MINUTES OF THE HDd STRATEGY AND PLANNING COMMITTEE MEETING

Date of Meeting: **09:30, Thursday 30 October 2025**
Venue: **Microsoft Teams**

Present:
Mr Winston Weir, Independent Board Member, Chair
Mr Michael Imperato, Independent Member
Ms Chantal Patel, Independent Member
Ms Eleanor Marks, Independent Member

In Attendance:
Mr Lee Davies, Executive Director of Strategy and Planning
Ms Alwena Hughes Moakes, Communications and Engagement Director
Dr Ardiana Gjini, Executive Director of Public Health
Mr Huw Thomas, Director of Finance
Mrs Joanne Wilson, Director of Corporate Governance/Board Secretary
Mr Keith Jones, Director of Operational Planning & Performance, deputising for Mr Andrew Carruthers, Chief Operating Officer
Mrs Helen Mitchell, Committee Services Officer

Items SPC(25) 72 and **SPC(25) 77**
Mr Shaun Ayres, Director of Delivery
Ms Katrina Davies, Project Support Officer
(Mr Dan Warm, Head of Planning)

Item SPC(25) 74 and **SPC(25) 76**
Mrs Eldeg Rosser, Head of Capital Planning

Items SPC(25) 73 and **SPC(25) 75**
Mr Paul Williams, Head of Property Performance

Item SPC(25) 78
Mr Nathan Davies, Senior Project Manager

Item SPC(25) 79
Ms Trina Nealon, Principal Public Health Officer

Item SPC(25) 81
Mr Owain Williams, Clinical Director of Pharmacy and Medicines Management
Ms Elizabeth Williams, Lead Pharmacist Clinical Services

Items SPC(25) 81, SPC(25) 82 and **SPC(25) 83**
Ms Rhian Bond, Assistant Director of Primary Care

Minutes Ref.		Action
SPC(25) 64	**Welcome and Apologies** Mr Winston Weir welcomed members to the third Strategy and Planning Committee (SPC) meeting.	

The following apologies for absence were noted:

- Mr Maynard Davies, Independent Board Member, Vice Chair
- Mr Andrew Carruthers, Chief Operating Officer

SPC(25) 65 Declarations of Interests

There were no declarations of interest.

SPC(25) 66 Minutes from the Strategy and Planning Committee Meeting on 28 August 2025

RESOLVED - the minutes of the Strategy and Planning Committee (SPC) meeting held on 28 August 2025 were APPROVED as an accurate record of proceedings.

SPC(25) 67 Table of Actions the Strategy and Planning Committee meeting on 28 August 2025

All actions were listed as complete.

SPC(25) 68 Minutes from the Chair's Action Meeting on 15 September 2025

The Committee **NOTED** the Chair's action in relation to the Glangwili Hospital (GGH) Front Door project. Mr Keith Jones confirmed that the proposal had been approved by the Board and subsequently supported by Welsh Government (WG).

Construction is scheduled to commence on 17 November 2025.

SPC(25) 69 Matters Arising

No matters arising were raised.

SPC(25) 70 Ratification of Chairs Actions - Glangwili Front Door - Opportunities for Improved Patient Flow

The Committee **NOTED** the ratification of the Chair's Action and **RECEIVED ASSURANCE** on the project's progress and implementation timeline.

SPC(25) 71 Assurance and Risk Report

Mr Lee Davies, Dr Ardiana Gjini, and Mr Jones presented the Assurance and Risk report, highlighting the following:

- Risk 1197: *Implementing models of care that do not deliver our strategy:* Concerns regarding the implementation of care models not aligned with strategic direction due to uncertainty around estates planning.
- Risk 1185: *Consistent and meaningful engagement:* Ms Alwena Hughes Moakes reported progress towards continuous engagement and invited members to participate in ongoing activities. Mr Weir indicated that he wished to be involved and Mrs Hughes Moakes agreed to liaise with him regarding his contribution. **AHM**
- Risk 1844: *Risk of not being able to provide a timely and effective Public Health service due to limited public health*

Consultant capacity: Dr Gjini confirmed improvements due to staff returning from long-term absence.

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; and

Welsh Health Circulars (WHCs)

- **RECEIVED ASSURANCE** from the lead Executive Director 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(25) 72 Targeted Intervention Update: SPC De-escalation Criteria Assessment

Mr Shaun Ayres and Ms Katrina Davies joined the meeting.

