

**Llais Public Board Meeting  
Wednesday 19 November 2025  
09:30am**

**In person at Tramshed, Clare Rd, Cardiff, CF11 6QP  
and via Zoom**

**Members:**

Medwin Hughes	Chair
Alyson Thomas	Chief Executive
Bamidele Adenipekun	Non-Executive Member
Jack Evershed	Non-Executive Member
Mair Gwynant	Non-Executive Member
Karen Lewis	Non-Executive Member
Rajan Madhok	Non-Executive Member
Jason Smith	Non-Executive Member
Mwoyo Makuto	Associate Member

**Apologies:**

Richard Bevan	Corporate Director of Governance and Board Secretary
Grace Quantock	Deputy Chair
Karla Williams	Governance and Risk Manager

**In attendance:**

Lauranne Cullen	Regional Director, Cardiff & Vale Region
Ben Eaton	Strategic Director of Organisational Strategy and Engagement
Amy English	Deputy Regional Director, Cardiff & Vale Region
Lisa Francis	Chair and Lead Campaigner for Protect Bronglais Services
Charysse Harper	Head of Equity, Diversity, Inclusion & Wellbeing
Katie Holliday	Director of Finance
Michelle Jones	Finance Manager
Israa Mohammed	Representative of the Aspiring Board Member Programme
Angela Mutlow	Corporate Director of Operations

Daniel Price

Regional Director, Cwm Taf Morgannwg  
Region

Liz Stevenson

Administrative Support Officer, Cwm Taf  
Morgannwg Region

Beth Tingle

Digital Community Lead, Behaviour  
Support Hub

## 1.0 Welcome, introductions and apologies

- 1.1 The Chair welcomed everyone to the meeting, including those joining the meeting online and observing the meeting. Mair Gwynant was welcomed to her first Board meeting.
- 1.2 It was noted that the meeting was being recorded for the purposes of the minutes.
- 1.3 Apologies were noted above.

## 2.0 Declarations of interest

- 2.1 A Non-Executive member, Jason Smith, raised an interest that he had been appointed interim Chief Operating Officer for Scleroderma and Raynaud's UK.
- 2.2 There were no other declarations of interest received.

## 3.0 Report from the Chair

- 3.1 The Chair thanked the Cardiff and Vale region for their contributions during the pre-board event the afternoon before the Board meeting.
- 3.2 The Chair highlighted that following the pre-board event, there were key themes that stood out; greater inclusivity, ensuring carers and individuals were at the heart of change and were driving it forward, engagement that valued lived experience and expertise and influence that enabled carers' insights to shape policy to make a real difference.
- 3.3 The Chair asked that Llais publish a clear statement demonstrating our commitment to carers in Wales. The Chief Executive added that Llais had submitted evidence to the Senedd Inquiry into unpaid carers, which aligned closely with findings from the unpaid carers

report. The importance was stressed of continuing dialogue with organisations such as Carers Wales.

- 3.4 The Board talked about the importance of having a clear benchmark for public engagement in Wales. The Chief Executive noted that national principles for public engagement in Wales had been published in Wales, with Welsh public services signing up to their use.
- 3.5 The Chair noted this, and suggested there should be an opportunity for the Board to reflect together on effective public engagement in practice in a future Board Development Session, taking the opportunity to learn from other sectors. The Chief Executive noted that Llais would be meeting with colleagues from similar organisations to Llais to discuss our work, identify shared concerns and amplify issues affecting people across the UK.
- 3.6 The Chair agreed the value of wider conversations, and stressed the importance of a consistent framework for public engagement.

**A25-11-01: Develop public statement** - Produce a clear statement demonstrating Llais' commitment to carers. **Action:** Chief Executive/ Strategic Director of Organisational Strategy and Engagement

**A25-11-02: Future development session** - Include an update on "what does good engagement look like" in a future Board Development Session. **Action:** Corporate Director of Governance/ Board Secretary.

