Cofnodion heb eu cymeradwyo o'r Pwyllgor Strategaeth a Chynllunio/
Unapproved Minutes of the Strategy and Planning Committee

Date of Meeting:	**09:30, Thursday 25 June 2026**
Venue:	**Microsoft Teams Meeting; HDD Picton - Dolau Cothi**

Present:
Mr Winston Weir, Independent Member/ Chair
Mr Maynard Davies, Independent Member/ Vice Chair
Mr Michael Imperato, Independent Member
Mrs Eleanor Marks, Independent Member/ HDUHB Vice Chair
Mr Neil Prior, Independent Member

In Attendance:
Mr Lee Davies, Executive Director of Strategy and Planning
Mr Keith Jones, Director of Operational Planning & Performance deputising for Mr Andrew Carruthers, Chief Operating Officer
Mr Huw Thomas, Director of Finance
Mrs Joanne Wilson, Director of Corporate Governance/Board Secretary
Ms Alwena Hughes Moakes, Communications and Engagement Director
Dr Bruce Bolam, Deputy Director Public Health, deputising for Dr Ardiana Gjini, Executive Director of Public Health
Mr Shaun Ayres Director of Delivery
Mrs Helen Mitchell, Committee Services Officer (Minutes)
Ms Urvisha Perez, Audit Lead, Audit Wales: Observing

Items SPC(26)58, SPC(26)69, SPC(26)71
Mr Shaun Ayres, Director of Delivery

Item SPC(26)60
Dr Mark Henwood, Executive Medical Director
Dr Leighton Phillips, Director Research, Innovation and Value
Mr Simon Mansfield, Head of Value Based Healthcare

Item SPC(26)62
Ms Sarah Bolton, Head of Primary Care Transformation

Item SPC(26)63
Ms Anna Swinfield, Head of GMS

Item SPC(26)63
Ms Zoe Paul Gough, Head of Nutrition and Dietetics Service
Ms Claire Jones, Weight Management Clinical Pathway Lead

Item SPC(26)64

Ms Bethan Lewis, Assistant Director of Public Health Strategic Business and Operations

Dr Michael Thomas, Consultant in Public Health Medicine

Item SPC(26)65

Ms Eldeg Rosser, Head of Capital Planning

Item SPC(26)66

Mr James Severs, Executive Director of Allied Health Professions and Health Science

Mr Simon Day, Head of Maintenance & Engineering

Item SPC(26)67

Ms Sam Hussell, Head of Emergency Preparedness, Resilience & Response (EPRR)

Item SPC(26)69

Ms Anne Simpson, Head of Strategic Commissioning

Minutes Ref.	Item	Action

SPC(26)53 **Welcome and Apologies**

Mr Winston Weir welcomed members to the Strategy and Planning Committee (SPC) meeting.

Apologies were received from:

- Mrs Eleanor Marks, Independent Member/ Hywel Dda University Health Board (HDdUHB) Vice Chair
- Dr Ardiana Gjini, Executive Director of Public Health
- Mr Andrew Carruthers, Chief Operating Officer

SPC(26)54 **Declarations of Interests**

HDdUHB Register of Board Members Interests 2026-27

No declarations were made.

SPC(26)55 **Minutes from the Strategy and Planning Committee meeting on 28 April 2026**

The minutes of the Strategy and Planning Committee (SPC) meeting held on 28 April 2026 were **APPROVED** as an accurate record of proceedings subject to two spelling corrections.

SPC(26)56 **Table of Actions from the Strategy and Planning Committee meeting on 28 April 2026**

The Committee reviewed the action log and noted one amber item concerning audit and risk reporting, specifically relating to inspection-related updates expected later in the agenda.

SPC(26)039
Assurance and Risk Report

- *To ensure that audit and inspections updated timelines are included in the next Committee update, including clear links to service redesign activity.*

This would be revisited later in the meeting in light of changes to attendance and the running order.

SPC(26)57 Matters Arising

No additional matters arising were identified beyond those already covered through the action log review.

SPC(26)58 Annual Plan Progress

Mr Shaun Ayres joined the meeting.

Mr Shaun Ayres presented the 2026/27 Annual Plan, indicating that it remained unacceptable to Welsh Government due to both its scale and the way it had been drafted. He described the current position as an evidence bridge rather than a fixed document, linking the March 2026 submission, the May 2026 response, the Quarter (Q) 1 de-risking activity, and the organisational maturity work now under way. He also indicated that the conversion of savings into deliverable schemes remained a genuine challenge and that the current planning response was therefore bringing together savings, workforce, agency, performance and the wider resource envelope in a more methodical way than had been possible earlier in the year.

