



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

MINUTES OF MEETING HELD

Date and Time	Wednesday 25th March 2026 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 Akmal Hanuk Helen Sweetland Helen Cunningham</p> <p>Nicola Prygodzicz Tracy Daszkiewicz Jennifer Winslade Rob Holcombe Paul Solloway Hannah Evans</p> <p>Peter Carr Sarah Simmonds 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 (Third Sector) Independent Member (University) Independent Member (Local Authority) (From Item 6.3) 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 Medical Director</p>
IN ATTENDANCE	<p>Rani Dash Karen Newman</p> <p>Bryony Codd Naomi Murtagh Lisa Charles Nadia Lovell</p> <p>Tracey PartridgeWilson Amanda Whent Matthew Temby Polly Frazer Thokozani Owino</p>	<p>Director of Corporate Governance Assistant Director of Communications and Engagement Head of Corporate Governance Board Business Manager Regional Director, Llais Cymru Head of Advocacy and Engagement, Llais Cymru Deputy Director of Nursing Lead Nurse for Dementia (Item 4.1) Interim Deputy Chief Operating Officer Aspiring Board Member Aspiring Board Member</p>

APOLOGIES	Vivek Goel Leanne Watkins	Independent Member (Trade Union) Chief Operating Officer
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PRELIMINARY MATTERS	
ABUHB 2503/01	<p>Welcome and Introductions</p> <p>The Chair welcomed everyone to the meeting, in particular 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>
ABUHB 2503/02	<p>Declarations of Interest for Noting</p> <p>There were no declarations of interest raised.</p>
ABUHB 2503/03	<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>
ABUHB 2503/04	<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 advised that she had met with Members of Parliament regarding the North Gwent Children’s Centre. Discussions on the future of children’s services in North Gwent were ongoing and were being progressed through the Regional Partnership Board (RPB). • The Chair updated the Board on recent multi agency discussions and meetings of the Chairs’ Peer Group, noting that discussions had focused on the draft operating and accountability framework. Chairs had welcomed proposals to standardise and streamline meetings and information flows and supported the simplification of the escalation and intervention framework. The Chair reported that Chairs had sought clarity on the role and offer of NHS Performance and Improvement (NHS P&I), including assurance on the support it would provide to Health Boards. Concerns had also been raised regarding regional and collective accountability for proposals and projects, particularly where organisations were non-statutory. The Chair confirmed that concerns relating to the accountability of Boards and Chairs had been raised, where early drafts of the framework implied arrangements not aligned with statutory instruments. Assurance had since been provided that statutory

accountability arrangements would apply and that the guidance had been amended accordingly.

The Chair highlighted discussions regarding the rising cost of Continuing Healthcare (CHC), including the impact of direct payments. The Chair advised that increasing CHC costs represented a significant emerging risk locally and nationally. A paper adopted by Chief Executives and Chairs had been developed, with joint representations to Welsh Government to be progressed.

- The Chair reported on a recent meeting of the Regional Joint Committee (RJC), noting progress in relation to Llantrisant Health Park while emphasising the importance of maintaining momentum in other areas. Current challenges in vascular surgery had been acknowledged, with collaborative mitigation in place.
- The Chair advised that the RPB had met recently and was considering its future role and funding arrangements, while continuing to progress current work programmes.
- The Chair informed the Board that she had contributed to the induction programme for new Board members, sharing reflections on Board membership, the role of the Chair and the importance of effective collective decision-making.

The Chair thanked Board members and Executive colleagues for their support and guidance during a demanding period for the organisation.

Phil Robson (PR), Vice Chair, formally acknowledged that this was AL's final Board meeting as Chair, paying tribute to her leadership, resilience and contribution over nine years, including her stewardship during challenging periods.

Nicola Prygodzicz (NP), Chief Executive, echoed these sentiments, recognising AL's integrity, commitment to governance and patient care, and her role as a mentor and source of stability for the organisation.

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

**ABUHB
2503/05**

Report from the CEO

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

- NP provided an update on organisational activity over the preceding period, noting that it had been particularly busy, with a strong focus on preparation of the Annual Plan, which was a key item on the agenda.
- NP highlighted cancer services as a continued priority and reported on her attendance at a Cancer Services Conference, which reflected on delivery against the five-year cancer strategy.

