

## MINUTES OF THE HDD\_Strategy and Planning Committee MEETING

Date of Meeting: **09:30, Thursday 24 April 2025**  
 Venue: **Microsoft Teams Meeting/ Ystwyth Board Room Avocor (Hywel Dda UHB - Generic Account); Ystwyth Board Room Avocor (Hywel Dda UHB - Generic Account)**

Present: Mr Winston Weir, Independent Board Member, Chair  
 Mr Maynard Davies, Independent Member, Vice Chair  
 Mr Michael Imperato, Independent Member  
 Ms Chantal Patel, Independent Member

In Attendance: Mr Lee Davies, Director of Strategy and Planning  
 Mr Andrew Carruthers, Chief Operating Officer  
 Dr Ardiana Gjini, Director of Public Health  
 Mr Huw Thomas, Director of Finance  
 Ms Charlotte Wilmshurst, Assistant Director of Assurance and Risk deputising for Ms Joanne Wilson, Director of Corporate Governance/Board Secretary  
 Ms Rhian Bond, Assistant Director of Primary Care, deputising for Ms Jill Paterson, Director of Primary Care, Community and Long Term Care

Minutes Ref.	Items SPC (25)08, SPC (25)09, SPC (25)10 and SPC (25)20	Action
	Mr Shaun Ayres, Director of Delivery	
	<b>Item SPC (25)11</b> Ms Helen Morgan-Howard, Head of Transformation Programme Office	
	<b>Item SPC (25)13</b> Ms Bethan Lewis, Assistant Director of Public Health Strategic Business and Operations	
	<b>Item SPC (25)16</b> Mr Leighton Phillips, Director of Research, Innovation and Value	
	<b>Items SPC (25)17</b> Ms Eldeg Rosser, Head of Capital Planning Mr Rob Elliott, Director of Estates, Facilities and Capital Management	
	<b>Item SPC (25)18</b> Mr Julian Wheeler Jones, Discretionary Capital Projects Manager	
	<b>Item SPC (25)19</b> Mr Paul Williams, Head of Property Performance	

**Item SPC (25)20**

Ms Anne Simpson, Head of Strategic Commissioning

**SPC (25)01**

**Welcome and Apologies**

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

The following apologies for absence were noted:

- Ms Jill Paterson, Director of Primary Care, Community and Long Term Care
- Ms Joanne Wilson, Director of Corporate Governance/Board Secretary

**SPC (25)02**

**Declarations of Interests**

Ms Chantal Patel declared an interest in agenda items SPC (25)17: Capital Programme for 2025-26 and Capital Governance; and SPC (25)20: 5<sup>th</sup> Linac as a Swansea University staff member.

**SPC (25)03**

**Minutes from the Strategic Development and Operational Delivery Committee meeting on 27 February 2025**

**RESOLVED** - the minutes of the Strategic Development and Operational Delivery Committee (SDODC) meeting held on 27 February 2025 were **APPROVED** as an accurate record of proceedings.

**SPC (25)04**

**Table of Actions the Strategic Development and Operational Delivery Committee meeting on 27 February 2025**

All actions were complete with no matters arising.

**SPC (25)05**

**Strategic Development and Operational Delivery Committee Annual Report**

Ms Charlotte Wilmshurst presented the Strategic Development and Operational Delivery Committee (SDODC) Annual Report, indicating that the Committee was disestablished on 31 March 2025 and that the Strategy and Planning Committee (SPC) had been established with effect from 1 April 2025. Mr Maynard Davies, the outgoing Chair indicated that the report was an accurate reflection of the key points addressed during the year. The incoming Chair, Mr Weir acknowledged the outgoing Chair's contribution over the past three years which had set a high standard for future Committees. Mr Weir also thanked everyone involved in organising and contributing to the Committee.

Mr Lee Davies also thanked Mr Maynard Davies for his chairing of the Committee.

**Decision:**

The Committee **ENDORSED** the SDODC Annual Report 2024-25.

**SPC (25)06**

**Strategy and Planning Committee (SPC) Terms of Reference**

Ms Wilmshurst presented the SPC Terms of reference (ToR) which had been approved by the Board on 30 January 2025; and were ratified by the Committee.

**Decision:**

The Committee **RATIFIED** the ToR.

**SPC (25)07**

**Ministerial Directions**

Ms Wilmshurst presented the Ministerial Directions (MDs), which were noted by the Committee and provided assurance that the Hywel Dda University Health Board is compliant with the Non Statutory Instruments (NSIs) (MDs) issued by WG between 31 January 2025 and 31 March 2025.