## 4.0 Report from the Chief Executive

- 4.1 The Chief Executive provided an update on key developments since the last public board meeting on 24 September 2025.
- 4.2 On 5 November 2025, Llais signed the Armed Forces Covenant during the Armed Forces in Wales Employer Conference at Cardiff City Stadium. This commitment, signed by the Chair and Chief Executive, reinforced Llais' pledge to support members of the armed forces community.

- 4.3 Llais acknowledged public concerns following reports of doctors banned from practising abroad working within the NHS. To address this, Llais continued to engage with the General Medical Council (GMC) to understand the situation, its implications for people in Wales, and the steps being taken. The GMC confirmed that anyone with concerns could contact them directly.
- 4.4 Stroke services across Wales remained under significant pressure, affecting patient experiences and outcomes. Workforce shortages and infrastructure challenges persisted, and progress in resolving long-standing issues had been slow. The Welsh Government had identified stroke services as fragile and designated them a priority area. NHS Performance and Improvement was reviewing its coordinated response to these challenges on an All-Wales basis.
- 4.5 The Cabinet Secretary for Health and Social Care has directed regional partnerships between health boards to improve care across Wales and reduce waiting times. Swansea Bay University Health Board and Hywel Dda University Health Board are working together, Cardiff and Vale of Glamorgan, Cwm Taf Morgannwg and Aneurin Bevan University Health Boards have formed a second partnership. Powys Teaching Health Board links with both regions.
- 4.6 Llais is seeing how significant pressures in the NHS were leading to urgent service changes that had immediate and considerable impacts on people. Discussions on the future configuration of stroke services were ongoing.
- 4.7 Temporary changes to stroke services remained in place within Cwm Taf Morgannwg due to structural issues and consultant shortages, with extensions until March 2026, and temporary changes affecting Minor Injury Units continued in Powys Teaching Health Board. Llais Regional Directors were in continuous dialogue with Health Boards regarding these challenges.
- 4.8 Hywel Dda University Health Board was currently consulting on its clinical strategy, following a public consultation held between July and August 2025, which generated substantial public engagement. To ensure meaningful consideration of feedback, the Health Board had extended its decision-making timeline to February 2026. This period was critical for demonstrating that all views were being listened to, reflected upon, and incorporated into planning

- 4.9 Llais attended all engagement events to ensure public comments were captured and addressed. These comments would need to influence next steps, aligning with public expectations and the Health Board's legal responsibilities.
- 4.10 A Non-Executive member asked about our position on Corporate Parenting following earlier board discussions. The Chief Executive clarified that discussions had previously focused on the principle of being a Corporate Parent and positively influencing behaviours as a result, Llais has not yet made a formal decision on this matter.
- 4.11 A work programme was currently being developed as part of next year's planning, which would include consideration of capacity to take forward any commitments and ensure effective delivery.

## **5.0 Spotlight on our activities and valuing people's stories: Theme: neurodivergent children and young people accessing health and social care**

- 5.1 The Strategic Director for Organisational Strategy and Engagement introduced the theme, focusing on the challenges faced by neurodivergent children and young people in accessing health and social care services.
- 5.2 The Cwm Taf Morgannwg Regional Director provided context on recent activities and shared the concerns raised by people through our engagement activities. A key issue highlighted were experiences shared of some children being turned away from Emergency Departments after self-harming because injuries were deemed "not severe enough."
- 5.3 Llais had organised a multi-agency event to focus on addressing the concerns raised.
- 5.4 The Board watched a video summarising 18 months of collaborative work between Llais and the Behaviour Support Hub, engaging parents and carers of children with neurodiversity and mental health challenges. Feedback from those involved about the approach had been overwhelmingly positive. The Digital Community Lead hoped that that Health Boards would recognise the need for change based in the feedback.

