



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

**MINUTES OF MEETING HELD**

<b>Date and Time</b>	<b>Wednesday 21<sup>st</sup> May 2025 at 09:30am</b>	
<b>Venue</b>	<b>Conference Centre, St Cadoc's Hospital and Microsoft Teams</b>	
<b>PRESENT</b>	<p>Ann Lloyd Richard Clark Paul Deneen Dafydd Vaughan Iwan Jones Helen Sweetland Neil Patrick Penny Jones Louise Wright Phil Robson Nicola Prygodzicz Tracy Daszkiewicz Sarah Simmonds Jennifer Winslade Rob Holcombe Paul Solloway Leanne Watkins Hannah Evans</p>	<p>Chair Independent Member (Local Authority) Independent Member (Community) Independent Member (Digital) Independent Member (Finance) Independent Member (University) Independent Member (Community) Independent Member (Community) Independent Member (Trade Union) Vice Chair Chief Executive Director of Public Health Director of Workforce and OD Director of Nursing Director of Finance &amp; Procurement Director of Digital Chief Operating Officer Director of Strategy, Planning and Partnerships</p>
<b>IN ATTENDANCE</b>	<p>Rani Dash Lisa Charles Liam Taylor Collette Kiernan</p> <p>Chris Williams Ian Savidge Karen Newman</p> <p>Sara Utlely</p>	<p>Director of Corporate Governance Regional Director, Llais Cymru Deputy Medical Director Deputy Director of Director of AHPs and Health Science Consultant Interventional Radiologist Patient Assistant Director of Communications and Engagement Audit Wales</p>
<b>APOLOGIES</b>	<p>James Calvert Peter Carr</p>	<p>Medical Director Director of AHPs and Health Science</p>

<b>PRELIMINARY MATTERS</b>	
<b>ABUHB 2105/01</b>	<p><b>Welcome and Introductions</b></p> <p>The Chair welcomed everyone to the meeting, in particular the Mr Ian Savidge and Dr Chris Williams who would be presenting the patient story, and members of the public who had joined the meeting to observe.</p> <p>It was noted that the meeting would be livestreamed and published on the Health Board’s website following the meeting.</p>
<b>ABUHB 2105/02</b>	<p><b>Declarations of Interest for Noting</b></p> <p>There were no declarations of interest raised.</p>
<b>ABUHB 2105/03</b>	<p><b>Consent Agenda</b></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>
<b>ABUHB 2105/04</b>	<p><b>Report from the Chair</b></p> <p>Ann Lloyd, Chair, provided her verbal report, with a focus on the following areas:</p> <ul style="list-style-type: none"> <li>• Considerable effort had been directed toward envisioning what healthcare should look like over the next decade. Whilst there had been a strong focus on secondary care, the Chair had emphasised the importance of prioritising primary and community care in forward-looking discussions.</li> <li>• The Chair had raised with the Cabinet Secretary the need to assess and measure the competence of community services alongside secondary care services. This aligned with the Cabinet Secretary’s interest in shifting the focus toward community-based care.</li> <li>• The Chair had expressed encouragement at the growing interest in preventative medicine, commending the work of Tracy Daszkiewicz (TD), Director of Public Health, and highlighted her recent report as a potential blueprint for future development.</li> <li>• A number of Chairs’ meetings had taken place, with shared concerns about system-wide pressures, including the rise in staff sickness levels. A meeting had been scheduled for the following week to explore best practice across Health Boards.</li> <li>• The Chair acknowledged ongoing pressures in the primary care system, particularly in the Blaenau Gwent and Torfaen areas.</li> <li>• During recent site visits, the Chair had observed innovative practice and had been pleased to report that staff remained positive, engaged, and full of ideas. Their deep understanding of</li> </ul>

local populations had been highlighted as a key strength. The Chair concluded by stressing the importance of maintaining a positive and supportive environment for staff.

