

EITEM AGENDA / AGENDA ITEM: 2

Cyd-bwyllgor Canolbarth Cymru ar gyfer Iechyd a Gofal / Mid Wales Joint Committee for Health and Care			
Dyddiad y Cyfarfod: Date of Meeting:	13 th October 2025		
Teitl yr Adroddiad: Title of Report:	Minutes of the Mid Wales Joint Committee meeting held on 4 th April 2025		
Arweinydd Lead:	Dyfed Edwards , Chair of Betsi Cadwaladr University Health Board and Lead Chair for the Mid Wales Joint Committee		
Pwrpas yr adroddiad: Purpose of the Report:	To agree the draft minutes of the Mid Wales Joint Committee meeting held on 4 th April 2025, review the action log and deal with any matters arising.	Ar gyfer cytundeb For Agreement	✓
		Ar gyfer trafodaeth For Discussion	
		Ar gyfer gwybodaeth For Information	
<u>Crynodeb / Summary</u> A virtual meeting of the Mid Wales Joint Committee was held via Teams on 4 th April 2025 and the draft unapproved minutes of this meeting are attached for agreement by the Joint Committee.			
<u>Argymhelliad / Recommendation</u> For agreement - The Mid Wales Joint Committee are asked to agree the minutes of its meeting held on 4 th April 2025.			

**DRAFT AND UNAPPROVED MINUTES OF THE MEETING OF THE
MID WALES JOINT COMMITTEE FOR HEALTH AND CARE**

Time and date of meeting:	10.00am Friday 4 th April 2025	
Venue:	Virtual meeting via Microsoft Teams	
Present:	<p>Members Hayley Thomas, Chief Executive, PTHB and Lead Chief Executive, MWJC (Chair) HT Dr Kate Wright, Medical Director, PTHB and Lead Clinical Executive Director, MWJC KWr Kamala Williams, Head of Health Strategy and Planning, BCUHB KWi Samantha Ruven-Hill, Assistant Director of Planning, PTHB SRH Rhonwen Jones, Planning & Performance Business Partner, WAST RJ Cllr. Alun Williams, Deputy Leader and Cabinet Member – Through Age and Wellbeing, Ceredigion County Council AW Cllr. Dilwyn Morgan, Cabinet Member - Adults, Health and Wellbeing, Gwynedd Council DM Cllr. Sian Cox, Cabinet Member - Caring Powys, Powys County Council SC</p> <p>Associate Member Keith Jones, Director of Operational Planning and Performance, HDdUHB and Programme Director, MWJC KJ</p> <p>Co-opted Members Katie Blackburn, Corporate Lead and Powys Regional Director, Llais KB</p>	
In attendance:	Bethan Adams, Gwynedd Council and MWJSC BA Nia Williams, Programme Manager, MWJC NW Anna Prytherch, Head of Rural Health and Care Wales, RHCW AP Sian Jones, Translator, Cyfaith SJ Angharad Jones, Aberystwyth University AJ	

Ref	Agenda Item	Action
JC(26)01	<p>Welcome and apologies for absence HT advised that she would be chairing the meeting on behalf of Dyfed Edwards, Chair of BCUHB and Lead Chair for the Joint Committee, who had tendered his apologies. A number of apologies for absence had been received due in part to it being the height of season for illnesses. Apologies for absence were received from:</p> <ul style="list-style-type: none"> • Dyfed Edwards, Chair, BCUHB and Lead Chair, MWJC (Chair) • Nicola Johnson, Executive Director of Planning, Performance and Commissioning, PTHB and Lead Planning Director, MWJC • Carl Cooper, Chair, PTHB • Carol Shillabeer, Chief Executive, BCUHB • Neil Wooding, Chair, HDdUHB • Prof. Phil Kloer, Interim Chief Executive, HDdUHB • Jason Killens, Chief Executive, WAST • Cllr. James Gibson-Watt, Leader, Powys County Council • Dylan Owen, Corporate Director Lead for Adult Social Services and Health (Strategic), Gwynedd Council 	