- 5.5 The Cwm Taf Morgannwg Regional Director acknowledged that while written responses from the Health Board to the issues raised had been disappointing, the engagement of senior health board staff, including clinicians with the event had been positive.
- 5.6 The Board heard about the importance of the education sector for early identification and support, and people's concerns that children were being penalised for having these conditions and, in some cases, for being carers at a young age.
- 5.7 Some examples of this included stories of schools placing neurodivergent children on reduced timetables or excluding them from extracurricular activities such as breakfast clubs or after-school programmes. The emotional impact of these practices was strongly felt during discussions.
- 5.8 The Board heard that more work is needed by the Welsh Government, particularly around standardising eligibility criteria for Children and Adolescent Mental Health Services (CAMHS) across Wales so that access for people across Wales is equitable and consistent.
- 5.9 In relation to neurodevelopmental services, it was reported that diagnostic assessments are funded, but post-diagnosis support is not funded, except for medication, noting that that 75% of CAMHS patients also have neurodevelopmental needs.
- 5.10 Transition from childrens to adult services was identified as a major concern, with many people falling in the gap between services. GPs were often the first point of contact, but there was concern that the referral path would default to mental health services, which might not recognise neurodiversity, causing delays and frustration.
- 5.11 The Digital Community Lead for Behaviour Support Hub thanked the Board for the opportunity to provide feedback and outlined her charity's work, which includes free support for parents and carers across South Wales and collaboration with schools in Rhondda Cynon Taf.

5.12 Survey responses from 462 families highlighted significant challenges:

- Limited mental health support during neurodevelopmental pathways
- Long waiting times for assessment and treatment.
- Lack of interim support and poor crisis response from CAMHS.
- Communication difficulties and masking of symptoms in schools.
- Children falling below CAMHS thresholds despite high need.
- Ongoing difficulties accessing ADHD medication despite some improvements.

5.13 Welsh Government's recent funding changes redirected resources to areas with longer waiting lists, reducing support for services such as the Behaviour Support Hub. This might impact on service delivery and support for families.

5.14 A question was raised about creating safe, non-clinical spaces for children who struggled to engage with traditional services.

5.15 Discussions had taken place regarding joint workshops between Health Boards and the Behaviour Support Hub to deliver sensory sessions. Next steps included developing strength-based approaches and to make sure young people's voices were central to future service design.

5.16 The Strategic Director of Organisational Strategy and Engagement reported that this example had been shared across regional and national teams for inclusion in the Children and Young People Programme 2026–2027. Intelligence gathered on assessment delays would inform future planning.

5.17 The Chair expressed gratitude for the presentation and voiced concern that national funding cuts were preventing adequate support. He stressed that turning away young children in complex circumstances was unacceptable.

5.18 The Strategic Director of Organisational Strategy and Engagement concluded that Llais would continue ongoing discussions with CAMHS and neurodevelopmental services to address delays. The

organisation was strengthening its regional and national networks to enable comparison and alignment, supporting both local and national action. Plans were underway to further develop this work, and the Strategic Director expressed appreciation for the continued support of partners.

- 5.19 The Chief Executive added that Llais will, through its planning, think further about how to proactively drive key conversations to effect meaningful change in this area. Partnership working was highlighted as a vital mechanism for breaking down barriers and shining a light on issues that might otherwise remained overlooked.
- 5.20 The Chair asked that further work carried out by Llais to address the challenges and concerns of neurodivergent people and their families about health and social care should be brought back to the Board at a future meeting.

**A25-11-03: Additional action on neurodiversity** – Report back to the Board at a future meeting on the further work carried out by Llais to address the challenges and concerns of neurodivergent people and their families in health and social care. **Action:** Chief Executive/ Strategic Director of Organisational Strategy and Engagement.