**Decision:**

The Committee:

- **NOTED** the re-alignment of the Ministerial Direction which is now reportable to SPC in line with revised governance arrangements as approved by Board at its meeting in January 2025; and
- **RECEIVED ASSURANCE** that HDdUHB is compliant with the NSIs (MDs) issued by WG between 31 January 2025 and 31 March 2025.

**SPC (25)08**

**Targeted Intervention Update**

*Mr Shaun Ayres joined the meeting.*

Mr Shaun Ayres presented the Targeted Intervention Update, indicating that each of the criteria had been aligned with both recently established SPC and Finance and Performance Committee (FPC). The report had also been updated to reflect the most recent assessment of the position against each of those criteria. The meeting noted an error in the Annual Plan delivery commitment, which was listed as an Alert instead of an Advise. HDdUHB is on track to deliver its commitments, the impact of which was highlighted under the respective escalation for relevant areas. Clarity is required regarding the Strategic Refresh.

Mr Ayres also indicated that cancer performance improved in February 2025 to 63.5%, although this improved performance needs to be consistent before the service is in a position to be considered for de-escalation. The Health Board's commitment in the plan is to reach 80%. Cancer and Urgent Care present the highest risks aside from finance and the identification and delivery of savings. Mr Ayres highlighted the recent de-escalation from Targeted Intervention to Enhanced Monitoring in Planned Care and Leadership and Governance. The meeting noted that HDdUHB is embarking on the revision to the Maturity Matrix to ascertain its maturity as an organisation.

In response to Ms Patel's enquiry regarding the lack of evidence demonstrating how actions are being implemented and the resultant impact on the organisation as a whole, Mr Ayres indicated that this point was not an Alert but an Advise; that the position was challenging and that limited investments were made

in diagnostics, which is integral for the single cancer pathway and Intravitreal Injection Therapy (IVT) to deliver those commitments.

In response to Mr Maynard Davies' enquiry regarding workshops with Welsh Government (WG) to evaluate the draft proposals, Mr Lee Davies indicated that that workshops relating to the infrastructure plans were in the process of being scheduled for June 2025, advising that WG were supportive of a joint strategic vision. Regarding Criterion 7, Mr Lee Davies indicated that the Consultation Institute is no longer in operation and HDdUHB is being supported by other agencies.

Responding to Ms Patel's enquiry regarding Criterion 46 relating to Speak Up and how ethnic minorities can gain access during out of hours, Ms Alwena Hughes Moakes confirmed that the People, Organisational Development & Culture Committee (PODCC) monitors the scheme; and agreed to follow up with a colleague to further support it.

**AHM**

Ms Patel also enquired about governance of the Joint Committee. Mr Lee Davies confirmed that a report was presented to Board on 27 March 2025, with the next Joint Committee meeting scheduled for May 2025. There will be visibility through SPC of the discussions in those forums.

**Decision:**

The Committee **NOTED** the TI Update.

**SPC (25)09**

**Planning Objectives Closure Report**

Mr Ayres presented the Update on the 2024/25 Annual Plan, referencing Board Seminar discussions regarding smoking cessation, reducing obesity and public health; and acknowledging that there was a significant amount of information to consider regarding the review of the 2024-2025 delivery of planning objectives. He emphasised the importance of accurately capturing progress and addressing any delays. In response to Ms Patel's enquiry regarding the change in approach to the Primary Care Strategy and the flexibility built into the planning objectives, Mr Lee Davies confirmed that there is a mechanism for amending planning objectives mid-year, if necessary, although this is not a regular occurrence. Ms Rhian Bond outlined the challenges faced in engaging patients and staff in developing the Primary and Community Services Strategy, including adverse weather conditions and car parking issues during public engagement events.

In response to Ms Patel's enquiry regarding the involvement of external researchers in drafting questions to elicit the desired responses, Ms Bond, indicating that Ms Hughes Moakes had provided support, outlined the engagement efforts and the need for patient education on a wider range of service provision, in addition to the conflicts faced when seeking professional opinions regarding the shift and upscaling of services. This confusion arises from the contractual limitations faced by independent

contractors, who have their own business interests. Consequently, having an unbiased conversation can be challenging.

Emphasising the importance of effective communication and engagement with the community, Ms Hughes Moakes reflected on the previous year's engagement efforts, noting that they were conducted at a fast pace and sometimes did not align with the community's availability. She highlighted the need to meet people at times and locations that suit them, rather than when it is convenient for the Health Board. Ms Hughes Moakes also stressed the importance of continuous engagement and learning from past experiences to improve future communication efforts.