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

**ABUHB  
2105/05**

### **Report from the CEO**

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

- The Health Board successfully delivered against its financial control total, which was described as a significant achievement.
- Planned Care continued to be a key priority, with a substantial volume of work undertaken to improve access and reduce waiting times.
- The recovery of part 1A and 1B performance for Mental Health Services was noted and welcomed. The Health Board had also met the developmental target for Child and Adolescent Mental Health Services (CAMHS).
- Although the Urgent and Emergency Care system remained under pressure, there had been a reduction in the number of long waits.
- A continued reduction in mortality rates was reported, reflecting improvements in quality and safety.
- Staff turnover had reduced, contributing to greater workforce stability.
- The Health Board had achieved its best cancer performance in recent years, with further improvements planned for the year ahead.
- A number of workshops had been held with Local Authority colleagues to strengthen collaboration and support integrated service delivery.
- The Cabinet Secretary had set out national priorities, and the Health Board remained aligned with these strategic goals.
- The Chief Executive had attended the retirement celebration for three long-serving chaplains, recognising their significant contributions to the Health Board and wider community.
- The Chief Executive had officially opened a new drop-in vaccination centre in Cwmbran, enhancing accessibility and flexibility for the local population.
- The Chief Executive had launched the new Pharmacy Robot at the Royal Gwent Hospital, marking a major technological advancement in medication dispensing and operational efficiency.
- The Chief Executive noted that shortlisting of over 700 nominations was underway for the upcoming staff awards, highlighting the breadth of excellence across the organisation.

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

**ABUHB  
2105/06**

### **Patient Experience Presentation**

The Board received a presentation on a patient's experience involving the use of cryoablation for kidney cancer. The presentation was delivered by Dr Chris Williams (CW), Consultant Interventional Radiologist, and featured a personal account from Mr Ian Savage (IS), the patient.

IS shared his journey from incidental diagnosis to successful treatment using cryoablation, a minimally invasive procedure that allowed him to return to work within two weeks.

CW explained the clinical background of cryoablation, its benefits over traditional surgery, and its growing application in early-stage kidney cancer. The procedure was typically performed as a day case and preserved more kidney tissue than other treatments.

The service, initially funded through the Individual Patient Funding Request (IPFR) process, was now fully funded for patients within Aneurin Bevan University Health Board (ABUHB). CW also noted that ABUHB was currently the only provider of this procedure in South Wales.

Neil Patrick (NP), Independent Member, inquired about the origins of the service. CW explained that the team had built on their experience with liver ablation, using the same skill set and equipment to expand into kidney and other tumour types. He credited the team's personal drive and innovation for establishing the service, which is now the first of its kind in the UK.

CW confirmed that the team currently treats lung tumours and noted that bone metastases represent a key area where service development was needed.

The Board expressed its appreciation to Mr Savage for his openness and to the clinical team for their pioneering work, which exemplified the organisation's commitment to patient-centred, innovative care.

The Board **RECEIVED** the presentation.

**2105/07**

### **Report from Llais, Gwent Region**

Lisa Charles, Regional Director, Llais Cymru, presented the Llais' report and supporting presentation which set out key elements of its 12 month reflection report.

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

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

**2105/08**

### **Draft Long Term 10-Year Strategy**

Hannah Evans (HE), Director of Strategy, Planning and Partnerships, presented the draft Long Term 10-Year Strategy. The development of a new strategy provided an opportunity to look to the future with communities in order to determine what matters to them and how the Health Board can work in partnership to improve wellbeing through place-based care.

HE advised that a Midpoint Review of the first ten weeks of engagement had been undertaken in July 2024. Subsequently an engagement summary report had been produced following the completion of the 20-week engagement period. On 18<sup>th</sup> December a dedicated Board development session had been held on the strategy to shape the draft strategic framework and aims.

A set of design principles had been agreed previously by the Board to provide a framework against which this work should be held to account:

- People at the heart of everything we do.
- Design with data.
- Prevention is best.
- Make use of what we have
- Act with focus to improve outcomes.
- Do the hard work to make it simple.
- Make things open, it makes things better.
- Continuous Feedback.
- Be consistent not uniform.
- This is just the start.

The strategy was described as a deliberate departure from the previous "Clinical Futures" model, and represented a shift in focus toward prevention.

High-level outcome statements had been developed and linked to the strategy's aims, with outcome metrics used to assess impact and progress.

Penny Jones (PJ), Independent Member, raised a question about the potential impact of political changes on the strategy and whether or not a five-year strategy might be more appropriate.

HE stated that the need to shift healthcare delivery towards prevention and community care would remain constant, regardless of political changes. She acknowledged that the framework might evolve due to digital developments but emphasised that this would not

reduce the focus on community care. The strategy was designed to be agile and responsive to future changes.

Helen Sweetland (HS), Independent Member, praised the level of community engagement and asked how feedback would be provided to those who had contributed.

HE responded that the engagement process itself had been valuable and that the team had already begun feeding back to participants. She stressed that this was not a one-off conversation and that ongoing engagement would be supported in collaboration with the Communications team.

Sarah Simmonds (SS), Director of Workforce and OD, confirmed that the Health Board would continue to seek views and had recently held a session with trade union colleagues to discuss key themes. A link would be circulated to enable further contributions from staff and teams.

