committee, with the advocacy report scheduled for the next MHLSG meeting and a subsequent update anticipated at the September Committee meeting.

- The **MHLC Annual Review Report 2025/26** was approved for presentation to the Board on 25 June 2026.

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[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.*

- The **MHLC Self Assessment 2025/26**, which achieved a 33% response rate, provided positive feedback overall, highlighting the Committee's effective oversight on statutory compliance, Mental Health Act activity and Hospital Managers' functions. Opportunities were identified to enhance patient-centred insight, governance visibility and data accessibility, and the Committee approved the proposed improvement actions.

- In relation to the **Mental Health Act Activity Report,** assurance was received that no issues of exception were identified for during Quarter 4 from 1 January to 31 March 2026, and that governance systems and processes under the Act remained robust.

- The **MHLSG Update** provided assurance following its recent meeting. Whilst quorate, concerns were raised regarding limited partner attendance, following a change of meeting date; although fixed meeting dates would be maintained going forward. The MHLSG reviewed the areas of exception contained within the Mental Health (Wales) Measure Performance Report and received an update on national work to streamline and digitalise Mental Health Act administration processes.

- While assurance was taken from the **Hospital Power of Discharge Sub Committee Update Report,** the trial suspension of face-to-face hearings had been extended for a further six months. A joint letter is being prepared with colleagues across Wales to raise concerns regarding the extension of the arrangements without wider engagement with mental health services. The Committee approved the Hospital Power of Discharge Sub Committee Terms of Reference.

- The **Mental Health (Wales) Measure 2010 Performance Report** set out that January Part 1 performance fell below target due to capacity pressures, whilst Part 2 remained compliant. Members also noted that the reported commissioning rate was due to, with the corrected to 100% following an administrative error. Work is underway to address a data quality issue related to ward transfers being recorded as discharges.

- The **Section 5(4) Nurse Holding Power and the Provision and Access to Independent Mental Health Advocacy Policy** was approved, noting that no legislative changes were required and both policies remained unchanged.

Review of Risks/ Adolygiad o Risgiau

- Two risks were included within the **Operational Risk Register** reported the MHLC and assurance was received that mitigating actions were in place to address the use of out of area beds relating to Risk 1857 (*Risk of delayed admissions under the Mental Health Act due to patient flow and capacity*). Regarding Risk 1781 (*Risk of being unable to provide a Community Place of Safety (CPOS) to individuals detained under Section 136* in Ceredigion County), a report on future provision will be presented to Board on 30 July 2026.

Sharing of learning/ Rhannu dysgu

Not applicable.

Recommendation/ Argymhelliad

The Board is asked to:

- **Approve** the extension of the existing Terms of Reference
- **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: 1 September / Medi 1af 2026

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

COMMITTEE UPDATE REPORT/ ADRODDIAD DIWEDDARU'R PWYLLGOR - REMUNERATION AND TERMS OF SERVICE COMMITTEE (RTSC)

Date of last meeting/ Dyddiad y cyfarfod diwethaf: 24 June 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:

Alert[1] (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.

Advise[2] (to monitor)/ **Cynghori** (i fonitro)

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

Assure[3] **(to note)/ Sicrhau (i nodi)**

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

- The Committee approved the Terms of Reference for onward ratification by the Board on 30 July 2026.
- The Committee noted the verbal update on the Estates, Facilities, and Capital Management Portfolio.
- The Committee noted the Executive Director Performance Objectives End of Year Assessment
- The Committee approved the objectives for Executive Directors for 2026/27 and noted that a progress report will be presented to a future Committee.

Review of Risks/ Adolygiad o Risgiau

Not applicable.

Sharing of learning/ Rhannu dysgu

Not applicable.

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[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.*

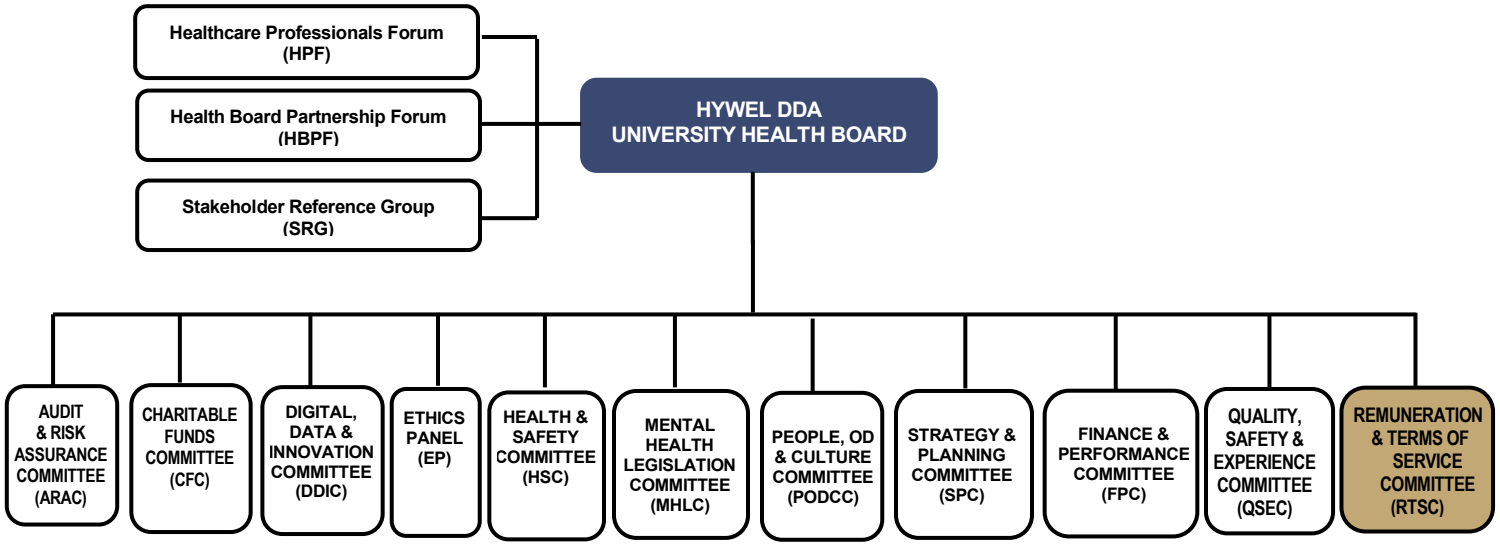
Recommendation/ Argymhelliad

The Board to asked to:

- **Approve** the RTSC Terms of Reference (appended)
- **Take assurance** from the items that the Committee is providing assurance on.

