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:**	Report of the Chair
CYFARWYDDWR ARWEINIOL: **LEAD DIRECTOR:**	Dr Neil Wooding CBE, Chair
SWYDDOG ADRODD: **REPORTING OFFICER:**	Dr Neil Wooding CBE, Chair

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

To provide an update to the Board on relevant matters undertaken by the Chair of Hywel Dda University Health Board (the Health Board) since the previous Board meeting.

Cefndir / Background

This overarching report highlights the key areas of activity and strategic issues engaged in by the Chair and also details topical areas of interest to the Board.

Asesiad / Assessment

Chair's Actions

There may be circumstances where decisions which would normally be made by the Board need to be taken between scheduled meetings, and it is not practicable to call a meeting of the Board. In these circumstances, the Chair, supported by the Director of Corporate Governance as appropriate, may deal with these matters on behalf of the Board.

There have been two such actions to report since the previous meeting of the Board.

- **Resident Doctor Contract Implementation** (Appendix 1): considered the recruitment of five additional resident doctors to meet rota compliance and training requirements ahead of national deadlines, mitigate General Medical Council (GMC) and Health Education and Improvement Wales (HEIW) non-compliance risks, and maintain service continuity. Members recognised the urgency; however, raised significant concerns regarding the financial implications, quality of the report, and lack of robust workforce, risk and mitigation analysis. Approval was granted as an unavoidable compliance measure; however, further recruitment requests were not supported pending fuller analysis, clearer options appraisal and identified funding sources. Actions were agreed to strengthen risk management,

improve future reporting, and consider the Board's approach to financial decision-making and prioritisation.

- **Release of Funding for UEC and Planned Care** (Appendix 2): considered releasing funding paused by the In-Committee Board on 18 June 2026 for Urgent and Emergency Care (UEC) transformation and theatre staffing. Members noted ongoing financial challenges, alongside increasing operational pressures, patient safety risks, workforce concerns and potential impacts on planned care. While concerned about the financial position and savings delivery, Members were persuaded by the clinical, quality and patient safety case. Chair's Action approval was granted to release the funding, subject to assurance on associated savings and Board ratification.

Armed Forces Covenant

At Wales National Armed Forces Day 2026, held at Pembrey Country Park on 27 June 2026, the Health Board reaffirmed its commitment to the Armed Forces community by re-signing the Armed Forces Covenant. Signed on behalf of the organisation by Independent Member and Armed Forces Champion Michael Imperato and Lisa Gostling, Deputy Chief Executive and Director of Workforce and Organisational Development, the pledge reinforces the Health Board's commitment to supporting serving personnel, veterans, reservists and their families, both as an employer and as a provider of healthcare services. The Board remains committed to ensuring members of the Armed Forces community receive fair access to services and are not disadvantaged as a result of their service.

Board Seminar 18 June 2026

The Board considered the updated Board Assurance Framework (BAF), which has been refreshed to align with the Health Board's strategy, *A Healthier Mid and West Wales Strategy – Healthier Lives, Well Lived*. In doing so, it reaffirmed the BAF as the Board's primary governance mechanism for overseeing the principal risks and seeking assurance on the delivery of strategic objectives. The strengthened framework was welcomed, including refreshed principal risks, alignment to the new planning goals, and more meaningful outcome-focussed measures. The Board emphasised the importance of maintaining robust data quality, effective triangulation and benchmarking, and a balanced range of qualitative and quantitative indicators to strengthen assurance. Overall, the Board concluded that the refreshed BAF provides a strong foundation for strategic oversight and assurance, recognising that it will continue to evolve through ongoing refinement, scrutiny and Board engagement.

Key Meetings

I have attended the following meetings and engagement events:

Service and Site Visits

- Mabon ap Gwynfor MS, the new Cabinet Minister for Health and Care, visited staff and patients at Prince Philip Hospital (PPH), this visit included the Minor Injuries Unit (MIU) and Day Surgery Unit (DSU)

System Leadership and Regional Engagement

- NHS Wales Peer Group Event
- All Chairs meeting with Cabinet Minister for Health and Care
- All-Wales leaders' meeting with the Cabinet Minister for Health and Care and relevant Deputy Ministers
- Chairs' Development Session (All Wales)

External and Stakeholder Engagement

- Clinical Services Plan Stroke Consultation Event at Withybush Hospital (WGH)

- Political Meeting at Glangwili Hospital (GGH)

Training and Development
- Independent Member Development Session

People, Culture and Recognition
- 40 Year Long Service Awards Event

Celebrating Success/Awards

Chair's Commendation Awards
The Chair's Commendation Awards continue to recognise colleagues and teams who demonstrate the Health Board's values through outstanding compassion, collaboration, innovation and service excellence. The most recent awards recognised the following winners:

Category	Winner
Collaboration Award	Sophie Parry
Compassion Award (January)	Catherine McGrath
Development & Innovation Award	Arrhythmia Service Community Cardiology
Compassion Award (February/March)	Rebecca Jones

Long Service Awards
In 2019, the Long Service Awards were introduced in recognition of staff who have given the most hours, days and years to serving the local NHS across different professions across Carmarthenshire, Ceredigion and Pembrokeshire. The aim was to celebrate staff who have reached milestones working within the NHS. Our Independent Members have been privileged to meet the following individuals personally to present them with their award, listen to their experiences during their years of service and to thank them on behalf of the Board.