The Committee considered the Planning Goals and whether the reported on-track position was genuinely meaningful. Mr Maynard Davies noted that the Community by Design Planning Goal still appeared to be a vision without a clear route to delivery, while also requesting an update on the Programme Business Case (PBC) Addendum. Mr Lee Davies indicated that broad planning goals were difficult to reduce meaningfully to simple status labels, because they could appear to be on track against actions while still not delivering the intended outcomes. He reported that discussions with Welsh Government on the PBC Addendum were continuing, with a preference to secure a decision before summer recess, although September 2026 remained possible if Ministerial timing prevented that.

Mr Ayres then outlined the Maturity Matrix as a delivery confidence radar rather than an annual compliance exercise. He explained that the process now used a Microsoft form in place of a live scoring session, with the aim of securing more impartial and inclusive responses. Ms Joanne Wilson requested that Independent Members (IMs) be included in future circulation of the Matrix, and Mr Ayres acknowledged that their omission had been an oversight and agreed to correct this. IMs welcomed the relative consistency between the Health Board's view and Welsh

SA

Government's response, while requesting clearer action plans, trajectories, owners and timescales.

In terms of planning capability and delivery, Mr Ayres indicated that HDdUHB still lacked sufficient combined planning capability to model scenarios, triangulate data, understand operational impact, and connect performance, workforce and finance without relying heavily on a small number of individuals. He confirmed that Heads of Strategic Planning would initially be deployed into Planned and Specialist Services, Community and Integrated Medicine, and Allied Health Professions, with mental health also expressing interest. Mr Michael Imperato asked how quickly the SPC and Finance and Performance Committee (FPC) would begin to see more refined outputs, and Mr Ayres indicated this should begin to emerge through Urgent and Emergency Care (UEC) scenario work reporting to FCP, including four modelled scenarios and clearer articulation of cost and performance consequences.

Mr Neil Prior observed that the report gave the impression that considerable effort was being devoted to assessing maturity and process rather than delivery itself. He questioned whether the Committee could do the topic justice in the time available and challenged the acceptability of maturity scores of one and two. Mr Ayres responded that the lower scores were not being accepted as satisfactory but were being recorded honestly to reflect the current position and to establish the basis for improvement.

The Committee agreed to alert the Board that the Annual Plan remains unacceptable due to concerns regarding deliverability, performance trajectories and financial recovery.

Mr Ayres left the meeting.

Decision:
The Committee:

- **ACKNOWLEDGED** the Welsh Government feedback on the 2026/27 Annual Plan
- **RECEIVED ASSURANCE** that mitigating actions are subject to robust oversight through the Finance and Performance Committee, with clear governance, monitoring arrangements, and escalation in place
- **SCRUTINISED** and **REVIEWED** the updated 2026/27 Maturity Matrix

SPC(26)59 Partnership Assurance Report

Dr Bruce Bolam presented a short update on partnership activity, highlighting continued work around Regional Partnership Boards (RPBs) in anticipation of a post Regional Integration Fund (RIF) environment, noting Welsh Government's first 100 days commitment to place RPBs on a statutory footing and move towards pooled Health and Social Care budgets. He also reported that the Ceredigion and Carmarthenshire Public Service Board (PSB) mergers were progressing, with first formal meetings

expected in mid-September 2026, while Pembrokeshire PSB continued in its existing form. Further updates covered regional climate adaptation planning, a major Tier 2 substance use procurement process through the Area Planning Board (APB), and developing university partnerships, including work with the Centre for Social Innovation and a potential Macmillan Cancer Support opportunity which is expected to commence in December 2026.