Date of next meeting/ Dyddiad y cyfarfod nesaf: 6 August 2026

Agenda, papers and minutes are available on our website/ Mae agenda, papurau a chofnodion ar gael ar ein gwefan: (Remuneration and Terms of Service Committee (RTSC) - Hywel Dda University Health Board)



TERMS OF REFERENCE

REMUNERATION AND TERMS OF SERVICE COMMITTEE

Version	Issued To	Date	Comments
V.01	Hywel Dda Health Board	29.09.2011	Approved
V.02	Remuneration and Terms of Service Committee	04.09.2012	Approved
	Hywel Dda Health Board (SOs)	27.09.2012	Approved
	Remuneration and Terms of Service Committee	19.09.2013	Approved
	Hywel Dda University Health Board (SOs)	04.06.2014	Approved
V.03	Remuneration and Terms of Service Committee	*12.11.2015*	*Approved (CA)*
	Hywel Dda University Health Board (SOs)	26.11.2015	Approved
V.04	Remuneration and Terms of Service Committee	16.01.2017	Approved
	Hywel Dda University Health Board (SOs)	26.01.2017	Approved
V.05	Remuneration and Terms of Service Committee	18.12.2017	Approved
V.05	Hywel Dda University Health Board	29.03.2018	Approved
V.06	Remuneration and Terms of Service Committee	30.05.2018	Approved
V.06	Hywel Dda University Health Board	26.07.2018	Approved
V.07	Remuneration and Terms of Service Committee	27.06.2019	Approved
V.07	Hywel Dda University Health Board	25.07.2019	Approved
V.08	Hywel Dda University Health Board	26.03.2020	Approved
V.09	Remuneration & Terms of Service Committee	31.08.2021	Approved

V.09	Hywel Dda University Health Board	30.09.2021	Approved
V.10	Remuneration & Terms of Service Committee	10.08.2022	Approved
V.10	Hywel Dda University Health Board	29.09.2022	Approved
V.11	Remuneration & Terms of Service Committee	18.05.2023	Approved
V.11	Hywel Dda University Health Board	27.07.2023	Approved
V.12	Remuneration & Terms of Service Committee	16.05.2024	Approved
V.12	Hywel Dda University Health Board	25.07.2024	Approved
V.13	Hywel Dda University Health Board	30.01.2025	Approved (alongside the new governance arrangements)
V.13	Remuneration & Terms of Service Committee	26.08.2025	Approved
V.14	Remuneration & Terms of Service Committee	05.02.2026	Approved
V.14	Hywel Dda University Health Board	26.03.2026	Approved
V.15	Remuneration & Terms of Service Committee	24.06.2026	Approved
V.15	Hywel Dda University Health Board	30.07.2026	For Approval

REMUNERATION AND TERMS OF SERVICE COMMITTEE

1. Constitution

1.1 The Remuneration and Terms of Service Committee (the Committee) has been established as a Committee of the Hywel Dda University Health Board (HDdUHB) and constituted from 1st October 2009.

2. Purpose

2.1 The purpose of the Remuneration & Terms of Service Committee is to act on behalf of the Board to:

2.1.1 ***Approve,*** on behalf of the Board, the remuneration and terms of service for the Chief Executive, Executive Directors and other senior staff within the framework set by the Welsh Assembly Government; and

2.1.2 ***Provide Assurance*** to the Board in relation to the HB's arrangements for the remuneration and terms of service, including contractual arrangements, for *all staff*, in accordance with the requirements and standards determined for the NHS in Wales

2.1.3 Perform certain, specific functions on behalf of the Board.

2.2 The Committee shall have no powers to develop or modify existing pay schemes.

3. Key Responsibilities

With regard to its role in acting on behalf of the Board, and in providing advice and assurance to the Board, the Remuneration and Terms of Service Committee will comment specifically upon:

3.1 Remuneration and terms of service for the Chief Executive, Executive Directors, other Very Senior Managers (VSMs) and others not covered by Agenda for Change; ensuring that the policies on remuneration and terms of service as determined from time to time by Welsh Government are applied consistently;

3.2 Objectives for Executive Directors and other VSMs and their performance assessment;

3.3 Performance management systems in place for those in the positions mentioned above and its application;

3.4 Proposals to make additional payments to medical Consultants outside of normal terms and conditions;

3.5 Proposals regarding termination arrangements, ensuring the proper calculation and scrutiny of termination payments in accordance with the provision of the Regulations and in accordance with Ministerial instructions;

3.6 Consider and approve Voluntary Early Release applications and redundancy/severance payments in respect of Executive Director/Director posts, in line with Standing Orders and extant Welsh Government guidance. The Committee to be advised also of **all** Voluntary Early Release Scheme applications and severance payments;

3.7 Approve any Strategic Advisor arrangements, including scope and pay;

3.8 To approve the University Health Board's honours submission recommendations.

4. Membership

4.1 Formal membership of the Committee shall comprise of the following:

Member
Hywel Dda University Health Board, Health Board Chair (Chair)
Independent Member, Chair of Audit and Risk Assurance Committee (Vice Chair)
Independent Member
Independent Member

4.2 The following should attend Committee meetings:

In Attendance
Hywel Dda University Health Board Chief Executive
Executive Director of Workforce and Organisational Development (Lead Executive)
Director of Corporate Governance/Board Secretary

4.3 The membership of the Committee will be reviewed on an annual basis.

5. Quorum and Attendance

5.1 A quorum shall consist of no less than two of the membership and must include as a minimum the Chair or Vice Chair of the Committee and one other Independent Member.

5.2 The membership of the Committee shall be determined by the Board, based on the recommendation of the UHB Chair, taking into account the balance of skills and expertise necessary to deliver the Committee's remit and subject to any specific requirements of directions made by the Welsh Government.

5.3 Any senior officer of the UHB or partner organisation may, where appropriate, be invited to attend for either all or part of a meeting to assist with discussions on a particular matter.

5.4 The Committee may also co-opt additional independent 'external' experts from outside the organisation to provide specialist skills.

5.5 Should any officer member be unavailable to attend, they may nominate a deputy with full voting rights to attend in their place, subject to the agreement of the Chair.

5.6 The Chair of the Committee shall have reasonable access to Executive Directors and other relevant senior staff.

5.7 The Committee may ask any or all of those who normally attend but who are not Members to withdraw to facilitate open and frank discussion of particular matters.

6. Agenda and Papers

6.1 The Committee Secretary is to hold an agenda setting meeting with the Chair and/or the Vice Chair and the Lead Director, Director of Workforce & OD, at least **four** weeks before the meeting date.

6.2 The agenda will be determined by the organisational requirements relating to remuneration and terms of service business. Following approval, the agenda and timetable for request of papers will be circulated to all Committee members.

6.3 All papers must be approved by the Lead/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 Committee Secretary will then forward the final version to the Committee Chair for approval.

7. Frequency of Meetings

7.1 The Chair of the Committee, in agreement with the Committee members, shall determine the timing and frequency of meetings, as deemed necessary. It is expected that the Committee shall meet at least once a year with provision made for a quarterly Committee cycle.

7.2 The Chair of the Committee, in discussion with the Committee Secretary, shall determine the time and the place of meetings of the Committee and procedures of such meetings.

8. Accountability, Responsibility and Authority

8.1 The Committee is directly accountable to the Board for its performance in exercising the functions set out in these terms of reference.

8.2 The Committee shall embed the UHB's vision, corporate standards, priorities and requirements, e.g. equality and human rights, through the conduct of its business.

