

## **Cofnodion Cymeradwy Cyfarfod y Pwyllgor Strategaeth a Chynllunio/ Approved Minutes of the Strategy and Planning Committee Meeting**

Date of Meeting: **09:30, Thursday 18 December 2025**

Venue: **Microsoft Teams Meeting**

**Present:**

Mr Winston Weir, Independent Board Member, Chair  
Mr Maynard Davies, Independent Member, Vice Chair  
Mr Michael Imperato, Independent Board Member

**In  
Attendance:**

Mr Lee Davies, Executive Director of Strategy and Planning  
Ms Alwena Hughes Moakes, Communications and Engagement Director  
Mr Andrew Carruthers, Chief Operating Officer  
Dr Ardiana Gjini, Executive Director of Public Health  
Mrs Joanne Wilson, Director of Corporate Governance/Board Secretary  
Mr Richard Jenkins, Assistant Finance Director Commissioning, BI & Value  
(deputising for Mr Huw Thomas, Executive Director of Finance)  
Professor Philip Kloer, Chief Executive  
Ms Claire Evans, Committee Services Officer

**Items SPC(25)95 and Item SPC(25)97**

Mr Shaun Ayres, Director of Delivery

**Item SPC(25)96**

Mr Nathan Davies, Senior Project Manager  
Mr Alex Martin, Principal Programme Manager

**Item SPC(25)98**

Mr Alex Martin, Principal Programme Manager

**Item SPC(25)99**

Mr Mark Henwood, Executive Medical Director  
Mr Simon Mansfield, Head of Value Based Healthcare

**Item SPC(25)100**

Ms Linda Jones, Regional Partnership Programme Manager

**Item SPC(25)101**

Dr Bruce Bolam, Deputy Director Public Health/Consultant in Public Health  
Ms Trina Nealon, Principal Public Health Officer

**Items SPC(25)102**

Ms Trina Nealon, Principal Public Health Officer  
Ms Sara Rees, Senior Public Health Practitioner

**Item SPC(25)104**

Mrs Eldeg Rosser, Head of Capital Planning

**Item SPC(25)105**

Mr Darrel Barnes, Design Manager

<b>Minutes Ref.</b>	<b>Item</b>	<b>Action</b>
<b>SPC(25)88</b>	<b>Welcome and Apologies</b>  Mr Winston Weir welcomed members to the Strategy and Planning Committee (SPC) meeting.  The following apologies for absence were noted: <ul style="list-style-type: none"><li>• Ms Chantal Patel, Independent Board Member</li><li>• Mr Huw Thomas, Executive Director of Finance</li></ul>	
<b>SPC(25)89</b>	<b>Declarations of Interests</b>  No declarations were made.	
<b>SPC(25)90</b>	<b>Minutes from the Strategy and Planning Committee meeting on 30 October 2025</b>  The minutes of the Strategy and Planning Committee (SPC) meeting held on 30 October 2025 were APPROVED as an accurate record of proceedings.	
<b>SPC(25)91</b>	<b>Table of Actions the Strategy and Planning Committee meeting on 30 October 2025</b>  All actions were listed as complete.	
<b>SPC(25)92</b>	<b>Matters Arising</b>  No matters arising were raised.	
<b>SPC(25)93</b>	<b>Assurance and Risk Report</b>  Mrs Joanne Wilson presented the Assurance and Risk Report, highlighting the following:  <b>Corporate Risks</b> <i>Risk 2212: There is a risk that the Health Board will not have an approvable Integrated Medium-Term Plan (IMTP) by March 2028:</i> This risk has been added to the risk register.  In response to a query regarding the deadline date of 2028, Mr Shaun Ayres explained that three years would naturally conclude at the end of 2028 or early 2029. He also noted that this timeframe	

aligns with the point at which the Health Board is required to achieve a recurrent balance under the escalation process.

### **Audits and inspections aligned to the Committee**

*Welsh Government report Independent Review of Clinical Pharmacy Services at NHS Hospitals in Wales:* It was highlighted that due to a lack of space within the Health Board to support a medicine hub, no further progress can be made until 2031.