IMs considered whether HDdUHB was deriving sufficient value from an increasingly crowded partnership landscape. Mr Prior, referencing his own Partnership Masterclass, questioned whether the organisation was being sufficiently candid with itself about which partnerships delivered real benefit, warning that partnership forums could default into discussion forums unless they were actively curated around clear priorities and delivery. Mr Imperato reinforced the point, arguing that representatives needed to enter regional forums with a clear organisational agenda and sufficient mandate to act, particularly where joined-up funding and community-based service delivery were concerned. Dr Bolam agreed to liaise with Mr Prior regarding his Partnerships Masterclass. **BB**

Dr Bolam acknowledged both the transformational potential and the frequent frustrations of partnership working, indicating that some partnerships were mandatory, but that this did not remove the need to be more purposeful about where effort was focused and what the Health Board wished to achieve through them. Mr Lee Davies added that some areas of Wales had simplified their architecture by aligning PSBs and RPBs more clearly and suggested that HDdUHB should more proactively consider the mandate it gives to people attending partnership forums. Mr Huw Thomas and Mr Maynard Davies both emphasised that the discussion pointed to a need for clearer articulation of strategic risks and opportunities arising from partnerships, so that representation and effort could be better targeted.

Decision:
The Committee:

- **RECEIVED ASSURANCE** that the Health Board continues to meet its statutory obligations through its engagement in key partnerships
- **NOTED** the main strategic risks and opportunities arising from current developments, particularly the post-RIF funding process, the Ceredigion and Carmarthenshire PSB merger, climate adaptation planning, the Tier 2 substance use service procurement process, and emerging CfSI and Macmillan Cancer Support partnership opportunities.

SPC(26)60 Value Based Healthcare Strategic Plan

Dr Mark Henwood, Dr Leighton Phillips and Mr Simon Mansfield joined the meeting.

Dr Mark Henwood presented the refreshed Value-Based Healthcare (VBHC) Strategic Plan for 2026 to 2031, explaining that it had been developed over the previous nine months with significant stakeholder engagement and external expert support. The updated approach builds on the previous 3-year strategy and is organised around three core aims:

- Moving from insight to measurable impact
- Embedding value coherently across organisational priorities rather than through isolated projects
- Working across the whole system with partners to improve outcomes over the life course.

Mr Simon Mansfield indicated that a fully designed version would be launched around the end of July 2026, supported by action plans and annual planning arrangements, and stressed that a number of actions were already under way rather than waiting for formal publication.

In response to Mr Maynard Davies' enquiry regarding how the work aligned with national value-based healthcare structures, whether digital capability posed any constraints, and how patient-reported experience and outcome measures would be brought together, Mr Mansfield indicated that HDdUHB remained strongly linked to national teams and high-value, high-impact pathways, referencing Prof Sally Hughes comments that HDdUHB were the "most forward thinking and most progressed VBHC team in Wales." He also outlined current work with Aberystwyth University, machine learning applications, and a developing value scorecard that combines Patient Reported Outcome Measures (PROMs), Patient Reported Experience Measures (PREMs), clinical outcomes, audit information, operational data and resource use.

Mr Huw Thomas indicated that the Board did not currently devote sufficient governance time to value and suggested that this should be brought more explicitly into organisational reporting and discussion. He further highlighted the need to strengthen the organisation's governance culture to ensure that patient perspectives are embedded within governance processes and inform strategic decision-making. Dr Phillips agreed to liaise with Mrs Wilson regarding value-based governance and reporting framework. **LP**

Mr Prior, approaching the report as a newer reader, felt that the vision still needed to be communicated more clearly for staff and IMs, especially if value was to become part of workforce expectations and not remain a separate programme. In response, Dr Phillips emphasised that value needed to become embedded in the way staff are trained, appointed and developed, while Dr Henwood added that the concept needed to run as a golden thread through governance, workforce, performance and finance rather than sitting outside core business. Mr Lee Davies concluded that the strategic approach was compelling but would benefit from clearer links to Planning Goals and wider

organisational strategy and suggested that a future Board discussion would be valuable when further refinement had been made. Dr Phillips agreed to liaise with Mr Prior regarding communication of the vision; and ensure that the Value Based Health care Strategic Plan is presented to Board in September 2026, including links to Planning Goals. **LP** **LP**

Dr Henwood, Dr Phillips and Mr Mansfield left the meeting.

Decision:
The Committee:

- **RECEIVED ASSURANCE** from the final draft of Delivering Value Based Health Care Across the Life Course – Our Strategic Approach 2026–2031, which is currently being produced as a professionally typeset document.

SPC(26)61 DEFERRED: Pharmaceutical Needs Assessment: Annual Review

SPC(26)62 Planning Goal 4: Community by Design

Ms Sarah Bolton joined the meeting.