8.3 The requirements for the conduct of business as set out in the UHB's Standing Orders are equally applicable to the operation of the Committee.

9. Reporting

9.1 The Committee, through its Chair and members, shall work closely with the Board's other Committees, including joint/sub-committees and groups, to provide advice and assurance to the Board through the:

9.1.1 joint planning and co-ordination of Board and Committee business;
9.1.2 sharing of information.

9.2 In so doing, the Committee shall contribute to the integration of good governance across the organisation, ensuring that all sources of assurance are incorporated into the Board's overall risk and assurance framework.

9.3 The Committee may establish sub-committees or task and finish groups to carry out on its behalf specific aspects of Committee business.

9.4 The Committee Chair, supported by the Committee Secretary, shall:
9.4.1 Report formally, regularly and on a timely basis to the Board on the Committee's activities, to include the submission of a Committee update report;
9.4.2 Bring to the Board's specific attention any significant matter under consideration by the Committee;
9.4.3 Ensure appropriate escalation arrangements are in place to alert the UHB Chair, Chief Executive or Chairs of other relevant Committees of any urgent/critical matters that may affect the operation and/or reputation of the UHB.

~~9.5 The Committee shall provide a written, annual report to the Board on its activities. The report will also record the results of any Committee's self-assessment and evaluation.~~

10. Secretarial Support

10.1 The Committee Secretary shall be determined by the Director of Corporate Governance/ Board Secretary.

11. Review Date

11.1 These Terms of Reference and operating arrangements shall be reviewed on at least an annual basis by the Committee for approval by the Board.

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

Date of last meeting/ Dyddiad y cyfarfod diwethaf: 28 May 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:

Alert[1] (may require discussion)/ **Rhybuddio** (efallai y bydd angen trafodaeth)

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

Advise[2] (to monitor)/ **Cynghori** (i fonitro)

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

- The In-Committee Board considered the **Annual Plan 2026/27** report and appendices. Given the potential implications and need for detailed discussion, it was agreed that this matter would be considered further at an extraordinary In-Committee Board meeting in June 2026.

Assure[3] **(to note)/ Sicrhau (i nodi)**

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

- The In-Committee Board discussed the **Waiting List Incident Review: Harm Assessment** and took assurance from the findings.
- The two risks within the **Corporate Risk Register** which (due to their sensitive nature) are discussed at the In-Committee Board were considered. Assurance was taken that these risks are being assessed, managed and reviewed appropriately/effectively through the risk management arrangements in place, noting that these have been reviewed by Board level Committees.
- 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)** meetings held on 14 April and 7 May 2026; the **In-Committee Health and Safety Committee (HSC)** meeting held on 5 May 2026; and the **In-Committee Digital, Data and Innovation Committee (DDIC)** meeting held on 21 April 2026.

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[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.*

Review of Risks/ Adolygiad o Risgiau

Considered under the Corporate Risk Register item.

Sharing of learning/ Rhannu dysgu

Not Applicable.

Recommendation/ Argymhelliad

The Board is asked to:

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

Date of next meeting/ Dyddiad y cyfarfod nesaf:

18 June and 30 July 2026

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

Date of last meeting/ Dyddiad y cyfarfod diwethaf: 18 June 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:

Alert[1] (may require discussion)/ **Rhybuddio** (efallai y bydd angen trafodaeth)

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

Advise[2] (to monitor)/ **Cynghori** (i fonitro)

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

Assure[3] **(to note)/ Sicrhau (i nodi)**

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

- The In Committee Board received assurance on the **Annual Plan 2026/27: Delivery of Financial Plan and Route to Breakeven** regarding progress towards achieving the £41m savings target, supported Category 1 savings schemes, deferred the £4.5m Urgent and Emergency Care (UEC) and theatre allocation pending further assurance, and noted the need for further recurrent savings.

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:

30 July 2026

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[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 – Healthcare Professionals Forum

Date of last meeting/ Dyddiad y cyfarfod diwethaf: 19 June 2026

Quoracy/ Cworwm: Met

Report by/ Adroddiad gan: Dr Jonathan Arthur

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:

Alert[1] (may require discussion)/ **Rhybuddio** (efallai y bydd angen trafodaeth)

The Healthcare Professionals Forum had no items of which to **alert** the Board

Advise[2] (to monitor)/ **Cynghori** (i fonitro)

The Healthcare Professionals Forum had no items of which to **advise** the Board

Assure[3] **(to note)/ Sicrhau (i nodi)**

The Healthcare Professionals Forum wish to **assure** members of the Public Board that:

- The Forum received a presentation from the Programme Management Team on the Clinical Services Plan options for stroke services consultation. Members welcomed the opportunity to comment and sought assurance that diagnostic capacity, rehabilitation provision and wider pathway dependencies are being fully considered within the options appraisal. Professional leads have been asked to share the consultation documentation through their respective professional networks, with feedback from the Forum contributing to the formal consultation process.
- The Forum noted emerging concerns regarding Health Board governance, accountability and competency assurance for clinical services and professional groups using ultrasound techniques. Further scoping work will be undertaken to establish the current position across services and identify whether additional governance arrangements are required to support safe, consistent and accountable practice.
- The Public Health update reinforced the importance of the 24/7 population health and prevention model. The Forum will use a future meeting to consider how the Healthcare Professionals Forum can support implementation of this work and strengthen alignment between professional leadership, prevention and population health priorities.

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[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.*

- The Forum received an update from medical representatives on the introduction and development of Associate Specialist roles. Members noted that these roles provide senior autonomous clinical capacity, support rota resilience, and offer an alternative structured career pathway for experienced doctors, thereby contributing to medical workforce sustainability.
- The Allied Health Professions update provided assurance that work is progressing on professional accountability guidance, strategic planning, regulatory compliance and the management of professional concerns. The Forum noted that workforce commissioning, supply and future service demand will require continued monitoring through strategic workforce planning routes.
- The Forum received assurance that Pharmacy professional developments remain active, including work linked to the transition to the Royal College of Pharmacy, development of frameworks for pharmacy technicians, review of pharmacy roles in general practice and community settings, and continued progression of preceptorship, restorative supervision and OCP processes.
- The Healthcare Science update provided assurance that work is progressing to develop preceptorship arrangements for obstetric and non-obstetric ultrasound sonographers, supporting clearer professional development, competency progression and governance oversight for these practitioner groups.
- The Forum received an update on national and local nursing workforce developments. Key areas included implementation of national preceptorship principles, expansion of clinical restorative supervision, increased availability of non-medical prescribing training places, and delivery of leadership development programmes for ward managers and team leaders.
- Overall, the Forum continues to demonstrate strong multi-professional collaboration, with work aligned to Board business, Welsh Government priorities and the delivery of safe, high-quality services. The forward work plan will be shared with the Corporate Secretary to support continued alignment with the Health Board's governance structure and Board work programme.
- The group have had an opportunity to review the terms of reference and update any changes of national groups attended by representatives.

