



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

MINUTES OF MEETING HELD

Date and Time	Wednesday 16th July 2025 at 09:30am	
Venue	Conference Centre, St Cadoc's Hospital and Microsoft Teams	
PRESENT	<p>Ann Lloyd Paul Deneen Dafydd Vaughan Iwan Jones Helen Sweetland Neil Patrick Penny Jones Louise Wright Vivek Goel Akmal Hanuk Phil Robson Nicola Prygodzicz Tracy Daszkiewicz Jennifer Winslade Rob Holcombe Paul Solloway Hannah Evans</p>	<p>Chair Independent Member (Community) Independent Member (Digital) Independent Member (Finance) Independent Member (University) Independent Member (Community) Independent Member (Community) Independent Member (Trade Union) Independent Member (Trade Union) Independent Member (Third Sector) Vice Chair Chief Executive Director of Public Health Director of Nursing Director of Finance & Procurement Director of Digital Director of Strategy, Planning and Partnerships</p>
IN ATTENDANCE	<p>Rani Dash Lisa Charles Collette Kiernan Karen Newman Polly Frazer Thokozani Owino Andy Bagwell Shelley Williams Jonathan Simms Nimit Goyal Leighton Powell</p>	<p>Director of Corporate Governance Regional Director, Llais Cymru Deputy Director of Director of AHPs and Health Science Assistant Director of Communications and Engagement Aspiring Board Member Programme Aspiring Board Member Programme Deputy Medical Director Deputy Director of Workforce Clinical Director of Pharmacy Consultant Radiologist Physiotherapist</p>

APOLOGIES	James Calvert Peter Carr Sarah Simmonds Richard Clark Leanne Watkins	Medical Director Director of AHPs and Health Science Director of Workforce and OD Independent Member (Local Authority) Chief Operating Officer
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PRELIMINARY MATTERS	
ABUHB 1607/01	<p>Welcome and Introductions</p> <p>The Chair welcomed everyone to the meeting, in particular Dr Nimit Goyal and Leighton Powell who would be presenting the patient story, and members of the public who had joined the meeting to observe.</p> <p>The Chair also welcomed Polly Frazer and Thokozani Owino, who were participating as part of the Aspiring Board Member Programme.</p> <p>It was noted that the meeting would be livestreamed and published on the Health Board’s website following the meeting.</p>
ABUHB 1607/02	<p>Declarations of Interest for Noting</p> <p>There were no declarations of interest raised.</p>
ABUHB 1607/03	<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 1607/04	<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 highlighted the value of recent visits to Health Board funded schemes, noting their innovation and the positive feedback received from staff and service users. She emphasised the importance of ensuring equitable access to services across the region. • Chairs from across Welsh Health Boards had convened to discuss the current challenges facing the system. There was a shared recognition of the difficult times and a collective commitment to working constructively with Chief Executives to define and deliver sustainable models of primary care. • The Chair was honoured to open the newly refurbished visitors room at YAB, funded by the League of Friends. The space had been particularly beneficial for relatives of palliative care patients, offering a supportive and comforting environment. Feedback from families had been overwhelmingly positive.

- The Chair reported ongoing discussions regarding the replacement of the Care Action Committee with a new care system structure. Concerns remained about the clarity of its accountability and operational expectations. The Health Board had submitted queries to Welsh Government officials and a formal response had not yet been received.
- The Chair acknowledged the significant achievement in the Health Board being downgraded in its escalation status. This reflected the success of the agreed strategic plan and the dedication of teams across the organisation. The Chair commended staff for their resilience and innovation when under pressure.
- The Chair expressed her appreciation for the creativity and commitment of staff across the Health Board. Despite ongoing pressures, she noted that the organisation continued to deliver high-quality services and remained focused on maintaining financial discipline and service sustainability.

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

**ABUHB
1607/05**

Report from the CEO

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

- The Chief Executive reported that the past few months had been dedicated to conducting annual reviews with the operational divisional and corporate teams. These sessions focused on reflecting on achievements, identifying key challenges, and shaping future priorities.
- A constructive and positive Joint Executive Team annual review meeting had been held with Welsh Government officials. The Health Board received formal confirmation that its Integrated Medium Term Plan (IMTP) had been approved—marking a significant milestone, as it was the first approval in several years.
- The Health Board had been downgraded from Level 4 (targeted intervention) to Level 3 (enhanced monitoring) in its escalation status. While this reflected the significant progress made in planning and financial performance, the Chief Executive emphasised that substantial challenges remained and that the organisation needed to remain focused.
- National work was ongoing to implement the 45-minute handover target for ambulance arrivals. The Health Board was preparing for this potential mandate and had maintained a focus on reducing delays in ED.
- The Chief Executive advised that there were delays in the ED extension programme due to issues with contractors.
- The Health Board was actively contributing to the national outpatient transformation programme, which aimed to reduce

waiting lists by 200,000 patients across Wales. While additional funding had been welcomed, the scale of delivery required was significant and presented major operational challenges.