Mr Maynard Davies raised concerns about the 2031 deadline date for clinical pharmacy accommodation, given the report was received in 2023. He queried why this cannot be achieved sooner.

**Mr Andrew Carruthers agreed to provide further clarification and an update on the completion date.** AC

The Committee were also informed that the Risk and Assurance report would alternate providing updates on Principle Risks and Welsh Health Circulars.

The Committee were ASSURED on this item.

**Decision:** The Committee, in relation to the areas presented in this paper:

#### Risk Management

- **RECEIVED ASSURANCE** that identified controls are in place and working effectively.
- **RECEIVED ASSURANCE** that all planned actions are credible and deliverable, and in line with agreed plans, and will be implemented within stated timescales and will reduce risks further and/or mitigate the impact should risks materialise.

#### Audits, Inspections and Regulatory Reports

- **RECEIVED ASSURANCE** from the lead Executive Director or Supporting Officer on the management of recommendations raised in audit, inspection and regulatory reports within their area of responsibility, particularly in respect of confirming the full implementation of recommendations with any barriers to delivery noted.

#### Ministerial Directions

- **RECEIVED ASSURANCE** that the Health Board is compliant with the Ministerial Directions issued by Welsh Government.

## **SPC(25)94**

### **SPC Terms of Reference**

Mrs Wilson presented the SPC Terms of Reference for annual approval, highlighting changes in operational duties and membership. She noted a forthcoming update would be required to reflect the change in Independent Members from four to five, affecting quorum requirements.

The Committee were ASSURED on this item.

**Decision:** The Committee:

- **APPROVED** the Strategy and Planning Committee's Terms of Reference (version 2) for onward ratification by the Board on 29 January 2026.

**SPC(25)95**

### **Targeted Intervention Update**

*Mr Shaun Ayres joined the meeting.*

Mr Shaun Ayres presented the Targeted Intervention update report, highlighting the following:

- The Health Board demonstrates an improved in-year position.
- Month 7 now reported a deficit of £28.3m.
- There has been notable progress which supports moving from Alert status to Advise, in respect of Criterion 4, concerning the requirement to produce a credible Annual Plan.
- A risk-based approach is being utilised for the Annual Plan.
- The assessment provided generally positive feedback. The Health Board identified a lesson learnt to ensure future assessments remained focused and avoid including excessive data.

Mr Ayres emphasised the challenge of achieving financial sustainability and the importance of a recurrent approach to savings. He assured the Committee of a robust consultation processes and evidence base for the Clinical Services Plan (CSP), while highlighting the challenges in transitioning from planning to delivery phases.

Mr Richard Jenkins added that non-recurrent savings of £30m posed a significant challenge for the next financial year.

In response to Mr Maynard Davies' query regarding the different number systems used within the Audit and Risk Assurance Committee (ARAC), **Mr Ayres agreed to remove the Audit Management and Tracking (AMAT) numbering from future reports.**

**SA**

In relation to Criterion 7, Mr Ayres advised that the Maturity Matrix is expected to be completed in line with the end of the next planning round.

Mr Maynard Davies noted Criterion 8 referenced the need for a consolidated view of regional programmes, and queried whether this has been requested from the Regional Partnership Board (RPB). In response. Mr Ayres advised that there were links with Swansea Bay University Health Board (SBUHB), rather than the RPB.

Mr Andrew Carruthers added that he is collating a piece of work that sets out the impact of various activities undertaken and demonstrates how these inform the wider system modelling and trajectory planning. However, this is currently taking longer than originally planned. It is closely aligned with the wider programme of work regarding how the Health Board reshapes its governance arrangements under the RPB, and refreshes its Integrated Executive Group (IEG) in line with the developing Integrated Community Care (ICC) systems policy emerging from Welsh Government.

**Mr Carruthers agreed to liaise with Mr Lee Davies to determine how best to bring an update on RPB to the Committee, and to identify the most appropriate agenda item for its consideration.**

**AC**

Mr Lee Davies informed the Committee of the forthcoming planning framework and financial allocation for the next year, highlighting the challenges posed by potential changes in direction and resources.