### **Decision:**

The Committee:

- **RECEIVED ASSURANCE** on the reported delivery during 2024/25 of the Planning Objectives aligned to the Strategy and Planning Committee, in order to assure the Board.
- **DISCUSSED** the Planning Objectives identified as behind in its status and/or not achieving against its key deliverables and seek further assurance on these items through the relevant report and/or the Committee's work programme.

## **SPC (25)10**

### **Annual Plan Progress**

Mr Ayres presented the Annual Plan 2025/26 report, outlining HDdUHB's strategic priorities and operational improvements for the year ahead. While the Board aims to submit an Integrated Medium-Term Plan (IMTP), financial challenges have necessitated a one-year plan instead, with a focus on restoring financial discipline. The plan does not meet the statutory duty to breakeven but achieves a control total of £31.55m, marking a step toward financial stability. Mr Ayres noted the recent receipt of a letter from Welsh Government requesting that HddUHB achieves more than the control total of £31.55m, which the Health Board has not yet responded to. Mr Ayres also highlighted the comprehensive nature of the plan, covering performance, finance, and quality. The plan aligns with the NHS Wales' Planning Framework 2025–2028, ensuring national priorities such as timely access, population health, and mental health are embedded into local delivery.

Mr Ayres emphasised the Health Board's commitment to reducing Planned Care waiting times, with a goal of 100% compliance for patients waiting under 52 weeks for a first outpatient appointment. In terms of Diagnostics, a three-phase transformation strategy aims to eliminate urgent suspected cancer imaging backlogs, with a target of 80% compliance with the Single Cancer Pathway by March 2026. For Urgent and Emergency Care (UEC) the focus remains to reduce ambulance handovers and long Emergency Department (ED) waits. Strengthened planning processes, including a Planning Maturity Matrix, to ensure readiness for scrutiny and future de-escalation from Targeted Intervention status will lead to improved governance and oversight.

Highlighting that the programme aims to support the Clinical Care Groups in developing and embedding ways of working, Mr Ayres indicated a need for clear connections between Strategic Objectives and individual Executive Objectives, cascading to Service Group General Managers. The Committee noted that the organisation is in a transition period, working towards clarity and control.

In response to Mr Wier's enquiry regarding the absence of any reference to the 3-year Financial Plan, Mr Huw Thomas, emphasising the need to de-risk over Quarter (Q) 1 and test further in Q2, indicated that a detailed plan for sustainability will be presented to the Board in September 2025.

*Mr Ayres left the meeting.*

**Decision:**

The Committee:

- **RECEIVED ASSURANCE** with regard to the Annual Plan for 2025/26.
- **APPROVED** the approach and process with regard to the review of our status against the Planning Maturity Matrix.

**SPC (25)11**

**Deep Dive PO6: Clinical Services Plan**

*Ms Helen Morgan-Howard joined the meeting.*

Ms Helen Morgan-Howard presented the Deep Dive Planning Objective 6: Clinical Services Plan (CSP), indicating that the nine services included in the CSP are in different positions with varying scales of change. Certain changes could be implemented quickly, while others would be more involved. The hurdle criteria set required that all options be deliverable within a two to four-year period, with any capital requirements contained within what could be delivered through a Business Justification Case (BJC).

The Committee noted that the wording on the hurdle criteria was agreed upon with Welsh Government, ensuring alignment. Welsh Government had been part of the options development and is engaged in the project.

In response to Ms Patel's enquiry regarding the costing of the CSP, Mr Lee Davies indicated that each option developed has associated costs, estimated at this stage. Costs are broken down into the minimum required on day one and the full implementation over the next two to four years. Some options may result in cost savings initially, with additional costs for service development.

In response to Mr Michael Imperato's enquiry regarding taking legal advice at critical junctures, Ms Hughes Moakes indicated that Hugh Irwin & Co (HICO) were involved in the process, ensuring documentation was appropriate, providing independent analysis of feedback; and critical challenge during the Quality Assurance process regarding matters such as detailed travel

times. Legal challenges were being mitigated as best as possible, recognising the complexity and political nature of the consultation.

*Ms Morgan-Howard left the meeting.*

**Decision:**

The Committee **NOTED** the Clinical Services Plan.