NP noted the positivity around shaping priorities for the next phase and advised that she had visited the new Velindre Cancer Centre, recognising its significance for Aneurin Bevan University Health Board residents and regional collaboration.

- NP advised that women's health had been a key focus during the period. She reported on a successful women's health conference and a visit from the Minister, who had welcomed the opportunity to see the women's ambulatory unit at Nevill Hall Hospital and the progress being made in this area.
- Primary and Community Care had also been a focus, with NP reporting on continued development of the Community by Design national programme. NP reflected on visits to a community pharmacy in Abergavenny and Chepstow Hospital, which demonstrated effective integrated working between GPs, district nurses and community teams and the potential to strengthen community-based models of care.
- NP informed the Board that the national maternity and neonatal review report had been published and that a paper setting out the Health Board's assessment would be considered later on the agenda. NP also reported on a visit to the Grange University Hospital maternity unit, noting both the quality of care being delivered and opportunities for continued improvement.
- NP advised that staff survey results had been received and that response rates and overall engagement scores had improved. NP noted that, while the headline results were relatively positive, the detailed feedback would be used to identify areas requiring further focus and improvement, with work ongoing to review the findings in detail.

NP acknowledging the significant contribution of staff and teams across the organisation during a challenging period and thanked colleagues for their continued commitment and effort.

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

**ABUHB
2503/06**

Patient Experience Story & Dementia Annual Report

Amanda Whent (AW), Lead Nurse for Dementia, presented the Patient Experience Story alongside the Dementia Annual Report.

AW introduced the Patient Experience Story and explained that the presentation would focus on key aspects of the programme, with particular emphasis on dementia care in hospital settings. AW outlined the All-Wales Dementia Standards of Care and described the Health Board's delivery model, structured around five workstreams covering community engagement, memory assessment and support, dementia connector roles, dementia-friendly environments and hospital care, and learning, development and monitoring. AW highlighted progress in staff education and training, noting increased completion of mandatory

dementia awareness training and the availability of additional learning resources to support staff across all roles and settings.

The presentation focused on the Dementia Friendly Hospital Charter, which had been introduced to improve the experience of people living with dementia when admitted to hospital. AW outlined the refreshed three-year improvement plan and the key priorities underpinning this work, including accessibility, communication, timely and needs-based assessment, person-centred care planning, carer involvement, meaningful engagement, coordinated discharge planning and learning from feedback.

As part of the Patient Experience Story, the Board viewed a recorded account from a patient, Ken, who shared his experience of his wife's hospital admission while living with advanced dementia. The account highlighted significant concerns regarding communication, dignity, compassion, staff awareness, supervision, nutrition and hydration, discharge decision-making and future care planning. AW explained that this experience had been used as a catalyst for learning and improvement across services.

Board members thanked Ken for sharing his experience and acknowledged the distressing nature of the account. Ann Lloyd (AL), Chair, reflected on the importance of learning from lived experience and sought assurance regarding how dementia care was being supported beyond hospital settings, including in community services and for people living in their own homes. AW confirmed that dementia training and support extended across community services, care homes and partner organisations, and that work continued through dementia-friendly communities and engagement programmes.

Jennifer Winslade (JW), Director of Nursing, emphasised that the dementia programme was delivered through a whole-system approach involving health, social care, third sector partners, patients and carers. She highlighted the importance of "What Matters" conversations, person-centred care and effective communication in maintaining dignity and safety.

Nicola Prygodzicz (NP), Chief Executive, reflected that the experience illustrated issues relating both to dementia-specific care and to wider fundamentals of care and organisational values. She highlighted the role of ward accreditation and quality assurance systems in Improving the quality of care to patients and families.

Board members raised questions regarding monitoring impact, workforce training, preventative approaches and future sustainability of the programme. AW explained that progress was monitored through local and national dementia audits, action plans and reporting mechanisms, noting that increased reporting of experiences could

reflect greater awareness and engagement rather than deterioration in care. She also highlighted the importance of performance measures in supporting future funding discussions.