## 6.0 Health and social care services in Cardiff and Vale of Glamorgan

- 6.1 The Regional Director for the Llais Cardiff and Vale of Glamorgan region delivered a presentation on listening to and engaging with people and communities in the region.
- 6.2 The Regional Director reported that the past year had marked significant progress for the region, with notable growth in visibility, credibility, and impact. People's views and experiences continued to drive system learning and improvement, and engagement work had positioned Llais as a key contributor to local strategic planning and oversight.
- 6.3 The following key messages were noted:
- Llais was increasingly recognised as a partner in improvement.
  - Citizen experience was shaping organisational decision-making.

- Representations were contributing to measurable system change.
- 6.4 The region's expanded engagement programme had reached people across hospitals, care settings, GP practices, warm spaces, libraries, and community venues. Public fora and Llais Locals had strengthened inclusion and broadened reach.
- 6.5 People in the region consistently reported:
- Long waits for mental health, ADHD, and neurodevelopmental assessments.
  - Challenges with GP access, digital inclusion, and prescription processes.
  - Concerns around hospital discharge and limited support for unpaid carers.
  - Issues with transport, waiting times, and uncertainty at health/social-care boundaries.
- 6.6 These insights had guided complaints advocacy work and informed regional priorities.
- 6.7 Recurring issues included delays and continuity gaps in mental health services, long waits for ADHD assessment and follow-up, communication failings during hospital procedures, and confusion around joint health and social-care responsibilities. It was highlighted that complaints advocacy intelligence reinforced the need for integrated, person-centred care.
- 6.8 Targeted representations had been made to the health board about the Theatre Review, and 66 improvement recommendations had been made on a range of services, including maternity services, pharmacy closures, surgical delays, and issues within specific primary, secondary, and care-home settings.
- 6.9 Regular meetings with the Chief Executive of the Health Board and senior leaders took place to make sure these matters remained high on the organisational agenda. Representations were being used strategically and contributed to system learning.

- 6.10 It was noted that Llais actively engaged in major change proposals, including the Urgent Primary Care Model, redistribution of GP admissions, and monitoring capital developments for emerging implications. The region provided proportionate oversight, ensuring safety, quality, and equity remained central in all proposals.
- 6.11 Following extensive engagement with people experiencing homelessness, this representation led to expanded GP access via the Health Inclusion Service, development of a trauma-informed multi-agency mental health team, improved communication methods for those without a fixed address, and plans for a Tier 3 integrated model combining health, housing, and social care.
- 6.12 Feedback from people accessing cancer services in the region had highlighted gaps in communication, continuity, emotional support, financial advice, and coordination. The Health Board responded with commitments including pathway-specific staff training, improved communication-needs recording, new welfare benefit support roles, expansion of clinical psychology services, and roll-out of digital feedback tools.
- 6.13 Joint work had strengthened our focus on unpaid carers, hospital discharge, and community support. Priorities moving forward included awareness-raising for unpaid carers, embedding new information and advice models, co-production with local authorities and third-sector organisations, and improved signposting and access to respite. The forthcoming Cardiff & Vale Health and Social Care Summit would build on this work.
- 6.14 Consistent with themes across Wales, people reported delays linked to safety risks, communication failures, medication safety issues during transitions, staffing shortages in social care, and digital exclusion as a barrier to safe access. Llais was strengthening national patient-safety intelligence, referral processes, and thematic analysis to inform preventative action. People's voices need to be integral to Wales's patient-safety and improvement landscape.
- 6.15 In conclusion, the Regional Director reflected that the region was seen to be visible, credible, and increasingly influential. The evidence base continued to strengthen, partnerships continued to mature, and the impact on system decision-making continued to

grow. It was important to note that lived experience had directly and significantly shaped system design, service expansion and structural improvements across a range of key services.