Mr Keith Jones presented the Planning Goal 4: Community by Design report, indicating that it was intended to set out a governance structure that balanced national expectations with local priorities, particularly the shift from a cluster-based model towards integrated neighbourhood working. He noted that the report was not intended to answer every question raised at the Board discussion in May 2026 but confirmed that Integrated Neighbourhoods would sit as a specific workstream within the wider structure and that a further Board Seminar would address the broader direction of travel.

IMs welcomed the clarity of the report and used the discussion to test whether the governance model was sufficiently capable of supporting such a significant strategic agenda. Mr Maynard Davies questioned whether the A Healthier Mid and West Wales (AHMWW) group had sufficient capacity to oversee the scale of work involved, while Mr Imperato enquired where the existing clusters sat in the new system and whether the community voice was sufficiently visible in a framework explicitly framed around community design. Ms Sarah Bolton confirmed that the clusters would form part of the Integrated Neighbourhood Development Group and highlighted current work to build a Primary Care and Community of Practice, involving organisations such as Carmarthenshire Association of Volunteer Services (CAVS), Pembrokeshire Association of Volunteer Services (PAVS) and Ceredigion Association of Volunteer Organisations (CAVO) to strengthen co-production and community links.

In response to an enquiry from Mr Imperato regarding the future configuration of clusters and engagement with Locality Leads, Ms Bolton advised that discussions on whether the current number of

clusters should change were ongoing and formed part of wider considerations around organisational development. She noted that a further meeting would be convened to explore the rationale in greater detail. Ms Bolton also confirmed that Locality Leads remained closely engaged through weekly discussions and formal monthly meetings, with their feedback having informed much of the thinking reflected within the Board report.

Ms Bolton left the meeting.

Decision:
The Committee:

- **NOTED** the Community by Design Update report.

SPC(26)63 Annual Managed Practices Assurance Report

Ms Anna Swinfield joined the meeting.

Mr Jones introduced the Annual Managed Practices Assurance Report, referencing the internal audit considered earlier in the year. He noted that the audit had given reasonable assurance overall but had highlighted two higher-priority areas requiring further work: finance and strategy. Ms Anna Swinfield explained that workforce planning and establishment-setting work was under way, using input from Health Education and Improvement Wales (HEIW), the Primary Care Nursing Team and administrative reviews, with a meeting planned for the following month to translate this into agreed establishments and budgets. She indicated that this was likely to require resource movement between Managed Practice Teams, with some areas requiring investment and others disinvestment or divestment.

Indicating that an Annual Review Panel had now been established, with Terms of Reference included in the report and the first meeting held at the end of April 2026 with Local Medical Committee input, Ms Swinfield advised that the Panel had recommended further work on the financial position of individual managed practices before any procurement decisions were taken. This would inform the next steps when the finance work was complete.

The Committee considered whether managed practices were simply a reactive necessity or could form part of a more proactive community service model; and IMs were clear that the wider strategic position remained underdeveloped. Mr Imperato questioned whether the organisation was reviewing managed practices only as a response to failure in individual surgeries or whether they could be used more deliberately as part of Community by Design.

Mr Lee Davies agreed that the conversation had exposed the absence of a formal Board position on the future role of managed practices. A further point was raised about service-change governance and the need to ensure that any future changes

involving managed practices properly reflected Welsh Government requirements around consultation and engagement. Mr Maynard Davies noted the need for a clearer organisational strategy linking managed practices to the wider primary and community services model. Mr Jones agreed to work with Ms Rhian Bond to develop strategic plan for managed practices; and clarify which Committee should oversee it. **KJ**

Noting Mr Weir's concern that certain timescales in the audit report had passed, Mr Jones agreed that an update would be provided to the next meeting via the Table of Actions. **KJ**

The Committee agreed to advise the Board that the wider strategic approach to managed practices remained underdeveloped.

Ms Swinfield left the meeting.

Decision:
The Committee:

- **NOTED** the process that has been established
- **RECEIVED ASSURANCE** that a regular review of managed practices will be undertaken to assess their longer-term feasibility.

SPC(26)64 Healthy Weight Implementation Plan

Ms Zoe Paul-Gough and Ms Claire Jones joined the meeting.

Dr Bolam introduced the Healthy Weight Implementation Plan as a detailed but necessary response to one of the Health Board's most significant population health challenges, indicating that approximately two in three adults and almost one in three children were living with overweight or obesity, with major implications for diabetes, service demand and widening inequalities. He linked the plan to current Welsh Government direction, including a new Ministerial focus on public and preventive health, a planned food strategy centred on food access and food security, and anticipated statutory footing for RPBs. The Plan is structured around healthy environments, healthy settings, healthy people, and leadership and system change, and aims to shift HDdUHB towards a prevention-led whole-system response rather than a service model focused only on consequences.

