



**CYFARFOD BWRDD IECHYD PRIFYSGOL
ANEURIN BEVAN
ANEURIN BEVAN UNIVERSITY HEALTH BOARD
MEETING**

MINUTES OF MEETING HELD

Date and Time	Wednesday 26th November 2025 at 09:30am	
Venue	Conference Centre, St Cadoc's Hospital and Microsoft Teams	
PRESENT	<p>Ann Lloyd Phil Robson Paul Deneen Dafydd Vaughan Iwan Jones Neil Patrick Penny Jones Vivek Goel Akmal Hanuk Helen Sweetland Helen Cunningham Nicola Prygodzicz Tracy Daszkiewicz Jennifer Winslade Rob Holcombe Paul Solloway Hannah Evans</p> <p>Peter Carr Sarah Simmonds Leanne Watkins Dr Seema Srivastava</p>	<p>Chair Vice Chair Independent Member (Community) Independent Member (Digital) Independent Member (Finance) Independent Member (Community) Independent Member (Community) Independent Member (Trade Union) Independent Member (Third Sector) Independent Member (University) Independent Member (Local Authority) Chief Executive Director of Public Health Director of Nursing Director of Finance & Procurement Director of Digital Director of Strategy, Planning and Partnerships Director of AHPs and Health Science Director of Workforce and OD Chief Operating Officer (Item 6.2 only) Medical Director</p>
IN ATTENDANCE	<p>Rani Dash Karen Newman</p> <p>Bryony Codd Naomi Murtagh Dr Fiona Smeeton Lisa Charles</p>	<p>Director of Corporate Governance Assistant Director of Communications and Engagement Head of Corporate Governance Board Business Manager Consultant (Items 4.1 only) Regional Director, Llais Cymru</p>

PRELIMINARY MATTERS

ABUHB 2611/01 **Welcome and Introductions**

	<p>The Chair welcomed everyone to the meeting, in particular members of the public who had joined the meeting to observe.</p> <p>The Chair welcomed Councillor Helen Cunningham, Independent Member (Local Authority), and Dr Seema Srivastava, Medical Director, to the Health Board and their first Board meeting.</p> <p>It was noted that the meeting would be livestreamed and published on the Health Board’s website following the meeting.</p>
<p>ABUHB 2611/02</p>	<p>Declarations of Interest for Noting</p> <p>There were no declarations of interest raised.</p>
<p>ABUHB 2611/03</p>	<p>Consent Agenda</p> <p>The Chair introduced the Consent Agenda and asked if there were any items to be brought forward for discussion. There were no requests made.</p>
<p>ABUHB 2611/04</p>	<p>Report from the Chair</p> <p>Ann Lloyd (AL), Chair, provided her verbal report, with a focus on the following areas:</p> <ul style="list-style-type: none"> • The Chair had attended a recent ministerial summit on primary care, now being led by the new Chief Medical Officer. The summit focused on the future direction of primary care and the sharing of good practice among health boards. AL emphasised the need for continued creativity and innovation to further improve population health and well-being. • The Chair highlighted attendance at several recent openings, including the Bevan Health and Well-being Centre, 19 Hills Health and Well-being Centre, and the Velindre at Nevill Hall Hospital Radiotherapy Centre. These facilities were described as significant additions to the local health infrastructure, with the radiotherapy centre in particular being well received by patients and their families. • The Chair informed the Board of her appointment to the stakeholder group for the Maternity and Neonatal Assurance Assessment. The Chair expressed appreciation for the efforts of colleagues in preparing a comprehensive analysis of changes in maternity and neonatal outcomes over the past five years. The Chair reiterated the importance of open discussion within the group and noted the involvement of the Medical Director as a representative. • The Chair reported on recent peer group meetings with other Health Board Chairs, which included discussions on the Cabinet Secretary’s proposed assessment of Boards, public appointments, and primary care. AL noted that the Cabinet

Secretary was focused on obtaining clear answers regarding board objectives and performance, and that quality issues remained a key area of interest.