- 6.16 The Chair asked how the regional performance report presented would be publicised more widely. It was explained that the report would contribute to shaping the 2026–2027 plan.
- 6.17 The Strategic Director of Organisational Strategy and Engagement added that this work would be driven by the regional teams to reflect both local and regional priorities, while also enabling national oversight. He noted that the quarterly Llais newsletter and reports already provided a national perspective, but there was nothing preventing regions from sharing their own updates from a local viewpoint.
- 6.18 It was confirmed that regions maintained a close relationship with the communications team and, as in previous years, continue to share findings and reports with the public through events and engagement meetings.
- 6.19 The Chair thanked the regional director for her contribution to the meeting.

## **7.0 Performance against our annual plan Quarter 2 (July – September 2025)**

- 7.1 The Strategic Director of Organisational Strategy and Engagement presented the performance report.
- 7.2 Quarter 2 saw strong engagement activity, including a visible presence at national and community events over the summer. The launch of the All-Wales project, 'The health and social care we want', engaged more than 2,000 people.
- 7.3 5 of the 6 strategic deliverables remained on track, with 1 rated amber due to revised timelines. The Executive Team had worked with project leads to agree realistic adjustments, with no projects expected to remain incomplete by April 2026.
- 7.4 The Board emphasised the importance of feeding back to people on the impact of their contributions. Members discussed how insights

could be shared nationally and queried variations in regional advocacy complaints. It was noted that North Wales continued to report the highest numbers due to ongoing pressures in the delivery of health services across the region, while a Customer Relationship Management (CRM) system issue had affected recorded representations in Cardiff & Vale of Glamorgan and Cwm Taf Morgannwg regions.

- 7.5 The Board sought assurance on how representations were recorded and closed. It was confirmed that outcomes are captured in closure notes and are reportable. Members reflected on evidencing impact, assessing the quality of engagement, and consolidating emerging themes into a national summary.
- 7.6 The Chair noted the importance of keeping a strong focus on the impact of regional engagement activities.

## **8.0 Performance report – what we’ve heard in the first 6 months of 2025-2026**

- 8.1 The Strategic Director of Organisational Strategy and Engagement presented a six-month overview of what Llais has heard across Wales in 2025–2026. Engagement activity remained strong, and people continued to raise consistent concerns about access and waiting times across health and social care.
- 8.2 Our engagement insights showed early warning signs across several services, but also identified gaps in our reach in terms of diversity and representation. The need to broaden engagement, improve data capture, and ensure that all groups are heard was emphasised.
- 8.3 Service-change activity also continued to grow, with Llais playing an active role in proposals to change services locally, regionally and nationally.
- 8.4 4 strategic priorities were highlighted:
- Targeted and inclusive outreach
  - Stronger data systems to evidence diversity and equity

- Maintaining visibility in service-change processes to embed the patient voice
- Using insights to shape national policy and legislative reform.

8.5 Some of our key national impacts over the first 6 months of the year included:

- The all-Wales maternity review announced following Llais' feedback
- Health Boards agreeing to review dental access and GP appointment systems
- Improved discharge protocols and communication in several regions
- Llais' representations informing complaints system reform and major service redesign programmes.

8.6 Over the period, Llais had engaged directly with 8,542 people, through 360 activities and 41 site visits. A refreshed approach to site visiting had increased activity levels. Regions were visible across Wales at major festivals, national events, and community venues, and continued hosting workshops, webinars, Llais Locals, Public Fora and social-care events.

8.7 Across Wales, people consistently reported:

- Long waits for GP appointments and barriers linked to digital access and transport
- Delays in mental health services and limited dual-diagnosis support
- Long waits in primary and secondary care
- Communication and coordination gaps between services

- Unstable care packages and a lack of respite for carers
- Ongoing concerns about NHS dental access.

#### 8.8 Region specific issues included:

- Gwent – respite pressures, long specialist waits, positive feedback on wellbeing events
- Neath Port Talbot & Swansea – GP access, maternity and women’s health, strong local forum involvement
- North Wales – GP/dental access challenges, praise for therapeutic services, long Neurodiversity waiting times
- Powys – rural transport barriers, long specialist waits, valued community mental health support
- West Wales – communication issues, persistent dental access problems, major involvement in Hywel Dda’s clinical services consultation.