Mr Lee Davies and Mr Shaun Ayres presented the Targeted Intervention: De-escalation Assessment report, highlighting the following:

- The Health Board remains at Alert status in respect of the requirement to develop a credible Annual Plan.
- The 2025/26 Annual Plan initially met the £31.5m control total but WG later revised the expectation to £24.1m.
- HDdUHB intially responded with a revised forecast of £30.0m (including addressing a £2.0m National Insurance (NI) shortfall), with Month 6 now reporting a £27.8m deficit.
- £22.5m in cost reduction options were identified, with robust Quality Impact Assessment (QIA) processes in place.
- Despite the improvements made, the Health Board has not yet secured WG approval for the revised plan, emphasising HDdUHB's financial uncertainty and the need for a sustainable trajectory in order to break even.

Mr Ayres advised that the 2026/27 planning process has been formally adopted with 605 risks logged and categorised. Clinical Care Groups (CCGs) are now leading integrated planning efforts whilst strategic and operational planning is being developed as a single process. A shift toward a three-year planning horizon is underway, but full integration is still developing.

Mrs Alwena Hughes Moakes indicated that the Clinical Services Plan (CSP) Consultation closed in August 2025 with nearly 4,000 responses and over 100 alternative options. Final decisions are expected in February 2026 (delayed from November 2025). The Committee noted that the CSP is well-governed, with external assurance and a transparent process for evaluating public input, although the delay introduces planning uncertainty for 2026/27.

Regarding the Planning Maturity Matrix, Mr Lee Davies advised that the Health Board has adopted a more rigorous, evidence-based self-assessment process; and that WG has acknowledged the improved methodology and inclusive engagement.

Mr Lee Davies also advised that the Regional Joint Committee (RJC) and sub-groups are operational, with progress in orthopaedics, ophthalmology, Urgent and Emergency Care (UEC), and pathology. Resource constraints and variability across services remain challenging, while governance structures are maturing, and a regional Digital Strategy is in development.

Mr Michael Imperato queried whether any critical issues required further scrutiny. Mr Ayres confirmed that all key areas were being addressed and would be revisited in subsequent agenda items.

Mr Weir noted that HDdUHB has made significant progress in strategic planning maturity; and that the CSP is a standout area of strength. The Annual Plan remains a concern due to evolving WG financial expectations, not planning deficiencies. Continued Executive focus and Committee oversight are essential to sustain progress and meet WG expectations.

The Committee agreed to Advise the Board regarding the deficit shortfall.

Decision:
The Committee:

- **NOTED** the SPC De-escalation Criteria Assessment October 2025 Report.
- **RECEIVED ASSURANCE** as indicated in the body of the report.

SPC(25) 73 Prince Philip Solar Project

Mr Paul Williams presented the Prince Philip Hospital (PPH) Private Wire Solar Farm Connection Update report, indicating that although the project initially appeared promising offering potential carbon savings, financial benefits, and improved electrical resilience, it was ultimately deemed not viable for either the developer or the Health Board. The key reasons included:

- The cost of connecting the solar farm to the hospital's substation was prohibitively high due to the hospital's electrical capacity needs.

- The developer's financial offer was equivalent to current grid electricity costs, meaning there was no financial advantage for the Health Board. Additionally, future inflation would apply to this baseline, increasing long-term risk.
- HDdUHB could not commit to future electrical capacity requirements under the terms proposed.

Mr Paul Williams noted that although the private developer will continue with the broader solar scheme, the PPH element will not proceed. However, the Health Board remains engaged with the developer in the event that circumstances change.

In response to Ms Chantal Patel's enquiry, Mr Paul Williams confirmed that HDdUHB intends to reallocate the £600k Targeted Estates Funding (TEF) to other carbon-reduction projects, subject to WG approval.

Decision:
The Committee:

- **NOTED** the position on the PPH Private Wire Solar Farm Connection Project.

SPC(25) 74 Capital Programme for 2025-26 and Capital Governance

Ms Eldeg Rosser joined the meeting.

Ms Eldeg Rosser presented the Capital Programme for 2025/26 and Capital Governance Update Report, highlighting that VAT recovery on Withybush Hospital (WGH) works was returned to WG. The Committee noted that the total Capital Resource Limit (CRL) for the year was confirmed at £35.081m, comprising £27.950m from the All Wales Capital Programme (AWCP), £6.850m from the Discretionary Capital Programme (DCP), and £0.281m under International Financial Reporting Standard (IFRS) 16 Leases.

It was noted that the DCP allocation had increased to £10m for 2025/26, representing a 35% increase from the previous year. Despite this, the Health Board continues to face significant challenges in addressing a combined capital backlog of approximately £300m, including £266m in estates, £26.6m in medical devices, and £15m –18m in digital infrastructure.

The Committee was informed of several amendments to the CRL since the previous report, including both funding returns to WG due to underspends and new allocations for targeted schemes. Notable allocations included funding for mental health estate improvements, diagnostic equipment upgrades, and infrastructure works.