Employee	Number of years' service	Job Title	Base
Sharon Williams	44	Health Care Support Worker	GGH
Elsie (Jane) Griffiths	40	Nursing Support Worker	WGH
Jennifer Phillips	40	Children and Young People's Physiotherapist	Elizabeth Williams Clinic, Llanelli
Gary Richards	40	Senior Operating Department Practitioner	PPH
Anne Marie John	40	Community Frailty Specialist nurse	Eastgate, Llanelli
David Evans	48	Senior Porter	WGH
Paul Spencer	47	Porter	WGH
Diane Roberts	43	Domestic Assistant	WGH
Ifor Jones	42	Porter	Bronglais Hospital (BGH)
Eleri Walker	48	Domestic Assistant	BGH
Dai Noot	43	Mental Health Liaison Clinical Nurse Lead	GGH
James Whitehead	44	Porter	GGH
Phillip Jones	45	Porter	GGH

David Davies	40	Hotel services	GGH
Maria Evans	40	Hotel Services	Hafan Derwen, St David's Park Carmarthen

The Moondance Cancer Awards
One of our multidisciplinary teams has been recognised at the national Moondance Cancer Awards, winning the Detection and Diagnosis award (Innovation and Improvement category) for their One-Stop Clinic for Post-Menopausal Bleeding, which has significantly improved gynaecological cancer services in West Wales. The redesigned pathway enables patients to receive assessment, ultrasound and hysteroscopy in a single visit, reducing average waiting times from 178 to 29 days, improving patient experience, and supporting faster diagnosis. This model is now being rolled out across Hywel Dda and demonstrates the potential to improve outcomes and patient experience across other cancer pathways.

Finance Awards Wales 2026
We are celebrating the success of finance apprentice Catrin Lewis, who was recognised at the Finance Awards Wales 2026, receiving a Highly Commended award in the Finance Apprentice category. Having joined through the Health Board's Apprenticeship Academy, Catrin's achievement reflects her hard work, dedication and professional development, and highlights the value of the organisation's work-based learning approach in supporting future talent.

Argymhelliad / Recommendation

The Board is asked to:

- **RATIFY** the Resident Doctor Contract Implementation approved under the Chair's Action (Appendix 1).
- **RATIFY** approval of the release of the £4.5m funding withheld in reserves for the UEC business case, recognising that this decision supersedes the decision made at the extraordinary In-Committee Board held on 18 June 2026 (Appendix 2).
- **SUPPORT** the work engaged in by the Chair since the previous meeting and note the topical areas of interest.

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)	Not Applicable
Galluogwyr Ansawdd: Enablers of Quality: Quality and Engagement Act (sharepoint.com)	1. Leadership 2. Culture and valuing people

Amcanion Strategol y BIP: UHB Strategic Objectives:	Not Applicable
Nodau Cynllunio 2026/27 Planning Goals 2026/27	Not Applicable
Hypergyswllt i Amcanion Llesiant HDdUHB 2026 Hyperlink to HDdUHB Well-being Objectives 2026	10. Not Applicable
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)*	Not Applicable
Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	Chairman's Diary and Correspondence
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:	Chairman

Effaith: (rhaid cwblhau) Impact: (must be completed)	
Ariannol / Gwerth am Arian: Financial / Service:	No direct impact
Ansawdd / Gofal Claf: Quality / Patient Care:	Not applicable
Gweithlu: Workforce:	Not applicable
Tegwch Iechyd: Health Equity:	Not applicable

Risg: **Risk:**	Not applicable
Cyfreithiol: **Legal:**	Not applicable
Enw Da: **Reputational:**	Not applicable
Gyfrinachedd: **Privacy:**	Not applicable
Cydraddoldeb: **Equality:**	Not applicable

Register of Chairman's Actions 2026/27

Serial No.	Requesting Department	Details of Request	Cost, where applicable	Date Issued	Date Signed by Chair
137	**Medical Directorate**	Resident Doctor Contract Implementation (Appendix 1)	Between £312,909 - £446,415	**03.06.2026**	**08.07.2026**
138	**Operations**	Release of Funding for UEC & Planned Care (Appendix 2)	£4.5m	**13.07.2026**	**23.07.2026**

Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

CYFARFOD BWRDD PRIFYSGOL IECHYD
UNIVERSITY HEALTH BOARD MEETING

DYDDIAD Y CYFARFOD: **DATE OF MEETING:**	04 June 2026
TEITL YR ADRODDIAD: **TITLE OF REPORT:**	Resident Doctor Contract Implementation
CYFARWYDDWR ARWEINIOL: **LEAD DIRECTOR:**	Mark Henwood, Executive Medical Director
SWYDDOG ADRODD: **REPORTING OFFICER:**	John Evans Assistant Director Medical Directorate

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

This report outlines the implications and financial implications associated with the implementation of the new Resident Doctor contract in Wales, which will be implemented in August 2026.

The Board, via Chairs Action due to the immediacy of the decision required, is asked to support the recruitment of five additional staff (four clinical fellows and one F2), the minimum requirement to achieve contractual compliance with the new resident doctor contract and to note that further staffing requirements are likely to follow soon as Clinical Care Groups (CCG's) consider compliant rotas unsustainable in the short term resulting from the Medical Workforce Stabilisation programme

Cefndir / Background

Heath Boards in Wales are required to implement the new Resident Doctor contract with effect from August 2026 with rotas needing to be agreed and issued by 10 June 2026. Due to the time required to rota and populate medical on-call rotas, a Chairs Action is sought to enable this to be achieved before the implementation date.

Implementation presents several significant workforce, financial and operational challenges which are being exacerbated by concerns raised by Health Education and Improvement Wales (HEIW), which have highlighted Medical Staffing shortfalls in baseline rotas to cover the on-call medical provision and delivery of safe care

The new contract is designed to improve the quality of training for Resident Doctors and improve staff wellbeing and safe working practice. However, implementing the contractual requirements linked to shift length, rota frequency and rest requirements will inevitably lead to further pressures on an already stretched workforce, which without additional provision would mean insufficient cover for on-call and ward cover. HEIW have raised concerns in relation to the quality of the training experience for Resident Doctors and therefore the additional requirements associated with the new Terms and Conditions will likely increase the operational challenge.