	<p>HT noted that a number of colleagues who were representing those who had tendered apologies also attended the Mid Wales Planning and Delivery Executive group and updates from this group formed part of the work being presented at the meeting.</p> <p>All present introduced themselves. KJ, who was the Director of Operational Planning and Performance for HDdUHB, advised that he was very pleased to have recently taken over the role of Joint Committee Programme Director and would be arranging to meet with everyone over the coming months. KJ paid tribute to the work undertaken by Peter Skitt, the previous Programme Director for the Mid Wales Joint Committee.</p>	
JC(26)02	<p>Minutes of the Mid Wales Joint Committee meeting held on 14th October 2024 and Matters Arising</p> <p>HT advised that there were a couple of typographical errors in the minutes which needed to be amended and she would arrange for these to be corrected after the meeting.</p> <p>There were no matters arising raised during this part of the meeting.</p> <p>The minutes of the Joint Committee meeting held on 14th October 2024 were agreed as a correct record subject to the typographical errors being corrected.</p>	HT, NW
JC(26)03	<p>Mid Wales Joint Committee's Priorities and Delivery Plan 2024/25</p> <p>KJ introduced the report which provided an update on the Mid Wales priorities for 2024/25 which had been agreed by the Joint Committee and which was overseen by the Mid Wales Planning and Delivery Executive Group. The paper also referenced the work of the Mid Wales Social Care Group and the Mid Wales Strategic Commissioning Group with individual reports from the other sub-groups to be provided later on in the agenda. One particular issue to note was that the work on the Urology priority was heavily referenced in the update report from the Mid Wales Clinical Advisory Group. Clearly a huge amount of work was being progressed by organisations and there was a need to be cognisant of that. However, there was a need to be mindful that progress had been made in some areas and not so much in others which reflected the fragility in some services which had been referred to in the previous Joint Committee meeting. There was a correlation between the priorities for 2024/25 and the proposed priorities for 2025/26 which reflected the work undertaken in the last 12 months which had laid the foundations for the next year.</p> <p>NW provided an update on the key areas of work for the priorities for 2024/25:</p> <ul style="list-style-type: none"> • Ophthalmology: Good progress had been made for this priority, with the Mid Wales Ophthalmology group meeting regularly to look at joint regional working opportunities. This included the proposal for a nurse led wet AMD service provided by PTHB in Powys with clinical oversight to be provided by HDdUHB. Also PTHB staff were going to work in the HDdUHB North Road clinic at Aberystwyth which would support PTHB in informing its work on pathway development and repatriation opportunities. 	

- Dental: The Mid Wales Dental group had been re-established and BCUHB were now involved in this priority with two pieces of work being explored by the group. The first was the proposal for a joint Paediatric General Anaesthesia list to be provided at Bronglais General Hospital which was a medium to long term piece of work. The second was regarding Endodontic services for HDdUHB patients living in the SY25 area to access Endodontic services at the PTHB service at Llandrindod Wells. Work was being undertaken on gathering the current activity data to ascertain the need.
- Cross border workforce arrangements: There had been positive joint working between PTHB and HDdUHB with feedback from the priority lead that they were now seeing the benefits of working jointly. Also a lot more opportunities for joint working had been identified which would be progressed in 2025/26.