Ms Rosser highlighted a risk of overspend against the CRL, primarily due to the uncertainty surrounding the funding of urgent remedial works to the concrete cladding at WGH. The DCP has been overcommitted by £0.845m in anticipation of this funding,

and the outcome of the funding request is not expected until at least November 2025. Ms Rosser agreed to record a new risk regarding capital volatility. **ER**

Mr Weir reviewed the expenditure profile, which indicated that actual spend as of September 2025 was significantly below forecast, with only 15.6% of the allocated budget spent and 31.3% committed. This raised concerns regarding the timely delivery of the capital programme.

The Committee was also updated on the status of key capital projects:

- The Cross Hands Health and Wellbeing Centre remains red RAG-rated and was reported as being at Alert status due to ongoing scoping work and discussions with WG regarding a revised footprint and potential joint funding.
- HDdUHB's contract documentation for the lease of the Carmarthen Hwb project, led by Carmarthenshire County Council, was approved under seal by the Board on 25 July 2024. Construction is progressing well, and the expected completion date is early 2026.
- The hydrotherapy pool element of the development at Pentre Awel, (also led by Carmarthenshire County Council) is complete and currently being commissioned by the Health Board. Contractors for the Clinical Delivery Unit (CDU) are on site, and this phase is expected to be completed in early 2026/27.
- A tender process for partners to work on the Cylch Caron scheme, led by Ceredigion County Council, closed with no returns. WG requested a report outlining next steps for refreshing the Outline Business Case (OBC) and reviewing the resource schedule. A housing consultant has been commissioned to explore options for Ceredigion County Council's elements of the scheme. HDdUHB expects to respond to WG with an update in Autumn 2025.

The Committee was advised of the need to seal certain contracts associated with capital schemes, in line with governance requirements. A schedule of such contracts was provided for reference.

The Capital Sub-Committee (CSC) update from its meeting on 18 September 2025 was also received. No items were escalated for alert, seven items were noted for advice, and four items were confirmed for assurance.

The Committee agreed to Advise the Board of the emerging capital risk and the need for a new operational risk entry.

Decision:

The Committee:

- **RECEIVED ASSURANCE** from the update on the Capital Programme and CRL for 2025/26 and discussed the potential overspend.
- **NOTED** the allocation of the DCP for 2025/26 and the changes since Board ratification.
- **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 and discussed the status of the Cross Hands scheme.
- **RECEIVED ASSURANCE** from the Capital Sub Committee update in Annex 2.

SPC(25) 75 Estate Condition and Performance Update

Mr Paul Williams presented the Estate Condition and Performance Update, indicating that HDdUHB is planning to update its estate condition and performance data, referencing two key documents:

- The NHS England Estatecode Guidance which is undergoing consultation and is expected to be adopted in Wales. It reflects challenges similar to those faced by NHS Wales, including:
  - Ageing estate
  - Financial constraints
  - Compliance and risk management
- The Backlog Maintenance Report which outlined the scale of the Health Board's maintenance backlog raised numerous concerns. Mr Paul Williams emphasised the urgency of strategic investment and the need for improved visibility of estate risks.

The Committee noted that HDdUHB intends to develop a new Estate Strategy aligned with the CSP and future infrastructure needs; undertake updated 6-facet surveys to assess estate condition, compliance, and functionality; and use digital tools and technologies, such as asset registers and lifecycle analysis, to improve data quality and support investment decisions.

Mr Paul Williams indicated that the Health Board is exploring digital transformation, sustainability, and productive delivery models as part of its estate planning and is engaging with other NHS organisations (e.g. Cardiff and Vale University Health Board (CVUHB)) and WG to ensure alignment.

Mr Lee Davies indicated that HDdUHB aims to develop a new Estate Strategy for the short, medium, and long term, aligned with the CSP and future service models. He emphasised the importance of updating the 6-facet surveys to provide granular detail on estate condition and performance, which would inform investment decisions over the next decade.

In response to the Committee's query regarding timelines, Mr Lee Davies noted that the timing of the Estate Strategy development would depend on the alignment with the CSP. He suggested that the Health Board could begin developing the Strategy in early 2026, but did not commit to a specific completion date, acknowledging that it was still uncertain.

Decision:
The Committee

- **NOTED** the position on the Estate Condition and Performance Project and the next steps.

SPC(25) 76 Strategy Refresh

Mr Lee Davies presented the Strategy Refresh report, confirming that it builds on the 2018 A Healthier Mid and West Wales (AHMWW) strategy, and emphasising that the Refresh is not a radical overhaul but a refinement based on updated public and staff engagement. Mr Lee Davies highlighted that the engagement is focused on understanding what matters most to people in terms of health and wellbeing, rather than specific service changes; and in response to Ms Eleanor Marks' question, confirmed that the Strategy is being developed in alignment with the CSP and will be presented at the Board meeting on 29 January 2026.