Asesiad / Assessment

There are 77 Resident Doctor rotas in Hywel Dda University Health Board (HDdUHB), 40 of which are non-compliant with the new terms. The Medical Workforce Team has been working closely with CCG representatives in order to determine the actions needed to ensure compliant rotas in time for contractual implementation. This has been a significant challenge as the timelines have been extremely challenging. At this juncture, the actual Terms and Conditions are yet to be officially approved with no access to the rota testing software. The team is therefore assessing rotas as accurately as possible in the absence of the software.

All Health Boards are in the same position. Most of our non-compliant rotas have been amended to achieve compliance, although a small number will need additional staff to meet the minimum requirement of cover. These are entirely in Emergency Medicine departments and are non-compliant due to levels of weekend frequency.

The additional five posts are as follows:

GGH Emergency Medicine – 2 – Clinical Fellows (Min to max £127,727-£190,831)
1 – F2 (Min to max £57,455-£64,753)

BGH Emergency Medicine – 2 – Clinical Fellows (Min to max £127,727-£190,831)

Total Min to max £312,909 - £446,415)

These figures have been validated by Finance.

It should be noted that the above represents the minimum additional staffing requirement needed to achieve rota compliance with the new contractual terms. It is noted that other Health Boards are highlighting the need for additional staff well in excess of that described above, although it may be the impact on rota sustainability has been added in.

In HDdUHB, HEIW have raised concerns in relation to the quality of training, the need for protected educational time and supervision time, service pressures taking precedence etc. It is likely that in devising compliant rotas, ward cover will be impacted by the additional rest periods which may then lead to increased service pressures and insufficient capacity. The lack of resilience may also lead to challenges with unplanned absences and impact safe staffing. However, the purpose of this report is to address the immediate requirement to appoint the five additional staff which will achieve rota compliance.

Given there is no additional funding forthcoming for rota compliance it is likely that it will present a significant challenge to fund the minimum five additional posts.

If the CCG total requirements were included, there is a significant risk that no agreement would be reached, resulting in non-compliant rotas and the immediate suspension of Resident Doctor training provision. In response to HEIW's concerns, CCG's have been developing service requirements, which will increase their Resident Doctor/Clinical Fellow/Specialty Grade establishments beyond the requirements of the new contract.

It is recommended that CCG's continue with their review and scrutinise the respective bids within the Operations Directorate before submission to Executive Team, before Board approval. If the level of additional funding is not forthcoming, then CCG's would have to consider alternative service modelling including networked or cross site arrangements where

feasible. In addition to the five posts directly required for rota compliance, CCG's have to date submitted bids for the following:

WGH Acute Medicine – 1 – Junior Clinical Fellow
- 3 – Clinical Fellows
- 1 – Specialty Doctor

WGH Emergency Medicine – 3 to 4 Clinical Fellows

PPH Acute Medicine 1 – F2
3 – Specialty Doctors

GGH Acute Medicine 0.4 – F1
1 – F2/IMT/Clinical Fellow
2 – ST Higher/Specialty Doctors

The additional requirements have not yet been fully costed, as they will be considered through a separate process, although are expected to amount to a further £1m.

Argymhelliad / Recommendation

The Board, via Chair's Action is asked to:

- **APPROVE** the five additional posts required to achieve the minimum requirements to meet rota compliance. [Range of costs £312,909 - £446,415]
- **NOTE** that CCG's will review their additional requirements and that these bids are scrutinised at Operational Directorate level before submission to the Executive Team and Board.

Amcanion: (rhaid cwblhau) **Objectives: (must be completed)**	
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	
Parthau Ansawdd: Domains of Quality Quality and Engagement Act (sharepoint.com)	1. Safe 2. Timely 6. Person-Centred 3. Effective
Galluogwyr Ansawdd: Enablers of Quality: Quality and Engagement Act (sharepoint.com)	2. Culture and valuing people
Amcanion Strategol y BIP: UHB Strategic Objectives:	3. Great care
Amcanion Cynllunio Planning Objectives	1 Workforce Stabilisation

Amcanion Llesiant BIP: UHB Well-being Objectives: Hyperlink to HDdUHB Well-being Objectives Annual Report 2021-2022	2. Develop a skilled and flexible workforce to meet the changing needs of the modern NHS

Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	Resident Doctor and Dentist Contract Reform Contract, Published December 2025
Rhestr Termau: Glossary of Terms:	Included in the body of the report
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Cyfarfod Bwrdd Iechyd Prifysgol: Parties / Committees consulted prior to University Health Board:	Executive Team

Effaith: (rhaid cwblhau) Impact: (must be completed)	
Ariannol / Gwerth am Arian: Financial / Service:	Yes. Assessment contained within the document
Ansawdd / Gofal Claf: Quality / Patient Care:	The contract reform is intended to improve medical cover to support the medical model and provide improved patient care
Gweithlu: Workforce:	Included in the body of the report
Risg: Risk:	The new Resident Doctor contract is mandated from August 2026 and the approach presented will mitigate the risks highlighted within the body of the report.
Cyfreithiol: Legal:	Included in the body of the report

Enw Da: **Reputational:**	The need for the Health Board, and all other Health Board in Wales, to implement the requirements of the new contract will be a matter of public interest and form part of the training requirements of HEIW.
Gyfrinachedd: **Privacy:**	N/A
Cydraddoldeb: **Equality:**	N/A

MINUTES OF THE CHAIRS ACTION MEETING

Date of Meeting:	**12:00, Thursday 4 June 2026**
Venue:	**Microsoft Teams Meeting**