KB was pleased to see the cross border work and advised that Llais had been doing a lot more cross border work. KB felt there one notable omission in the priorities which was stroke services because as a rural Mid Wales they were facing challenges. Stroke services were featured in the HDdUHB element of its change programme and from a Llais perspective for the Powys population who accessed a range of stroke services she felt there a need to have a broader priority around stroke services. HT agreed that this was an important point and this was where the issues were around the scope of the Joint Committee. KWr would be joining the meeting later in the meeting and they had already identified that the Mid Wales Clinical Advisory Group needed to be more involved in the stroke discussion. Work was being undertaken by HDdUHB, Hereford and Worcestershire NHS Trust with temporary changes to stroke services at Prince Charles Hospital which combined together affected the Powys population. Once the work was further developed in terms of the options proposed by the individual organisations then these would come back to the Joint Committee to work together on. There was a certain element of the pathway which was the acute presentation and there was also the rehabilitation and recovery element and for these particular issues they should be asking the Mid Wales Clinical Advisory Group to look at this. KJ noted that although stroke services had not been specifically called out as one of the six priorities, however, the change of focus to strategic service change programmes had broadened the theme for which stroke would inevitably feature. There were some thoughts around changing the focus of the Mid Wales Clinical Advisory Group to provide clinical advice and support on thematic issues, he was cognisant that stroke was not specifically mentioned but the Joint Committee may want to reflect on whether or not they wanted stroke included in the overarching priorities. AW was also going to raise the same issue regarding stroke services with the HDdUHB proposal for the service to be located at Llanelli which rendered the service inaccessible to the Mid Wales population. HT advised that this would be picked up in the paper on the priorities for 2025/26.

KWi stated that she found the report very helpful in particular the plans on a page. However, a few areas on the plans on a page were not on track and deadlines had passed, also there were risks identified with no mitigation and

she enquired as how these would be picked up. NW advised that the plans on a page would be reviewed for the new year with any areas not completed to be carried forward. HT suggested that for the next meeting more detail on mitigating actions and remedial action for areas of work which were not progressing should be included for the Joint Committee to consider what support could be provided to unblock any issues.

NW

Mid Wales priorities for 2025/26

KJ advised that the paper set out the proposed priorities recommended by the Mid Wales Planning and Delivery Executive Group for the year ahead. A couple of points to note were as follows:

- 5 of the 6 priorities were a continuation from 2024/25 as they were keen to try and build on the work already in progress and he hoped that in 12 months' time they could reflect on some tangible achievements.
- The Clinical Strategy for Hospital Based Care and Treatment and regional solutions priority had been broadened to Strategic Service Change programmes for which discussions regarding stroke services would inevitably feature.

KJ was mindful of his substantive role with HDdUHB; however, he was a part of the Joint Committee in his capacity as Programme Director. HDdUHB were embarking on an extensive engagement process for its Clinical Services Programme and he was keen for the Mid Wales Joint Committee and the Mid Wales Clinical Advisory Group to be heavily involved in this from a Mid Wales perspective. The report did cross reference with the Clinical Advisory Group update report which suggested a change of focus to provide clinical advice and support for the overarching Mid Wales priorities.

SRH confirmed that the planners from the various organisations had met to look at the proposed priorities for 2025/26. She was pleased that there was a priority on strategic service programmes which gave some agility for the year ahead. Health Boards and Local Authorities were all currently undertaking strategic work and many of them would be undertaking engagement and consultation exercises so they would want to keep learning from each other and working together to understand the impact and identify the opportunities for the Mid Wales population. With regards to stroke services there was a need to understand the Mid Wales need for services alongside national programmes and other clinical programmes of work. SRH was aware that work was being undertaken in Powys by the Health Board and Local Authority, known as Sustainable Powys, to look at the community model of care. BCUHB were also looking at a similar proposal for the Tywyn area and HDdUHB had looked at how to bring care as close as possible to people's homes. Thanks were extended to NW for bringing the planners together. HT added that it was important as providers to join together to get a Mid Wales focus.

HT advised that strategic service change programmes were at a high level and this priority was about how to unpack them and in particular to think about the impact for communities and the public across Mid Wales. The profile for stroke services was high and the focus needed to be drawn out. The committee had also talked about the community model and questioned whether there were any

other emerging areas. This priority needed to put a spotlight on these areas with more work needed on stroke services and community models. There were also the 6 goals and emergency access and the new clinical model for WAST. HT suggested that more detail be brought back to the next meeting with the Clinical Advisory Group and Joint Committee asked to take a view on these.

HT was struck by the fact that organisations were having discussions with the population for different reasons. SC and the Powys Regional Partnership Board were leading on co-production and the work was supported by how to have the right conversations with the public. HT asked to what extent they were able to connect and understand the timelines for engagement and consultation programmes so these could be shared with each other. NW advised that the Joint Committee team had collated the current communications and engagement programmes being undertaken and planned by Mid Wales organisations which needed updating and this could be shared with the Joint Committee and Planning and Delivery Executive Group.