Ms Hughes Moakes provided a detailed update on Phase 2 engagement, which includes:

- Hospital walkarounds
- Staff and outpatient conversations
- Attendance at community events
- Digital engagement via "Have your say" and social media

Ms Hughes Moakes reported over 672 face-to-face engagements, 159 online responses, and six freepost submissions. She encouraged Independent Members (IMs) and Executives to participate in engagement sessions, stressing the importance of continuous engagement rather than one-off consultations, especially following recent formal consultations.

Mr Nathan Davies outlined the use of Copilot AI to analyse qualitative data from Phase 1 engagement, describing a six-step thematic analysis process applied to responses from both the Health Board's platform and YouGov. He identified five key themes:

- Equitable Access to Health and Support Services
- Holistic Prevention and Lifestyle Support
- Mental and Emotional Wellbeing
- Social Connection and Community Belonging
- Empowering Environments and Autonomy

Mr Nathan Davies proposed replicating the same analytical process for Phase 2 data.

Mr. Weir welcomed the approach, commended the use of AI for thematic analysis, and encouraged greater involvement of third-sector organisations and schools, noting that young people provide distinct perspectives on digital technology compared to older generations. Ms. Hughes Moakes agreed to review the extent of school participation in the consultation so far. Mr. Weir also supported the continuous engagement model and highlighted the importance of anticipating future population needs. **AHM**

Ms Patel raised a question regarding safeguards and oversight when using AI tools such as Copilot and emphasised the need for consistency and transparency in how questions are asked, and data is analysed.

Mr Lee Davies noted that HDdUHB would probably not have had the capacity to analyse the public feedback without use of Copilot, particularly given that CSP and Prince Philip Hospital (PPH) Minor Injuries Unit (MIU) consultations were running in parallel.

Mr Thomas supported the approach adopted by Mr Nathan Davies, describing the method as a robust, transparent and rich way of using generative AI for public engagement analysis, and suggested that the Health Board should consider publishing the process as a learning tool for other organisations. He provided assurance that Copilot has the Information Governance (IG) clearance necessary to include HDdUHB documents within it. Mr Thomas also indicated that he had been asked by the Chief Executive to lead a project through the Digital Data and Innovation Committee (DDIC) to develop protocols for the use of generative AI, including safeguards and governance. This work would build on existing protocols for machine learning already in place. Mr Weir agreed to update Mr Maynard Davies (Chair, DDIC) on the expected report. **HT/ND** **WW**

The Committee was supportive of the Strategy Refresh process, endorsing the engagement approach and the themes emerging from public feedback. There was a shared recognition of the importance of aligning the Strategy with the CSP, digital transformation, and population health priorities.

Decision:
The Committee:

- **NOTED** the information regarding the process used for the Strategy Refresh.
- **NOTED** the information about the progress made on the Strategy Refresh process.
- **NOTED** the intention to present the results of Phase 2 engagement activity at the Public Board meeting on 29 January 2026.

SPC(25) 77 Annual Plan Progress: Including Planning Objectives Update

Mr Dan Warm joined the meeting.

Mr Lee Davies introduced the Update on 2025/26 Annual Plan and the 2026/27 planning cycle, highlighting HDdUHB's risk-based planning approach, particularly the categorisation of risks into Route 1 (manageable within current resources), Route 2 (requiring resource reallocation), and Route 3 (strategic/system-wide issues). He acknowledged the importance of aligning planning with strategic transformation, including the shift-left agenda and the CSP. Mr Lee Davies also emphasised the need for Executive ownership and early oversight of savings plans, especially in light of the audit findings from the 2025/26 planning round, which had revealed over-reliance on high-risk or "pipeline" savings schemes.

Mr Ayres emphasised the importance of deliverability in the planning process, noting that the Health Board must be realistic about what can be achieved within available resources. Mr Ayres clarified that Route 2 risks do not imply new funding, but rather resource reallocation. He also indicated that HDdUHB would narrow down the 600+ risks to approximately three core risks per Clinical Care Group (CCG) to focus planning efforts, highlighting the need for an iterative planning process, and acknowledging that not all risks can be resolved immediately, but that prioritisation and transparency are key.

Mr Ayres highlighted the following:

- The risk stratification approach (Routes 1 - 3) to prioritise planning decisions.
- The need for Executive validation of proposals, especially those requiring resource reallocation.
- The importance of early oversight to avoid over-reliance on uncertain savings schemes.
- Recognition of the pressure on staff and the need for clear communication about difficult decisions.