Ms Clare Jones reported that the waiting list for the Level 3 service had risen from circa 600 to just under 4,000 over roughly the last one to two years, largely reflecting increased awareness and expectation regarding Glucagon-Like Peptide- (GLP-) 1 medicines. Dr Bolam described both the opportunity and the risk associated with drugs such as Wegovy, stressing that medication alone could not address a population-level issue and that any prescribing needed to sit within a controlled pathway and wider behavioural and environmental support. Immediate priorities for 2026/27 included establishing a child and young person weight

management service, scaling early years and school-based interventions, focusing particularly on areas of greatest need and expanding lifestyle and digital support.

IMs highlighted both the scale of the agenda and the need to focus on actions within the Health Board's own control. Mr Prior referenced healthier NHS food environments as an area where HDdUHB could act more directly, while Mr Imperato and Mr Maynard Davies requested clarity on how impact would be measured and what the practical ambition was. Dr Bolam indicated that national expectations were framed less around a rapid drop in prevalence and more around changing the trajectory over time, because rates were still rising. He then gave a more immediate example around sugar-sweetened drinks, explaining that the Health Board was mapping where such products were still available and could potentially measure the number of tonnes of sugar removed from public-sector supply over time. He also described active work with PSBs, Swansea Bay University Health Board (SBUHB), procurement colleagues, private industry and the third sector to support healthier local food systems and more place-based action.

The Committee noted that success would depend on sustained partnership working, realistic prioritisation and meaningful measures of progress over time.

Ms Paul-Gough and Ms Jones left the meeting.

Decision:
The Committee:

- **APPROVED** the Healthy Weight Implementation Plan 2026/27 to 2028/29 for subsequent Board ratification.

SPC(26)65 Deep Dive: Healthy Domain Metrics

Ms Bethan Lewis and Dr Michael Thomas joined the meeting.

Dr Michael Thomas presented the Deep Dive: Healthy Domain Metrics Report highlighting it as a practical foundation for planning, prevention and service design; and indicating that the dashboard, launched in February 2026, provides a live overview of demography, wider determinants, risk factors, and health and wellbeing indicators, and is now being expanded to include cardiovascular access and variation data. He illustrated how the underlying analysis had already been used in several areas, including planning for transaortic valve implantation based on demographic projections to 2047, preparing the Pharmaceutical Needs Assessment (PNA), informing haematology hub development at Prince Philip Hospital (PPH), and shaping the sexual health hub planned for the former Debenhams site in Carmarthen.

Dr Michael Thomas highlighted a growing prevalence over a 10-year period in chronic conditions such as diabetes, cardiovascular

disease, respiratory disease and musculoskeletal disorders, alongside increasing multimorbidity in an ageing population. He also drew attention to stalled healthy life expectancy, including variation across counties, and described obesity, smoking, alcohol use and inactivity as major modifiable drivers. Among the examples given were the emergence of Type 2 Diabetes in the later years of primary school, childhood healthy-weight levels of only circa 70% in the reception-year measurement programme, alcohol consumption above recommended guidelines in almost 70% of residents, and fewer than 20% of children achieving 60 minutes of activity on each of the previous seven days.

Mr Huw Thomas welcomed the analysis and challenged the system to move beyond description towards evidence-based allocation of prevention resources, indicating that a clearer model of optimal investment across smoking, alcohol and other interventions was required before diminishing returns set in. Dr Michael Thomas responded by outlining local examples where needs assessments had already supported targeted preventive work, including podiatry referral routes for poor pedal pulses into the national exercise programme, atrial fibrillation detection to reduce stroke risk, and a staff cardiovascular risk reduction initiative previously run for circa £50k per year with strong results. Mr Maynard Davies emphasised the value of the presentation and asked how widely the intelligence was being used internally, with Dr Michael Thomas confirming active work with clinical teams to embed prevention into service strategies and consultation practice.

Ms Lewis and Dr Michael Thomas left the meeting.

Decision:
The Committee:

- **RECEIVED ASSURANCE** from the Healthy Domain Metrics Report regarding the progress made in strengthening escalation metrics and system maturity, acknowledge the ongoing challenges in improving outcomes and reducing inequalities
- **SUPPORTED** the prioritisation of targeted, prevention-focused action to improve population health outcomes.