**SPC (25)12**

**A Healthier Mid and West Wales Update**

Mr Lee Davies presented the A Healthier Mid and West Wales (AHMWW) Update report, indicating that Mr Rob Elliott would be available later in the meeting to address Estates issues. Providing an update on the current position with WG and referencing a shift from an adversarial position to collaborative approach with WG, Mr Lee Davies advised that there had been discussions regarding investing in existing infrastructure that is already facing significant challenges or alternatively, investing in new infrastructure that could alleviate pressure from aging hospitals. This would involve evaluating the current state of facilities and determining the best approach to ensure patient safety and operational efficiency. Discussions had considered the possibility of managing certain aspects off-site and exploring regional opportunities. This could involve identifying areas where services can be decentralised or relocated to optimise resources and improve service delivery.

The Committee noted the importance of developing a long-term vision that addresses current challenges while building towards a sustainable future. This includes considering the steps needed to de-risk the current situation and ensure that investments lead to lasting improvements.

**Decision:**

The Committee

- **NOTED** the strategy discussions with Welsh Government held on the 21 March 2025 and the follow-on meeting planned for June 2025.
- **DISCUSSED** the Estates Risks as noted in this report, supported by:
  - The Risk & Patient Impact Report (Annex A) which includes a review of initial priorities, their specific risks and consequences for patient services.
  - PowerPoint Presentation on the Business Continuity Major Infrastructure Programme (Annex B).

**SPC (25)13**

**Deep Dive PO10: Population Health**

*Ms Bethan Lewis joined the meeting.*

Ms Bethan Lewis presented the Planning Objective 10: Population Health report, providing an overview and reflecting on the achievements of the past year and outlining the next steps. Ms Lewis indicated that the Future Generations Commissioner had put forth key recommendations in their 10th Anniversary Report, which highlighted the continuation of work through the Social

Model for Health Steering Group to ensure the maturity of the principles with all partner organisations. The focus was on examining opportunities to implement matters discussed and learning at the Social Model for Health Summit from keynote speakers; and putting those principles into practice within the community.

In response to Mr Imperato's enquiry regarding progress being translated into trackable figures or indicators, Ms Lewis outlined the challenges and possibilities of tracking immunisation rates, smoking cessation access, and other Ministerial Priorities. Mr Weir emphasised the importance of measuring progress and working in partnership with individuals to take responsibility for their own healthcare, highlighting the importance of engaging the Committee with Key Performance Indicators (KPIs) for assurance. Ms Lewis agreed to investigate and include trajectories in the next SPC report.

**BL**

Mr Thomas indicated that the Digital Analytics team could provide support in presenting information and possibly in modelling. He advised that work is ongoing with several dashboards, including work performance, activity, quality and safety outcomes, and population health. He noted that the population health dashboard is the least developed at this stage, as metrics are yet to be finalised. Mr Thomas emphasised that it is on the list of things to progress with the Digital team.

Referencing the Audit Wales cancer Report, Mr Maynard Davies noted that 40% of cancers are avoidable, which is an area of importance for Public Health Wales. He emphasised that this particular area of work is sometimes not the first thing that comes to mind when considering Cancer services. Highlighting that removing 40% of cancers from the system, would significantly impact the service, Dr Ardiana Gjini also noted that this percentage is likely to increase due to rising obesity rates, which are now on par with smoking as a positive risk factor for cancer.

**Decision:**

The Committee **NOTED** the population Health Update report.

**SPC (25)14**

**Public Service Boards Well-being Assessments - Well-being of Future Generations (Wales) Act 2015**

Ms Bethan Lewis presented the Public Service Boards (PSBs) Wellbeing Assessments - Wellbeing of Future Generations (Wales) Act 2015 (WBFGA), indicating that there wouldn't be any significant changes to the well-being plans until the review process begins next year. Mr Imperato enquired how often the Regional Partnership Board (RPB) meets, noting that the last meeting was in January 2025. Dr Gjini clarified that the RPB meets quarterly and is not a statutory structure of the Well-Being of Future Generations Act but has statutory partners.

The Committee noted that the RPB meeting took place during the week commencing 31 March 2025, and that there is also a

Prevention Board which plays a crucial role in promoting family strength and preventing child abuse and neglect through various means such as policy, education, funding, and collaboration. It works with organisations throughout the region to mobilise research and practices which enable children to grow up in safe, stable, and nurturing families and communities. The Prevention Board also co-chairs with partners to focus more on direct health issues. Dr Gjini also indicated that PSBs are structured for each of the Local Authorities. In the region, the partnership structures still operate at the Local Authority footprint as statutory structures of the WBFGA. However, the partnership landscape is busy and not necessarily clear in terms of where the role of the RPB stretches and where the role of the PSB ends. The well-being assessments were last made in 2022, with a minimum three-year cycle. The next review is expected in 2026-27. Efforts are being made to merge similar issues across the region rather than individually within Local Authority footprints. The context in terms of population well-being and demographics is not significantly different between the three Local Authorities, but there are political differences.