Present:	Neil Wooding, HDdUHB Chair Eleanor Marks, HDdUHB Vice Chair Maynard Davies, Independent Member Ann Murphy, Independent Member
In Attendance	Phil Kloer, Chief Executive Officer Mark Henwood, Executive Medical Director Andrew Spratt, Deputy Director of Finance Joanne Wilson, Director of Corporate Governance/Board Secretary Helen Mitchell, Committee Services Officer

Resident Doctor Contract Implementation

Mr Mark Henwood presented the Resident Doctor Contract Implementation report, indicating that it had been considered by the Executive Team and brought forward through Chair's Action due to urgency, noting the need to confirm staffing arrangements ahead of rota deadlines on 10 June 2026. From a governance perspective this needed approval by the Board due to this being an additional financial request outside of the annual plan approval process. He highlighted that the primary driver is insufficient medical staffing to meet rota and training standards. Whilst the immediate request relates to the recruitment of five resident doctors, Mr Henwood indicated that a further c.15 doctors may be required to achieve sustainable compliance, with a potential financial impact of up to £2 million., Mr Henwood emphasised the importance of improved workforce planning, the associated risk and the concerns from the General Medical Council (GMC) and Health Education and Improvement Wales (HEIW) and the risks of non-compliance, including potential withdrawal of trainee doctors, with significant implications for service continuity, including emergency and acute care provision and ultimately financial penalties.

In response to Dr Neil Woodings' enquiry regarding how long the Clinical Care Group (CCG) had been aware of the need for additional doctors, Mr Henwood indicated that the requirement for assessment was notified by Welsh Government during the summer of 2025, driven by new contract requirements negotiated on nationally, with compliance monitored by external bodies such as the GMC/HEIW.

The lack of provided software and terms and conditions from Welsh Government led the Medical Workforce Team to conduct their own rota assessments. Mr Henwood advised that there was no confirmed timeline for the supply of the promised software

or assessment tools; and acknowledged the risk that future testing may produce different outcomes, although current assessments were considered robust.

Mr Maynard Davies raised concerns about the consequences of failing to recruit to posts which Mr Henwood confirmed may include the GMC withdrawing trainee doctors, potentially impacting on Emergency Departments and acute medical admissions, specific reference was made to Glangwili Hospital due to a recent HEIW visit.

Mrs Ann Murphy raised concerns regarding the inclusion of a second cohort of additional medical posts, seeking assurance that any further recruitment proposals would be subject to appropriate forward planning and formal approval processes, rather than being brought forward reactively. She also queried the financial implications, including whether full costs would be identified and the extent to which additional funding support from Welsh Government would be available. In addition, she asked whether alternative recruitment approaches, including international recruitment, would be considered given known workforce supply challenges.

In response, Mark Henwood acknowledged that inclusion of the second cohort within the paper may not have been appropriate and clarified that, whilst local groups had indicated a higher overall requirement, any further proposals would be subject to a robust internal approval process, including scrutiny within the Clinical Care Group, Executive Team consideration, and appropriate governance routes before progression. He advised that Welsh Government is unlikely to provide additional funding for further posts and therefore requests would only proceed where affordable and supportable. It was further confirmed that, where recruitment is progressed, all appropriate recruitment routes, including international options, would be considered.

The difficulty of recruiting the required doctors was discussed with it noted that all Welsh Health Boards are competing for a limited pool of candidates, with some Boards seeking even larger numbers. Mr Henwood acknowledged that if recruitment was not successful, Hywel Dda University Health Board (HDdUHB) would need to rely on agency or locum staff, which would significantly increase costs, confirming that rotas will be published with gaps if recruitment is incomplete, necessitating agency cover in the interim.

Prof Phil Kloer, acknowledging the financial impact of recruiting additional doctors and highlighting a nearly £500k unbudgeted cost, noted the exhaustion of Welsh Government funding pots highlighted by Mr Andrew Spratt; and the broader challenge of managing a growing structural deficit.

Mrs Eleanor Marks sought assurance on whether Wales will be able to recruit sufficient doctors and, if not, whether longer-term workforce planning is being considered, alongside whether the financial implications of the HEIW position have been recognised and discussed with Welsh Government in the context of achieving a balanced budget by 2027/28.

When questioned why the additional costs were not included in the original 2026-27 Annual Plan, Mr Spratt indicted that all Health Boards are behind in planning due to

late national discussions and delayed guidance from HEIW and Welsh Government. He reported that while Welsh Government had modelled funding for the new contract, it was fully allocated to pay awards, leaving no headroom for the additional recruitment costs now required for compliance.

The Chair emphasised that the organisation is already facing a significant deficit, citing a £41.0m current deficit and a forecast of £63.5m, and stressed that any new spending must be offset by reductions elsewhere, as no additional funding is available. Ms Eleanor Marks expressed concern about the sustainability of ongoing requests for additional resources, advocating for a more strategic approach to financial planning and the need for CCGs to identify internal savings or trade-offs before submitting further requests.

The Board Members requested that feedback be provided to the author that the paper was not of sufficient standard to be presented to Board, noting the lack of risk mitigation strategies, outcome detail, insufficient financial and recruitment analysis, and failing to anticipate predictable Board questions, called for improved Board papers providing comprehensive information and options; more robust decision-making processes; and identification of funding sources within their budgets. It was stressed that CCGs must act as accountable business units, identifying internal savings and presenting the Board with clear choices and trade-offs, rather than simply escalating funding requests and 'bidding' for resources that are not available.

Action: A formal risk register entry with mitigation details would be developed in collaboration by Mr Henwood's team.

The Board approved the recruitment of five doctors as an unavoidable compliance measure but withheld approval for further requests pending more detailed analysis and creative solutions.

The Board did not note the second recommendation and requested that it was removed.