KWr joined the meeting at this juncture.

AW advised that from a social care perspective Ceredigion were progressing with the accommodation facilities for vulnerable children, there were now two small facilities at Felinfach and Aberaeron with another one due to be completed in Aberystwyth. As a council they would like to obtain more funding to obtain facilities for the south of the county.

KB referred to the Residential Children's accommodation priority and one of the national priorities for Llais next year was children and young people but this would be looking more at children who were home schooled, looked after children etc. However, the Mid Wales priority could potentially influence the work of Llais. HT asked KB whether when drawing insights on services delivered in county and nationally was there anything to add to the agenda item which could support the discussions. She knew of the work Llais were undertaking in Powys but what was the learning from the Mid Wales region. KB advised that children and young people were a national priority but they could look at how this was delivered. HT advised that there may be particular issues from a rural context which they may wish to consider and bring in.

SC stated that in terms of delayed pathways of care she felt that the conversation was weighted on when the person was already admitted and would like to make time in the respective spheres to frontload that work to look at how to avoid admissions. One of the principles of Sustainable Powys was resilience of communities and what wellbeing meant to the population. One of the key things heard is bringing care closer to home but it was about us being closer to home. They were remodelling the front door which included Occupational Therapy staff and they were looking at creating new roles who would be well versed in knowing what services were available and to focus on independence and supporting people. Focusing on community resilience was the right thing to do and community and individuals feel better supported. One of the themes that arose over and over again was that people didn't know what was out there and they didn't know where to go. In Powys this was probably to

do with there being a higher level of people that were not digitally connected or skilled. There was a space for those conversations around how to prevent people being admitted and rolling out the home support scheme.

AP advised that RHCW were undertaking a broader range of work around prevention and the broader determinants of health as well as working with the communities in the three counties. This work was happening alongside the core work of the Joint Committee. KWr added that from a clinical perspective prevention was key and she firmly believed that addressing this would have an impact on the system.

Annual plans for Mid Wales organisations for 2025/26

HT provided an introduction to the Health Board annual planning cycle with Health Boards and Trusts required to submit a plan to the Welsh Government by 31st March 2025. Individual organisations had been working on the development of their plans and there was now a need to appraise those plans to understand them and what they meant for Mid Wales. For Powys there were a number of options in their plan which were causing concern, particularly regarding cross border issues and how to commission care in England. HT was mindful that Local Authorities had also been working on agreeing their budget for the upcoming year. Those present were asked to provide an update on how their plans responded to the national planning framework and outline any key issues.

- **PTHB**

SRH advised that PTHB had submitted an annual plan rather than a three year Integrated Medium Term Plan (IMTP) as they had been unable to submit a financially balanced plan over three years. The plan remained in the context of a shared strategy for Powys with links to the Regional Partnership Board and the Public Services Board. The strategy comprised a set of wellbeing objectives which were still a priority in the long term and short term plans. The plan responded to the long term strategy and the finance and performance challenges. PTHB had a good track record of performance and they commissioned a range of services as they didn't have a District General Hospital on their footprint. A set of critical actions had been identified in the plan which covered a number of areas including quality, performance and financial matters. The whole plan was looking at a sustainable model for the population going forward and was available on the Health Board's website.

- **WAST**

RT referred to SRH's comments and a lot of the WAST plan focused on the quality aspect and the new inclusion of wellbeing and future generations. WAST had been able to produce a three year IMTP for 2025/28 which was now publicly available. The plan reflected back on 2024/27 and continued to be based around the three key pillars of our people, our patients and value and sustainability. WAST had attended the HDdUHB urgent and emergency care workshop earlier in the week to present its planned clinical model which linked back to preventing admissions. The plan looked at the remote clinical aspect which included care planning, remote access and other elements They were also looking at ambulance care provision with the vision for Non-Emergency Patient Transport Services (NEPTS) and working alongside the Joint

Commissioning Committee and the Mid Wales priorities to align the NEPTS model to these.