Mr Weir requested an update from the RPB be included on the agenda for the next meeting on 31 July 2025.

JP

**Decision:**

The Committee **RECEIVED ASSURANCE** that the Health Board is working effectively with Statutory Partners in order to meet the required obligations as laid out by the Well-being of Future Generations (Wales) Act 2015 and the Social Services and Wellbeing (Wales) Act 2014.

SPC (25)15

**Pharmaceutical Needs Assessment: Annual Review**

Ms Bond presented the Pharmaceutical Needs Assessment (PNA) report, which is due for review and reproduction in October 2026. The report outlined the plan to review the current PNA and the population health needs assessment for Pharmaceutical services through professional collaboratives with GPs and community pharmacies via clusters, overseen by a Health Board-wide group.

Ms Bond indicated that since the inception of the PNA, three supplementary statements have been issued due to changes in the provision of pharmaceutical services:

- Solva Surgery cessation of dispensing rights on the termination of the General Medical Services (GMS) contract (April 2023).
- Superdrug Llanelli when the branch was closed (December 2023).
- Saundersfoot Surgery following notification of their intention to cease dispensing (April 2025).

In conclusion, Ms Bond emphasised the importance of ensuring sufficient pharmaceutical service provision and collaboration with local community pharmacies.

**Decision:**

The Committee **NOTED:**

- The process in place for oversight of issuing Supplementary Statements in line with the Regulations; and
- The outline process for the review and re-issuing of the Hywel Dda PNA.

**SPC (25)16**

**Value Based Healthcare Update**

*Mr Leighton Phillips joined the meeting.*

Mr Leighton Phillips presented the Value Based Health Care (VBHC) Update report, highlighting the balance between context, action, and impact. He agreed to share the Strategic Plan for VBHC after the meeting.

**LP**

Mr Phillips indicated that the Programme team operates in three ways: capturing and measuring outcomes, resource utilisation, and informing different consultations and planning decisions. The team invests in new models of care where there are prospects of delivering greater value than the current model; and supports different parts of the organisation to cease low-value activities that have become normalised over time.

Emphasising that the impact described in the report is organisational, Mr Phillips indicated that it enables teams within Operational, Strategic and Public Health Directorates to implement change. The VBHC Strategic Plan will be refreshed over the next 12 months, with engagements around it to ensure organisational traction.

In response to Mr Weir's enquiry regarding Committee engagement, Mr Lee Davies advised that there is more work to be done to link all strategic plans; and emphasised the importance of aligning the various strategic areas that are important to the organisation, including the Strategy Refresh and the Strategic Plan in the coming months.

Mr Weir noted that there was an opportunity to consider service delivery measures rather than only delivering the service. The focus was on improving the lives of patients, not the number of patients seen.

Mr Lee Davies suggested that incorporating value, digital aids, population health, and other functions was likely to improve outcomes for the population, although consolidating service-specific problems data into a report that provides governance oversight would be challenging due to problems data being service specific and therefore difficult to consolidate. Mr Thomas indicated that even fundamental indicators, such as demonstrating improved patient outcomes through problems data, can serve as a valuable measure of the effectiveness of HDdUHB services.

*Mr Phillips left the meeting.*

## Decision

The Committee:

- **RECEIVED ASSURANCE** from this report on the work of the Value Based Health Care Programme.
- **NOTED** that this is responsive to the priorities of the organisation as well as the nationally agreed pathways.

**SPC (25)17**

### **Capital Programme for 2025-26 and Capital Governance**

*Ms Eldeg Rosser and Mr Rob Elliott joined the meeting.*

Ms Eldeg Rosser presented the Capital Programme for 2024/25, 2025/26 and Capital Governance Update Report, highlighting the following:

- The Health Board's audited position against the Capital Resource Limit (CRL) for 2024-25 showed an underspend of £85k against an allocation of £45.5m.
- This achievement was attributed to the efforts of the Estates, Procurement, Digital, Finance and Operational teams.
- The unaudited position is expected to remain unchanged through the audit of the annual accounts in May 2025.
- On 27 March 2025 the Board approved the split of the Discretionary Capital Allocation for 2025-26 as follows:

Discretionary Capital Programme 2025/26	
	£m
Pre-Commitment	3.959
Business Case Development	0.400
Capital Support	0.200
Contingency Reserve	1.000
Opportunity risks	0.941
Spend to Save	0.300
Refurbishment of clinical areas	1.000
Statutory and estates programme	0.450
Equipment	0.500
Digital	0.500
Allocation via matrix	0.750
<b>Total</b>	<b>10.000</b>

- Additional items of expenditure include:
  - Combined heat and power plants: £500k.
  - Increase in Targeted Estate Fund (TEF) contribution from £1.7m to £1.9m.
- A list of contracts requiring the use of the Health Board seal will be updated throughout the year.
- Feasibility work on a reduced schedule of accommodation for the Cross Hands scheme has been completed.
- A meeting with Welsh Government is being scheduled to support the redesign and full business case development.

- Collaboration is underway with Swansea Bay University Health Board (SBUHB) for short and medium-term solutions for cellular pathology site constraints.
- In terms of Reinforced Autoclaved Aerated Concrete (RAAC), remedial work on Withybush Hospital completed in March 2025; ongoing survey work will continue.

Mr Weir extended thanks to Ms Rosser and the teams for achieving the CRL limit, acknowledging the effort involved.

In response to Mr Maynard Davies' question regarding RAAC and the possibility of needing to shut down areas as the planks continue to deteriorate, Mr Elliot advised that the situation had been managed, and all allocated capital utilised. The Health Board is currently in a monitoring phase and will be conducting regular annual inspections of all RAAC planks. Remediation has only been applied to those classified as very high and high risk. Amber or low-risk planks remain in their original state. This is an ongoing issue.

Structural engineers, who are specialists in this area across the UK, have indicated that further deterioration is expected. However, no evidence of this has been observed in any inspections thus far, although it is still early in the process. It is anticipated that additional expenditure will be required.

HDdUHB will need to continuously monitor and analyse any investigations and surveys that arise in the interim. Welsh Government is well-informed about the situation. They are aware that no RAAC planks have been removed, only remediated. Therefore, they are fully apprised of the Health Board's status in this regard.

Mr Thomas acknowledged the effort dealing with capital this year, noting that this year, due to late WG funding there is likely to be more equipment in vesting arrangements being held in off site warehouses, in HDdUHB's name, which requires a high level of due diligence to ensure that the arrangements are robust. Unfortunately, this increases the risk during audits because more testing is required.

Mr Weir recognised the efforts made to ensure that all equipment and other items were in place to meet the 2024-25 CRL; and appreciated the work done to make the most of the resources allocated by Welsh Government.

Mr Elliott provided a detailed overview of the Major Infrastructure Business Continuity - Risks & Patient Impact Report. He indicated that the major infrastructure plan and bids for WG funding date back to the 2018-19 financial year, highlighting the challenges faced in previous years. The programme has undergone many iterations, culminating in a prioritised list of approximately £15m over a three-year period by the middle of 2024-25. Nevertheless,

this amount merely addressed the superficial aspects of the issue and failed to present a sustainable resolution.

Towards the end of last year, Mr Elliott decided to adopt a different approach by engaging more fully with NHS Wales Shared Services Partnership (NWSSP). NWSSP colleagues aimed to provide advice on the risks faced by various Health Board estates, particularly given the fragile state of the oldest estate in Wales; and the £250m Estates backlog. The collaboration involved transparent communication regarding the risks, with NWSSP colleagues visiting all acute sites to verify and assure the appropriateness and reality of these risks. This process led to the creation of a jointly written document, fully supported by NWSSP.

Mr Elliott emphasised that this document marks the beginning of a journey rather than the end. It provides assurance that the major risks will be monitored over the next three to four years, but it does not include funding for condition upgrades such as flooring, decoration, painting, ceilings, and lighting, which are significant issues in the estate. The document aims to present a clear view of the risks without requiring technical interpretation. It has been sent to Welsh Government and is one of only three supported projects in their prioritised list for the Health Board.

The next steps involve completing the scoping work and working with NWSSP colleagues to identify the details behind these schemes. Mr Elliott expressed his enthusiasm and commitment to this project, noting that it has been part of his role for many years and is now close to being finalised.

Mr Lee Davies emphasised the significant risks associated with these areas, highlighting the implications for patient care beyond just the estate concerns. The intention was to ensure that Independent Members were fully aware of the reality of the situation and its potential consequences. The report is now publicly accessible and may attract public interest. However, it effectively illuminates the daily risks faced by operational services. This was the primary reason for presenting it to the Committee.