The Board expressed pride in the dementia team's work and acknowledged the contribution of volunteers. The importance of securing future funding beyond current arrangements was emphasised, alongside continued engagement with Welsh Government and regional partners.

The Board **NOTED** the Patient Experience Story and **NOTED** the Dementia Annual Report.

**ABUHB
2503/07**

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.

LC acknowledged that it was Ann Lloyd's (AL), Chair, final Board meeting and thanked her for her ongoing engagement with Llais Cymru. LC recognised AL's commitment to listening meaningfully to people's experiences, including where conversations had been difficult, and highlighted the positive impact this had had on improving services and outcomes for citizens across Gwent.

Board members welcomed the report and thanked LC and her team for their work. Helen Sweetland (HS), Independent Member, asked about the next steps following the recent discharge summit and how learning would be taken forward across organisations. LC explained that this work would be progressed primarily through the RPB, with clear actions and accountability, and that early discussions with system leaders had demonstrated strong appetite to act on the findings.

Further assurance was provided that insights would be fed into existing structures, including the Integrated Discharge Board, rather than creating additional governance layers. Board members also discussed the importance of digital enablers, trusted assessment processes and joint funding arrangements in supporting system-wide improvement.

AL thanked LC and the Llais Cymru team for their contribution, recognising their role as a critical conduit for patient and citizen voices and for supporting learning and improvement across the system.

The Board **NOTED** the Llais Gwent Region Report and welcomed continued engagement and feedback from Llais Cymru to inform system improvement and partnership working.

Integrated Medium-Term Plan 2025-2028

Hannah Evans (HE), Director of Strategy, Planning and Partnerships, presented the Integrated Medium-Term Plan (IMTP) 2025–2028 for Board consideration and approval for submission to Welsh Government.

HE explained that the Plan had been developed in line with the NHS Wales Planning Framework and reflected the Health Board’s strategic direction, Gwent 35. She advised that the IMTP set out clear priorities, delivery commitments and measures of impact across the themes of Better Health, Better Care and Better Lives, while recognising the organisation’s current escalation status and challenging operational and financial context.

HE highlighted key areas of strategic service change, including place-based care, older people’s pathways, acute and mental health service transformation, women’s health, and continued regional collaboration. Delivery of the Plan was supported by enabling programmes covering quality and assurance, workforce, estates and digital transformation. HE noted that the Plan was transparent about where national targets could be met and where progress would be achieved through improvement trajectories and de-escalation criteria.

Rob Holcombe (RH), Director of Finance and Procurement, outlined the financial position within the IMTP, including the savings requirement and forecast deficit. RH highlighted key assumptions and risks, including Continuing Healthcare, prescribing costs and savings delivery, the Welsh Risk Pool, and confirmed that work would continue to identify efficiencies and mitigate financial pressures.

Nicola Prygodzicz (NP), Chief Executive, acknowledged the significant work involved in developing the Plan and confirmed that it provided a credible basis for delivery, while recognising ongoing risk. She advised that further work would continue on recovery planning and assurance.

Board members welcomed the Plan and discussed a range of issues including performance delivery, workforce assumptions, funding allocation and financial risk.

Akmal Hanuk (AH), Independent Member, referred to the Plan’s assessment against ministerial delivery expectations and sought clarification on how areas not expected to meet national targets would impact the Health Board’s de-escalation objectives. Hannah Evans (HE), Director of Strategy, Planning and Partnerships, explained that the Plan prioritised delivery of de-escalation criteria and improvement trajectories where national standards could not immediately be met.

Iwan Jones (IJ), Independent Member, raised questions regarding workforce growth, vacancies and assumptions built into the Plan. HE and Sarah Simmonds (SS), Director of Workforce and OD, provided assurance on workforce projections, recruitment priorities, vacancy management and actions to improve workforce efficiency and reduce variable pay.

Ann Lloyd (AL), Chair, emphasised the importance of transparency in setting out assumptions and risks, ongoing engagement with Welsh Government, and robust monitoring of delivery and financial position throughout the year.