Mr Dan Warm provided a detailed update on the status of the 2025/26 Annual Plan, confirming that all four Planning Objectives (POs) aligned to SPC (PO6, PO7, PO8, PO10) were currently on track. He indicated that none of the 38 enabling actions had been completed yet, but 27 were on track, seven delayed but achievable, and four would not be achieved in-year.

Addressing the 2026/27 planning cycle, including the use of a Planning Prioritisation Matrix to categorise the 605 risks, Mr Warm referenced the three risk routes and the process for identifying which risks could be managed internally and which required escalation. These would be the highest scoring and most critical risks, with others managed through governance or tolerated where necessary. He confirmed that the October 2025 workshop had

helped refine priorities and that further workshops in November and December 2025 would finalise decisions.

In response to Mr Weir's request for clarification on what "on track" means in relation to the four Planning Objectives aligned to SPC, specifically, he enquired whether "on track" referred to processes or outcomes, Mr Warm responded that "on track" refers to progress against the defined processes and measures set out in the planning objectives. These were previously assured through the Committee and are being monitored via Plans on a Page and quarterly updates.

Mr Warm confirmed that the CCGs were responsible for providing updates and RAG ratings for the enabling actions. These were signed off by the relevant Executive Directors and aligned with WG's planning framework.

Mr Weir raised a concern about residual risks and how the Health Board would manage those that cannot be mitigated due to resource constraints. He also asked how this would be balanced with the duty of candour for clinical staff, and Mr Ayres, acknowledging the challenge, stated that the planning process would include transparent decisions about which risks would be tolerated. These would be actively monitored, and triggers for escalation would be defined. He emphasised that prioritisation would be based on deliverability, not only risk severity. Mr Ayres confirmed that the risks included both corporate and operational risks, and that strategic risks were being considered, especially those aligned with transformation goals such as the 24/7 model and shift-left agenda.

Mr Ayres, Ms Katrina Davies and Mr Warm left the meeting.

Decision:
The Committee:

- **RECEIVED ASSURANCE** from the update on the 2025/26 Annual Plan.
- **NOTED** the current status of the four Planning Objectives aligned to the Plan.
- **NOTED** the update on progress against the Planning Cycle and the associated risks for developing the 2026/27 Plan.

SPC(25) 78 Planning Objective 8: Estates Plan

Ms Rosser presented the Planning Objective (PO) 8: Estates Plan report, indicating that PO8 is now considered on track, following a rebasing of the programme for 2025/26. This reflects ongoing WG discussions regarding strategic capital support. She noted that WG had asked the Health Board to explore a phased redevelopment of WGH. A follow-up meeting was scheduled for 4 November 2025 to discuss potential scenarios and capital implications.

Ms Rosser confirmed that an interim Estate Strategy would be developed in 2026 to align with the CSP and the refreshed AHMWW strategy, highlighting the updated estate backlog figure of approximately £265.8m, up from £255.5m the previous year.

As previously outlined by Mr Williams, Estatecode 6-facet surveys will be conducted to assess estate condition, functionality, compliance, and environmental performance.

The following updates were provided on Community Schemes:

- Carmarthen Hwb construction is progressing well, with expected completion in early 2026.
- The Pentre Awel hydrotherapy pool is complete; the Clinical Delivery Unit (CDU) is currently expected to finish in early 2026/27.
- The Cylch Caron tender process failed and Ceredigion County Council are reviewing the way forward.
- The Fishguard Health and Wellbeing Centre site selection workshop is delayed to November 2025.
- WG are currently exploring collaborative development options for Aberystwyth Integrated Care Centre (ICC).

In response to Ms Marks' question, Ms Rosser indicated that her greatest concern was the uncertainty around the long-term future of the GGH site which affects capital planning decisions, specifically to ensure that the highest-risk estate issues are being addressed through the major infrastructure programme, which has WG support. These include critical risks such as leaking roofs and fire compliance. A prioritised list of the top 10 risks has been agreed, and procurement plans are underway to address them over the next four to five years. Mr Lee Davies shared the Capital Programme for 2024/25, 2025/26 and Capital Governance Update Report (https://hduhb.nhs.wales/about-us/governance-arrangements/board-committees/strategy-and-planning-committee-spc/strategy-and-planning-committee-24-april-2025/5-1-capital-programme-for-2025-26-and-capital-governance/) which was presented to SPC on 24 April 2025 categorising the risks and outlining the prioritisation process.

Mr Lee Davies added that while the Health Board is actively managing the most critical risks, many others are being tolerated longer than ideal due to resource constraints.

Decision:
The Committee **RECEIVED ASSURANCE**:

- From the progress of discussions with WG in relation to progressing the AHMWW Programme. This includes WG support to progress the ten highest risk estate backlog schemes and the support to refresh HDdUHB's major infrastructure Programme Business Case (PBC).