Action: With regard to the recommendation to 'NOTE that CCG's will review their additional requirements and that these bids are scrutinised at Operational Directorate level before submission to the Executive Team,' Mr Henwood agreed to request a more comprehensive report, taking account of the Board's earlier comments, and to ensure it was presented to Board through the agreed governance processes (CCG approval, Formal Executive Team, Committee and Board).

Action: Mrs Wilson agreed to schedule a Board Development Session (Seminar) to discuss design principles for financial decision-making, including the requirement that any new requests must be offset by reductions or redesigns elsewhere in the system, with it noted this would be considered as part of the Board's deliberations on the 18 June 2026.

Mr Spratt provided an update on the national context, indicating that the recruitment and financial challenges are being experienced by all Welsh Health Boards, with Welsh Government now requiring all Boards to formally report these issues, and

advising that HDdUHB was among the first to formally report the financial implications of the new contract to Welsh Government, prompting other Health Boards to do so; and that the issue is now recognised as a pan-Wales issue requiring coordinated action.

Recommendation
The Board, via Chair's Action:

- **APPROVED** the five additional posts required to achieve the minimum requirements to meet rota compliance. [Range of costs £312,909 - £446,415]

Actions

1. **Mr Henwood** confirmed that the absence of a risk register number would be addressed, and that a formal risk entry with mitigation details would be developed.

2. With regard to the recommendation to 'NOTE that CCG's will review their additional requirements and that these bids are scrutinised at Operational Directorate level before submission to the Executive Team,' **Mr Henwood** agreed to request a more comprehensive report, that reflected the Board's earlier comments, and to ensure that it was presented to Board through the agreed governance route: CCG approval, Formal Executive Team, Committee and Board.

3. **Mrs Wilson** agreed to schedule a Board Development Session (Seminar) to discuss design principles for financial decision-making, including the requirement that any new requests must be offset by reductions or redesigns elsewhere in the system.

Cyfarfod Cyhoeddus y Bwrdd/ Public Board Meeting

DYDDIAD Y CYFARFOD: **DATE OF MEETING:**	17 July 2026
TEITL YR ADRODDIAD: **TITLE OF REPORT:**	Releasing funding agreed in the Annual Plan
CYFARWYDDWR ARWEINIOL: **LEAD DIRECTOR:**	Huw Thomas, Executive Director of Finance Andrew Carruthers, Chief Operating Officer
SWYDDOG ADRODD: **REPORTING OFFICER:**	Huw Thomas, Director of Finance Peter Skitt, Clinical Care Group Service Director – Community and Integrated Medicine.

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

Chair's Action Meeting – Cyfarfod Gweithredu'r Cadeirydd

Contained within the annual plan were financial commitments to improving services. Whilst some related to contracts which are now in place and are therefore committed, there are others which have yet to be committed to, predominately related to recruitment plans that were only to commence later in the financial year.

These are related to Urgent and Emergency Care Transformation and Theatre Staffing.

At the In-Committee Board meeting on 18 June 2026, the Board took the decision to retain this funding pending further assurance that savings could be identified and delivered to mitigate the shortfall in the likely delivery of the financial plan. It is noted that decisions made In Committee require ratification at the next public Board Meeting.

Following the Board meeting, the full implications on performance, quality and service provision, became clearer, with the Chief Executive making the decision on 3rd June 2026 to release the funding however recognising in governance terms this can not be undertaken without Board approval, as this a reversal of the In Committee Board decision. Through Chair's Action, approval is sought to release the funding.

Cefndir / Background

The specific funding items affected include:

Planned Commitments (£'m)	Recurrent or Non-Recurrent	Full Year Impact	2026/27 Impact	2027/28 Impact	2028/29 Impact
Emergency & Urgent Care (EUCC)	Recurrent	0.6	0.6	-	-
UEC Streaming Hub	Recurrent	1.5	1.1	0.4	-
UEC WGH SDEC	Recurrent	2.4	1.2	1.2	-
Theatres (GGH & WGH) Nurse Staffing Levels (NSL)	Recurrent	2.4	1.6	0.8	-
Grand Total		**6.9**	**4.5**	**2.4**	**-**

Asesiad / Assessment

Urgent and Emergency Care Business Care

The decision to pause Urgent and Emergency Care (UEC) funding for the Same Day Emergency Care (SDEC) and Clinical Streaming Hub (CSH) services, which had been approved by the Board as part of the UEC business case, presented a significant risk to the Health Board's ability to deliver safe, timely and effective urgent and emergency care services and to sustain the improvements achieved through the UEC transformation programme.

These services were established as core components of the approved seven-day service model, supporting admission avoidance, early senior clinical decision-making, improved patient flow, reduced Emergency Department congestion, and enhanced patient outcomes through ambulatory care pathways. Removal of this funding would reduce operational capacity and resilience across the unscheduled care system, resulting in increased pressure on Emergency Departments, ambulance handovers, inpatient bed capacity and Pathways of Care Delays (PoCD).

This directly relates to UEC Corporate Risk 1027, which identifies the risk that the Health Board is unable to maintain safe and effective patient flow due to insufficient capacity, workforce and system resilience. Pausing of funding would remove a key mitigation against this risk and may lead to deterioration in performance against national access and flow standards, increased patient harm risks and reduced ability to deliver the ambitions of the Six Goals for Urgent and Emergency Care.

In addition to the operational impacts, there are significant workforce, financial and reputational risks associated pausing this investment at this stage. Recruitment processes are already underway, with posts publicly advertised and candidates actively being shortlisted and interviewed based on Board-approved implementation plans.