8.9 Our complaints advocacy themes mirrored engagement findings, with 701 cases opened and 750 closed. Key issues included primary care access, dental access, long waits for specialist services, communication concerns, staff behaviour, and inconsistent social-care support.

8.10 A key co-production example came from Cwm Taf Morgannwg, where concerns about antidepressant withdrawal led to a health-board action plan and a new staff briefing developed jointly with the client.

8.11 Our teams strengthened inclusive engagement through redesigned Equity, Diversity and Inclusion (EDI) monitoring, improved data-capture tools, impact-assessment processes, targeted events and upstander training. Llais representatives also joined the Social Care Wales EDI Expert Reference Group.

8.12 What we heard through our public engagement and complaints advocacy work informed 256 representations to health and social care services. Key areas were:

- access to timely care
- quality of care and communication
- mental health and neurodevelopmental services
- dental access, and
- support for carers.

8.13 Llais contributed to an average of 26 service changes per month.

8.14 Our next 6 months will focus on increasing the visibility of Llais' influence and further strengthening our evidence base through work on community care hubs, duty of candour, quality reporting, the Health and Social Care Bill, AI in healthcare, good social-care practice, and working with DeepEnd Cymru on patient participation groups.

8.15 The Chair thanked the Strategic Director for his comprehensive summary of Llais' focus in the first 6 months of 2025/2026.

## 9.0 Finance report

9.1 The Director of Finance provided an update on Llais' financial position for the 7 months up to 31 October 2025 along with an update on the 2026/2027 budget forecast.

9.2 Llais' 2026-2027 budget request would be submitted to the Welsh Government during quarter 3 of this year. Discussions were ongoing with our partnership team colleagues about the risk of a failure by the Senedd to agree a budget for 2026/2027. Failure to agree a budget would initially trigger a temporary 75% spending limit based on 2025-2026 allocations, potentially disrupting public services.

9.3 At the end of October 2025, the contingency budget was £174,000, up from £97,000 in August 2025. The contingency had mainly increased because of an additional £142,000 funding from

the Welsh Government and the reprofiling of staff budgets as a result of staff vacancies.

- 9.4 The Chief Executive reassured members that additional support measures and interim arrangements had been implemented following the departure of the Strategic Director of Corporate Services and Operations. Furthermore, Llais had incorporated lessons learned from Natural Resources Wales' challenges regarding tax compliance and IR35.
- 9.5 It was noted that further discussions had taken place between the Director of Finance and budget holders to encourage the transfer of any unallocated funds to the contingency budget as soon as possible. It was emphasised that managing underspend is equally as important as addressing overspend.
- 9.6 The Chair reflected on the importance of promoting Llais' narrative ahead of the election and encouraged prioritisation and investment in that area. The Chief Executive confirmed that funding was available within the current budget to support this.

## **10.0 People Services update**

- 10.1 The Director of People, Well-being and Organisational Development gave a brief update on key workforce priorities, covering recruitment, learning and development, policy work and wider organisational development activity.
- 10.2 Recruitment levels remained high and further learning opportunities were planned. The revised People Strategy would be presented to the Board following consultation with staff and the trade unions.
- 10.3 The People Performance Dashboard (July–September 2025) showed strong organisational stability (98%). Sickness absence had fallen month-on-month, though it remained above expectations. Targeted 'Managing attendance at work' training for managers was planned.
- 10.4 Mandatory training compliance had improved, though none of the e-learning modules had yet reached full completion. The People Team would continue working with line managers to understand barriers and agree next steps.