- From the consideration being given to the 6-facet surveys to provide a comprehensive property appraisal methodology to assess a number of key areas.
- From the aim to develop an interim Estate Strategy in 2026 to align to the outputs of the CSP and AHMWW refreshed strategy.
- From the progress of Community Schemes.

SPC(25) 79 Partnership Governance Assurance Report

Ms Trina Nealon joined the meeting.

Dr Gjini introduced the Partnership Governance Assurance Report, as a means to provide assurance to SPC regarding the governance arrangements of the Health Board's statutory partnerships. These include:

- The West Wales Regional Partnership Board (RPB)
- The three Public Services Boards (PSBs): Carmarthenshire, Ceredigion, and Pembrokeshire

Outlining how these partnerships are structured and governed, and how they align with the Health Board's strategic priorities, particularly in relation to population health and prevention, Dr Gjini indicated that the RPB guidance from WG had recently been updated, clarifying the role of the Responsible Officer (now the Chief Executive, Prof Phil Kloer). There is ongoing work to streamline subgroups under the RPB, such as the Prevention Board and the Children and Young People's Board, to improve alignment and effectiveness.

Ms Trina Nealon outlined the structure of the RPB, highlighting the complexity and number of subgroups, and indicating that some subgroups are active and meet regularly, while others have not met for some time. The structure is currently under review to improve alignment and effectiveness. The Executive leads for the partnerships are:

- Mr Joe Patterson for the RPB
- Dr Gjini for the PSBs

Ms Nealon outlined four options currently under consideration by the three PSBs for future collaboration:

- Maintain current arrangements
- Merge into a single regional PSB
- Form a formal collaborative (with or without a strategic coordinating group)
- Merge two of the three PSBs

The Committee noted that Ceredigion PSB had scheduled a workshop in November 2025 to discuss the options, while similar discussions were expected in Pembrokeshire and

Carmarthenshire. The outcomes of these discussions would inform future governance and strategic alignment.

Asked about the timeline for when the three PSBs would reach a decision on the collaboration options presented in the report, Dr Gjini indicated that all three PSBs had received the options paper. She confirmed that Pembrokeshire PSB had voted in favour of a merger, while Carmarthenshire and Ceredigion were still considering their positions. She expected that a formal alignment or decision would be reached in the next quarter (early 2026).

At Mr Weir's request, Dr Gjini agreed that the next time the item returns to the Committee, it would include an update on the Population Needs Assessment, to facilitate better understanding of the needs of the population and how planning will respond. Dr Gjini emphasised that the Population Needs Assessments conducted by the PSBs in 2022–2023 showed similar priorities across the three counties - poverty, climate change/sustainability, and prevention, supporting the case for greater regional alignment. **AG/TN**

In response to Mr Imperato's enquiry regarding an exemplar PSB which was delivering outstanding results, and whether there were any PSBs that were underperforming, Dr Gjini referenced the recently published Well-being of Future Generations Commissioner's 10-year report, which highlighted good practice. She noted that Gwent, where six Local Authorities had merged into a single PSB, was often cited as a positive example of regional collaboration. She also mentioned that other organisations like Natural Resources Wales (NRW) face similar challenges in working across multiple PSBs, and that HDdUHB has aligned well with such partners.

Dr Gjini referenced the Area Planning Board (APB) for Substance Use Services and agreed to present an update on its governance and delivery to a future SPC meeting. **AG/TN**

In response to Ms Marks' questions regarding whether there were any metrics to measure the effectiveness of PSB interventions on health outcomes; and how much time the Health Board spends managing partnerships versus the actual impact delivered, Dr Gjini indicated that effectiveness is measured through Population Needs Assessments, which are refreshed every three years. She acknowledged that some PSBs are more strategic than operational. Ms Marks' concern about the complexity and fragmentation of partnership working was acknowledged as valid and shared by others.

Decision:
The Committee:

- **RECEIVED ASSURANCE** regarding the governance arrangements of strategic partnerships with West Wales RPB; the sub-groups of the Preventions Board; the CYP

Board; and the PSBs of Ceredigion, Carmarthenshire and Pembrokeshire.

SPC(25) 80 Wellbeing Objectives Annual Report

DEFERRED until SPC on 18 December 2025, ahead of submission to Board for approval on 29 January 2026.

SPC(25) 81 Review of Clinical Pharmacy Services at NHS Hospitals in Wales

Ms Rhian Bond, Mr Owain Williams and Ms Elizabeth Williams joined the meeting.