SPC(26)66 Capital Programme for 2026-27 and Capital Governance

Ms Eldeg Rosser joined the meeting.

Ms Eldeg Rosser presented the Capital Programme for 2026-27 and Capital Governance Report, noting that just under 50% of the contingency had already been committed even though the year was only at the end of Month 3. She indicated that spend-to-save bids had been invited from Clinical Care Groups (CCGs), with one bid received so far on replacing single-use instruments with reusable alternatives, and a further proposal still being worked through with procurement. Additional bids for estates and digital

infrastructure investment were being prepared for submission to Welsh Government on 26 June 2026.

Ms Rosser advised that Fishguard Health and Wellbeing Centre remained delayed because of the unresolved land issue, although a briefing had now been prepared for the HDdUHB Chief Executive to discuss the scheme directly with Pembrokeshire County Council's Chief Executive. The Carmarthen Hwb development also remained delayed, with completion now expected in February 2027. IMs welcomed the clearer spend profiling in the report but queried whether it reflected the recurring pattern of very heavy expenditure late in the year. Ms Rosser indicated that the profile had been built from current project information and should benefit from the two-year Targeted Estates Fund (TEF) structure, although it did not yet include any in-year or end-year allocations from Welsh Government.

Mr Maynard Davies argued that the system still needed to guard against the familiar year-end rush into suboptimal spending decisions. Mr Lee Davies added that the position should be understood in context, as the previous year had seen more end-of-year funding than the whole discretionary capital allocation, with £18m spent in the final three weeks alone.

Dr Bolam also used the item to flag a linked estates resilience issue: a review of high-consequence infectious disease preparedness had highlighted the importance of negative-pressure isolation capacity, and refreshed costings were now being considered with capital colleagues as part of broader resilience planning.

Ms Rosser left the meeting.

Decision:
The Committee:

- **RECEIVED ASSURANCE** from the update on the Capital Programme and CRL for 2026/27
- **NOTED** the Board endorsed allocation of the DCP for 2026/27
- **RECEIVED ASSURANCE AND WILL UPDATE THE BOARD**, that the seal can be applied for all schemes listed in Annex 1
- **RECEIVED ASSURANCE** from the capital schemes governance update
- **RECEIVED ASSURANCE** from the Capital Sub Committee updates in Annex 2 and Annex 3.

SPC(26)67 NHS Hospital Resilience Survey Report 2025

Mr James Severs and Mr Simon Day joined the meeting.

Mr Simon Day presented the NHS Estate Resilience Survey Report 2025, highlighting that the survey findings largely reflected issues already known and understood within the Health Board. He

explained that the findings aligned closely with HDdUHB's existing risk profile, particularly the overarching estates and infrastructure risk, and therefore did not present any significant new concerns. The Committee was reminded that the previous comparable resilience survey had been undertaken in 2015 and that, over the intervening period, the estate had continued to age, resulting in increased infrastructure challenges. The findings were therefore considered to provide further independent validation of known vulnerabilities rather than identify previously unrecognised risks.

Mr Day, indicating that considerable work had already been undertaken to strengthen resilience across the estate despite significant financial pressures and competing demands, outlined a number of measures introduced through previous Estates and Facilities Assurance Board (EFAB) workstreams and through the current TEF programme. These included the installation of additional connection points to facilitate the rapid deployment of temporary generators during power outages, thereby reducing the risk of service disruption. More recently, second standby generators had been installed at a number of sites to improve resilience and provide greater assurance in the event of equipment failure. Members noted that Bronglais Hospital (BGH) remained an exception, although progress had recently been made to secure and install a new generator following issues highlighted during Storm Darragh.

The Committee was also advised that assurance regarding critical infrastructure systems had improved through external audit activity. Mr Day, highlighting positive outcomes from NHS Wales Shared Services Partnership (NWSSP) audits, including a Green audit rating for high-voltage electrical systems and a strong level of assurance received from the low-voltage systems audit at Prince Philip Hospital (PPH). These findings provided additional confidence regarding the effectiveness of current maintenance, monitoring and governance arrangements.