The Board **APPROVED** the Annual Plan (IMTP) 2026-27 for submission to Welsh Government, noting that final numerical checks would be completed prior to submission.

**ABUHB
2503/09**

Budget Delegation Proposal 2026/27

Rob Holcombe (RH), Director of Finance and Procurement, presented the Budget Delegation Proposal for 2026/27 for Board approval.

RH advised that the report set out the proposed delegation of budgets for the forthcoming financial year, in line with the Health Board's Standing Financial Instructions and the assumptions within the Integrated Medium-Term Plan. He explained that the proposal reflected the anticipated funding envelope, including recurrent budget rollovers for existing budget holders and the application of directed funding uplifts, while recognising the absence of a contingency reserve in the context of the Health Board's forecast financial position.

RH confirmed that delegated budgets would provide operational teams with clarity on their financial responsibilities for the year ahead and would be supported by existing financial control frameworks, including routine budget monitoring, variance reporting and escalation arrangements. He advised that, should financial pressures increase, additional controls could be implemented to ensure grip and control over expenditure.

Board members considered the proposal and sought assurance on how delegated budgets would be managed in practice. Akmal Hanuk (AH), Independent Member, queried how overspending would be prevented in the absence of contingency funding and what mechanisms were in place to support budget holders to remain within their allocations. RH responded by outlining the Health Board's established governance arrangements, including accountability of budget holders, monthly financial reporting, and the ability to strengthen expenditure controls where required.

Iwan Jones (IJ), Independent Member, asked how the Board would be assured that delegated budgets were being adhered to throughout the year. RH confirmed that financial performance would continue to be monitored through regular reporting to the Board and Committees, with clear escalation where variances emerged, and that the delegation framework aligned with the financial assumptions approved within the IMTP.

The Board noted that the proposed budget delegations were consistent with the agreed financial strategy and reflected a prudent approach in a challenging financial environment.

The Board **APPROVED** the Budget Delegation Proposal for 2026/27.

**ABUHB
2503/10**

Strategic Equality Plan Annual Report

Sarah Simmonds (SS), Director of Workforce and Organisational Development, presented the Strategic Equality Plan (SEP) Annual Report, which provided an update on progress against the Health Board's equality objectives and sought approval for publication in line with statutory requirements.

SS advised that the report set out performance against the delivery of the Strategic Equality Plan and demonstrated how equality, diversity and inclusion considerations continued to be embedded across the organisation's policies, workforce practices and service delivery. She explained that the report drew on a range of evidence, including workforce data, staff survey findings, engagement activity and feedback, and outlined progress made during the reporting period.

SS highlighted key areas of activity, including work to promote equality and inclusion within the workforce, targeted actions to address health inequalities, and ongoing engagement with staff networks and communities. She confirmed that the Health Board continued to meet its statutory duties under equality legislation and that the Annual Report had been developed to meet the required publication deadline.

Board members welcomed the report and discussed aspects of equality monitoring and workforce experience. Akmal Hanuk (AH), Independent Member, queried how issues relating to race equality and staff experience were captured and monitored, including through staff survey data. SS responded by outlining the range of mechanisms used to understand workforce experience, including survey insights, staff networks and engagement activity, and confirmed that learning from these sources informed ongoing actions.

Iwan Jones (IJ), Independent Member, sought further clarification on aspects of delivery and assurance. SS provided additional explanation

on governance arrangements and how progress against equality objectives was monitored and reported.

The Board acknowledged the importance of the Strategic Equality Plan in supporting an inclusive culture, fair access to services and compliance with statutory requirements.

The Board **NOTED** the Strategic Equality Plan Annual Report and approved its publication by the statutory deadline of 31 March 2026.

**ABUHB
2503/11**

Maternity and Neonatal National Assurance Assessment

Seema Srivastava (SSr), Medical Director, introduced the Maternity and Neonatal National Assurance Assessment report, which set out the findings from the national review and the Health Board's initial assessment and response.

SSr advised that the assessment had been undertaken as part of a national programme led by Professor Sally Holland, Chair of the Maternity and Neonatal National Assurance Assessment Independent Oversight Panel, and provided an independent evaluation of maternity and neonatal services. She explained that the report outlined areas of good practice alongside priority actions for improvement and provided a framework for ongoing assurance and monitoring.