Ann Lloyd (AL), Chair, thanked the team for their work and noted that the next step would be to translate the strategy into measurable outcome statements and a design for the future.

The Board **NOTED** the draft Strategy acknowledging that the final draft of the Strategy with supporting values and behaviours would be presented to the Board in July 2025.

**2105/09**

### **Cancer Services Annual Report 2024/25**

Leanne Watkins (LW), Chief Operating Officer, presented the Cancer Services Annual Report 2024/25. LW expressed her thanks to James Calvert (JC), Medical Director, for his leadership in advancing the Health Board's cancer services to their current position.

The report consisted of six core themes that addressed how the Health Board could reduce cancer risks, optimise treatments, improve patient outcomes, and minimise health inequalities for the population. Each of the six themes contained targets that the Health Board had worked towards meeting by 2025:

- Reducing the risk of cancer
- Early detection
- Timely diagnosis
- Improved cancer care for everyone
- Living well with and beyond cancer
- Improving our knowledge of cancer

The Health Board had achieved a 67.5% performance rate against the single cancer pathway in March 2025, its best performance to date. Since pre-COVID, there had been a 40% increase in cancer referrals,

making this an increasingly busy area. Breast and skin cancer services delivered over 90% performance in March, both being high-volume treatment areas. Substantial work had been undertaken to stabilise and improve cancer services.

Innovative initiatives had been implemented which included training beauty therapists to identify signs of skin cancer and the successful completion of the first robotic colorectal surgery.

Ann Lloyd (AL), Chair, thanked LW and the cancer team, noting that the report understated the achievements. She praised the team's creativity and innovation in patient care.

Paul Deneen (PD), Independent Member, raised concerns about a 50% gap in cancer screening uptake and asked what was being done to improve awareness. LW acknowledged the challenge and noted ongoing community engagement efforts, while recognising that more work was needed. PD also asked about regional service integration. LW confirmed that work was underway to improve regional collaboration, including a potential bespoke workshop to address specific issues.

Penny Jones (PJ), Independent Member, inquired whether barbers were included in the skin cancer awareness training. LW clarified that the initial training had been delivered through college networks which did not include barbers, but this would be considered in future phases.

Helen Sweetland (HS), Independent Member, highlighted the importance of involving cancer patients in research studies, which LW acknowledged as a priority.

The Board discussed the planning of future demand for the Health Board and ensuring that feasibility assessments are conducted when setting performance targets.

The Board expressed its appreciation to the cancer services team for their dedication and innovation and requested that the cancer team be congratulated for their hard work and achievements.

The Board **RECEIVED** the report as assurance that the Health Board is progressing with its strategy.

**2105/10**

### **Urgent and Emergency Care Update Report**

Leanne Watkins (LW), Chief Operating Officer, presented the Urgent and Emergency Care Update Report with a focus on developments since September 2024, which included:

- The investment in additional Emergency Department (ED) consultants

- The expanded transfer lounge and associated model at the Grange University Hospital (GUH)
- The current status of the capital project to expand and reconfigure the ED including the waiting area.
- The development of the operational framework for U&EC.
- A look ahead at expected performance improvements and commitments made.

The Health Board remained under enhanced monitoring for three key areas: ambulance handovers, patients treated within 12 hours, and clinical assessment times. There had been careful monitoring of progress, and the Health Board planning trajectories had been aligned throughout 2025 into 2026 to be able to meet the de-escalation criteria. The Board was thanked for its support during a challenging period, particularly in September, when significant operational pressures were experienced. It was noted that change takes time to embed, and efforts were ongoing to improve consistency and outcomes.

The Health Board had proactively planned and started to deliver against the requirement to improve performance in urgent and emergency care at the GUH.

Key schemes such as the increase in ED consultants, ED waiting area expansion and expanded transfer lounge was supporting this progress. The ED waiting area expansion estimated completion was as follows:

- Phase 1 completion –July 2025 (for the new expanded waiting area)
- Phase 2 completion –October 2025 (for full completion including the internal reconfiguration to the department)

The risk of disruption as the ED expansion project moved into phase 2 through the summer into the autumn 2025 was noted and the Board was assured that it was being planned in detail to reduce clinical risk during this time.

Paul Deneen (PD), Independent Member, noted patient feedback regarding poor food choices and parking difficulties. LW acknowledged that long patient stays contribute to dissatisfaction. Divisional nurses were working with the Head of Facilities to address this. Regarding parking, options were being explored to reduce congestion and improve access.