- The Health Board remained committed to reducing the number of patients waiting over 104 weeks to zero. However, risks remained, particularly in securing sufficient funding and capacity to meet this target.
- Following a successful recruitment process, the Health Board appointed a new Medical Director, Dr Seema Srivastava, who was expected to join in October.
- The Chief Executive had attended and supported events during Pride Month, including participation in the Cardiff Pride event, which she described as celebratory and uplifting.
- The Chief Executive participated in the Filipino Independence Day celebrations, recognising the cultural contributions of Filipino nurses within the Health Board in addition to a very successful Nursing Conference focusing on Equality Diversity and Inclusion.
- The Chief Executive highlighted the success of the Staff Recognition Awards, which had been attended by over 500 staff members and celebrated a wide range of achievements across the organisation.
- The Chief Executive expressed satisfaction with the development of a refreshed organisational strategy and organisational values framework. The new values framework was simpler and more aligned with the Health Board's ethos, focusing on kindness, integrity, and respect.
- The Chief Executive acknowledged the ongoing pressures faced by the organisation but emphasised the positive momentum and commitment across teams. She highlighted the importance of maintaining a focus on delivery, financial discipline, and staff engagement as the Health Board moved forward.

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

**ABUHB
1607/06**

Patient Experience Presentation

The Board received a presentation on a patient's experience which focused on an interventional radiology procedure for the treatment of knee osteoarthritis. The presentation was jointly delivered by Dr Nimit Goyal (NG), Consultant Radiologist, and Leighton Powell (LP), Physiotherapist.

NG outlined the prevalence and impact of osteoarthritis, noting that over one-third of adults over 45 in the UK are affected, with more than 80,000 individuals within Aneurin Bevan UHB alone. The condition places a significant financial burden on the NHS, with over £10 billion spent annually and further indirect costs due to lost productivity.

The presentation followed the journey of a patient who experienced persistent knee pain despite multiple interventions including physiotherapy, steroid injections, and orthopaedic consultations. The patient was not yet eligible for knee replacement surgery, leaving him in a cycle of pain and limited options.

NG had introduced Genicular Artery Embolisation as a minimally invasive alternative that reduces inflammation by cutting off blood supply to affected areas of the knee. The procedure was performed via a small incision in the groin and typically allows same-day discharge. It was particularly suitable for patients who were not yet candidates for knee replacement.

LP shared his personal experience of undergoing the procedure. As both a physiotherapist and patient, he described the significant improvement in his mobility, exercise tolerance, and overall wellbeing. He no longer required pain relief and had returned to regular walking and physical activity. His story was supported by clinical data showing a reduction in pain scores and improvement in knee function among a cohort of 30 patients, with no reported adverse events.

The presentation also explored the potential for expanding embolisation to treat other musculoskeletal conditions such as Greater Trochanteric Pain Syndrome, plantar fasciitis, and Achilles tendinopathy, which affect over 120,000 people in the Health Board area.

Concerns were raised about equitable access and awareness of the procedure among GPs and patients. NG and LP acknowledged the need for improved communication and outreach, particularly through physiotherapy and primary care networks. They also highlighted the importance of self-referral pathways such as the OAK (Options, Advice and Knowledge) programme.

The Board discussed the importance of evaluating the long-term effectiveness of the procedure, with a two-year follow-up study underway. The project had already been presented at international conferences and was shortlisted for an NHS Wales Award in the Learning and Research category.

The Board applauded the team for the innovative and dynamic approach which was improving patient outcomes and extended its thanks to all involved in such a successful initiative.

The Board **RECEIVED** the presentation.

1607/07

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.

1607/08

Long Term 10-Year Strategy

Hannah Evans (HE), Director of Strategy, Planning and Partnerships, presented the final draft of the Health Board's Long Term 10-Year Strategy, which set out a strategic vision and direction of travel for the organisation. The strategy aimed to rebalance the focus of the Health Board towards prevention, population health, and community wellbeing, while maintaining a strong commitment to high-quality care and innovation.