- The Chair also attended the NHS Wales Culture, Leadership and Succession Board, expressing satisfaction that this body had been established to address a previous lack of focus on management and clinical leadership development. AL noted progress in developing new succession planning modules and reported that 15 applications had been received for the aspiring Chief Executives programme, reflecting a significant improvement in interest and quality of candidates compared with previous years.
- The Board was informed of the first meeting of the South East Wales Regional Joint Committee, which was described as successful and characterised by openness and honesty among participants.
- The Chair reiterated the importance of continued collaboration, innovation, and a focus on both quality and performance in delivering health services for the community.

The Board **NOTED** the Chair's updates.

**ABUHB
2611/05**

Report from the CEO

Nicola Prygodzicz (NP), Chief Executive, provided her verbal report, with a focus on the following areas:

- The organisation continues to respond to financial pressures, with teams working hard to identify opportunities to improve the financial position. Additionally, focussed work continues to address persistent urgent and emergency care pressures, particularly early peaks in respiratory viruses leading to high acuity, high demand and constrained flow continues across the system.
- Early onset of respiratory illness has driven increased ICU pressure, ED congestion, and deteriorations in flow—especially delays moving patients out of the Grange University Hospital. Focus areas included: expanding winter capacity; strengthening vaccination uptake; and participating in the national discharge initiative (winter sprint).
- The launch of the "Our Next Patient" initiative had been highlighted at Septembers Board meeting. This initiative had since resulted in notable improvements in ambulance handover times and reductions in long stays within the emergency department during September and October. However, sustaining this level of improvement had proved challenging due to the high acuity of patients and the demands on staff. The clinical executive team, together with operational leads, had been reviewing processes and developing an improvement plan.

- Mid-year divisional reviews had been conducted with approximately half of the organisation's operational divisions. These reviews provided an opportunity to discuss pressures, achievements, and priorities for the next six months.
- Productive meetings had taken place with local authority Chief Executives, focusing on collaborative working and the implementation of the new organisational strategy. NP described this as a change in partnership working, aiming to improve community access to care and deliver strategic ambitions.
- Jacqueline Totterdell had commenced as the new Chief Executive and Director General for NHS Wales. NP also referenced constructive meetings with Welsh Government officials and other NHS Wales Chief Executives, which focused on strengthening governance and accountability arrangements.
- The health board had celebrated the opening of several new facilities, including those previously mentioned by the Chair, and noted a successful visit from the Chief Medical Officer, who had discussed national workstreams and mental health initiatives with local teams.
- In recent weeks there had been notable recognition of health board staff achievements at a national level, including three Nursing Times Awards, four RCN Nursing Awards finalists which included Annie Clothier, Vascular Clinical Nurse Specialist, receiving the RCN Nurse of the Year Award 2025. The Chief Executive expressed pride in these accomplishments and the positive impact on staff morale.

The Board **NOTED** the Chief Executive's updates.

**ABUHB
2611/05**

Patient Experience Presentation

The Board received a presentation from Dr Fiona Smeeton (FS), Consultant, on the impact of closed loop insulin pump therapy for people living with type 1 diabetes. FS explained that the introduction of closed loop insulin pump systems, which integrated continuous glucose monitoring with automated insulin delivery, had brought a substantial improvement in the quality of life for many patients by reducing the burden of continuous monitoring.

The Board viewed a video testimony from a patient, Kerry Anne. In her account, Kerry Anne described the profound challenges she had experienced prior to using the closed loop system, including constant anxiety, disrupted sleep, and significant limitations on her social life and mental health. She explained that since starting with the closed loop system, she had been able to sleep soundly, her mental health had improved, and she felt more confident and less burdened by her condition. Kerry Anne also reported measurable clinical improvements, such as a reduction in her HbA1c levels and an increase in the proportion of time her blood glucose remained within the target range. She

expressed gratitude to the diabetes team at Neville Hall Hospital for their support and described the technology as life-changing.