The Committee were ASSURED on this item.

**Decision:** The Committee:

- **DISCUSSED**
  - The updated assessment against each criterion, including the reclassification of the financial plan criterion to Advise.
  - The inter-locking nature of the Finance Roadmap, integrated planning clusters, CSP implementation and the AHMWW Strategy Refresh.
- **SCRUTINISED**
  - The robustness of the emerging themes-based on the planning framework and its ability to drive integrated change across finance, workforce, quality and performance.
- **RECEIVED ASSURANCE** that:
  - The Health Board is demonstrating improved in-year financial grip and is on course to deliver its target control total/Annual Plan before WRP;
  - Planning maturity is progressing, with a revised framework now in place for integrated, risk-based and resource-constrained planning;
  - The CSP consultation and strategic refresh work provide a sound evidential basis for the Board's forthcoming decisions on clinical configuration.

**SPC(25)96**

### **Strategy Refresh**

*Mr Nathan Davies and Mr Alex Martin joined the meeting.*

Mr Lee Davies presented the Strategy Refresh, detailing the engagement activities conducted over the summer and the structure of the forthcoming document. He outlined the four

strategic objectives: thriving teams, healthy communities, great care, and positive futures, along with revised planning goals. He emphasised the need for radical openness, trust, and change to realise the ambitions set out in the strategy.

Committee members reflected on the previous week's Board Seminar, with Mr Maynard Davies expressing assurance in the direction of travel and Mr Michael Imperato highlighting the importance of translating radicalism into organisational practice. Concerns were raised regarding the digital ambition and the responsibility of individuals for their health. Mr Maynard Davies questioned the abbreviation "HYS" (Have Your Say) and raised concerns about digital infrastructure and transport links, querying whether the Health Board was engaging with external providers to improve these areas. **It was agreed to request that a discussion on digital access would be scheduled for consideration at the Digital, Data and Inclusion Committee.**

CSO

There was acknowledgement of the need to understand that the limitations of current infrastructure impacts the ability to make significant change.

Dr Ardiana Gjini acknowledged the importance of these points and referenced ongoing discussions with local authorities and Public Service Boards.

The Committee were ASSURED on this item.

**Decision:** The Committee:

- **RECEIVED ASSURANCE** regarding the process used for the Strategy Refresh.
- **CONSIDERED** the delivery approach we plan to embed within the Strategy.
- **NOTED** the information regarding the progress made with Phase 2 engagement activity.
- **NOTED** the intention to present the results of Phase 2 engagement activity and draft Strategy at the Public Board meeting on 29 January 2026.
- **NOTED** the progress being made regarding the Primary Care and Community Services Strategic Plan.

SPC(25)97

### Annual Plan Progress

Mr Ayres presented the Annual Plan update, emphasising the need to focus on planning for the next year rather than revisiting updates already covered in previous agenda items. Mr Ayres highlighted the importance of outputs from the recent planning workshop held after the Board Seminar on 14 November 2025. He stressed the need for transparency in the outputs and identified interconnected themes such as clinical streaming hubs, theatres, and geriatrics, which are critical to the plan's success.

Mr Ayres also explained the concept of radical thinking in the planning process, noting that balancing resources is crucial, and

addressing key risks can have a multiplier effect across multiple Clinical Care Groups (CCGs). He detailed the anticipated structure of the ministerial template, which includes strategic objectives, performance measures, and enabling actions, and how the planning team is proactively preparing for these expectations.

The key challenge identified was sequencing and prioritisation, recognising that some priorities may need to be deferred to subsequent years due to capacity constraints. Mr Ayres expressed confidence in meeting the tight time scales, thanks to the close collaboration with service directors and the focus on the triumvirate structure within CCGs.

Mr Lee Davies echoed Mr Ayres' sentiments, acknowledging the difficult period for planning due to financial and workforce pressures, and the need to develop a balanced plan that addresses quality deficits and shifts resources towards prevention and primary care. Mr Lee Davies highlighted the challenge of creating a plan that is acceptable and supportable by Welsh Government, given the competing demands.