The strategy had been developed through extensive engagement with staff, stakeholders, and communities, and was intended to serve as a framework for future planning and delivery. It would be supported by a Strategy Deployment Plan and Outcomes Framework, which was due to be presented to the Board in September 2025. It would include delivery milestones, metrics for tracking progress, and supporting plans for estates, digital infrastructure, workforce, and research.

Board members welcomed the strategy's ambition and clarity. Discussions highlighted the importance of embedding prevention, ensuring digital readiness, addressing workforce planning challenges, and maintaining adaptability in a changing healthcare landscape. The strategy was praised for its strong foundation in community engagement and its alignment with national policy frameworks such as the Well-being of Future Generations Act.

The Board **APPROVED** the final draft of the strategy and noted the proposed approach for its launch.

1607/09

Values and Behaviours Framework

Shelley Williams (SW), Deputy Director of Workforce, presented the revised Values and Behaviours Framework, which supported the Health Board's Long Term 10-Year Strategy. The new framework replaced the previous "Four Ps" with three simplified and inclusive values: Kindness, Integrity, and Respect. These values aimed to be more memorable, relevant, and applicable across all levels of the organisation.

The Board discussed the importance of embedding the framework through education, communications, and by being integrated into organisational processes. A cultural maturity matrix and a set of metrics—including grievance rates, staff survey results, and patient safety indicators—would be used to evaluate impact. The framework would also be aligned with the forthcoming People Plan and quality strategy.

Members welcomed the clarity and practicality of the framework and emphasised the importance of perception, visibility, and consistent messaging.

The Board **APPROVED** the framework and commended the Workforce & OD Team for their extensive engagement with staff and thoughtful development.

1607/10

Phase 2 Budget Setting, 2025/26

Rob Holcombe (RH), Director of Finance and Procurement, presented the Phase 2 Budget Setting paper for 2025/26, outlining the second stage of the Health Board's financial planning process.

Phase 1 had previously allocated budgets based on a rollover of recurrent funding. Phase 2 delegated the remaining available funding, incorporating the £40 million savings requirement identified in the approved Integrated Medium Term Plan (IMTP).

The proposed approach applied a 2.2% cost improvement target across all budget holders, proportionate to their IMTP spend plans. This method was selected as the most equitable and transparent, ensuring fairness, ownership, and accountability. A small reserve of £1.9 million had been retained to support specific development proposals, and some flexibility had been applied to areas such as facilities, where energy cost pressures are higher.

RH confirmed that all cost pressures identified in the IMTP had been incorporated into the delegated budgets, and that the expectation was for all budget holders to operate within these limits. The Board was advised that a robust performance framework was in place to monitor delivery, including monthly meetings with divisional directors and a Value and Sustainability Board that meets fortnightly.

Board members welcomed the clarity and discipline of the approach. Questions were raised about how the 2.2% savings target translates into real actions and delivery and how quality would be safeguarded, and what governance mechanisms were in place to ensure delivery. RH confirmed that detailed tracking and reporting mechanisms were in place, and that the approach avoided holding a central deficit reserve,

instead promoting local accountability. Quality Impact Assessments would be required if savings plans impacted direct patient care.

The Board acknowledged the financial pressures facing the organisation, including inflation, pay awards, and rising operational costs. The Board emphasised the importance of maintaining service quality while delivering savings and expressed support for the cultural shift towards greater financial ownership at all levels.

The Board **APPROVED** the Phase 2 budget delegation proposal for 2025/26.

1607/11

Transforming Access to Medicines South-East Wales Hub, Outline Business Case

Rob Holcombe (RH), Director of Finance, Procurement & VBHC, introduced the Outline Business Case (OBC) for the South-East Wales Hub, part of the national Transforming Access to Medicines (TRaM) programme. The proposal sought to establish a new pharmaceutical aseptic facility under NHS Wales Shared Services Partnership (NWSSP) to address the growing demand for specialist medicines, particularly cancer treatments.

Jonathan Simms (JS), Clinical Director of Pharmacy, explained that the current aseptic unit at Aneurin Bevan UHB was nearing capacity and had been reclassified from low to medium risk. The new facility would enable the repatriation of outsourced treatments, improve resilience, and ensure regulatory compliance. The case was presented as broadly cost-neutral, with anticipated savings from reduced outsourcing.