FS informed that the Health Board was working to increase uptake, but that this was dependent on both financial and staffing resources. Nicola Prygodzicz (NP), Chief Executive, emphasised that while the clinical benefits of closed loop insulin pump therapy were clear, the financial implications required careful consideration. NP confirmed that a business case had been developed to expand access to diabetes pumps. This was a key priority for the organisation and would form part of discussions and prioritisation as part of the next year's financial plan. NP noted that this investment would need to be balanced against other pressures, but reiterated the importance of supporting improved outcomes for patients with diabetes as part of the Health Board's strategic objectives.

The Board acknowledged the significant positive impact of the closed loop system on patient well-being and thanked FS and Kerry Anne for their informative and powerful contributions to the meeting.

The Board **RECEIVED** the presentation.

**ABUHB
2611/06**

Diabetes Services Annual Report

Tracy Daszkiewicz (TD), Director of Public Health, presented the Diabetes Services Annual Report to the Board which provided a comprehensive overview of diabetes as both a national and local strategic priority.

TD emphasised the significance of diabetes as a major public health issue, highlighting its status as a national priority and a key focus within the Health Board's own strategy. TD explained that the report aimed to take a systemic view of diabetes, considering not only treatment but also prevention, environmental factors, and wider determinants of health. TD stressed the importance of addressing both causation and curative aspects of diabetes, noting that preventable harms were being created by societal and systemic factors.

The Board heard that over the past twelve months, the Health Board had undertaken a series of community conversations, known as the "Great Weight Debate", to better understand the barriers faced by communities in accessing healthy food and making positive lifestyle choices. TD explained that these conversations revealed significant challenges, particularly for those without access to private transport, who often relied on local food providers that were limited or of variable quality. TD also noted the importance of food sustainability and the need to address food poverty as part of the Board's approach to diabetes prevention.

TD acknowledged that many successful pilot programmes, such as the diabetes prevention programme and the remission service pilot, were funded on a short-term basis, creating challenges for long-term sustainability. TD reported that the Health Board was exploring digital weight management platforms as a more affordable and sustainable option, whilst also working closely with clinical colleagues to address less visible complications of diabetes, such as renal disease.

The Board discussed the need for more targeted education in schools and the importance of focusing efforts in areas of greatest deprivation and harm. TD confirmed that the Health Board was working in partnership with local government colleagues and was developing a food sustainability plan to address these issues. TD also highlighted the importance of embedding diabetes prevention and management within broader community assets and integrated well-being networks.

The Board **NOTED** the comprehensive nature of the annual report and the ongoing challenges associated with diabetes prevention, treatment, and funding.

**ABUHB
2611/07**

Report from Llais, Gwent Region

Lisa Charles (LC), Regional Director, Llais Cymru, presented Llais' report which set out current issues of concern and positive observations, and public feedback being addressed by Llais Gwent Region.

The Board thanked Llais for the ongoing support to communities and the insights brought back to the Board to inform ongoing planning and delivery of services.

The Board **RECEIVED** the Report from Llais.

**ABUHB
2611/08**

Nevill Hall Hospital Strategic Outline Case

Hannah Evans (HE), Director of Strategy, Planning & Partnerships, presented the Strategic Outline Case (SOC) for Nevill Hall Hospital (NHH) to the Board. HE advised that the purpose of the SOC was to set out the case for change and the rationale for investment, particularly in response to the presence of reinforced autoclaved aerated concrete (RAAC) at the site, which posed a long-term safety risk. HE explained that the only recommended long-term solution was to eliminate RAAC by removing affected areas of the building and constructing new facilities, rather than simply removing panels, and that this would require significant capital investment.

HE outlined the strategic importance of NHH within the Health Board's network, emphasising its role in supporting urgent and emergency care, elective activity, and as a hub for several regional services. The

SOC proposed a phased approach, with the first phase involving the decommissioning of areas affected by RAAC and the development of new build facilities, while retaining and upgrading existing ward blocks. HE noted that the estimated investment for this first phase was £474.4 million, with further phases and opportunities for site development to be considered in the future.