- 10.5 3 Regional Head of Complaints Advocacy and Engagement posts had been advertised and appointments made, and work continued to secure the right candidate for the reframed Corporate Director of People and Resources role.
- 10.6 The Board discussed sickness and stress-related absence, noting ongoing work to identify patterns, support staff and manage associated risks.
- 10.7 It was noted that low performance appraisal-completion rates were linked to the inherited NHS-based system, which does not reflect Llais' values and competencies. Work was planned to design a new approach with external support. Issues with the current electronic recording system meant some completed appraisals were not recorded.
- 10.8 Updates were also provided on mentoring support, implementation of anti-racism training (now mandatory), and efforts to improve inclusive recruitment. Work continued between the People Team and the Equity, Diversity and Inclusion Lead to identify and address barriers in our recruitment arrangements. The Board noted ongoing learning from other organisations to strengthen inclusive practice.
- 10.9 Members asked whether Llais was tied to the NHS Agenda for Change pay system, or if it had flexibility to move away from the arrangements. The Chief Executive confirmed that Llais could, should it wish to, move away from the NHS Agenda for Change framework, but this would be subject to a range of considerations, and would require Ministerial approval.
- 10.10 The Chair suggested this was timely for consideration and asked that a briefing is prepared for the Board on public sector pay arrangements and options.

**A25-11-04: Agenda for change discussion** - The Chief Executive to arrange a briefing for the Board on public sector pay arrangements and options **Action:** Chief Executive.

## 11.0 People policies for approval

11.1 The Chair highlighted there were 3 policies that had been reviewed and revised or produced due to legislative and other changes:

- Neonatal and care leave policy
- Prevention of sexual harassment policy
- Safeguarding policy and procedure.

11.2 These policies had undergone internal review processes, including staff and trade union consultation, and had been assessed through the integrated impact assessment framework. The policies had been presented to the Workforce, Remuneration and Terms of Service Committee where they were supported for approval by the Board.

11.3 Board members approved all 3 policies. It was noted that they would be launched and added as part of Llais' policy framework to the online policy database.

11.4 The launch would be supported by communications and awareness raising activity for staff and line managers. Drop-in sessions would be held to support staff and volunteer understanding of the safeguarding policy and procedure, along with more detailed and targeted training for staff with specific safeguarding responsibilities.

## 12.0 Corporate risk report

12.1 The Chair asked the Chief Executive to present the narrative corporate risk report. Members confirmed the changes made to the risk reporting arrangements continued to be beneficial. The Chief Executive highlighted 2 new risks since the last reporting period:

- **Communication consistency** – the risk of failure to consistently follow up, communicate outcomes, and share insights across Llais may lead to erosion of trust, reduced confidence from government and partners, missed safety issues, and lost opportunities to influence service improvement.
- **Learning and development** - the scale and complexity of learning and development required across Llais may exceed current capacity, leading to the risk of delays in implementation,

inconsistent understanding of roles and systems, and reduced confidence in delivery.

12.2 The Board noted the work underway in 2 key areas, digital and cyber security and information governance. These areas were subject to continued focus by the Audit and Risk Assurance Committee.

### **13.0 Minutes of the last meetings**

13.1 The Board approved the minutes from the 24 September 2025 and 05 November 2025 meetings. The minutes were confirmed as a true and accurate record.

### **14.0 Action log and to discuss any matters arising from the minutes**

14.1 The Chief Executive highlighted the completed actions on the log and advised on progress with the open actions, noting that some were not yet due.

14.2 The Board approved the actions and agreed to move completed actions to the completed actions section. There were no further comments made.

### **15.0 Reports from Board committees**

15.1 The Chair of the Audit, Risk and Assurance Committee reported on its work, which had largely focused on the Annual Reports and Accounts work. The next meeting was due to take place on 10 December 2025. Members would be meeting with the internal and external auditors and would discuss cyber and IT security matters in more detail.

15.2 It was also noted that:

- Internal Audit was due to produce 2 reports for the next meeting.
- Our new board member Mair Gwynant would be joining the Audit and Risk Assurance Committee
- there would be a risk workshop held in the New Year.