Review of Risks/ Adolygiad o Risgiau

Not Applicable

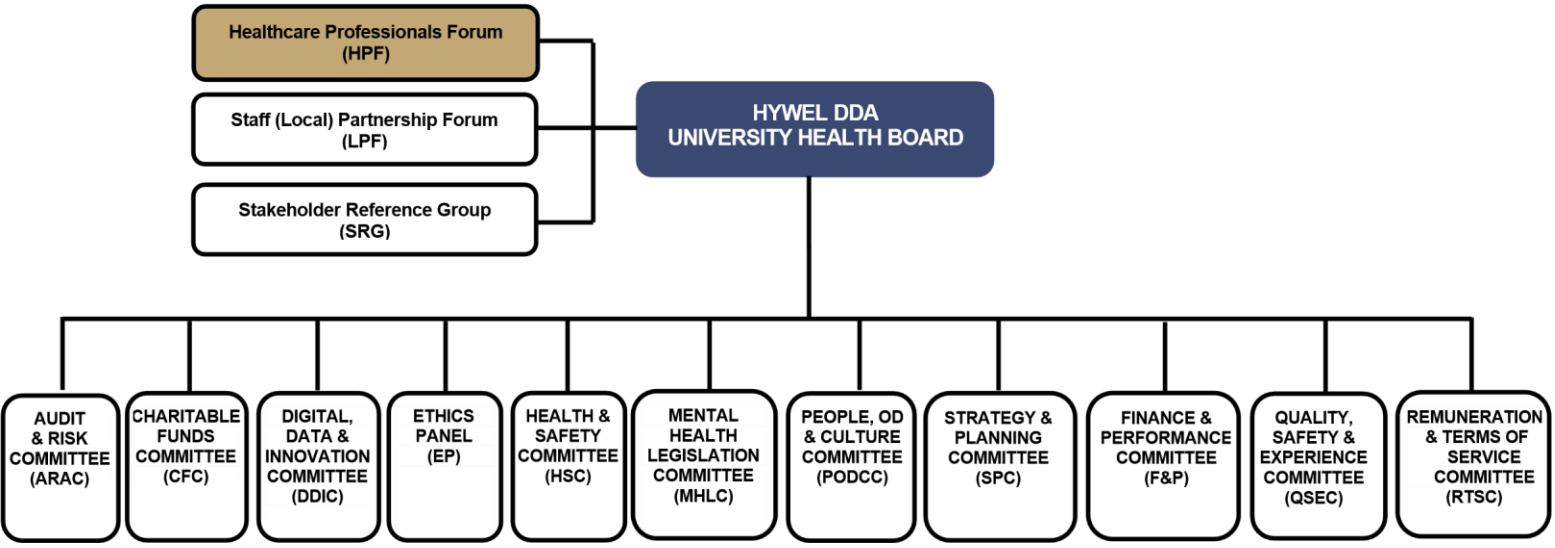
Sharing of learning/ Rhannu dysgu

Not Applicable

Recommendation/ Argymhelliad

The Board is asked to:

- **Approve** the Healthcare Professionals Forum Terms of Reference (appended)
- Note the items the Healthcare Professionals Forum is advising them of
- Be assured on the items that the Healthcare Professionals Forum is providing assurance on



TERMS OF REFERENCE

HEALTHCARE PROFESSIONALS FORUM

Version	Issued to:	Date	Comments
V0.1	**Board**	25/03/10	Approved
V0.1	**Board (SO's)**	22/07/10	Approved
V0.2	**HPF**	23/12/10	Approved
V0.3	**HPF**	11/03/11	Approved
V0.4	**HPF**	31/10/11	Approved
V0.5	**HPF**	24/01/11	Approved
V0.6	**HPF**	05/03/12	Approved
V0.6	**LHB Board**	27/09/12	Approved
V0.7	**HPF**	20/08/13	Approved
V0.8	**Board (SO's)**	22/05/14	Approved

V0.9	**Board (SO's)**	26/11/15	Approved
V0.10	**HPF**	19/06/17	Approved
V0.10	**HPF**	08/03/18	Approved
V0.10	**Hywel Dda University Health Board**	29/03/18	Approved
V0.11	**HPF**	09/04/2019	Approved
V0.11	**Hywel Dda University Health Board**	30/05/2019	Approved
V0.12	**Hywel Dda University Health Board**	29/07/2021	Approved
V0.13	**HPF**	30/06/2022	Approved
V0.13	**Hywel Dda University Health Board**	28/07/2022	Approved
V0.14	**HPF**	02/02/2024	Approved
V0.14	**Hywel Dda University Health Board**	28/03/2024	Approved
V0.15	**HPF**	25/04/2025	Approved
V0.15	**Hywel Dda University Health Board**	29/05/2025	Approved
V0.16	**HPF**	19/06/2026	Approved
V0.16	**Hywel Dda University Health Board**	30.07.2026	For Approval

HEALTHCARE PROFESSIONALS FORUM

1. Constitution

1.1 The Healthcare Professionals Forum (HPF) has been established as an Advisory Group of the Hywel Dda University Local Health Board (the Health Board) and was constituted from December 2010.

2. Principal Duties

2.1 As an Advisory Group to Hywel Dda University Health Board, the purpose of the Healthcare Professionals Forum (hereafter referred to as "the Forum"), is to provide advice to the Board on all professional and clinical issues it considers appropriate. Its role does not include consideration of professional terms and conditions of service.

3. Operational Responsibilities

3.1 As an Advisory Group to the Board, the Forum's role is to:

3.1.1 provide a balanced, multi-disciplinary view of professional issues to advise the Board on local strategy and delivery;

3.1.2 facilitate engagement and debate amongst the wide range of clinical interests within the Health Board's area of activity, with the aim of reaching and presenting a cohesive and balanced professional perspective to inform the Health Board's decision making; and

3.1.3 link in with existing internal clinical engagement structures.

4. Membership

4.1.1 The membership of the Forum shall comprise:

Chair nominated from within the membership of the Forum by its members and approved by the Minister.

Vice Chair nominated from within the membership of the Forum by its members and approved by the Board.

Members the membership of the Forum wherever possible reflects the structure of the seven health Statutory Professional Advisory Committees set up in accordance with Section 190 of the NHS (Wales) Act 2006. Membership of the forum shall therefore comprise the following eleven (11) members:

<u>Welsh Medical Committee</u>

1. Primary and Community Care Medical representative
2. Mental Health Medical representative
3. Specialist and Tertiary Care Medical representative

<u>Welsh Nursing and Midwifery Committee</u>

4. Community Nursing and Midwifery representative
5. Hospital Nursing and Midwifery representative

<u>Welsh Allied Health Professionals Advisory Committee</u>

6. Allied Health Professional representative

<u>Welsh Health Sciences Committee</u>

7. Scientific representative

<u>Welsh Optometric Committee</u>

8. Optometry representative

<u>Welsh Dental Committee</u>

9. Dental representative

<u>Welsh Pharmaceutical Committee</u>

10.1 Hospital Pharmacists representative

10.2 Community Pharmacists representative

4.1.2 In order to facilitate an exchange of information Professional Leads from the following service areas will also be named members of the Forum:

1. Allied Health Professions

2. Dental
3. Health Science
4. Nursing
5. Medical
6. Midwifery
7. Pharmacy

4.2 In attendance

4.2.1 The Executive Director of Allied Health Professions and Health Science will be the Executive Lead and sponsor for the HPF. A minimum of one Director will attend all formal meetings.