HE described the engagement undertaken with staff, communities, and stakeholders, and summarised the feedback received. She also clarified that, while the SOC would unlock access to capital for further planning and engagement with supply chain partners, it did not commit the Board to the full revenue implications at this stage. The Board was informed that the SOC had been identified as a priority by Welsh Government, but that the timing of approval would depend on national processes and the forthcoming election period.

HE confirmed that the phased approach allowed for flexibility and a further review at the Outline Business Case (OBC) stage, and that the SOC would enable the Health Board to access the necessary expertise and funding to progress detailed planning.

The Board supported the Strategic Outline Case for Nevill Hall Hospital and **APPROVED** its onward submission to Welsh Government. The Board recognised the importance of addressing the RAAC risk and endorsed the phased approach to investment and development, subject to further review and approval at subsequent business case stages.

**ABUHB
2611/09**

Better Health, Better Care, Better Lives - 10-Year Strategy, Deployment Plan

Hannah Evans (HE), Director of Strategy, Planning & Partnerships, presented the Strategy Deployment Plan to the Board. HE reminded members that the Board had previously approved the overarching 10-year strategy, and that the purpose of this item was to outline the next steps for operationalising and delivering on the strategy's ambitions.

HE explained that the deployment plan was intended to be a live document, providing a framework for how the Health Board would reorient itself to achieve the strategy's aims. The plan set out key actions, governance arrangements, and the operating model required to support delivery, as well as the supporting outcomes framework. HE emphasised that the Integrated Medium Term Plan (IMTP) would be closely aligned with the strategy, ensuring that annual and medium-term priorities were linked directly to the Board's long-term vision.

HE advised that engagement would be tailored to the specific actions and areas of focus, with some actions requiring Board-level

involvement and others relying on clinical leadership and wider staff engagement. HE acknowledged the importance of robust data collection and analysis, and confirmed that further work was underway to develop appropriate metrics and ensure meaningful measurement of outcomes.

The Board discussed the need for targeted action in areas of greatest need, the importance of partnership working with local authorities, and the value of using existing data sources to inform planning and evaluation. HE confirmed that the plan would remain under regular review, with progress updates to be brought back to the Board and relevant committees.

The Board **APPROVED** the Strategy Deployment Plan and endorsed the proposed approach to implementation. The Board agreed to keep the plan under review and to receive regular updates on progress, ensuring that delivery remained aligned with the organisation's strategic aims and that outcomes for the population could be effectively monitored and improved.

**ABUHB
2611/10**

Regional Planning: Orthopaedics OBC

Hannah Evans (HE), Director of Strategy, Planning & Partnerships, presented the Outline Business Case (OBC) for Phase 2 of the Llantrisant Health Park (LHP) development, focusing on the establishment of a regional orthopaedic centre. HE reminded the Board that this phase followed the previously endorsed vision for LHP and was being pursued in a phased approach in agreement with Welsh Government.

HE outlined that the OBC proposed the creation of a high-flow orthopaedic facility comprising six theatres and supporting beds, with a capital investment request of £123 million to Welsh Government, with an estimated additional annual revenue requirement of £29.5 million, of which about £6.5 million would relate to ABUHB activity. The case for change was underpinned by a regional demand and capacity assessment, which demonstrated a significant gap between current orthopaedic capacity and regional demand. HE explained that the new facility would primarily focus on lower limb arthroplasty (hips and knees). The clinical lead for the region was the Health Boards clinical director for orthopaedics.

HE acknowledged that, while the proposed development would address a substantial portion of the regional orthopaedic backlog, it would not resolve all sustainability challenges. Further work was planned to finalise the detailed model for wider orthopaedic services and to clarify the workforce and operational arrangements. HE also highlighted the significant revenue implications of the proposal and the

need for ongoing engagement with Welsh Government regarding funding and affordability.