Mr Maynard Davies supported the prioritisation process, emphasising the importance of prevention work to reduce demand in deprioritised areas. He raised concerns about the hospital-centric nature of the priorities and emphasised the need for the plan to clearly justify why the five selected priorities were chosen over others, such as ophthalmology and mental health.

Mr Michael Imperato also questioned the hospital-centric focus and the need to address discharge into the community as a significant challenge. He suggested that the plan should shine a light on broader issues rather than focusing narrowly on specific areas like ortho-geriatrics.

Mr Ayres responded by assuring that out-of-hospital care is a critical component, with initiatives including the Clinical Streaming Hub aimed at reducing inpatient length of stay and focusing on community models. He provided assurance that ophthalmology and mental health would be addressed through regional plans and specific initiatives such as section 136 and out-of-area placements.

Mr Carruthers reinforced the importance of signalling a shift towards prevention and primary care in the plan, with meaningful actions such as health and care well-being of staff. He explained the rationale behind focusing on ortho-geriatrics due to its significant impact on system efficiency and patient outcomes and outlined the broader approach to developing a world-class frailty service.

Dr Gjini highlighted that work was already underway to embed the 20Four7 prevention model on top of the Social Model for Health and Wellbeing (SMfHW). A Director of Public Health Annual Report was presented at Board highlighting ill health and preventable ill health amongst the elderly. Work has also begun to

build on the successful falls-reduction work in hospitals by extending it into community settings.

In relation to the Strategy, and realigning Primary Care across his portfolio, Mr Carruthers outlined that he is focused on delivering a very different approach to the use of clusters, both as an organising principle for Community services and fully integrating them into the Health Board's integrated systems, but also in terms of how services are planned, designed and commissioned across the organisation.

Professor Philip Kloer commented that the priorities identified are not only about addressing challenges within hospital settings, and they may require wider changes like service transformation or strengthening 20Four7 care. Welsh Government is likely to require a "no investment plan," therefore the Health Board will need to shift existing resources to higher value work rather than rely on new funding. The Health Board is facing a challenging planning period but must continue to make progress, despite the uncertainty. There is a strong pressure to improve productivity, manage variation and value, and expand work on clinical variation. Service transformation, especially around community care, frailty, chronic conditions, dementia, and end of life, must also be included in the plan. The Health Board is expected to operate with an ongoing financial gap, so a clear choices framework will be essential to guide difficult decisions. Welsh Government will require robust plans that evidence a firm commitment to productivity, value, and transformation.

The Committee were ASSURED on this item.

**Decision:** The Committee:

- **NOTED** the update on the 2025/26 Annual Plan
- **SCRUTINISED** and
- **RECEIVED ASSURANCE** from the update on the progress against the Planning Cycle and risks for the production of the 2026/27 Plan.

**SPC(25)98**

### **Planning Objective 6: Clinical Services Plan**

Mr Alex Martin presented the Clinical Services Plan report indicating that the plan is on track for CSP Board submission in February 2026. He detailed the process of assessing 190 unique alternative options that met the programme's scope, ensuring they are deliverable and optimised individually rather than bundled together. Revised patient transport and travel insights were provided to reflect the impact of these new options, alongside updated data science information for specific services like stroke. The aim is to present all options with similar levels of detail for consideration by the Board.

The Committee were ASSURED on this item.

**Decision:** The Committee:

- **NOTED** the progress being made within the Clinical Services Plan.
- **RECEIVED ASSURANCE** from the output reports that the alternative options are being treated in a fair and transparent manner.