Board members expressed support for the strategic direction but raised concerns about the completeness of the financial modelling. It was noted that the OBC did not include local delivery costs, such as staffing for transport and receipt of medicines, transition and decommissioning costs, or the clinical trials component. The Board emphasised the need for these to be addressed in the Full Business Case (FBC) and stressed the importance of receiving the FBC in good time to allow for proper scrutiny.

The Board **APPROVED** the Outline Business Case, subject to the caveat that the Full Business Case must include a comprehensive cost analysis and address all operational and workforce implications.

1607/12

Public Engagement on the Development of Nevill Hall Hospital

Hannah Evans (HE), Director of Strategy, Planning and Partnerships, presented an update on the public engagement process relating to the strategic development of Nevill Hall Hospital (NHH). HE informed the Board that the redevelopment of NHH was a key strategic priority for

the Health Board, driven in part by the need to address the presence of reinforced autoclaved aerated concrete (RAAC) and to ensure the site's long-term viability and safety.

The Health Board was at the Strategic Outline Case (SOC) stage of the business case process. In line with Welsh Government guidance and the organisation's commitment to continuous engagement, a comprehensive public and staff engagement programme was being undertaken. The engagement focused on the case for change, the principles guiding the redevelopment, and the emerging direction of travel.

The engagement period would span eight weeks and was approaching its midpoint. A range of methods was being used to reach communities, including public meetings, surveys, social media, and targeted outreach across the wider catchment area of NHH. Early feedback from over 200 survey responses and three public events had been largely positive, with respondents demonstrating an understanding of the case for change and support for the proposed direction. However, some concerns had been raised, particularly on social media, regarding the absence of an emergency department at NHH —though this has not been a dominant theme in survey responses.

The Board was informed that the engagement approach complied fully with Welsh Government policy and regulatory expectations. The engagement plan had been developed in collaboration with the Communications and Engagement Team, and a steering group chaired by the Director of Planning would oversee its delivery. The Board noted that further engagement was planned with key stakeholders, including Powys Health Board and Monmouthshire County Council.

Board members welcomed the proactive and inclusive approach to engagement, noting that it marked a significant improvement on previous, more reactive models. The importance of providing reassurance to the public about the future of NHH was emphasised, as was the need to continue listening and responding to community concerns.

The Board **NOTED** the update and endorsed the ongoing engagement process as a critical step in the development of the Strategic Outline Case.

1607/12

Winter Plan 2024/25 Review

Hannah Evans (HE), Director of Strategy, Planning and Partnerships, presented the review of the 2024/25 winter period, reflecting on the challenges experienced and lessons learned, while also outlining the preparatory work underway for the upcoming winter. The review was

based on a detailed analysis of demand, system performance, and operational pressures, as well as feedback from staff and partners.

The winter of 2024/25 was described as having been particularly challenging, with a surge in flu-related demand occurring earlier than anticipated by national modelling. Despite outperforming other health boards in vaccination uptake, coverage remained below herd immunity thresholds, contributing to system pressures. Bed occupancy consistently exceeded modelled upper limits, with the exception of Christmas week, and emergency department (ED) demand was higher than forecasted. Staff sickness peaked in December but had improved by March.

Positive outcomes included a reduction in pathway of care delays, attributed to focused partnership working. However, the experience underscored the need for more sophisticated early warning systems and clearer escalation triggers.

Key areas identified for improvement included:

- **Vaccination Strategy:** Low uptake was a significant concern. Plans were in place to improve timing, targeting, and communication of vaccination campaigns, including earlier rollout and better use of community vaccination centres.
- **Proactive Care Planning:** There was a renewed focus on working with primary care to develop care plans for vulnerable patients, particularly those at risk of falls or respiratory illness. This includes scaling up successful initiatives from the previous year.
- **Surge Capacity:** The need for earlier decisions on additional ward capacity was highlighted. The Board agreed to plan for two surge wards, with a focus on timely workforce planning and cost-effective staffing models.
- **Governance and Simplification:** The planning process last year was overly complex, involving multiple overlapping plans. A more streamlined and integrated approach was being adopted for 2025/26.
- **Partnership Working:** The importance of collaboration with Regional Partnership Boards (RPBs) and other stakeholders was emphasised. The winter plan would be developed jointly with partners, with a focus on shared assets and community-based interventions.
- **Modelling Improvements:** The Board acknowledged that reliance on national modelling had contributed to under-preparedness. Greater use of international data and local intelligence will inform future modelling.
- **Vaccination of Staff:** Concerns were raised about low staff vaccination rates. While mandating vaccination would not be feasible, efforts would focus on improving access and uptake through earlier campaigns and local champions.