4.2.2 The University Health Board (UHB) may nominate designated Board members or UHB staff be in attendance at Forum meetings. The Forum's Chair may also request the attendance of Board members or UHB staff, subject to the agreement of the UHB Chair.

4.2.3 The University Health Board Chair and Chief Executive reserve the right to attend formal meetings.

4.3 Member Appointments

4.3.1 Appointments to the Forum shall be made by the Board, based upon nominations received from the relevant professional group, and in accordance with any specific requirements or directions made by the Welsh Government.

4.3.2 Members shall be appointed for a period of between 3 to 4 years in any one term. Those members can be reappointed but may not serve a total period of more than 8 years consecutively.

4.3.3 The *Chair* will be nominated from within the membership of the Forum, by its members, in a manner determined by the Board, subject to any specific requirements or directions made by the Welsh Government. The nomination will be subject to consideration by the HB, who must submit a recommendation on the nomination to the Minister for Health and Social Services. Their appointment as Chair will be made by the Minister, but it will 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.

4.3.4 The Chair's term of office will 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 Forum. That individual may remain in office for the remainder of their term as a member of the Forum after their term of appointment as Chair has ended.

4.3.5 The *Vice Chair* shall be nominated from within the membership of the Forum, by

its members by the same process as that adopted for the Chair, subject to the condition that they be appointed from a different clinical discipline from that of the Chair.

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

4.3.7 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 Forum Chair as soon as is reasonably practicable to do so in respect of any issue which may impact on their eligibility to hold office. The Forum Chair will advise the Board in writing of any such cases immediately. The UHB will require Forum members to confirm in writing their continued eligibility on an annual basis.

4.3.8 If a member fails to attend any meeting of the HPF for a period of six months or more, the Board may remove that person from office unless they are satisfied that:

4.3.8.1 the absence was due to a reasonable cause; and

4.3.8.2 the member will be able to attend such meetings within such a period as the Board considers reasonable.

5. Quorum and Attendance

5.1 A quorum shall consist of one third of the membership and must include the Chair or Vice Chair of the Forum.

6. Agenda and Papers

6.1 The Forum Secretary is to hold an agenda setting meeting with the Chair, Vice Chair and the Lead Executive (the Executive Director of Allied Health Professions and Health Science) at least 4 weeks before the meeting date.

6.2 The agenda will be based around the Forum's work plan, matters arising and requests from Forum members. Following approval, the agenda and timetable for papers will be circulated to all Forum members.

6.3 All papers must be approved by the Lead Director.

6.4 The agenda and papers for meetings will be distributed eight days in advance of the meeting.

6.5 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 Forum Chair) to review within the next seven days. The minutes must be an accurate record of the meeting which capture the discussions that take place.

6.6 Members must forward amendments to the Forum secretary within the next seven days. The Forum secretary will then forward the final version to the Forum Chair for approval.

7. Management of Meetings

7.1 The Forum will meet bi-monthly and shall agree a schedule of meetings at least 12 months in advance, consistent with the University Health Board's annual plan of Board Business. Additional meetings will be arranged as determined by the Chair of the Forum in discussion with the Lead Executive.

7.2 The Chair of the Forum, in discussion with the Forum Secretary shall determine the time and the place of meetings of the Forum 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 Health Board may specifically request advice and feedback from the Forum on any aspect of its business, and the Forum may also offer advice and feedback even if not specifically requested by the Health Board.

8.2 The Forum may provide advice to the Board:

8.2.1 at Board meetings, through the Forum Chair's participation as Associate Member;
8.2.2 in written advice; and
8.2.3 in any other form specified by the Board.

9. Reporting and Assurance Arrangements

9.1 The Chair is responsible for the effective operation of the Forum:

9.1.1 chairing meetings;
9.1.2 establishing and ensuring adherence to the standards of good governance set for the NHS in Wales, ensuring that all business is conducted in accordance with its agreed operating arrangements; and
9.1.3 developing positive and professional relationships amongst the Forum's membership and between the Forum and Hywel Dda University Health Board, and in particular it's Chair, Chief Executive and Directors.

9.2 The Chair shall work in close harmony with the Chairs of Hywel Dda Health Board's other Advisory Groups, and supported by the Board Secretary, shall ensure that key and appropriate issues are discussed by the Forum 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 HPF will be appointed as an Associate Member of the Health Board on an ex officio basis. 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 Health

Board Chair. They are also accountable to Hywel Dda University Health Board for the conduct of business in accordance with the governance and operating framework set by the Health Board.

9.4 The Forum Chair shall:

9.4.1 report formally, regularly and on a timely basis to the Board on the Forum's activities. This includes written updates on activity after each meeting.

9.4.2 bring to the Board's specific attention any significant matters under consideration by the Forum.

9.5 All Forum members must:

9.5.1 be prepared to engage with and contribute fully to the HPF'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;

9.5.2 comply with their terms and conditions of appointment;

9.5.3 equip themselves to fulfil the breadth of their responsibilities by participating in appropriate personal and organisational development programmes; and

9.5.4 promote the work of the HPF within the healthcare professional discipline they represent.

9.6 Forum members are accountable through the HPF Chair to the UHB Board for their performance as Forum members, and to their nominating body or grouping for the way in which they represent the views of their body or grouping at the HPF.

9.7 The requirements for the conduct of business as set out in the UHB's Standing Orders are equally applicable to the operation of the Forum.

10. Relationship Accountabilities with the Board and Other Committees of the Board

10.1 The Forum's main link with the Board is through the Forum Chair's membership of the Board as an Associate Member.

10.2 The Board should determine the arrangements for any joint meetings between the UHB Board and the Forum.

10.3 The Health Board's Chair should put in place arrangements to meet with the Forum Chair on a regular basis to discuss the Forum's activities and operation.

10.4 The Health Board Chair, on the advice of the Chief Executive and/or Board Secretary, may recommend that the Board afford direct right of access to any professional group, in the following, exceptional circumstances:

10.4.1 where the Forum recommends that a matter should be presented to the Board by a particular professional grouping, e.g. due to the specialist nature of the issues concerned; or

10.4.2 where a professional group has demonstrated that the Forum has not afforded it due consideration in the determination of its advice to the Board on a particular issue, or

10.4.3 the Board may itself determine that it wishes to seek the views of a particular professional grouping on a specific matter.