**SPC(25)99**

## **Value Based Healthcare Update**

*Mr Mark Henwood and Mr Simon Mansfield joined the meeting.*

Mr Simon Mansfield presented the Value Based Healthcare update, highlighting significant achievements and ongoing projects. He discussed the rapid value programme's focus on productivity and cash-releasing opportunities, such as biosimilars and nitrous oxide usage. Mr Mansfield emphasised two key projects showing strong early benefits:

- The Bone Health / Fracture Liaison Service, funded until September 2026, has already delivered significant productivity gains, £2.4m in seven months, with a projected £4.1m annually. Despite this success, future funding remains uncertain. Current hip-fracture patients stay around 32 days on average, almost double national expectations, highlighting scope for redesign when compared with international models such as Singapore, where stays average 6 days.
- A second project has deployed over 2,000 Continuous Positive Airway Pressure (CPAP) remote-monitoring modems, making the organisation the first in the UK with a fully remotely monitored obstructive sleep apnoea population. This is improving waiting list management, workforce efficiency, adherence to guidance, and enabling reinvestment of savings.

The strategic approach to value-based healthcare is being refreshed, aiming to embed it within the organisation's priorities and extending it system-wide, with completion expected in Q1 of the next financial year. The refreshed strategy has three goals:

- Demonstrating clear population impact ("so what"),
- Embedding value-based work into organisational priorities, and
- Ensuring a system-wide, life-course approach rather than isolated pathways.

There is a developing collaboration with Swansea University's Value-Based Health and Care Academy, covering:

- Regional value-based procurement work with SBUHB,
- Support for developing better cases for change to help CCGs identify low-value activities and reinvest resources, and
- A series of masterclasses led by Dr Sally Lewis beginning in January 2026.

Questions from Committee members addressed the integration of value-based healthcare into broader organisational priorities, data bottlenecks, and the need for a system-wide approach to standardise practices and improve patient outcomes. Mr Mansfield assured members that the strategic approach would be presented in February 2026 for further discussion.

The Committee were ASSURED on this item.

**Decision:** The Committee:

- **RECEIVED ASSURANCE** on progress in refreshing the Strategic Approach to Value Based Health Care and its alignment with the Health Board's strategic priorities; and
- **PROVIDED FEEDBACK** to inform the finalisation of the refreshed VBHC Strategic Approach prior to submission for Board approval.

**SPC(25)100**

### **Planning in Partnership: Regional Integration Fund Update**

*Ms Linda Jones joined the meeting.*

Mr Carruthers presented a detailed update on the Regional Integration Fund (RIF), which runs until March 2027. He highlighted the ongoing efforts to seek clarity on future funding beyond this date amidst political uncertainties. The discussion centred on the transition period between the end of current projects and the proposed end date of funding. Mr Carruthers explained the risk associated with services funded by RIF that have not been mainstreamed into organisational costs. He emphasised the need to evaluate these services, either stopping those that have not delivered expected benefits or finding ways to embed them to manage costs post-March 2027.

Ms Linda Jones added that the partnership aims to develop a comprehensive overview of the portfolio and identify gaps and future funding requirements. She referenced the completion of Gateway 1, where 13 projects will not proceed to Gateway 2 due to a number of reasons, including not meeting Welsh Government criteria. The Gateway 2 process has started, focusing on supporting projects with benefits realisation work.

Professor Kloer noted his role as a Part 9 officer (*responsible for supporting and coordinating the statutory duties set out in Part 9 of the Social Services and Well-being (Wales) Act 2014*), and raised concerns about the employment rights of posts funded by the RIF, stressing the need for clear plans to manage this risk. The discussion concluded with an acknowledgment of the financial and operational risks associated with RIF and the need for continuous tracking and management of these risks.

Following a query on whether the end of the RIF funding in 18 months is a risk of losing skilled staff, Ms Jones assured the Committee that the Workforce Board was working with the Health Board on that issue, as a priority work stream. Mrs Wilson

identified the RIF risks on the Risk Register and **agreed to discuss at the next Executive risk session whether this was a Corporate Risk.** JW

The Committee were ASSURED on this item.

**Decision:** The Committee:

- **NOTED** the West Wales Regional Partnership Board Update Report.

SPC(25)101

### **Planning Objective 10: Population Health**

Dr Bruce Bolam presented a summary of progress, highlighting the shift from a purely medical model to a social model of health. Key initiatives include the 20Four7 framework aimed at reducing avoidable illness and supporting healthier communities; and the signing of the Social Model for Health Charter. The establishment of a community of practice and work streams, such as the business case for community health and wellbeing workers, were noted. The regional population health needs assessment is underway, with completion expected in January 2026.