In response to Mr Maynard Davies' enquiry regarding why smaller hospitals and community facilities appeared less prominently within the survey findings, Mr Day indicated that the survey methodology had primarily focused on acute inpatient sites due to their critical operational importance and the potential impact of infrastructure failure on patient care. However, he emphasised that non-acute and community facilities continued to receive appropriate attention and investment. Examples included recently completed roofing works at South Pembrokeshire Hospital (SPH) and planned replacement works to kitchen flooring at the same site, demonstrating that estate improvement activity extended across the wider estate portfolio.

IMs also recognised that certain elements of organisational resilience extended beyond traditional estates infrastructure, noting that resilience in areas such as telecommunications, switchboard services and cyber security required assurance through complementary governance arrangements, particularly

those overseen through digital and information governance structures. It was acknowledged that a holistic view of resilience would continue to require close alignment between estates, digital and operational risk-management processes.

The Committee, acknowledging the significant challenges associated with maintaining an ageing estate and managing backlog maintenance liabilities within a constrained financial environment, was assured that the principal risks identified through the survey were well understood, appropriately prioritised and already subject to robust management through established governance arrangements.

The Committee concluded that the survey findings provided valuable external confirmation that the Health Board had appropriately identified its key estate resilience risks and was taking proportionate action to mitigate them. Whilst recognising that long-term improvements would continue to require sustained investment, IMs were assured that effective controls, monitoring arrangements and improvement programmes were currently in place.

The Committee agreed to advise the Board that whilst assurance had been received, the HDdUHB estate was the oldest in Wales.

The Committee agreed to advise the Board that the report demonstrated that estate has continued to age and face increasing challenges, with the Health Board now having the oldest NHS estate in Wales.

Mr Severs and Mr Day left the meeting.

Decision:
The Committee:

- **RECEIVED ASSURANCE** that that the findings of the NHS Wales Estates Resilience Survey 2025 have been reviewed and that a comprehensive Health Board action plan is in place, recorded on and monitored through established Estates governance arrangements.
- **NOTED** that key infrastructure resilience risks continue to be actively managed and prioritised through the Health Board risk management process and capital planning frameworks.

SPC(26)68 Sustainability Report

Ms Sam Hussell joined the meeting.

Ms Sam Hussell presented the annual Sustainability Report, highlighting that overall environmental performance had improved, with total greenhouse gas emissions down by 11% year on year and gas consumption down by 12%. Electricity use had risen slightly because of downtime in on-site generation systems and increased reliance on grid power during refurbishment activity.

Recycling performance had reduced slightly to 51%, against a target of 58% and remained the clearest area of challenge.

Ms Hussell indicated that a number of mitigations were already under way, including clearer bin labelling, colour coding, communications activity, bespoke training, Electronic Staff Record (ESR) waste-awareness learning and audit-led changes. Funded estates investment was also now in delivery and should support longer-term improvements in energy, emissions and renewables. In response to Mr Maynard Davies' enquiry regarding how data quality could be improved, referring to the caveat in the report, Ms Hussell confirmed that this was being reviewed in more detail through the Climate Adaptation Steering Group arrangements and that the current position still relied in part on estimates, but more robust reporting metrics were being developed.

Ms Hussell left the meeting.

Decision:
The Committee:

- **RECEIVED ASSURANCE** from the statutory Sustainability Report section of the Annual Report
- **NOTED** its inclusion for publication as part of the Health Board's Annual Report submission to Welsh Government.

SPC(26)69 Regional 5th LINAC Business Case

Mr Shaun Ayres and Ms Anne Simpson joined the meeting.

Ms Simpson presented the updated Regional Fifth Linear Accelerator (LINAC) Business Case, highlighting the revised revenue requirement and the implications for medium-term financial planning. Mr Lee Davies and Mr Huw Thomas clarified that part of the increase reflected inflationary pressures, and that the revised position also incorporated Computerised Tomography (Simulator) (CT (SIM)) capacity, which was an integral part of delivering the expanded LINAC model rather than a separate enhancement.

The affordability discussion distinguished between immediate and future-year implications. IMs noted that £1m had already been built into the current year's plan, leaving a residual difference of circa £400k for the current planning round, while the more significant recurrent effect would emerge in later years as the service moved into part-year and then full-year operation. Mr Huw Thomas described this as a necessary early planning commitment rather than a discretionary addition, given that the case reflected recognised demand from patients already requiring radiotherapy access. The Committee also noted the report's wider reflections on possible 6th and 7th LINAC requirements and the implications for accelerated bunker development and future position changes.