10.5 Executive Director of Allied Health Professions and Health Science, on behalf of the Chair, will ensure that the Forum is properly equipped to carry out its role by:

10.5.1 ensuring the provision of governance advice and support to the HPF Chair on the conduct of its business and its relationship with the UHB and others;

10.5.2 ensuring that the HPF receives the information it needs on a timely basis;

10.5.3 ensuring strong links to communities / groups;

10.5.4 facilitating effective reporting to the Board; and

10.5.5 enabling the Board to gain assurance that the conduct of business within the HPF accords with the governance and operating framework it has set.

11. Relationship with the National Joint Professional Advisory Committee

11.1 The Forum Chair will be a member of the National Joint Professional Advisory Committee.

12. Secretarial Support

12.1 The Forum Secretary shall be determined by the Executive Director of Allied Health Professions and Health Science.

13. Review Date

13.1 These terms of reference and operating arrangements shall be reviewed on an annual basis by the Forum for approval by the Board.

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

Date of last meeting/ Dyddiad y cyfarfod diwethaf: 12 May 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:

Alert[1] (may require discussion)/ **Rhybuddio** (efallai y bydd angen trafodaeth)

The Health Board Partnership Forum had no matters of which to **alert** the Board.

Advise[2] (to monitor)/ **Cynghori** (i fonitro)

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

- Significant financial pressures remain, including a planned deficit and rising clinical negligence costs.
- Concerns were noted regarding variability in organisational processes, access to training and delays in policy publication.

Assure[3] **(to note)/ Sicrhau (i nodi)**

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

- Appropriate governance and engagement arrangements are in place for key programmes, including the Clinical Services Plan. Actions to improve workforce and monitoring arrangements are progressing.
- The Health Board Partnership Forum Terms of Reference were presented, with no changes identified, and were approved for ratification by Board.

Review of Risks/ Adolygiad o Risgiau

The Forum considered risks related to operational pressures, workforce sustainability and financial challenges. No new risks were formally identified; existing risks remain under review.

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[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

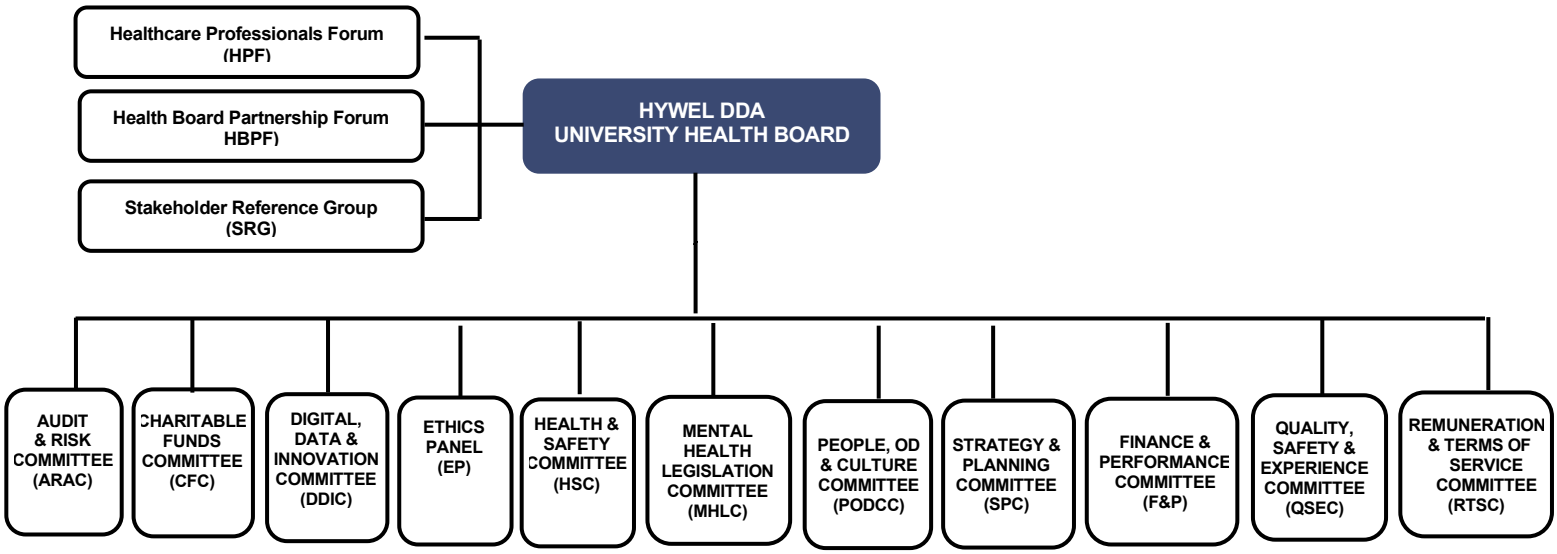
Learning includes improving consistency of organisational processes, strengthening communication around training, and maintaining staff engagement.

Recommendation/ Argymhelliad

The Board is asked to:

- **Approve** the Health Board Partnership Forum Terms of Reference (appended)
- **Note** the items the Forum is advising them 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/



HEALTH BOARD PARTNERSHIP FORUM

TERMS OF REFERENCE

Version	Issued to:	Date	Comments
V0.1	**Board**	25/03/2010	Approved
V0.1	**Board (SO's)**	22/07/2010	Approved
V0.2	**Board (SO's)**	29/09/2011	Approved
V0.3	**LPF**	14/10/2011	Approved
V0.4	**LPF**	07/08/2013	Approved
V0.4	**Board (SO's)**	22/11/2014	Approved
V0.5	**Board (SO's)**	26/11/2015	Approved
V0.6	**LPF**	07/12/2015	Approved
V0.7	**Partnership Forum**	22/06/2021	Approved
V0.8	**Partnership Forum**	28/02/2023	Approved

V0.8	**Board**	27/07/2023	Approved
V0.9	**Partnership Forum**	03/12/2024	Approved
V0.9	**Hywel Dda University Health Board**	30/01/2025	Approved
V.09	**Partnership Forum**	12/05/2026	Approved
V0.9	**Hywel Dda University Health Board**	30/07/2026	For approval

HEALTH BOARD PARTNERSHIP FORUM

1. Constitution

1.1 The Health Board Partnership Forum (HBPF) has been established as an Advisory Committee of the Hywel Dda University Health Board and was constituted from 1 October 2009.

2. Principal Duties

2.1 The HBPF is the formal mechanism where NHS Wales's employers and Trade Unions, professional bodies (hereafter referred to as Trade Unions) work together to improve health services for the people of Wales. It is the forum where key stakeholders will engage with each other to inform, debate and seek to agree local priorities on workforce and health service issues.

2.2 At the earliest opportunity, the Board will engage with Trade Unions in the key discussions at the UHB Board, HBPF and County Partnership Forums (CPF).

2.3 The HBPF will provide the formal mechanism for consultation, negotiation and communication between the Trade Unions and management. The TUC principles of partnership will apply. These principles are attached at Appendix 2.

3. Operational Responsibilities

3.1 The purpose of the HBPF will be to:

3.1.1 Establish a regular and formal dialogue between the Board's Executive and the Trade Unions on matters relating to workforce and health service issues.

3.1.2 Enable employers and Trade Unions to put forward Health Board wide issues affecting the workforce or local matters which remain unresolved at County level.