During the discussion, Board members raised questions about funding sustainability, the need for comprehensive engagement with communities, and the importance of ensuring equitable access to services across the region. HE confirmed that the OBC was being submitted for approval in principle, with further detail and assurance to be provided at the Full Business Case (FBC) stage.

The Board **APPROVED** the submission of the Outline Business Case for Phase 2 of the Llantrisant Health Park development to Welsh Government, noting the need for further work to clarify the totality of orthopaedic provision for local communities, the workforce and operational model, and subject to the affordability of the scheme.

**ABUHB
2611/11**

Women's Health Update Report

Tracy Daszkiewicz (TD), Director of Public Health, presented the Women's Health Update Report to the Board. TD explained that the report outlined the current position and next steps in response to the Welsh Government's Women's Health Plan, which set out a range of ambitions and required Boards to prioritise the establishment of a Women's Health Hub by March 2026.

TD stated that women's health inequalities remained significant, with recent data showing a decline in life expectancy for women in Wales for the first time in a century, and a pronounced gap in healthy life years between the most and the least deprived areas. TD noted that the normalisation of certain health conditions, such as those linked to reproductive health and menopause, contributed to these inequalities.

The Board was informed that the Health Board had identified a location for the Women's Health Hub at Nevill Hall Hospital (NHH). TD emphasised that, in order to address inequalities of access, the model would also include satellite and virtual services to ensure women across the region could benefit. TD described the establishment of the hub as the first step in a broader, long-term strategy to improve women's health, which would also address issues such as violence, cardiovascular disease, and the impact of deprivation.

TD assured the Board that the Health Board was investing in upskilling staff and integrating the hub with existing services to ensure that improvements would be maintained beyond the initial funding period. The Board also discussed the potential to use existing satellite hubs and to work closely with community and faith leaders to ensure engagement with vulnerable and diverse groups.

The Board **NOTED** the progress made in establishing the Women's

Health Hub and endorsed the proposed approach, including the focus on sustainability, partnership working, and addressing inequalities. The Board agreed to receive further updates as the hub developed and as the broader women’s health strategy progressed.

**ABUHB
2611/12**

Feedback on the Respiratory Reconfiguration and the General Medicine Model at the Grange University Hospital

Leanne Watkins (LW), Chief Operating Officer, presented feedback to the Board on the respiratory reconfiguration and the general medicine model at the Grange University Hospital (GUH). LW explained that the changes, implemented in November 2024, had been ambitious and aimed to realign the bed base in line with the Clinical Futures plan, as well as to increase medical staffing support at the GUH.

LW reported that the reconfiguration had resulted in a reduction in length of stay for general medical patients and a decrease in admissions to critical care, attributed to the introduction of a high care respiratory model. While an increase in length of stay had been anticipated on the Nevill Hall Hospital (NHH) care of the elderly ward, this had remained consistent with other similar wards. LW highlighted that the changes had supported the delivery of safe and effective care and provided a solid foundation for further work on the older person’s pathway and a review of the acute medical model.

LW and Jennifer Winslade (JW), Director of Nursing, confirmed that, although there had initially been concerns, particularly regarding staff preferences for ward type and skill set, these had been managed through engagement and communication. Staff had settled well into their new roles, with those wishing to maintain respiratory skills able to move to the GUH, with others remaining at NHH. Peter Carr (PC), Director of Allied Health Professions and Health Science, advised that Allied Health Professional staff, particularly respiratory physiotherapists, had also welcomed the change, as it allowed for more effective support across sites.

The Board **NOTED** the positive impact of the respiratory reconfiguration and general medicine model at the Grange University Hospital. The Board thanked LW and all staff involved for their hard work in ensuring the success of the changes and endorsed the approach as a strong basis for ongoing service improvement.