- **BCUHB**

KWi advised that BCUHB were in the second year of special measures. They had submitted a three year plan which was a financially balanced plan but there was a level of risk attached to this. There were a number of performance issues and a number of ministerial priorities which the Health Board had been asked to deliver but they were not going to achieve all of these. The Health Board had a current 10 year strategy, Living Healthier Living Well, which was going to be refreshed. They were cognisant that they did not have a Clinical Services Plan so work was in progress on the development of this plan. The main focus of the plan was shifts lost and enhancing community care. The plan would be available on the Health Board's website the following week.

- **HDdUHB**

KJ reported that the Health Board had an annual plan as they were not able to present a financially balanced position and were looking at a £32m deficit. The Health Board had recently been de-escalated which reflected the progress made around planned care and they had met the national requirement to meet the 2 year waiting list target, however, there was clearly more work that needed to be done. The Health Board remained in targeted intervention for various aspects of performance and quality. There were some ambitious ideas for urgent and emergency care position which featured heavily in its plan for 2025/26. A workshop had been held earlier in the week around urgent and emergency care and they were keen to elicit a broad range of views. For the Clinical Services Plan the next stage was engagement with the public and to get some sense of public reflection on the planning priorities. Before the Covid-19 pandemic the Health Board had agreed the long term strategy for Hywel Dda with a shift from hospital based care to community based care which included a reconfiguration of hospital based services with a proposed new general hospital in Pembrokeshire. The reality was that the proposed new hospital was a long way off and as such there was a need to think of a plan b for the next 10 to 15 years. The Health Board were keen to elicit the views of the public and that linked back to the Mid and West Wales priorities.

HT stated that understanding these plans and what they meant for Mid Wales was important. DM welcomed the fact that the same messages were coming through from different organisations and there was strength in this. SC advised that the residents were the experts and those present at the meeting were also service users. There was an artificial wall and it was for everyone to bring those walls down.

AW and DM left the meeting at this juncture.

The Mid Wales Joint Committee:

- **Noted** the discussions regarding the Mid Wales Priorities and Delivery Plan 2024/25 including the report of the Mid Wales Planning and Delivery Executive Group.

	<ul style="list-style-type: none"> • Agreed the Mid Wales priorities for 2025/26 subject to including those areas of focus identified during the discussions. • Noted for information the update on annual plans for Mid Wales organisations for 2025/26. 	
<p>JC(26)04</p>	<p>Mid Wales Clinical Advisory Group (MWCAG) update report</p> <p>KWr presented the report of the Mid Wales Clinical Advisory Group. A couple of years ago the group agreed its own set of clinical priorities to focus on to improve shared learning for which the latest position was as follows:</p> <ul style="list-style-type: none"> • Urology: For the PSA prostate cancer pathway work they were waiting to hear the latest position on the national work regarding surveillance. The work on the TWOC pathway had seen some positive work with shared learning from PTHB and BCUHB and community TWOC clinics set up by HDdUHB. • Rheumatology: The Consultant Rheumatologist was now in post at HDdUHB. There had been no further progress on the Rheumatology priority due to capacity issues, however, links were being maintained with the Consultant Rheumatologist. • Palliative care: The Mid Wales palliative care teams had established links with the national team to feedback on the rural perspective for palliative care to ensure the needs of the Mid Wales population were represented. <p>There continued to be challenges with low attendance and a lack of representation from all organisations at meetings of the group which was due to pressures of time for clinicians. The group had reflected on its terms of reference with the membership changed to a core group and meetings to focus on a specific service area / pathway with relevant organisational representatives invited as and when the subject area necessitated. Areas that the group wanted to focus on included temporary and permanent pathway changes with stroke services identified as one area.</p> <p>HT advised that earlier in the meeting it had been agreed to bring the stroke discussion more up front and centre. KB stated that she was mindful that there were more potential changes in pathways and services and made a plea to everyone to remember the guidance on service changes and to make sure they were working with their Llais counterparts. KB would be working with her counterparts in Llais on this. KWr confirmed that this was being taken into consideration within each Health Board and would also be taken into consideration by the Mid Wales Clinical Advisory Group.</p> <p>The Mid Wales Joint Committee noted the discussions regarding the Mid Wales Clinical Advisory Group update report.</p> <p><i>KWr left the meeting at this juncture.</i></p>	