3.1.3 Provide opportunities for Trade Unions and managers to input into organisation service development plans at an early stage.

3.1.4 Contribute to the development of the Clinical Services Strategy implementation plan and be actively involved in the development of local service strategies.

3.1.5 Consider the implications on staff of service reviews and identify and seek to agree new ways of working.

3.1.6 Consider the implications for staff of NHS reorganisations at a national or local level and to work in partnership to achieve mutually successful implementation.

3.1.7 Appraise and discuss in partnership the financial performance of the organisation on a regular basis.

3.1.8 Appraise and discuss in partnership the Board services and activity and its implications.

3.1.9 Provide opportunities to identify and seek to agree quality issues, including clinical governance, particularly where such issues have implications for staff.

3.1.10 Communicate to the partners the key decisions taken by the Board and senior management.

3.1.11 Contribute to the design and delivery of the Health Board workforce and OD strategy and specifically co-produce redesigned processes and ways of working and engaging with staff.

3.1.12 Consider national developments in NHS Wales Workforce & Organisational Strategy and the implications for the Board including matters of service re-profiling.

3.1.13 Negotiate on matters subject to local determination.

3.1.14 Ensure Trade Union representatives are afforded reasonable paid time off to undertake trade union duties.

3.1.15 To develop in partnership appropriate facilities arrangements using A4C Facilities Agreement as a minimum standard.

3.1.16 Endorse all Health Board Workforce policies and receive and ratify All Wales agreements for use in the Health Board and ensure compliance with All Wales agreements.

3.1.17 In addition, the HBPF will establish Local Partnership Forum sub groups to establish ongoing dialogue, communication and consultation on service and operational management issues specific to Directorates/Service areas. Where these sub groups are developed they must report to the HBPF.

4. Membership

4.1 All members of the HBPF are full and equal members and share responsibility for the decisions of the HBPF. The Health Board shall agree the overall size and composition of the HBPF in consultation with those Trade Unions it recognises for collective bargaining. The Trade Union member of the LHB Board will be expected to

attend the HBPF in an ex-officio capacity. As a minimum, the membership of the HBPF shall comprise:

4.2 **Management Representatives**

Management will normally consist of the following members of management representatives.

Director of Finance
Chief Operating Officer
Director of Nursing, Quality & Patient Experience
Assistant Director Operational Nursing & Quality Acute Services
Director of Allied Health Professions and Health Science
Director of Workforce and OD
Assistant Director of People Management
Director of Strategy and Planning
Assistant Director of OD
Assistant Director of People Planning
Assistant Director of People Development
Management and Staff Side Chair of County Partnership Forum (x3)
Director of Mental Health and Learning Disabilities

If members are unable to attend a meeting a suitable deputy must attend in their place.

Other Executive Directors and others may also be members or may be co-opted dependent upon the agenda.

The Chief Executive will attend periodically linked to agenda items.

4.3 **Staff Representatives**

The Board recognises those Trade Unions listed in Appendix 1 for the representation of members who are employed by the organisation.

Staff representatives must be employed by the organisation and accredited by their respective organisations for the purposes of bargaining. If a representative ceases to be employed by the Board or ceases to be a member of a nominating organisation then he/she will automatically cease to be a member of the LPF. Full time officers of the Trade Unions may attend meetings subject to prior notification and agreement.

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

Each Union will be allocated seats at Partnership Forum linked to known union membership, where this hasn't been disclosed assumptions have been made based on payroll deduction numbers where available. Should any particular Trade Union feel they have not been appropriately allocated seats this will be reviewed on submission of membership information. See Appendix 4 for seats to be applied in 2021/2022.

It is intended to review membership along with Terms of Reference in 3 yearly intervals. The Chair, Vice Chair and Secretary members shall be included in the overall Trade Union allocated seats.

4.4 **Member Appointments**

The Trade Union Chair, Vice Chair and Secretary will be elected from the Local Health Board Trade Union representatives at Partnership Forum bi-annually. Each agreed Trade Union Partnership Forum member will receive 1 vote to elect to these roles. Best practice requires these three officers to come from different Trade Unions. All appointments will be for a period of 2 years.

4.5 **Chairs**

The Management Chair and Trade Union Chair will jointly chair the HBPF. This will be undertaken on a rotational basis. In the absence of the Chair(s) the Vice Chair(s) will act as Chair. The Chairs shall work in partnership with each other and, as appropriate, with the Chairs of the Board's other advisory groups. Supported by the Director of Corporate Governance/Board Secretary, Chairs shall ensure that key and appropriate issues are discussed by the Forum in a timely manner with all the necessary information and advice being made available to members to inform the debate and ultimate resolutions.

5. Quorum and Attendance

5.1 Every effort will be made by all parties to maintain a stable membership. There should be 50% attendance of both parties for the meeting to be quorate.

5.2 If the meeting is not quorate no decisions can be made but information may be exchanged. Where Joint Chairs agree, an extraordinary meeting may be scheduled within 7 calendar days notice.

5.2.1 Consistent attendance and commitment to participate in discussions is essential. Where a Trade Union member of the LPF does not attend on 3 consecutive occasions, the Trade Union Secretary will write to the member and bring the response to the next meeting for further consideration and possible removal. In the case of management representatives not attending the Director of Workforce & OD will contact the individual.

6. Agenda and Papers

6.1 The Forum Secretary is to hold an agenda setting meeting with the Management and Trade Union Chairs and the Management Secretary (Committee Services Officer) at least one month before the meeting date.

6.2 The agenda will be based around the Forum's work plan, matters arising and requests from Forum members. Items for the agenda and supporting papers should be notified to the Management Secretary as early as possible, and in the event at least two weeks in advance of the meeting. Following approval, the agenda and

timetable for papers will be circulated to all Forum members.

6.3 All papers must be approved by the Lead Director.

6.4 The agenda and papers for meetings will be distributed eight days in advance of the meeting, whenever possible electronically. One hard copy will be maintained by the Secretary of the Forum.

6.5 The minutes and action log will be circulated to members within ten days to check the accuracy. The minutes must be an accurate record of the meeting which captures the discussions that take place.

6.6 Members must forward amendments to the Forum secretary within the next seven days. The Management Secretary will then forward the final version to the Management and Trade Union Chairs for approval.

7. Management of Meetings

7.1 The Forum will meet bi-monthly however this may be changed to reflect the need of either Trade Unions or management. A schedule of meetings shall be agreed at least 12 months in advance, consistent with the UHB's annual plan of Board Business. Additional meetings will be arranged as determined by the Management and Trade Union Chairs of the Committee in discussion with the Management Secretary.

7.2 The business of the meeting shall be restricted to matters pertaining to Board Wide strategic issues. Local operational issues should be raised at the County Partnership Forums and will not be considered unless it is agreed that such issues have UHB wide implication or if satisfactory resolution has not occurred.