Any decision to pause funding now could cause considerable reputational damage to the Health Board, undermining confidence amongst staff, applicants, partners and Welsh Government regarding the organisation's commitment to delivering agreed transformation programmes. There is also a substantial risk to the loss of enhanced Hospital at Home provision both during weekdays and at weekends, reducing the Health Board's ability to provide care closer to home and avoid unnecessary hospital admissions.

Lead clinicians have indicated that maintaining weekday operations within Hospital@Home will be unsustainable without the approval of resources associated with the 7-Day business case.

To quantify this effect, data from the Clinical Streaming Dashboard has been analysed for patient numbers served by Hospital@Home since October 2025 (when consistent data collection began). It is estimated that the loss of hospital at home services could mean an increase of 141 hospital admissions per month for the Health Board, totalling an additional 2,133 hospital bed days per month.

Furthermore, significant work has been undertaken by senior clinical leaders and operational teams to develop and secure approval for the seven-day business case. Pausing of funding at this stage is likely to generate high levels of staff dissatisfaction and disengagement, potentially leading to the resignation or loss of key clinical and operational leaders whose expertise and commitment have been central to the programme's development. Such outcomes would not only compromise delivery of the approved service model but could also negatively affect staff morale, organisational credibility, and the Health Board's future ability to successfully implement major transformational change programmes.

Theatres Nurse Staffing

During 2024-2025, a complex and escalating pattern of workforce, cultural and safety concerns emerged within Theatres at Glangwili Hospital (GGH). Increased sickness absence, interpersonal conflict and staffing concerns were key issues impacting the quality and safety within theatres. Three anonymous, formal concerns relating to GGH Theatres were received by Healthcare Inspectorate Wales (HIW) on 25 February, 11 March, and 24 November 2025.

A Theatre Steering Group was established, chaired by a Senior Clinician. This group is well attended with good engagement from clinicians and management. The daily theatre staffing review meetings are now, by consensus, held weekly. Theatre activity is clinically prioritised and any necessary changes discussed with clinicians and managers to reach a consensus.

The appointment of an experienced Clinical Director for Anaesthetics, Critical Care and Theatres, alongside the recruitment of a General Manager and an experienced Senior Nurse Manager (SNM) have consolidated the leadership culture within the services. This has had a transformational impact on staff morale, workforce performance, and the quality and safety culture within theatres. Increased funding for the recruitment of 10 wte Registered Practitioners (October 25) facilitated to reflect turnover rates. (Risk Register No. 2028)

A Safer Staffing Review was undertaken and approved by the Executive Director of Nursing, Quality and Patient Experience. A Business Case has been developed as part of the CCG planning submission to achieve the safe staffing levels. This is valued at £2.4million, to deliver base line service activity norms. On-going recruitment requires careful management over time, to ensure that staff receive adequate supervision and support. It is understood that HEIW are leading on a review and development of new guidance on skill mix for theatre staffing which will inform ongoing work in this area. (Risk Register No. 2028). A further Anaesthetic Workforce review has recently concluded that has also identified a base line funding deficit of £2.1million.

Financial Position

While the organisation remains at risk in delivering on its financial position, further work has been undertaken with urgency to improve and mitigate the current risk-adjusted forecast.

At Month 3, the forecast position is a £62.2m deficit.

On 9 July 2026, Community and Integrated Medicine and Planned and Specialist Medicine met with the Chief Executive as a result of their escalation to Level 4. Both committed to de-risking

circa £5m each from Red to Amber and Green. These will be confirmed by the CCGs through the normal savings submissions by close of play on 17 July 2026.

In addition, the Director of Workforce and Organisational Development is taking a strategic lead to identify a further £4.5m of savings for the year through reduction in agency and addressing sickness and absence management. These will be confirmed through the normal savings submissions by 31 July 2026.

A meeting was held with all CCGs and representatives from Corporate Teams on 9 July 2026 where further plans were identified to both de-risk current red and blue savings and identify further schemes.

While schemes have not been fully identified at a green level at this stage to de-risk the financial position in full, progress is being made.

In light of this progress, and in recognition of the unacceptable clinical and performance risks arising from withholding the UEC and Planned care funding, the Executive Team are proposing that the funding be released.

This does not diminish the accountability required to deliver against the financial plan, rather reinforces the need for urgent actions to deliver the £41m planned deficit.

Argymhelliad / Recommendation

- To approve the release of the £4.5m funding withheld in reserves for the purposes identified above.

Amcanion: (rhaid cwblhau) **Objectives: (must be completed)**	
Cyfeirnod Cofrestr Risg Datix, Teitl a Sgôr Risg Cyfredol: Datix Risk Register Reference and Score:	1027 2028 2296
Parthau Ansawdd: Domains of Quality Quality and Engagement Act (sharepoint.com)	1. Safe 2. Timely 3. Effective 4. Efficient
Galluogwyr Ansawdd: Enablers of Quality: Quality and Engagement Act (sharepoint.com)	5. Whole systems persepctive
Amcanion Strategol y BIP: UHB Strategic Objectives:	3. Great care

Nodau Cynllunio 2026/27 Planning Goals 2026/27	6. Safe, Timely, High Quality Care
Hypergyswllt i Amcanion Llesiant HDdUHB 2026 Hyperlink to HDdUHB Well-being Objectives 2026	7. Improve health and well-being by focusing on prevention and early intervention, while working in partnership to ensure everyone has equal access to care and opportunities for good health
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)*	6. A culture of testing and learning will be encouraged, enabled, supported and celebrated.
Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	Executive recommendation based on clinical advice
Rhestr Termau: Glossary of Terms:	None
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y cyfarfod hwn: Parties / Committees consulted prior to this meeting:	Executive Team

Effaith: (rhaid cwblhau) Impact: (must be completed)	
Ariannol / Gwerth am Arian: Financial / Service:	There is a risk that the Health Board will not achieve its £41m as a result of this decision, but mitigating actions are being urgently pursued across the organisation to address this.
Ansawdd / Gofal Claf: Quality / Patient Care:	Adverse impact on patients if this is not agreed.
Gweithlu: Workforce:	Adverse impact on staff if this is not agreed.
Tegwch Iechyd: Health Equity:	Adverse impact on health equity if this is not agreed.