Board members welcomed the thorough review and supported the proposed direction for future planning. The Board emphasised the importance of early action, robust modelling, and proactive engagement with partners. The need to address staff vaccination rates and ensure effective use of community assets was also highlighted.

The Board **NOTED** the report and looked forward to receiving the full Winter Plan 2025/26 in September, including contingency planning based on worst-case scenarios.

1607/13

Communications and Engagement Annual Report 2024/25

Nicola Prygodzicz (NP), Chief Executive, introduced the Communications and Engagement Annual Report for 2024/25, marking the second year of the Health Board's three-year communications and engagement strategy. The report outlined the breadth of activity undertaken by the Communications and Engagement Team, highlighting achievements, innovations, and areas for continued development.

The Board was informed that the team had made significant progress in strengthening internal and external communications. Internally, initiatives such as executive drop-in sessions, online staff catch-ups, and the use of staff stories had been well received. The "One AB" brand continued to be promoted, with staff champions playing a key role in cascading information to teams, particularly those without regular access to digital platforms.

Externally, the Health Board's social media presence remained strong, with over 160,000 followers across platforms. Campaigns such as the Gwent Health Guide and targeted public health messaging had been instrumental in reaching communities. The team also expanded stakeholder engagement through new channels, including a WhatsApp update service, and maintained a visible presence in communities through regular outreach events.

Karen Newman (KN), Assistant Director of Communications and Engagement, elaborated on the role of One AB Champions, explaining that these staff members act as communication conduits within their divisions, helping to ensure that key messages reach all areas of the organisation. She also noted the success of the Staff and Volunteer Awards, which brought together over 500 attendees and received positive feedback from participants.

Board members praised the team's efforts and the breadth of the report. The Board acknowledged the challenges of measuring the direct impact of communications but noted the value of early resolution of complaints via social media and the potential for

improved analytics. It was suggested that future reports could include examples of how staff stories have led to tangible changes, to better demonstrate impact.

Concerns were raised regarding the accessibility for non-English speakers. KN confirmed that the website includes a translation tool supporting over 100 languages and that the team works closely with community groups and translators to ensure key messages reach diverse populations.

The Board welcomed the update and **NOTED** the report.

1607/14

Integrated Performance Report (Interim)

Hannah Evans (HE), Director of Strategy, Planning and Partnerships, presented the interim Integrated Performance Report, noting that it was the first report aligned with the new annual plan cycle. The report maintained the familiar format but now included tags to help identify escalation metrics, ministerial priorities, and enabling actions from the planning framework.

In the area of prevention and population health, HE noted the inclusion of four ministerial priority metrics, three of which related to vaccination. She highlighted positive improvements in the Healthy Child Wales Programme, particularly in the eight-week checks.

Primary care performance showed a generally positive trend, with increased activity across a range of professional groups. Pharmacist-led prescribing consultations and the Common Ailments Scheme continued to perform well. However, challenges remained in weekend nurse contacts and emergency dental activity: the latter was under review to determine whether changes in contract reform had impacted urgent appointment availability.

Urgent and emergency care continued to present a mixed picture. While May saw the best performance in years for ambulance handover delays, June performance had worsened slightly. The Board was informed that July had seen a renewed focus on operational oversight, with early signs of improvement. The report also introduced a new metric tracking total hours lost to ambulance delays, offering a more accurate reflection of system pressure.

Twelve-hour waits in emergency departments improved in May, marking the best performance in four years. Pathway of care delays remained significantly reduced, with June figures showing 181 delays compared with 215 in June 2024. The transfer lounge was now operational and contributing to improved flow, though further optimisation was needed.

Cancer performance remained stable, with May's figure at 64.2%. The number of patients waiting over 62 and 104 days also remained steady. Task and finish groups continued to drive incremental improvements.

Planned care performance had exceeded expectations. Against a target of 345 patients waiting over 104 weeks by the end of Q1, the Health Board delivered 172. Most of these were in orthopaedics, with a few in ophthalmology and ENT. The report also noted strong performance DNA (Did Not Attend) rates, which stood at 6.6%.

Mental health services continued to perform well. Adult mental health Parts 1A and 1B had met standards for over six months. CAMHS 1A experienced a temporary dip due to staffing but had since recovered. CAMHS 1B remained on target. Psychological therapies continued to face challenges, and efforts were underway to apply learning from other areas. Neurodevelopmental services remained the best performing in Wales and were attracting national interest.