In response to Ms Wilmshurst's enquiry about fluctuating risks, Mr Elliott acknowledged that the highest risks identified are those concerning the enveloping at GGH, which pose threats related to water ingress, infection control, and patient safety. However, he noted that the primary concern for him was the appearance of the estate, necessitating action.

Mr Carruthers indicated via the MS Teams chat that mitigating actions have been taken to reduce the rate of any deterioration, such as removing tiles from roof spaces, preventing water ingress via various sections of the roof and trying to address drainage and leakage in the roof.

Mr Elliott indicated that the Health and Safety Committee (HSC) will monitor governance and risk; while his role is to develop the

business cases, engage with Welsh Government, and ensure that the appropriate governance is in place to undertake day-to-day management of the risks currently within the operational team, and which will shortly be managed by Mr James Severs, Mr Simon Chiffi and Mr Simon Day.

Mr Elliott explained that when the scoping is completed, discussions with the Welsh Government will be necessary to determine the costs and funding available. He emphasised the need for a phased approach, addressing the higher risks first and the lesser risks later. He highlighted that electrical work would be prioritised at the top of the list. Mr Elliott stressed the importance of pressing for maximum funding from the Welsh Government to ensure assurance over the coming years.

Mr Weir acknowledged the detailed report, highlighting the time and effort invested in ensuring its completion. He commended the joint ownership by Welsh Government and noted the improved engagement compared to previous years. Both Mr Weir and Mr Imperato commended the transparency and clarity of the report, recognising the scale of the challenge and the amount of funding required to bring the estate to a reasonable condition.

The Independent Members agreed at their de-brief following the Committee meeting that Board should be advised of this matter.

*Ms Rosser and Mr Elliott left the meeting*

**Decision:**

The Committee:

- **RECEIVED ASSURANCE** from the update on the Capital Programme and CRL for 2024/25
- **NOTED** the allocation of the DCP for 2025/26 and the potential changes since Board ratification
- **RECOMMENDED FOR APPROVAL BY THE BOARD**, that the seal can be applied for all schemes listed in Annex 1
- **NOTED** the capital schemes governance update
- **NOTED** the RAAC update
- **RECEIVED ASSURANCE** from the Capital Sub Committee update
- **APPROVED** the Capital Sub Committee Annual Report
- **CONSIDERED** the Major Infrastructure Business Continuity - Risks & Patient Impact Report.

**SPC (25)18**

**Withybush Hospital Fluoroscopy Project**

*Mr Julian Wheeler Jones joined the meeting.*

Mr Julian Wheeler Jones presented the Proposed Fluoroscopy Replacement and Associated Infrastructure/Enablement Work at Withybush Hospital (WGH), highlighting the following:

- The project aims to modernise diagnostic equipment and infrastructure at WGH, funded by Welsh Government in line with NHS Wales guidance.
- Funding was secured on 13 June 2024, and 30 January 2025, supporting equipment purchases and infrastructure upgrades.
- The project aims to reduce waiting times, enhance diagnostic capabilities, and ensure sustainable healthcare services. The fluoroscopy replacement scheduled for this financial year aligns with broader NHS Wales Imaging service improvements.
- The contract award complies with NHS Wales Infrastructure investment guidance, funded by Welsh Government. The NWSSP procurement construction framework was utilised for projects between £200K and £2m, compliant with UK and EU procurement laws.
- The tender process involved engaging a single call-off contract, utilising standard Joint Contracts Tribunal (JCT) contract templates via a multi-supplier framework.
- The tender was assessed in detail against subcontractor pricing, the framework agreed uplift percentages and the works requirements using industry data to benchmark the submitted rates and rates from previous phases of works to confirm acceptance and value for money. The tender was in line with the NWSSP construction framework – award and call off procedures.
- The tender process included assessment for pricing, value for money and compliance with industry benchmarks.
- The budget set at £1.8m was selected for best fit for timelines and value.
- The evaluation criteria included framework compliance, quoted price (100%), social value, and alignment with the WBFGA.

*Mr Wheeler Jones left the meeting.*

**Decision:**

The Committee **APPROVED** for onward ratification by Board on 29 May 2025, award of the contract at £1,846,777.51 (excluding VAT) to T. Richard Jones (Betws) Ltd, with call-off agreement to be prepared and executed by the Health Board.

**SPC (25)19**

**Energy Performance Contract**

*Mr: Paul Williams joined the meeting.*

Mr Paul Williams presented the Energy and Carbon programmes of work – New Energy Performance Contract (EPC) update report, highlighting HDdUHB's commitment to enhanced energy efficiency, carbon reduction, investment in the estate, and resilience in patient environments. The EPC aims to achieve financial savings by implementing various Energy Conservation Measures (ECMs) across multiple sites.