SSr emphasised the importance of learning from the findings to strengthen safety, quality and experience within maternity and neonatal services.

Jennifer Winslade (JW), Director of Nursing, provided further detail on the Health Board's preliminary assessment against the national findings, including how actions would be prioritised, monitored and reported through existing governance arrangements.

Board members welcomed the report and acknowledged the importance of the assurance process. Ann Lloyd (AL), Chair, referred to the significance of effective stakeholder engagement and the need to ensure that learning from the assessment was shared transparently and acted upon.

The Board discussed the importance of continued focus on improvement, learning and assurance, including workforce engagement, quality oversight and alignment with national programmes.

The Board **NOTED** the findings and priority actions arising from the Maternity and Neonatal National Assurance Assessment and **NOTED** the Health Board's preliminary assessment and proposed monitoring arrangements.

Integrated Performance Report

Hannah Evans (HE), Director of Strategy, Planning and Partnerships, presented the Integrated Performance Report, which provided an overview of organisational performance at the end of Quarter 3 2025/26.

HE highlighted the key areas of performance covered within the report, including delivery against the Integrated Medium-Term Plan, national priorities and escalation criteria. She advised that progress had continued in several areas, including childhood vaccination uptake and ambulance handover performance, and noted sustained improvement in four-hour emergency department performance. However, HE acknowledged ongoing challenges, particularly in relation to twelve-hour waits in emergency departments and overall system pressures.

Matthew Temby (MT), Interim Deputy Chief Operating Officer, provided an operational update, outlining actions being taken to manage demand, improve patient flow and support safe care delivery. He advised that changes to operational arrangements were being progressed to address pressures and support improvement trajectories.

On planned care and cancer performance, HE noted that performance against the cancer standard had dipped below the 56% threshold in January. She explained that this reflected demand and capacity pressures and confirmed that recovery actions were in place. The report also set out performance against efficiency metrics and highlighted areas requiring continued focus.

Nicola Prygodzicz (NP), Chief Executive, provided additional context on performance delivery, including the impact of reduced activity levels on certain performance measures. She emphasised the importance of maintaining momentum on improvement while recognising the operational challenges faced.

Ann Lloyd (AL), Chair, highlighted concerns regarding stroke performance and sought clarification on the causes of recent deterioration. Peter Carr (PC), Director of Allied Health Professionals and Health Science, outlined the contributory factors and actions being taken.

Sarah Simmonds (SS), Director of Workforce and Organisational Development, provided an update on workforce performance, including current staffing challenges, vacancy management and actions being taken to support workforce sustainability. SS outlined ongoing work to strengthen recruitment and retention, reduce reliance

on variable pay, improve workforce efficiency and support staff wellbeing, and confirmed that workforce risks continued to be monitored through established governance arrangements.

Jennifer Winslade (JW), Director of Nursing, presented the quality and safety elements of the report, including safeguarding performance. She confirmed that compliance with Level 2 safeguarding training remained strong and provided assurance on continued oversight of quality, safety and safeguarding through routine monitoring and escalation processes.

The Board **NOTED** the Integrated Performance Report and received assurance on performance against key priorities and improvement actions.

**ABUHB
2503/13**

Financial Performance Report, Month 10

Rob Holcombe (RH), Director of Finance and Procurement, presented the Financial Performance Report for Month 10, which provided an update on the Health Board's financial position.

RH advised that the report set out the in-year financial performance against plan and highlighted the key drivers impacting the overall position. He outlined the headline position, including performance against revenue forecasts, and provided commentary on areas of pressure and mitigation. RH noted that ongoing cost pressures continued to be driven by factors such as Continuing Healthcare, prescribing and operational demand, while work remained underway to manage expenditure and deliver planned efficiencies.

RH highlighted progress in relation to payment performance, confirming that payments to non-NHS providers within 30 days continued to be closely monitored. He also provided assurance on the robustness of financial controls and governance arrangements in place to support grip and control, including regular monitoring, escalation of variances and alignment with the assumptions set out in the Integrated Medium-Term Plan.