**ABUHB
2611/13**

Health, Safety & Fire Annual Report

Peter Carr (PC), Director of Allied Health Professions & Health Science, presented the Health, Safety & Fire Annual Report to the Board. PC explained that the report summarised the Health Board’s performance and compliance in statutory health and safety and fire safety

requirements for the period 2024–2025, and outlined the governance arrangements, key risks, and improvement actions in place.

PC highlighted that the Health Board had seen gradual improvement in RIDDOR (Reporting of Injuries, Diseases and Dangerous Occurrences Regulations) compliance, with statutory training compliance for health and safety and fire safety also improving, though manual handling training remained an area for further focus. PC reported that all scheduled fire risk assessments had been completed during the period, and that the Board continued to invest in upgrading fire alarm systems and addressing compartmentation issues, particularly in older sites.

The Board was informed that the overall risk score for health and safety had been reduced, reflecting the effectiveness of the improvement actions taken, though further work was required to reach the target risk appetite. PC noted that an internal audit report had provided limited assurance, but its findings aligned with the Board’s own risk assessment and action plan. PC also described the development of a new health and safety strategy, which would focus on embedding a culture of shared responsibility for health and safety at all levels of the organisation.

PC confirmed that targeted actions were being taken to address these issues, including collaboration with infection control and corporate nursing teams. The Board discussed the reporting and management of violence and aggression incidents, and the importance of supporting staff and working closely with the police and other agencies.

The Board **RECEIVED** the Health, Safety & Fire Annual Report and **NOTED** the improvement in compliance and the ongoing work to address identified risks.

**ABUHB
2611/14**

2025/26 Performance Reporting: Integrated Performance Report

Hannah Evans (HE), Director of Strategy, Planning & Partnerships, and Sarah Simmonds (SS), Director of Workforce & OD, presented the Integrated Performance Report to the Board. HE provided an overview of performance across the five system change themes within the Integrated Medium Term Plan (IMTP), as well as updates on urgent and emergency care, planned care, and key efficiency metrics.

HE highlighted that the implementation of the “Next Patient Initiative” had resulted in record improvements in ambulance handover times and reductions in long stays within the emergency department, despite increased demand and ongoing system pressures. The Board was informed that, while there had been positive trends in urgent and

emergency care, challenges remained, particularly in sustaining improvements and managing winter pressures.

HE reported that flu vaccination rates had improved, with uptake moving up to 62.7% as of 18 November 2025, though herd immunity had not yet been achieved. In planned care, HE noted a drop in SOS (See on Symptoms) and PIFU (Patient Initiated Follow-Up) rates, but an increase in patient discharge rates, and highlighted that the Health Board continued to lead Wales in these areas. Theatre utilisation had also improved, though further work was needed to address late starts and early finishes. The Board also discussed ongoing challenges in cancer pathway compliance, with performance on the single cancer pathway dipping to 57.5% in September. HE outlined actions being taken to address workforce and capacity issues, particularly in diagnostics and specific tumour sites. The Board also received updates on improvements in mental health services, CAMHS, and the impact of national insourcing programmes on outpatient backlogs.

SS provided an update on workforce performance. SS reported that the rolling sickness absence percentage was consistent with the previous year and in line with the all-Wales average, though there had been an increase in seasonal illnesses earlier in the year. SS outlined initiatives underway to support the reduction of sickness absence and the ongoing analysis of data to target key areas for improvement. The Board was informed that the staff survey response rate had surpassed 29%, a significant increase from the previous year, which would provide more meaningful data for workforce planning. SS also updated the Board on progress with medical agency governance, job planning, and recruitment, noting steady improvements in job planning compliance and a positive position with nurse and healthcare support worker recruitment.

HE confirmed that dynamic escalation frameworks were in place and that additional capacity was being brought in to manage winter pressures.

The Board **NOTED** the Integrated Performance Report and the progress made across key system change themes.