Ann Lloyd (AL), Chair, asked about the effectiveness of diversion schemes at the ED front door. LW explained that the Health Board was exploring a proactive, preventative model that supported care at home. The preference was for teams to operate further into the community and engage with patients earlier in their care journey.

The Board **NOTED** the report.

**2105/11**

**2024/25 Performance Reporting - Integrated Performance Report, Q4**

Hannah Evans (HE), Director of Strategy, Planning and Partnerships, presented the Integrated Performance Report. The report focused on specific performance against the organisation's key priorities in line with the National Performance Framework, Ministerial and Cabinet priorities.

The key focus for the first quarter of the year was to maintain the delivery of Planned Care commitments with a specific focus on the 104 week+ numbers, and an ambition to maintain or improve on the numbers waiting over 104 weeks, noting the risks in some key surgical specialties.

The Health Board was commencing further reviews of Cancer performance by tumour site with actions to continue the improvement trajectory for Single Cancer pathway compliance.

There would be a continuation of the work commenced as part of the 50-day challenge to improve flow through the hospital system to improvements in patient experience and system operations.

Improvements were being made in the Health Board's key Urgent and Emergency Care measures, with a particular focus on those included in the Welsh Government de-escalation criteria.

Sarah Simmonds (SS), Director of Workforce and OD, provided an update on workforce metrics:

- Administrative staff uptake had improved, reflecting positive engagement and recruitment efforts.
- Sickness absence levels had decreased following the winter period. The Health Board was continuing to work collaboratively with Public Health colleagues to implement strategies focused on sickness prevention.
- Variable pay remained stable, with no significant fluctuations reported.
- Ongoing work with divisional teams was highlighted to address medical and dental staffing challenges, with a further reduction in the average recruitment time to 64 days.
- A national review of mandatory training was currently underway, and the Health Board would be contributing to this process.
- Job planning was identified as an area requiring further improvement. Agreed performance measures had been shared with divisions to support compliance and consistency.

Neil Patrick (NP), Independent Member, raised a concern regarding the high turnover rate among administrative and clerical staff. SS noted that this was largely due to the use of fixed-term contracts for project-based work. A peer network was being developed to better understand and address the issue. She also noted that there was an expectation to reduce administrative resources over time through digital transformation.

The Board **NOTED** the progress achieved at the end of Quarter 4 24/25.

2105/12

## **2024/25 Performance Reporting - Quality Performance Report, Q4**

Jennifer Winslade (JW), Director of Nursing, presented the Quality Performance Report. The six pillars of quality remained the foundation of the Health Board's approach, though minor changes were expected for the current financial year.

- Patient and staff experience and stories
- Incident reporting – falls, pressure ulcers, medicines management and mortality
- Complaints, concerns and compliments
- Health, safety and security
- Infection Control and Prevention
- Safeguarding

JW confirmed that there continued to be a focus on feedback from dissatisfied patients, with a notable and unusual shift in themes. Emotional and physical support emerged as the second most common theme, prompting a deeper review.

Additional surveys, including a maternity survey and a looked-after children survey, were being launched.

The Health Board continued to prioritise nationally reportable incidents (NRIs). Four NRIs remained outstanding beyond four months, though all were progressing through internal processes.

Paul Deneen (PD), Independent Member, raised concerns following a newspaper report regarding delays with bereavement and end-of-life care. Liam Taylor (LT), Deputy Medical Director, acknowledged that this was a recognised issue across Wales, due to the complexity of the Medical Examiner process and the need for timely review.

JW confirmed that bereavement process and pathways had been refreshed. The Care After Death team was working to improve early communication with families, and PALS now included a dedicated End-of-Life Officer. The Health Board was actively exploring ways to

mitigate delays and improve communication around the medical examiner process.

The Board **RECEIVED** the report.

**2105/13**

### **2024/25 Performance Reporting - Financial Performance Report**

Robert Holcombe (RH), Director of Finance, Procurement & VBHC, presented the Financial Performance Report at the end of March 2025 (month 12), as:

- The full-year budget performance at month 12 was a deficit of £7.185m.
- Expenditure within the Health Board for total pay increased by £1.8m (excluding the 6.3% notional pension costs of £51.8m reflected in March) compared with February. The net increase in total pay was attributable to provisions for Medical & Dental substantive pay for GP Out-of-hours annual leave (£1.8m).
- Non-pay expenditure (excluding capital adjustments) reduced by £7m compared with February. A significant part of the net reduction was due to a high level of spend in the prior month (£18m as detailed in February's report). Key increases in spend during March related to GP IT refresh programme for GMS (£2m), Pharmacy Contract sustainability payment (£1.2m) and Regional Partnership Board payments (£4m).
- Savings – total achievement of £45.5m for 2024/25 compared to planned savings for the year of £40.5m.