*Ms Trina Nealon joined the meeting.*

Mr Maynard Davies raised questions about representation for older people in the Social Model Steering Group and areas of concern regarding progress. Dr Gjini assured members that older people's views are being addressed through various engagements and presentations. Ms Alwena Hughes Moakes added that the Communications Team were supporting to raise awareness, working with Dr Bolam and his team to develop a plan that targets communications to appropriate audiences (focusing less on the model itself and more on how people in these specific areas or with certain conditions can improve their health through particular interventions). Dr Bolam commented that while there is positive engagement with staff and leaders, the challenge lies in the detail of implementation amidst resource constraints. The inclusion of population health metrics in internal oversight has improved visibility and quality of discussions.

Ms Trina Nealon referenced ongoing work on healthy ageing and embedding the social model principles in community asset planning. Mr Imperato emphasised the importance of integrating the social model into broader strategic plans. Dr Gjini proposed a rotational agenda to focus on specific items under the population health objective in future meetings; **and agreed to enhance visibility of population health metrics within directorate oversight processes to improve accountability and drive outcomes.**

AG

Mr Carruthers commented that the organisation needs to fundamentally change how it works and is structured in order to integrate current initiatives, such as value based healthcare, the SMfHW, Community By Design work, and the Primary Care

model, which have often been treated as separate streams. Bringing clusters into the centre of operational planning and delivery is seen as essential to unifying this work. The organisation needs to transition from traditional hierarchies and reorganise so community-focused, preventative, and population health approaches become routine, supported by empowered local teams.

The Committee were ASSURED on this item.

**Decision:** The Committee:

- **RECEIVED ASSURANCE** on Quarter two progress for Planning Objective 10 – Population Health and the Directorate’s commitment to improving population health and wellbeing through embedding prevention and reducing inequities.

**SPC(25)102**

### **Well-being of Future Generations (Wales) Act 2015**

*Ms Sara Rees joined the meeting.*

Ms Nealon and Ms Sara Rees presented the Annual Report on the Well-Being Objectives, highlighting the alignment with the SMfHW and the 20Four7 framework. The report includes case studies from staff illustrating the implementation of well-being objectives and outlines external work with Public Service Boards (PSBs). The Committee was asked to receive assurance that the Health Board is meeting its statutory obligations and approve the publication of the Annual Report for April 2024 to March 2025.

Professor Kloer noted the comprehensive nature of the report and the challenge of including all relevant activities. The discussion acknowledged areas where the Health Board could improve and the importance of continuous tracking and management of progress.

The Committee were ASSURED on this item.

**Decision:**

The Committee:

- **RECEIVED ASSURANCE** that the Health Board is meeting the statutory obligations of the Well-being of Future Generations (Wales) Act, 2015 in the publication of this Annual Report.
- **APPROVED** for publication HDdUHB’s Well-being of Future Generations Annual Report for the period 1 April 2024 – 31 March 2025.

**SPC(25)103**

### **Progress Report for 2023/24 DPH Annual Report: Their Health, Our Future: Advancing the Agenda for CYP in Hywel Dda**

This item was deferred.

*Mrs Eldeg Rosser joined the meeting.*

Mrs Eldeg Rosser presented a comprehensive update on the capital programme for 2025-26. Welsh Government has allocated end-of-year funds, and a further schedule of potential deliverables totalling just over £3m was submitted recently. The planning for the 2026-27 period is underway, with discussions on allocating the anticipated £10m discretionary capital. Following a Capital Planning Group meeting on 19 December 2025, a paper will be presented to the Capital Sub-Committee (CSC) and the Executive Team in January and SPC in February 2026. Key strategies include overcommitting the programme by 5-10% to manage slippage and allocating budgets over two years to facilitate smoother planning and execution of schemes.