**ABUHB
2611/15**

2025/26 Performance Reporting: Financial Performance Report, Month 06

Rob Holcombe (RH), Director of Finance and Procurement, presented the Financial Performance Report for September 2025 (Month 06) to the Board. RH reported that as at 30 September 2025, the Health Board was reporting a year-to-date deficit of £11.387 million, which was £1.0 million better than the Month 6 profile. The main drivers of the deficit included increased prescribing costs, growth in Continuing

Healthcare (CHC) activity, winter wards remaining open, and variable pay relating to Mental Health and other operational pressures.

RH confirmed that the forecast position for 2025/26 remained a deficit of £19.9 million. This forecast assumed full delivery of the IMTP savings plan, with £42.5 million of savings forecast for the year, exceeding the original £40.4 million target. However, in-year cost pressures, particularly those outside the original IMTP, continued to drive the deficit. RH emphasised that this was currently assessed as the best-case scenario, but that risks remained, including the Welsh Risk Pool premium, winter plan implications, and potential national pay proposals. The Health Board would continue to seek further mitigations, but options were limited without additional funding or service reductions.

The Board was informed that the underlying deficit brought forward into 2025/26 was £27.2 million, with a forecast carry forward deficit into 2026/27 of £14 million, subject to further review. The Health Board's reserves at 30 September 2025 stood at £9.2 million. Capital expenditure was reported as break-even, and the Health Board continued to meet its public sector payment policy target for September, though the year-to-date position remained below target due to earlier issues now resolved.

RH highlighted that, given the forecast deficit, the Health Board would require strategic cash support towards the end of the year to ensure it could continue to pay suppliers in a timely manner. The Board was therefore asked to approve a request for £19.9 million in strategic cash support for 2025/26.

RH confirmed that all efforts were being made to mitigate risks and deliver savings, but emphasised the challenges posed by the current financial environment and the need for continued engagement with Welsh Government.

The Board acknowledged the ongoing risks and challenges, and endorsed the continued focus on delivering savings, managing cost pressures, and maintaining patient safety and service access.

The Board **NOTED** the report and **APPROVED** the request for £19.9 million strategic cash support for 2025/26.

**ABUHB
2611/16**

Public Services Ombudsman for Wales (PSOW) Annual Letter

Jennifer Winslade (JW), Director of Nursing, presented the annual letter from the Public Services Ombudsman for Wales (PSOW) to the Board. JW explained that the Health Board was required to present the annual letter to the Board, consider the data and recommendations

within it, and report back to the PSOW on the Board's considerations and actions.

JW highlighted that the report for the year was notably more positive than the previous year, both in terms of the feedback received from the Ombudsman and the data presented. Out of 3,190 complaints received by the Health Board, only 178 (5.5%) had been escalated to the PSOW. JW reported a reduction in the number of interventions by the Ombudsman, from 37% to 28%, and a significant 98% decrease in referrals regarding the complaints process itself, with only one such referral in 2024/25 compared with 41 in the previous year.

JW noted that the number of upheld complaints had also decreased, and that the Health Board had put additional measures in place to ensure that all recommendations from the Ombudsman were being monitored and completed. At the time of reporting, all actions for 2024/25 had been completed. JW emphasised that the Health Board continued to use the themes and trends identified in the Ombudsman's reports to drive continuous improvement and maintained regular, constructive engagement with the Ombudsman's office.

During the discussion, the Board acknowledged the positive improvements in the management and handling of complaints, as well as the reduction in escalations and interventions. The Board recognised the efforts made to address previous concerns raised by the Cabinet Secretary and welcomed the assurance provided by the report.

The Board **NOTED** the contents of the PSOW Annual Letter, the Health Board's data and performance, and the actions taken in response to the Ombudsman's recommendations.

**ABUHB
2611/17**

Nurse Staffing Level (Wales) Act, Annual Presentation

Jennifer Winslade (JW), Director of Nursing, presented the annual assurance report on the Nurse Staffing Level (Wales) Act to the Board. JW explained that the report was presented for assurance and confirmed the Health Board's compliance with the statutory requirement to calculate nurse staffing levels for all wards that fall under Section 25B of the Act.