<p>JC(26)05</p>	<p>Rural Health and Care Wales (RHCW) Work programme 2024/25 and Rural Health and Care Wales (RHCW) Stakeholder Group update report</p> <p>KJ thanked AP for her work on preparing the report, the work of the team and for attending the meeting to present the report. KJ was pleased to be the Chair of the RHCW Stakeholder group.</p> <p>AP advised that at the RHCW conference in 2024 a reflection paper had been prepared on the achievements of RHCW since the publication of the Mid Wales Healthcare Study and they would now be producing a full year report for subsequent years. Key areas of work within the RHCW work programme which were referred to included:</p> <ul style="list-style-type: none"> • Dental and pharmacy provision – Work was being undertaken on scoping dental and pharmacy provision across Mid Wales and they were looking internationally to see whether they could adopt any examples of good practice locally. • LPIP project – They were involved in the project on enhancing wellbeing which included a food project and wellbeing, social integration and combating loneliness. The emergence of a growing space including local community gardens had had an impact on community cohesion and wellbeing. • Macmillan project - The project was continuing and they were still looking for case studies. Members were asked for their support in identifying suitable case studies. • Wellbeing walks - Wellbeing walks had been scoped for Tywyn with partners lined up for Barmouth and Dolgellau. They were also working with Walking Newtown. • Dementia - They had now started looking at the regional picture, were working on North Powys and South Gwynedd and looking at whether they could develop a model for Mid Wales. • Sustainable communities - 52 events had been held and they were working with vulnerable groups to help people to stay at home for longer through social integration and looking at people to work with them to help individuals. They were also working with the Regional Partnership Board to look at rolling this out and develop further in Ceredigion. They were also working with Powys and North Wales on whether they could do the same in these areas. • Distance travelled to GPs - The distance travelled to GPs in Mid Wales was further than elsewhere in Wales and people in Mid Wales had fewer contacts with GPs, less medical interventions and prescriptions issued. They were now moving to the stage of consultation with GPs through questionnaires to find out current experiences and were looking to see whether they were willing to get more involved on a regional perspective which could be shared across the region. • Graduate medical programme - RHCW were working with Swansea University on raising awareness of the programme in Mid Wales. The programme was open to anyone who had a degree and an event to publicise the programme had been arranged for 30th April 2025 for which posters were available. Research had shown that people who were embedded in a rural area stayed in the area. 	<p>All</p>
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	<ul style="list-style-type: none"> • Webinar - An evaluation of the latest RHCW webinar was included in the report. • Royal Welsh Show - RHCW had secured a stand at the Royal Welsh Show in July 2025 and an offer was made to the Joint Committee to showcase any projects on the stand. • A lecture on the work of RHCW had been provided to third year students at Aberystwyth University to try and instigate some interest in research. AJ advised that this had been a very successful session. • RHCW annual conference - The annual conference had been arranged for 11th and 12th November 2025 and moved back to the second week of November to try and avoid clashes with key national meetings and events. <p>HT made reference to two key matters raised by AP, the request for support from members to identify suitable case studies for the Macmillan cancer project and publicising the graduate entry to medicine programme. HT asked AP to send relevant information to NW so that they could be cascaded through the Joint Committee's networks.</p> <p>AP advised that the work programme for 2025/26 was detailed in the RHCW Stakeholder group report. They were trying to align their work with the Joint Committee's priorities and also to ensure a focus on determinants of health. They were also looking at different ways of delivering services which were non-clinical. The budget for 2025/26 included a reduced contribution of £23k for Health Boards with grant income forecast as £120k. RHCW had generated over £500k since its establishment.</p> <p>KWi stated that it was helpful to have the level of detail on the workplan and enquired as to how this was cascaded to Health Boards so the work could be used to inform their own plans and get the products embedded. AP advised that the RHCW Stakeholder group membership included a BCUHB representative who should provide links back to the Health Board. KJ advised that the constituent organisations were represented on the Mid Wales Planning and Delivery Group and it was important that they acted as a conduit back to their respective organisations. HT reflected on the sheer volume of the work being undertaken and that some of the findings from the work would help to plan for the future.</p> <p>The Mid Wales Joint Committee:</p> <ul style="list-style-type: none"> • Noted the discussions regarding the RHCW Work Programme 2024/25. • Noted the discussions regarding the RHCW Stakeholder Group update report. • Approved the RHCW Work Programme and Budget for 2025/26. 	AP
JC(26)06	<p>Listening to You</p> <p>HT advised that no questions had been received in advance of the meeting from members of the public. No verbal questions were received during the Listening to You session.</p>	