Mrs Rosser highlighted the need for ready-to-go schemes to utilise any additional funding opportunities from Welsh Government. Updates were provided on various contracts requiring sealing and changes in scope for the Cross Hands development, with Welsh Government requesting further justification for increased costs and room numbers. A meeting is scheduled for January 2026 to discuss the additional information required.

Mrs Rosser also reported progress on the Glangwili Hospital (GGH) front door scheme, which is on time and budget, and delays in the Carmarthen Hwb development due to additional works. The hydrotherapy pool at Pentre Awel is expected to be operational by early January 2026. The CSC update included alerts, advisories, and assurances, along with the updated terms of reference.

Mr Maynard Davies raised concerns about the risk of underspend in the current capital programme and the need for contingency plans. Discussions with Welsh Government have flagged upcoming significant capital requirements, including the Prince Philip Hospital (PPH) roof replacement and Fishguard Well-being Centre scope adjustments due to increased construction costs. Mrs Rosser assured that efforts are being made to secure funding and manage these projects effectively.

Welsh Government has requested an addendum to the Programme Business Case submitted in February 2022, to be completed early in the New Year. This is a substantial task currently being scoped, with the aim of presenting it to the Board meeting on 29 January 2026. However, timelines may be at risk as the scope is yet to be agreed with Welsh Government, and capital costs could exceed Welsh Government expectations.

The Committee agreed to **Advise** the Board that as outlined in the 2025/26 Capital Programme and the Capital Governance Update Report, Hywel Dda University Health Board (HDdUHB) continues to have constructive discussions with Welsh Government on

infrastructure challenges, particularly at Withybush Hospital (WGH) and GGH.

**Decision:**

The Committee:

- **RECEIVED ASSURANCE** from the update on the Capital Programme and CRL for 2025/26.
- **NOTED** the allocation of the DCP for 2025/26 and the changes since Board ratification.
- **RECEIVED ASSURANCE** from the work being undertaken on the planning of the 2026/27 DCP.
- **RECEIVED ASSURANCE AND UPDATED THE BOARD**, that the seal can be applied for all schemes listed in Annex 1.
- **RECEIVED ASSURANCE** from the capital schemes governance update and discuss the status of the Cross Hands scheme. •
- **RECEIVED ASSURANCE** from the Capital Sub Committee (CSC) update in Annex 2; and
- **APPROVED** the updated CSC Terms of Reference.

**SPC(25)105**

**Targeted Estates Fund (TEF) Projects**

*Mr Darrel Barnes joined the meeting.*

Mr Lee Davies presented an update on TEF projects. Projects focused on the provision of second generators at GGH and WGH. Mr Lee Davies emphasised that the project exceeds £1m, necessitating Board ratification. The Committee expressed support for the project and agreed to recommend for Board approval.

The Committee were ASSURED on this item.

**Decision:**

The Committee:

- **RECOMMENDED**, for onward ratification by Board on 29 January 2026, award of the contracts at £1,115,292.09 (exc. VAT) for Glangwili Hospital and £1,197,845.51 (exc.VAT) for Withybush Hospital to 'T. Richard Jones (Betws) Ltd', with call-off agreement to be prepared and executed by the Health Board.

**SPC(25)106**

**Joint Commissioning Committee Planning, Performance and Finance Sub-Committee Reports**

The Committee **NOTED** the Joint Commissioning Committee Planning, Performance and Finance Sub-Committee Reports.

**SPC(25)107**

**Strategy & Planning Committee Workplan 2025-26**

The Committee **NOTED** the Strategy & Planning Committee

Workplan 2025-26.

**SPC(25)108**

**Any Other Business**

The meeting concluded with expressions of gratitude for the contributions throughout the year and festive season's greetings. Mr Weir acknowledged the informative and stimulating nature of the meeting and thanked all participants for their involvement and efforts.

**SPC(25)109**

**Date and Time of Next Meeting**

There will be an extraordinary SPC meeting on Thursday 16 January 2026, 15:30 - 17:00, MS Teams.

The next regular SPC meeting will take place on 26 February 2026.

**SPC(25)110**

**Issues for Board/Committees**

Issues for Board attention were discussed within the Committee agenda items above.