Mr Williams indicated that the previous EPC with Centrica ended in March 2025, and outlined plans for a new contract procured via the Re:Fit 4 Wales Framework, with funding facilitated by Salix Finance. The new EPC partner, Vital Energi, has been selected to execute energy-saving initiatives such as LED lighting replacement, heating system upgrades, chiller fan motor replacements, and building management system optimisations.

Key milestones were detailed, including the submission of an Investment Grade Proposal (IGP), a bid for Welsh Government Invest to Save funding, and projected financial benefits. Mr Williams highlighted anticipated annual savings of £789k, alongside significant reductions in energy consumption and carbon emissions. He also highlighted that since the new EPC is funded via a repayable loan rather than upfront capital funding, changes in utility rates over the 10-year loan term could impact financial savings. If energy prices drop significantly, the Health Board may ultimately pay more on the loan compared to savings. Although the contract guarantees annual financial savings of £789k, if the implemented ECMs underperform, there may be financial penalties for the provider. Additionally, any downtime caused by HDdUHB could lead to lost savings, requiring close monitoring.

In response to Mr Weirs enquiry regarding cost savings and whether they were based on the current year's tariffs, Mr Williams indicated that the savings were based on 2023-24 tariffs and will be reviewed when the project goes live. Forecasted utility prices are expected to rise over the next 10 years. In response to Mr Weirs supplementary question, Mr Thomas confirmed that the savings were included in the Financial Plan going forward.

*Mr Williams left the meeting.*

#### **Decision:**

The Committee:

- **RECEIVED ASSURANCE** from the current project development including the financial and risk status.
- **NOTED** the ongoing scrutiny to finalise the Investment Grade Proposal to support sign off to inform the Board paper for May 2025, and WG business case approval process.
- **NOTED** the further procurement work and approval requirements to appoint the HDdUHB client side support team.
- **RECOMMENDED** for onward ratification by Board on 29 May 2025 the Energy & Carbon programmes of work – New Energy Performance Contract outline.

**SPC (25)20**

**5th LINAC**

*Mr Ayres and Ms Anne Simpson joined the meeting.*

Ms Anne Simpson presented the Approval to Progress with 5th Linac (Radiotherapy Treatment machine) Business Case,

highlighting that the South West Wales Cancer Centre (SWWCC) serves almost a third of Wales' population and is one of three specialist cancer centres. Radiotherapy is a critical treatment for cancer patients, and demand is projected to increase significantly. The centre currently operates four Linacs but faces capacity constraints due to rising treatment demand. Without additional resources, waiting times for radiotherapy will continue to increase, potentially affecting patient outcomes.

The business case advocates utilising an existing empty bunker at Singleton Hospital to house a 5th Linac, with plans to operationalise it by 2026/2027. This would help meet increasing demand for radiotherapy services. Indicative revenue costs for operating the 5th Linac are approximately £2m, split equally between SBUHB and HDdUHB. The capital cost is estimated at £5m.

Beyond the 5th Linac, additional expansion options include constructing new bunkers and exploring a satellite centre for long-term service sustainability. Demand projections suggest the need for seven Linacs by 2030/31. The approval process requires joint Health Board revenue funding and Welsh Government major capital approval. Delays in implementation pose significant risks to patient safety, service delivery, and healthcare performance metrics.

*Mr Ayres and Ms Simpson left the meeting.*

**Decision:**

The Committee:

- **RECOMMENDED** for onward ratification by Board on 29 May 2025 the 5th Linac brief in order to approach WG for a scoping meeting, in view of formally initiating the capital project.
- **NOTED** the risk that the 5th Linac may not be fully operational by 2026/27, and that limited interim solutions (e.g. outsourcing) will need to be explored, and these have significant revenue consequences.
- **NOTED** the seriousness of adverse patient safety and outcomes including the mortality risk if the 5th Linac development does not proceed at pace.

**SPC (25)21**

**JCC Planning, Performance and Finance Sub-Committee Reports**

The Strategy and Planning Committee **NOTED** the Joint Commissioning Committee Planning, Performance and Finance Sub-Committee Highlight Report.

**SPC (25)22**

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

The Strategy and Planning Committee **NOTED** the SPC Annual Workplan.

**SPC (25)23**

**Date and Time of Next Meeting**

**1 July 2025, 09:30 - 12:30, Ystwyth Boardroom & MS Teams**

28 August 2025

30 October 2025

18 December 2025

26 February 2026