Risg: **Risk:**	UEC performance RTT performance Financial performance
Cyfreithiol: **Legal:**	None
Enw Da: **Reputational:**	Reputation risk should performance in UEC and Planned Care delivery not improve. However, there is a risk to the Health Board's reputation if delivery of £41m deficit is not achieved.
Gyfrinachedd: **Privacy:**	None
Cydraddoldeb: **Equality:**	None

MINUTES OF THE CHAIRS ACTION MEETING

Date of Meeting:	**10:00, Friday 17 July 2026**
Venue:	**Microsoft Teams Meeting**
Present:	Eleanor Marks, HDdUHB Vice Chair Maynard Davies, Independent Member Sarah Harraway, Independent Member Michael Imnperato, Independent Member Neil Prior, Independent Member Ann Murphy, Independent Member
In Attendance	Lisa Gostling, Chief Executive Officer Mark Henwood, Executive Medical Director Andrew Carruthers, Chief Operating Officer Huw Thomas, Director of Finance Joanne Wilson, Director of Corporate Governance/Board Secretary Gareth Cottrell, Deputy Chief Operating Officer Paula Goode, Service Director for Planned and Specialist Care Peter Skitt, Clinical Care Group Service Director - Community & Integrated Medicine Claire Evans, Committee Services Officer

Welcome

Mrs Eleanor Marks opened the Chair's Action Meeting, noted that this format sits outside the usual board cycle however has been called in accordance with Standing Orders, and confirmed that the purpose of the session was to consider an urgent matter requiring a decision.

Releasing Funding Agreed in the Annual Plan

Mr Huw Thomas introduced the report by reminding Members that the investment had previously been paused at the In-Committee Board meeting on 18 June 2026 because, even if all identified red and blue savings are delivered, the organisation remained £4.5m short of the £41m savings requirement. He confirmed that subsequent discussions with clinical colleagues, together with consideration by the Chief Executive on 3 July 2026, had led to a renewed case for releasing the funding to support urgent and emergency care transformation and theatre staffing. Mr

Thomas also reported some movement on savings, including assurance that £5m from Community and Integrated Medicine would come through that day as amber/green savings, while stressing that the overall gap remained significant.

The Chair queried whether enough of the expected £10m savings had been secured and who would be accountable for the remaining gap. Mr Gareth Cottrell responded that accountability sat primarily within the Chief Operating Officer's directorate and noted that operational teams were continuing to identify further savings without opportunities across budgets, with a clear focus on protecting quality and safety. He argued that releasing the investment would support performance, quality, and financial objectives together, including by providing the theatre workforce needed to sustain required activity.

Mr Maynard Davies reiterated that the Board was confronting a choice between financial recovery and safety and quality of service delivery in our Emergency Departments, and that on this occasion he would rather support the safe delivery of services and pursue the funding solution afterwards. He enquired whether the proposed expenditure would produce visible improvement in urgent and emergency care during the current financial year.

In respect of the theatre position Ms Paula Goode and Mr Cottrell reinforced that the theatre position was already beyond a discretionary enhancement. Ms Goode set out that theatres were £2.4m short of safer staffing for baseline activity, with a further £2.1m anaesthetic budget pressure, and emphasised that operating within current budget alone would require a reduction in activity, potentially including the loss of two all-day theatre lists at Glangwili Hospital (GGH) and consequences for Bronglais Hospital (BGH)

Ms Sarah Harraway queried the extent to which the recently identified savings were recurrent as opposed to non-recurrent and questioned whether Welsh Government would consider the proposed approach justifiable if it knowingly resulted in a deterioration of the immediate financial position. In response, Mr Thomas explained that he did not yet have the breakdown between recurrent and non-recurrent split, however acknowledged the importance of the issue and confirmed that a further update would be presented to Board, with a particular focus on the position in September 2026. He emphasised that the opportunity to influence the year end position was rapidly diminishing and without urgent progress the forecast deficit was likely to deteriorate further by September 2026. He noted that the proposed release would increase expenditure by £4.5m, albeit with some offsetting savings opportunities and was expected to deliver some planned care performance benefits.

Responding to Mrs Harraway's question on increasing the financial risk if the funding is released, Mrs Joanne Wilson reminded members that the earlier business case had originally been approved by the Board on safety and quality grounds and that pausing the investment could increase the corporate risk 1027 from a 20 to a 25 as the investment should mitigate the risk. Furthermore, Mrs Wilson added that in releasing the funding, should the mitigation not be forthcoming, the financial risk may increase.

This reinforced the Board's need to balance financial control against the potential risk of increased harm to patients.

Mr Michael Imperato requested a clearer explanation of how the proposed investment would affect delayed pathways of care, discharge flow, and variable pay. In response, Mr Peter Skitt explained that the business case supported a seven-day clinical streaming model and anaesthetic cover, while also stabilising fragile Monday-to-Friday arrangements that were currently skeletal. He linked that stability to more sustainable hospital-at-home and virtual ward services, better discharge flow, lower pressure at the front door, and fewer people entering hospital unnecessarily. He also referred to risk 1027 as a constant operational concern and said the proposed investment would help shift urgent care services into a more sustainable footing.

In response to Mr Imperato's query on how those benefits translated into the financial position, Mr Skitt explained that the effect would not be an immediate ward closure, rather it would reduce boarding, corridor care, and inappropriate placement by lowering demand at the front door. He added that while corridor care and surge capacity in Hywel Dda were relatively cost-efficient compared with some organisations, the impact was still material enough to connect part of the proposal to the £5m savings assurance given that morning and most importantly does not provide good quality of care for patients.