Mr Owain Williams presented the Welsh Government's Independent Review of Clinical Pharmacy Services at NHS Hospitals in Wales, indicating that the review was commissioned by WG and conducted by the Royal Pharmaceutical Society (RPS). It identified 60 actions across four key themes:

- Enabling pharmacy professionals to practise where they add most value
- Developing hospital pharmacy teams to deliver outstanding clinical care
- Strengthening quality, leadership, and governance
- Realising the potential of digital, automation, and technology

In terms of progress to date, Mr Owain Williams indicated that 21 of the 60 actions (35%) have been completed and incorporated into practice. The remaining 39 actions are either in progress or require external support from bodies such as Health Education and Improvement Wales (HEIW), WG, or the Directors of Pharmacy Peer Group. Five Delivery Assurance Groups have been established nationally to support implementation, and HDdUHB pharmacy staff are actively involved in these.

Mr Owain Williams confirmed the following key achievements and initiatives:

- Clinical Prioritisation
  13 Pharmacy Technicians trained to identify patients needing pharmacist intervention.
  Enabling Quality Improvement in Practice (EQIiP) projects which demonstrated the value of early pharmacy involvement in emergency care to reduce medication errors.
- Urgent and Emergency Care (UEC)
  Pharmacy services are provided during core hours in UEC settings.
  Expansion is limited by workforce constraints.
  Proposals for Clinical Streaming Hubs include pharmacy roles, but recruitment is challenged by short-term funding.
- Prehabilitation and Preadmissions
  A part-time Prehabilitation Pharmacist is in post until 2026.

More data is needed to assess the impact of pharmacy involvement in preadmission services.

- Multidisciplinary Team (MDT) Working
  Pharmacists are embedded across specialties including mental health, cancer, stroke, and gastroenterology.
  Prescribing pharmacists are managing patient cohorts directly.
- Education and Workforce Development
  74% of secondary care pharmacists are active prescribers.
  Pharmacy students graduating from 2026 will be “prescriber-ready.”
  HDdUHB hosted 126 undergraduate placements in 2025/26.
  The first Consultant Pharmacist in Wales was appointed in HDdUHB Primary Care.
  The first accredited Technical Officer was appointed in HDdUHB.
- Digital Transformation
  Electronic Prescribing and Medicines Administration (EPMA) rollout planned for Q1 2026.
  Digital literacy training underway for pharmacy staff.

Mr Owain Williams indicated that workforce pressures and recruitment challenges may delay full implementation, and that sustaining core pharmacy services while expanding clinical roles is a balancing act. Effective workforce planning and service redesign are essential to meet future NHS demands.

In response to Ms Marks’ enquiry regarding the relationship between pharmacists and GPs, particularly in the context of independent providers and community pharmacy and how this relationship supports the population and whether it is being fully utilised, Mr Williams indicated that the relationship is evolving, especially with the expansion of independent prescribing in community pharmacies. There is a need for governance and mentorship to support pharmacists working independently, and HDdUHB is working to improve data sharing and digital integration so that GPs and pharmacists can see each other's prescribing activity. He acknowledged that while progress is being made, more work is needed to ensure joined-up care across primary and secondary sectors.

Mr Weir enquired what the priorities for planning should be in relation to the review and how HDdUHB compares to other Health Boards in Wales. Mr Owain Williams advised that HDdUHB is not behind other Health Boards and has areas of excellence, such as in mental health and cancer services. The priority is to embed pharmacists in MDTs and expand their roles in areas such as emergency care and chronic disease management. He emphasised the importance of electronic prescribing and digital transformation as enablers of future service improvement.

In response to Ms Patel’s question regarding clinical prioritisation and whether data is being collected to demonstrate its impact and cost-effectiveness, Mr Owain Williams responded that HDdUHB is

working on Value-Based Healthcare (VBHC) and Patient Reported Outcome Measures (PROMs)/ Patient Reported Experience Measures (PREMs). The EQIiP project has already shown the value of pharmacy interventions in emergency care, although Mr Owain Williams acknowledged that more work is needed to systematically collect and analyse data to demonstrate the impact of clinical prioritisation.

Ms Rhian Bond, indicating that the Health Board is working on supplementary service specifications to better integrate services between GPs and community pharmacies, reinforced Mr Owain William's response, highlighting that:

- Access to GP appointments is decreasing, while community pharmacy activity is increasing.
- There is a need for better data systems to track patient journeys and outcomes across services.

Mr Owain Williams concluded that while significant progress has been made, continued innovation, digital transformation, and workforce development are critical to delivering the review's recommendations. He emphasised the need for sustainable models and permanent roles to support clinical pharmacy's evolving contribution to patient care.