JC(26)07	<p>Any Other Business</p> <p>HT advised the Joint Committee of one matter arising relating to the Emergency Medical Retrieval and Transfer Service (EMRTS) which should have been referred to earlier in the meeting. At the last Joint Committee meeting reference was made to the NHS Wales Joint Commissioning Committee statement on the full judicial review hearing due to be heard by the High Court regarding the EMRTS recommendation to consolidate the bases in Welshpool and Caernarfon into a single North Wales site and the proposed additional service for rural and remote areas, known as Recommendation 4. The judicial review hearing had taken place in January 2025, to date no judgement had yet been made but she hoped that a judgement would have been made by the next Joint Committee meeting.</p>	
JC(26)08	<p>Time and Date of Next meeting</p> <p>The next meeting of the Mid Wales Joint Committee had been arranged for Monday 13th October 2025 at 10.30am.</p>	

KEY	
BCUHB	Betsi Cadwaladr University Health Board
EMRTS	Emergency Medical Retrieval and Transfer Service
HB	Health Board
HDdUHB	Hywel Dda University Health Board
IMTP	Integrated Medium Term Plan
MWCAG	Mid Wales Clinical Advisory Group
MWJC	Mid Wales Joint Committee
MWJSG	Mid Wales Joint Scrutiny Group
MWPDEG	Mid Wales Planning and Delivery Executive Group
NEPTS	Non-Emergency Patient Transport Services
PTHB	Powys Teaching Health Board
RHCW	Rural Health and Care Wales
WAST	Welsh Ambulance Services NHS Trust

MID WALES JOINT COMMITTEE FOR HEALTH AND CARE

Table of actions from the Mid Wales Joint Committee meeting held on 4th April 2025

Minute ref.	Action	Lead	Timescale	Progress
JC(26)02	Minutes of the Mid Wales Joint Committee meeting held on 14th October 2024 and Matters Arising Amend the typographical errors in the minutes of the meeting held on 14 th October 2024.	HT, NW	25/04/25	Complete
JC(26)03	Mid Wales priorities and delivery plan – Plans on a Page Review the plans on a page to ensure areas not completed are carried forward with mitigating actions and remedial action for areas of work which are not progressing to be reported to the next Joint Committee meeting to consider what support could be provided to unblock any issues.	NW	30/04/25	Complete Plans on the page have been reviewed and updated for 2025/26 with areas of work not completed carried forward and included in the workplan. An update is included in the Mid Wales priorities and delivery plan 2025/26 update report to the Mid Wales Joint Committee meeting arranged for 13 th October 2025.
JC(26)05	Macmillan Rural Cancer Patient Experience project Members to support AP to make contact with suitable case studies from across the region.	All	31/05/25	Complete Information leaflet outlining what is involved in being a case study for the Macmillan Rural Cancer Patient Experience project has been developed and circulated widely through the Mid Wales Joint Committee's networks.
JC(26)05	Graduate entry to medicine programme AP to send to NW information related to the graduate entry to medicine programme for cascading through the Joint Committee's networks.	AP	18/04/25	Complete Information on the graduate entry to medicine programme has been circulated through the Mid Wales Joint Committee's networks.