Mrs Lisa Gostling addressed variable pay, referring to an additional workforce workstream she was leading on. She stated that the work contained tangible actions expected to reduce whole-time equivalent numbers in some cases and variable pay in others, with further detail to be reported to both the Finance and Performance Committee, and the People, Organisational Development and Culture Committee.

Mr Thomas advised that workforce supply, rather than demand, may be the primarily constraint on the pay bill, meaning some measures could increase fill rates rather than reduce expenditure if not carefully managed. Mrs Gostling acknowledged the risk, however clarified that improved nursing workforce supply had changed the position on variable pay. She expressed confidence in the plan while agreeing that its impact would need close monitoring.

The Chair requested the clinical view from the Executive Medical Director. Mr Mark Henwood placed the Clinical Executive view on record, recognising the need for difficult financial decisions and ensuring that the organisation reaches financial balance and expressed concerns regarding the fragility of the current urgent emergency care system across within the Health Board. He advised that corridor care and service pressures were affecting the safety and quality of care provided and impacting upon staff experience and the ability to undertake their roles they were professional trained to undertake. Mr Henwood stated the UEC business case represented the only realistic opportunity to improve the position. Recognising the Health Board was currently reaching the level 5 escalation level regularly throughout the summer period noting this was unprecedented. Mr Henwood further counselled that continuing to pause the UEC business case to risked further deterioration across emergency care system, including theatres, Mr Henwood explained that the

clinical executives believed that they had not voiced these concerns strongly enough when the In Committee Board decision was made in June 2026.

Mr Neil Prior supported the proposal after describing a recent family experience. He enquired what practical difference the investment would make to patients attending Withybush Hospital (WGH) later in the year. Mr Skitt replied that the intended model could prevent some patients from attending hospital at all through clinical streaming, community diagnostics, hospital-at-home, virtual ward support, and same-day emergency care at WGH. Furthermore, patients for example someone with a blood clot, treatment and wraparound support might increasingly be treated at home or, if attendance was necessary, the patient could be assessed and returned home the same day rather than being held in unsuitable accommodation. Mr Skitt also stressed that recruitment activity was already under way, including advanced practitioner interviews and a pharmacist post, and that a further pause could present a reputational risk with senior professionals who had been engaged over the previous 12 months or longer.

(Mr Andrew Carruthers joined the meeting.)

Mrs Ann Murphy supported the overall direction, however, expressed concern about the references to potential resignations and loss of clinical staff. Mr Skitt clarified that the concern related a potential loss of clinical engagement and momentum should the programme not be supported. From a theatres perspective Ms Goode highlighted that GGH and Prince Philip Hospital play a critical role in cancer surgery and diagnostics. She advised that, while elective activity could be reduced if necessary, doing so could increase risks for clinically urgent patients and cancer patients and add existing backlog pressures beyond the 104-week ministerial target.

Mrs Wilson returned to the reputational dimension, noting that the Board had publicly approved the urgent and emergency care business case earlier and had raised expectations among clinicians and the wider population, only later to pause the case in June 2026 at a private meeting of the Board. It was agreed lessons needed to be learnt in respect of the governance process followed. Responding to a question on the decision-making process Mrs Wilson added the Board had made the position to pause the business case at the June 2026, recognising as this was in private session this would need to be ratified in the public Board in July 2026. Subsequent to this the CEO had made the decision on 3 July to un-pause the case, however this required today's chairs action meeting to approve this decision recognising the CEO did not have the authority to overturn a Board decision, albeit an unratified one. The Chair then tested whether the urgent and emergency care and theatre elements carried different risk profiles or could be separated. Mr Henwood stated that the business case for urgent and emergency care was clear in clinical harm terms for patients, while Ms Goode set out the theatre consequences in operational detail and added ID Medical had been commissioned for five lists a week to bridge the immediate gap, the minimum impact of not proceeding would still be the loss of at least one all-day list, and that the likely affected activity would include cancer diagnostics, Ear, Nose and Throat (ENT), ophthalmology, general surgery, emergency obstetrics, and other emergency surgery. She further advised that ongoing work was assessing whether the full £1.2m would be required, noting that

the final funding requirement could be lower once run-rate assumptions had been fully assessed.

Mr Thomas reiterated that the earlier pause had never reflected opposition to the underlying service models; the issue had been that the organisation still needed a plan to reach £41m of savings. He noted that, alongside the £5m from Community and Integrated Medicine, £0.8m from Planned and Specialist Care and approximately £1.5m of anticipated run-rate benefit a significant gap remained.

The Chair noted a key learning point for future Board papers; that the clinical and quality implications should be more explicit.

The Chair summarised that while Members remained concerned regarding the financial implications, they were ultimately persuaded by the patient safety and service considerations. Members approved the release of funding, subject to: Paula Goode, Gareth Cottrell, Peter Skitt, and Andrew Carruthers providing assurance to Board that the required savings would be delivered which they duly provided.

Recommendation
The Board, via Chair's Action:

- **APPROVED r**elease of the paused funding for urgent and emergency care transformation and theatre staffing was approved, with the expectation that assurance on savings delivery would be provided to board and the Chair's Action decision would then be ratified.

Actions

1. Mark Henwood agreed to present a variable pay position and further financial improvement update back to the Finance and Performance Committee in August 2026.

2. Mr Thomas would provide the breakdown between recurrent and non-recurrent savings split and the updated financial forecast to Board, including the September 2026 review point.

3. Mr Andrew Carruthers and his team were asked to provide board assurance that the required savings will be delivered to support ratification of the Chair's Action decision.