Decision:
The Committee:

- **NOTED** the content of the Welsh Government's Independent Review of Clinical Pharmacy Services at NHS Hospitals in Wales Report and the achievements to date across the actions recommended within the WG Review.
- **NOTED** the ongoing work and development within HDdUHB and in collaboration with external organisations to support and achieve recommendation within the Review.
- **SUPPORTED** the recommendation to update actions, completion dates and deadlines within the recommendations on AMAT, where actions have now been updated or identified for external national development. Details of the changes to be agreed through the CCG governance structure.

SPC(25) 82 **Deep Dive PO7: Primary Care and Community Strategic Plan Update**

Ms Bond presented the Primary Care and Community Strategic Plan Update, highlighting the following:

- The plan supports the "shift left" agenda, moving care closer to home and strengthening community-based services.
- Approximately 90% of patient contacts occur in primary and community services, making them central to the health system.

- The service has evolved from being considered fragile (especially General Practice) to one with strong clinical engagement and strategic momentum.
- Over the summer, engagement with Professional Collaboratives and seven Clusters helped shape the plan, identifying key themes:

    - Continuity of care
    - Access and quality
    - Coordination between primary and secondary care
    - Innovation in service models

Ms Bond indicated that a mapping exercise is underway to align cluster-level suggestions with clinical feedback, revealing consistent priorities; and will be presented at the Board meeting on 29 January 2026, including:

- Strategic vision
- Clinical model
- Stakeholder engagement summary
- Risks of maintaining the status quo
- Implementation considerations

Ms Bond also indicated that national contract negotiations (General Medical Services (GMS), pharmacy, optometry, dental) are ongoing and the plan must remain flexible to accommodate national developments.

In response to Ms Marks' question regarding the timeline and assurance for delivering a robust strategic plan, Ms Bond confirming that the full Strategic Plan would not be complete by January 2026, but the vision, priorities, and strategic direction would be presented, emphasised that the January 2026 report would include the foundational elements and next steps for implementation. She acknowledged the need to align with national contract negotiations and the CSP.

Ms Marks, emphasising the importance of aligning the Plan with the Social Model for Health and Well-being (SMfHW), the CSP and long-term transformation goals, encouraged Executive-level discussions to ensure strategic coherence.

Dr Gjini supported Ms Bond's approach and confirmed that the SMfHW and population health principles were being embedded in the Strategy.

Ms Marks also emphasised the importance of having a clear and timely Primary Care Strategy, noting that the Health Board had been without one for too long.

Decision:
The Committee:

- **RECEIVED ASSURANCE** regarding the progress made in developing the Primary and Community Services Strategic Plan.

SPC(25) 83 Pharmaceutical Needs Assessment

Ms Bond presented the Pharmaceutical Needs Assessment (PNA), highlighting that the PNA is a statutory requirement under Section 82A of the NHS (Wales) Act 2006 and the NHS (Pharmaceutical Services) (Wales) Regulations 2020. HDdUHB published its last PNA on 1 October 2021. Since then, two supplementary statements have been issued:

- June 2023: Following the closure of the dispensary at Solva Surgery.
- February 2024: Following the closure of Superdrug in Llanelli.

A revised PNA is now being developed ahead of the five-year deadline, with a Steering Group and Working Group established to oversee the process. Ms Bond indicated that the revised PNA will include updated cluster-level information, with input from Community Pharmacy Wales, Public Health, and Llais. A detailed timeline was shared, showing key milestones from October 2025 through to publication in October 2026, including a 60-day public consultation from May to June 2026.

Mr Weir enquired whether the Health Board was confident that the timeline for revising the PNA was achievable and whether the necessary engagement and governance were in place. Ms Bond, confirming that the timeline was realistic and achievable, with clear governance structures in place, emphasised that the Steering Group includes key stakeholders and that the process is aligned with national guidance. The Committee noted that the consultation period would follow the same format as the original PNA, as advised by WG.

The Committee expressed support for the structured and collaborative approach being taken, recognising the importance of the PNA in informing pharmacy service planning, particularly in light of recent service changes and closures. The Committee appreciated the transparency and forward planning demonstrated in the timeline and governance arrangements.

Decision:
The Committee:

- **NOTED** the process set out to review and update the Pharmaceutical Needs assessment for HDdUHB and the associated timeline.

SPC(25) 84 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) 85 **Regional Joint Committee 3As Update Report to Hywel Dda and Swansea Bay University Health Boards (September 2025)**

The Committee **NOTED** the Regional Joint Committee 3As Update Report to Hywel Dda and Swansea Bay University Health Boards.

SPC(25) 86 **Strategy & Planning Committee Workplan 2025-26**

The Committee **NOTED** the Strategy & Planning Committee Workplan 2025-26

SPC(25) 87 **Date of Next Meeting**

18 December 2025, 09:30 - 12:30, MS Teams

26 February 2026