Board members acknowledged the significant progress made across multiple areas, particularly in planned care and mental health. Concerns were raised about theatre efficiency, and it was confirmed that a detailed paper was to be brought to the Finance and Performance Committee later in the month.

There was also a request for a briefing on Women's Health Hubs, a Ministerial priority, as some staff appeared unclear on the plans. Tracy Daszkiewicz (TD), Executive Director of Public Health, confirmed that a plan had been submitted to Welsh Government and that a paper would be brought forward to the Board.

The Board noted the report and commended the teams involved for their continued efforts in delivering improvements across a complex and pressured system.

1607/15

Financial Performance Report, Month 02

Rob Holcombe (RH), Director of Finance, Procurement & VBHC, presented the financial performance report for Month 02, covering the period up to the end of May 2025. The Health Board reported a year-to-date revenue deficit of £4.6 million, with a forecast to break even by year-end. The capital position showed £3.7 million spent of the £32 million allocation, with expectations to achieve balance.

The public sector payment policy target of 95% had been exceeded, with 97% of invoices paid on time.

RH highlighted that the revenue forecast was rated amber due to £7 million of identified financial pressures that would need to be mitigated

over the remainder of the year. These pressures included higher-than-expected prescribing costs, additional spending on discharge-to-assess cases, and the impact of timing differences in recognising mental health dispute benefits.

The report also noted that the Phase 2 budget delegations had not yet been reflected in the Month 02 schedules. Updated variance narratives would be provided in the Month 03 report.

Savings delivery was categorised into three tiers: £15 million of green-rated (identified and achievable) savings, £6 million amber (with a line of sight), and £14 million red (not yet identified). The amber category had improved by £4 million since the previous report.

RH emphasised the need for increased rigour in budget management and ownership, noting that while the Health Board had historically delivered savings, the remaining opportunities were increasingly complex and resource-intensive. He also raised concerns about the financial impact of national initiatives, such as the insourcing contract for waiting list reduction, where the infrastructure costs were not fully funded.

The Board acknowledged the challenges and the importance of maintaining financial control while balancing performance pressures. It was noted that difficult decisions might be required by the Board later in the year to ensure financial sustainability.

The Board **NOTED** the report.

1607/16

Strategic Risk Report, July 2025

Nicola Prygodzicz (NP), Chief Executive, presented the Strategic Risk Report for July 2025. She confirmed that there were no changes recommended to the current risk ratings or entries. The report maintained a focus on the six key sub-risks that remain outside the Board's risk appetite.

The most significant of these continued to be the risk to financial sustainability. NP noted that this risk remained high due to ongoing cost pressures, savings delivery challenges, and the need for rigorous financial control.

Other key risks highlighted included health and safety, business continuity, and the delivery of major service transformation programmes. NP acknowledged that while progress had been made in strengthening governance and oversight in these areas, continued focus was essential.

	<p>The Board agreed that the report clearly reflected the current risk landscape and that the organisation was maintaining appropriate oversight and mitigation efforts.</p> <p>The Board NOTED the report.</p>
1607/17	<p>CONSENT AGENDA</p> <p>The Board APPROVED the Draft Minutes of the Health Board Meeting, held on</p> <ul style="list-style-type: none"> • 21st May 2025 • 25th June 2025 <p>The Board APPROVED the Report on Sealed Documents and Chair's Actions.</p> <p>The Board APPROVED the Report on Joint Commissioning Committee:</p> <ol style="list-style-type: none"> a) Highlight Report 20th May 2025 b) Scheme of Delegation c) All Wales IPFR Policy <p>The Board APPROVED the ABUHB Scheme of Delegation – Delegated Limits</p> <p>The Board NOTED the Board Action Log with Updates.</p> <p>The Board NOTED the Strategic Partnership Updates of the Regional Partnership Board and Public Services Board.</p> <p>The Board NOTED the Executive Committee Chair's report.</p> <p>The Board NOTED Key Matters from Committees of the Board.</p> <p>The Board NOTED the overview of Joint and Partnership Committee Activity of the Joint Commissioning Committee and NHS Wales Shared Services Partnership Committee.</p>
	<p>OTHER MATERS</p>
1607/18	<p>Any Other Business</p> <p>There were no further items raised for discussion.</p>
1607/19	<p>Date of the Next Meeting:</p> <p>Wednesday 24th September 2025</p>