IMs were clear that the report presented to the Board would need to express the cost movements clearly, particularly the

relationship between inflationary effects, CT (SIM) capacity and the longer-term trajectory of the service model.

Ms Simpson left the meeting.

Decision:
The Committee:

- **SUPPORTED** the business justification case for the additional 5th LINAC and expansion in CT (SIM) capacity, and its onward submission to the Board, prior to submission to Welsh Government, recommending that the Board:
  - Approve £2.8m recurring revenue, shared equally at £1.4m each. For HDdUHB this is circa £0.4m more than we have already agreed in principle.
  - Support the £6.832m capital investment, led by SBUHB and funded by Welsh Government.
- **NOTED** the risk of adverse patient safety and outcomes or increased cost, if the 5th LINAC development does not proceed to the required timeline.
- **NOTED** the emerging thinking on the 6th/7th (single/double) bunker and the potential change in position regarding Business Justification Case 2 (BJC2).
- **SUPPORTED** developing the BJC 2 choices and options in greater detail.

SPC(26)70 Assurance and Risk Report

Ms Wilson presented the Assurance and Risk Report, noting that the principal risks had already been discussed at the recent Board Seminar. She highlighted that there were now nine principal risks aligned to that structure and 15 operational risks, of which six met the reporting threshold for this Committee. The report also set out movements in risk status and confirmed that all monitored Welsh Health Circular actions remained in progress.

Mr Prior commented that some of the risk wording still read more like live issues than future risks, while other items appeared closer to routine operational uncertainty than strategic risk. Ms Wilson acknowledged the point, indicating that a further discussion on risk framing was already planned.

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

Risk Management

- **RECEIVED ASSURANCE** that the principal risks are being refreshed and will be reported to the Board in July; and
- **RECEIVED ASSURANCE** that there are processes in place to oversee operational risks to ensure these are being managed effectively.

Welsh Health Circulars

- **RECEIVED ASSURANCE**, or otherwise, from the lead Executive Director or Supporting Officer on the management of WHCs within their area of responsibility, particularly in respect of understanding when the WHC will be delivered, any barriers to delivery, impacts of non/late delivery and assurance that the risks associated with these are being managed effectively.

SPC(26)71 Targeted Intervention Update

Mr Ayres presented the Targeted Intervention Update, focusing on two points not already covered earlier in the meeting. First, he referred to the Clinical Services Plan (CSP) and noted that the process, responses and engagement arrangements were now clear, but that the real test would be whether robust implementation plans were put in place at the appropriate stage. Second, he raised concern regarding regional planning, arguing that regional arrangements did not yet demonstrate the same clarity of ownership, timescales and delivery planning that the organisation was increasingly expecting of itself internally.

The Committee agreed that the regional planning position required stronger visibility. IMs reflected that this concern linked to a wider theme running through the meeting, namely whether regional and partnership mechanisms were sufficiently transparent, purposeful and delivery focused. The Annual Plan remained an alert to the Board, and members agreed that regional planning should also be escalated as an alert rather than left only as advice. Integrated planning and the Maturity Matrix were treated as advise, while the CSP remained a matter where assurance was being maintained but implementation would require close monitoring.

This discussion crystallised one of the meeting's principal messages: that stronger internal planning discipline now needed to be matched by greater clarity in regional planning arrangements if the Committee was to take full assurance.

Decision:
The Committee:

- **NOTED** and **SCRUTINISED** that, against Criteria 5 to 9, the Plan is not yet acceptable (Criterion 5) and regional planning cannot yet be shown to be delivering (Criterion 9), with Criterion 8 constrained and close to Alert.
- **ACCEPTED** the assessment: two criteria at Alert, one constrained, and assurance only on the CSP roadmap. CONSIDERED a specialty-by-specialty regional recovery position, **including** resolution of the orthopaedic financial and contractual framework, with owners and measurable milestones.
- **SUPPORTED** the direction of travel, including the planning-capacity build, including three heads of service planning and improvement, and the evidence-bridge work to move the plan towards acceptability.

SPC(26)72 **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(26)73 **Strategy & Planning Committee Workplan 2026-27**

The Committee noted the Strategy & Planning Committee Workplan 2026-27.

SPC(26)74 **Any Other Business**

No additional business was raised.

SPC(26)75 **Date and Time of Next Meeting**

Thursday 20 August 2026, 09:30 - 12:30, Hybrid

2 November 2026
22 December 2026
2 March 2027