15.3 In the absence of the committee chair, a Non-Executive member highlighted 2 key points from the most recent meeting of the Workforce, Remuneration and Terms of Service Committee:

- Exit Interview update – to improve engagement, a new approach was introduced from October 2025, involving direct contact with departing staff during their notice period to arrange confidential meetings.
- The annual committee effectiveness review has started. This would look at the committee’s effectiveness, aligned with good governance practice.

15.4 Members noted both reports.

## **16.0 Use of the common seal report**

16.1 The Board received a report requesting ratification of the use of Llais’ common seal. This was presented for compliance and assurance purposes, in line with Llais Standing Orders.

16.2 The Board ratified the report.

## **17.0 Questions from the public**

17.1 The Chief Executive noted that 2 questions had been submitted in advance by the Chair of Protect Bronglais Services, who attended the meeting to hear the responses. It was confirmed the responses would be verbally provided and also be provided in writing. A representative of Protect Bronglais Services was invited to provide a short statement.

17.2 The representative gave a brief overview of the service and expressed concerns regarding the proposed stroke “treat and transfer” model currently under consideration. Under this model, patients with suspected stroke would be admitted initially to Bronglais Hospital but then transferred to Llanelli.

17.3 The representative shared community concerns around a range of aspects relating to the proposals including:

- a lack of clarity on transport arrangements, whether the Welsh Ambulance Service would manage these transfers and whether a nurse would accompany patients during transit.
- Llanelli is around a 2-hour drive from Aberystwyth, which raised significant challenges around rehabilitation, as family and friends play a vital role in recovery.
- there are no direct public transport links, creating further challenges and increased costs.

17.4 The Chair thanked the representative for her contribution and asked the Chief Executive to share with the Board the questions that had been received in advance of the meeting, along with the Llais response. The questions and answers are set out in detail in the appendix to these minutes.

17.4 The Chair invited discussion and noted that some Board members have a personal interest in the matter as they reside in the area. Members were asked to declare such interests when contributing.

17.5 The resulting discussion included the following reflections from Board members:

- There are challenges in asking the public to propose alternative options to those proposed by health bodies when they lack the necessary resources and expertise.
- Where there is a strong clinical case for services becoming more specialised, this can result in a need for these services to be delivered on a wider regional basis, but health boards have statutory responsibility to develop services and resolve issues for their own population.

- Where consultation was needed on the development of centres of excellence, then it would be reasonable for there to be a national perspective on where these should be across Wales.
- Where changes to health services are proposed, consideration should be given to the whole patient pathway from start to finish.

17.6 The associate member reflected on Llais' role in NHS service changes, noting that Llais is not expected to have specialist clinical expertise, it's expertise is in hearing what people are saying and making sure that service providers reflect on and respond to this in a meaningful way.

17.7 The Chair concluded that in context of the powers of the act that created Llais, it is very clear that Llais' role is to make sure that health services have due regard to the matters raised by the public and to the representations made by Llais about those matters.

17.8 He added that it would be reasonable and appropriate that Llais considers, when results of the public consultation are reported, whether the health board has demonstrated it has reflected on and responded meaningfully to what it has heard from the public in making its determination on the consultation outcomes and resulting proposals.

17.9 It was agreed that the Regional Director in West Wales would provide updates on the clinical services proposals as and when required.

**A25-11-05: Clinical services proposals** - Regional Director in West Wales to provide updates on the clinical services proposals.

**Action:** West Wales Regional Director.

## 18.0 Any other business

18.1 There was no other business discussed.

## 19.0 Board Schedule and forward programme

19.1 The Board schedule and forward programme was noted.

## 20.0 Date of the next meeting

20.1 The next scheduled in-public Board meeting would be held on Wednesday 28 January 2025 at 9:30am, in Neath, Port Talbot and Swansea.

*The meeting concluded at 15:00. The Chair thanked all involved in preparing the papers, presentations and contributing to the Board meeting.*