RH confirmed that the organisation had achieved a positive financial position by year-end, both in terms of financial control and service delivery.

The Board **NOTED** the report.

**2105/14**

### **Ethnicity Pay Gap**

Sarah Simmonds (SS), Director of Workforce & OD, presented the Ethnicity Pay Gap report for 2024.

SS reported that the ethnicity pay gap had improved compared with the previous year. In the Health Board, overall Black, Asian & Minority Ethnic staff earned £1.25 for every £1 that White staff earned when comparing the mean (average) hourly rate, and for the median hourly rate, Black, Asian & Minority Ethnic staff earned £1.13 for every £1 that White staff earned.

SS noted that, as there was currently no mandate for Health Board's in Wales to report ethnicity pay gap, benchmarking data was not available.

SS confirmed that the Health Board continued to focus on supporting all minority groups, with ongoing efforts to promote equity, inclusion, and progression across the workforce.

The Board **NOTED** the report and **APPROVED** the publication of the report.

**2105/15**

**Gender Pay Gap**

Sarah Simmonds (SS), Director of Workforce & OD, presented the Gender Pay Gap report for 2024.

SS advised that the gender pay gap was reported as broadly comparable with the previous year, with a slight improvement noted.

The comparison of median hourly pay for Agenda for Change (AfC) employees, in the Health Board, was women earned £0.90 for every £1 that men earned. Overall, women’s mean (average) hourly pay was 24.7% lower than for men and the median hourly rate, women’s hourly pay was 9.68% lower than for men. Women made up 71.8% of employees in the highest paid quartile and 83.4% of employees in the lowest paid quartile.

For the submission of March 2024 data, the Health Board had created a new dashboard within the reporting tools on ESR for Gender Pay Gap information. This was the first year that AfC and Medical and Dental information had been combined in the ESR report whereas previously it had been looked at separately. The reason for this was because the Government Portal required the data to be combined as one submission.

The Board acknowledged the progress made and the continued commitment to addressing pay equity across the organisation.

The Board **RECEIVED** the report and **APPROVED** the report for onward consideration at Board.

**2105/16**

**Strategic Risk Report, May 2025**

Nicola Prygodzicz (NP), Chief Executive, presented the Strategic Risk Report. The report outlined the assessment of strategic risks associated with its strategic objectives and key priorities set out in the 2022/25 Integrated Medium-Term Plan (IMTP) and provided assurance that these risks were being managed effectively.

All strategic risks had been reviewed within the appropriate timeframe for their respective levels of risk. The review focused on the control environment, ensuring that the controls remain robust and adequate

for managing the identified risks. Additionally, the assurances were tested to verify the robustness of the controls.

NP drew the Board's attention to the recommendation to reduce the risk rating associated with delivering a sustainable financial position and longer-term financial plan, reflecting the progress made in this area. It was noted, however, that despite the reduction, the risk remained significant, particularly in light of the ongoing financial challenges anticipated in the new financial year.

The report also outlined the key risk areas that remained above the Board's risk appetite and the mitigation strategies in place.

A review of the risk management framework had been completed, with key updates incorporated into the report.

The Board **RECEIVED** the report and **APPROVED** the proposed risk rating adjustment.

**2105/17**

### **CONSENT AGENDA**

The Board **APPROVED** the Draft Minutes of the Health Board Meeting, held on 26<sup>th</sup> March 2025.

The Board **APPROVED** the Report on Sealed Documents and Chair's Actions.

The Board **NOTED** the Board Action Log with Updates.

The Board **NOTED** the Strategic Partnership Updates of the Regional Partnership Board and Public Services Board.

The Board **NOTED** the Executive Committee Chair's report.

The Board **NOTED** Key Matters from Committees of the Board.

The Board **NOTED** the Committee Annual Reports 2024/25 and Terms of Reference.

The Board **NOTED** the overview of Joint and Partnership Committee Activity of the Joint Commissioning Committee and NHS Wales Shared Services Partnership Committee.

### **OTHER MATERS**

**2105/18**

### **Any Other Business**

Nicola Prygodzicz (NP), Chief Executive, informed the Board that James Calvert (JC), Medical Director, had been offered a secondment opportunity to Welsh Government as Deputy Chief Medical Officer. The Board commended this achievement.

It was noted that the Health Board would be recruiting for a substantive Medical Director and interim arrangements were being considered to ensure stability and continuity.

**2105/19**

**Date of the Next Meeting:**

Wednesday 16<sup>th</sup> July 2025