JW highlighted that this was the statutory annual assurance report, with six-monthly calculations also being taken through the Patient Quality, Safety and Outcomes Committee (PQSOC). JW drew attention to the fact that there had been a number of requests for increased healthcare support worker and registered nurse staffing, based on acuity and dependency information. She explained that the Health Board maintained a nationally triangulated approach to determining

workforce requirements, considering staffing levels, acuity, and dependency.

JW assured the Board that, at the time of reporting, the Health Board was meeting its statutory requirements. The increased staffing requirements were currently being met through variable pay, providing flexibility while a further review of acuity was undertaken. JW noted that a new version of the dependency tool, SafeCare, was expected to be introduced in January, which would enable near real-time reporting and further improve the accuracy of staffing calculations.

During the discussion, Board members sought clarification on the use of variable pay and the potential impact on agency usage. JW confirmed that, at present, the use of variable pay was not resulting in increased agency usage and was primarily being managed through the staff bank. The Board also discussed the importance of maintaining flexibility in the workforce model, particularly as new roles and changes to nurse education were anticipated in the near future.

JW emphasised the need to continue reviewing the nursing workforce strategy, given improvements in recruitment and the likely introduction of new roles such as the Registered Nurse Associate. The Board was also informed that changes in patient dependency, particularly with more complex needs and behavioural challenges, were influencing staffing requirements and would be considered in future workforce planning.

The Board received **ASSURANCE** that the Health Board was compliant with the Nurse Staffing Level (Wales) Act and that proposed changes to planned rosters in the division of medicine would be managed through variable pay while further reviews were undertaken.

**ABUHB
2611/18**

Strategic Risk Report, November 2025

Nicola Prygodzicz (NP), Chief Executive, presented the Strategic Risk Report for November 2025 to the Board. NP explained that the report provided an overview of the Health Board's current strategic risks, highlighting those that remained outside of the agreed risk appetite and the ongoing work to strengthen controls and bring risks within tolerance.

NP informed the Board that the main change since the previous report was an increase in the risk score and exposure for sub-risk SRR 001D, relating to the potential impact of industrial action. This risk had previously been de-escalated but was raised again due to ongoing issues around pay and the wider context of industrial relations. NP assured the Board that efforts were being made to minimise the impact of this risk on service delivery.

	<p>The Board was also advised that, while some risks had been de-escalated during the year such as those relating to finance and emergency planning, others had required escalation in response to changing circumstances. NP emphasised that the Health Board’s risk management process was robust, with regular reviews through committee structures to ensure that risks were accurately assessed and managed.</p> <p>The Board ACCEPTED the change in risk score and exposure for sub-risk SRR 001D and NOTED the ongoing work to minimise the impact on service delivery. The Board also NOTED those risks that remained outside of the agreed appetite and endorsed the continued efforts to strengthen controls and bring risks within tolerance.</p>
ABUHB 2611/19	<p>CONSENT AGENDA</p> <p>The Board APPROVED the Draft Minutes of the Health Board Meeting, held on 24th September 2025</p> <p>The Board APPROVED the Report on Sealed Documents and Chair’s Actions.</p> <p>The Board APPROVED the Interim changes to NHS model Standing Financial Instructions</p> <p>The Board NOTED the Board Action Log with Updates</p> <p>The Board NOTED the Strategic Partnership Updates:</p> <ul style="list-style-type: none"> a. Regional Partnership Board <p>The Board NOTED the Executive Committee Chair’s report</p> <p>The Board NOTED the Key Matters from Committees of the Board</p> <p>The Board NOTED the overview of Joint and Partnership Committee Activity</p> <ul style="list-style-type: none"> a. NHS Wales Joint Commissioning Committee b. NHS Wales Shared Services Partnership Committee
	<p>OTHER MATERS</p>
ABUHB 2611/20	<p>Any Other Business</p> <p>There were no further items raised for discussion.</p>
ABUHB 2611/21	<p>Date of the Next Meeting:</p> <p>Wednesday 28th January 2025</p>