7.3 The HBPF has the capacity to co-opt others onto the forum or its sub groups as deemed necessary by agreement.

7.4 The Health Board may specifically request advice and feedback from the Forum on any aspect of its business, and the Forum may also offer advice and feedback even if not specifically requested by the Health Board.

8. Authority

8.1 The Forum may provide advice to the Board:

8.1.1 at Board meetings, through the Independent Member (Trade Union).
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 Chairs shall be jointly responsible for the effective operation of the HBPF:

9.1.1 chairing meetings, rotated equally between the Staff Representative and Management Representative Chairs;

9.1.2 establishing and ensuring adherence to the standards of good governance set for the NHS in Wales, ensuring that all business is conducted in accordance with its agreed operating framework; and

9.1.3 developing positive and professional relationships amongst the Forum's membership and between the Forum and the UHB's Board.

9.2 The Chairs shall work in partnership with each other and, as appropriate, with the Chairs of the UHB's other advisory groups. Supported by the Director of Corporate Governance/Board Secretary, Chairs shall ensure that key and appropriate issues are discussed by the Forum 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 Chairs are accountable to the UHB Board for the conduct of business in accordance with the governance and operating framework set by the UHB.

9.4 The Forum Chair shall:

9.4.1 report formally, regularly and on a timely basis to the Board on the Forum's activities. This includes written updates on activity after each meeting and the presentation of an annual report reviewing the Forum'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 Forum;

9.5 The requirements for the conduct of business as set out in the UHB's Standing Orders are equally applicable to the operation of the LPF.

10. Relationships and Accountabilities with Others

10.1 The HBPF's main link with the Board is through the Executive members of the HBPF and the Independent Member (Trade Union).

10.2 The Board may determine that designated Board members or UHB staff shall be in attendance at HBPF meetings. The LPF's Chair may also request the attendance of Board members or UHB staff, subject to the agreement of the UHB Chair.

10.3 The Board shall determine the arrangements for any joint meetings between the UHB Board and the HBPF's staff representative members.

10.4 The Board's Chair shall put in place arrangements to meet with the HBPF's Joint Chairs on a regular basis to discuss the HBPF's activities and operation.

10.5 The HBPF shall ensure effective links and relationships with other groups/fora at a local and, where appropriate, national level.

11. General Principles of Partnership between Trade Unions and Management

11.1 The Partnership Forum accepts that partnerships help the workforce and management work through challenges and to grow and strengthen their organisations. Relationships are built on trust and confidence and demonstrate a real commitment to work together.

11.2 The principles of true partnership working between Trade Unions and Management are as follows:

11.2.1 TU's and management show joint commitment to the success of the organisation with a positive and constructive approach
11.2.2 They recognise the legitimacy of other partners and their interests and treat all parties with trust and mutual respect
11.2.3 They demonstrate commitment to employment security for workers and flexible ways of working
11.2.4 They share success – rewards must be felt to be fair
11.2.5 They practice open and transparent communication – sharing information widely with openness, honesty and transparency
11.2.6 They must bring effective representation of the views and interests of the workforce
11.2.7 They must demonstrate a commitment to work with and learn from each other

11.3 All members must:

11.3.1 be prepared to engage with and contribute fully to the Forum's activities and in a manner that upholds the standards of good governance set for the NHS in Wales;
11.3.2 comply with their terms and conditions of appointment;
11.3.3 equip themselves to fulfil the breadth of their responsibilities by participating in appropriate personal and organisational development programmes; and
11.3.4 promote the work of the HBPF within the professional discipline he/she represents.

11.4 A Code of Conduct is attached at Appendix 3.

12. Sub Committees

12.1 When is considered appropriate, the Forum can decide to appoint sub committees, to hold detailed discussion on a particular issue(s). Nominated representatives to sub committees will communicate and report regularly to the HBPF.

Sub committees already in place: -

- Ceredigion Partnership Forum
- Carmarthenshire Partnership Forum
- Pembrokeshire Partnership Forum

Each sub committee will report bi-monthly to the HBPF.

13. Secretarial Support

13.1 The HBPF's work shall be supported by two designated Secretaries, one of whom shall support the staff representative members and one shall support the management representative members.

13.2 The Director of Workforce and OD will act as Management Representative Secretary and will be responsible for the maintenance of the constitution of the membership, the circulation of agenda and minutes and notification of meetings.

13.3 The Staff Representative Secretary shall be elected from within the staff representative membership of the LPF, by staff representative members, in a manner determined by the staff representatives. The Staff Representative Secretary's term of office shall be for two (2) years.

13.4 Both Secretaries shall work closely with the UHB's Director of Corporate Governance/Board Secretary who is responsible for the overall planning and co-ordination of the UHB's programme of Board business, including that of its Committees and Advisory Groups.

13.5 The Committee Secretary shall be determined by the Director of Workforce and Organisational Development.

14. Review Date

14.1 These Terms of Reference and operating arrangements shall be reviewed on at least an annual basis by the HBPF for approval by the Board.

Appendix 1

List of Recognised Trade Unions

- British Medical Association (BMA)
- Royal College of Nursing (RCN)
- Royal College of Midwives (RCM)
- UNISON
- UNITE
- GMB
- British Orthoptic Society
- Society of Radiographers
- British Dental Association
- Society of Chiropodists and Podiatrists
- Federation of Clinical Scientists
- Chartered Society of Physiotherapy (CSP)
- British Dietetic Association

Appendix 2

Six Principles of Partnership Working

- a shared commitment to the success of the organisation
- a focus on the quality of working life
- recognition of the legitimate roles of the employer and the trade union
- a commitment by the employer to employment security
- openness on both sides and a willingness by the employer to share information and discuss the future plans for the organisation
- adding value – a shared understanding that the partnership is delivering measurable improvements for the employer, the union and employees

Appendix 3

Code of Conduct

A code of conduct for meetings sets ground rules for all participants: -

- Respect the meeting start time and arrive punctually
- Attend the meeting well-prepared, willing to contribute and with a positive attitude
- Listen actively. Allow others to explain or clarify when necessary
- Observe the requirement that only one person speaks at a time
- Avoid 'put downs' of views or points made by colleagues
- Respect a colleague's point of view
- Avoid using negative behaviours e.g. sarcasm, point-scoring, personalisation
- Try not to react negatively to criticism or take as a personal slight
- Put forward criticism in a positive way
- Be mindful that decisions have to be made and it is not possible to accommodate all individual views
- No 'side-meetings' to take place
- Respect the Chair
- Adhere to UHBs values
- Failure to adhere to the Code of Conduct may result in the suspension or removal of the member. (Please note before this is enacted the Director of Workforce & OD will engage with the individual and the relevant full time officer).

Appendix 4

Members	Seats
• Royal College of Nursing (RCN)	6
• Royal College of Midwives (RCM)	1
• UNISON	7
• UNITE	3
• GMB	1
• British Orthoptic Society	1
• Society of Radiographers	1
• British Dental Association	1
• Society of Chiropodists and Podiatrists	1
• Federation of Clinical Scientists	1
• Chartered Society of Physiotherapy (CSP)	1
• British Dietetic Association	1