RH outlined the actions being taken to mitigate financial risk. He highlighted strengthened financial oversight arrangements, a continued emphasis on efficiency, productivity and cost control, and ongoing engagement with Welsh Government and national partners to address system-wide financial pressures.

The Board acknowledged the scale of the financial challenge and emphasised the importance of continued transparency, robust monitoring and timely escalation of emerging risks.

The Board **NOTED** the Financial Performance Report for Month 10 and

	<p>received assurance on the Health Board’s financial position and control arrangements.</p>
<p>ABUHB 2503/14</p>	<p>Strategic Risk Report, March 2026</p> <p>Nicola Prygodzicz (NP), Chief Executive, presented the Strategic Risk Report for March 2026.</p> <p>NP advised that the report set out the Health Board’s current strategic risk position and the closing position for 2025/26. She highlighted that the Board was asked to consider whether it had sufficient assurance that strategic risks were being appropriately identified, assessed and managed.</p> <p>NP drew attention to a proposed increase in risk exposure for Strategic Risk SRR 006B, advising that this reflected a reassessment of the level of risk. She also outlined the proposed reframing of Strategic Risk SRR 011, explaining that this would provide a clearer articulation of the risk.</p> <p>The Board NOTED he 2025/26 closing position and ACCEPTED the increase in risk exposure for Strategic Risk SRR 006B.</p>
<p>ABUHB 2503/15</p>	<p>Key Matters from Committees of the Board</p> <p>Committee Chairs provided an update on key matters arising from recent meetings of the Health Board’s Committees.</p> <p>Penny Jones (PJ), Independent Member and Chair of the Mental Health and Learning Disabilities Committee, provided an update on matters considered by the Committee, highlighting ongoing oversight of Mental Health and Learning Disabilities services and the Committee’s continued focus on quality, safety and service improvement.</p> <p>Iwan Jones (IJ), Independent Member and Chair of the Audit, Risk and Assurance Committee, summarised key areas of assurance considered by the Committee, including audit activity, risk management and governance arrangements, and confirmed that the Committee continued to provide assurance to the Board on the effectiveness of internal control and risk management processes.</p> <p>Paul Deneen (PD), Independent Member and Chair of the People and Culture Committee, updated the Board on workforce-related matters, including staffing, organisational culture and people priorities, and confirmed that the Committee continued to monitor workforce risks and improvement actions.</p>

	<p>Helen Sweetland (HS), Independent Member and Chair of the Patient Quality, Safety and Outcomes Committee, reported on the Committee’s recent focus on patient safety, quality of care and outcomes, including review of quality indicators and assurance on improvement activity.</p> <p>Neil Patrick (NPt), Independent Member and Chair of the Finance and Performance Committee, provided an update on financial and performance matters considered by the Committee, including oversight of financial position, performance delivery and efficiency.</p> <p>The Board NOTED the updates provided and acknowledged the role of Committees in supporting effective governance, assurance and oversight.</p>
ABUHB 2503/16	CONSENT AGENDA
	The Board APPROVED the Draft Minutes of the Health Board Meeting, held on 28 th January 2026
	The Board APPROVED the Report on Sealed Documents and Chair’s Actions.
	The Board APPROVED the Violence Prevention & Reduction Strategic Plan.
	The Board NOTED the Board Action Log with Updates
	The Board NOTED the Pay Gap Reports 2025: <ul style="list-style-type: none"> a) Ethnicity Pay Gap b) Gender Pay Gap
	The Board NOTED the Strategic Partnership Updates: <ul style="list-style-type: none"> a. Regional Partnership Board
	The Board NOTED the Executive Committee Chair’s report
	The Board NOTED the overview of Joint and Partnership Committee Activity <ul style="list-style-type: none"> a. NHS Wales Joint Commissioning Committee b. NHS Wales Shared Services Partnership Committee c. Regional Joint Committee
	OTHER MATERS
ABUHB 2503/17	Any Other Business
	There were no further items raised for discussion.
ABUHB 2503/19	Date of the Next Meeting:
	Wednesday 20 th May 2026