MINUTES OF THE HDD_Strategy and Planning Committee MEETING

Date of Meeting: **09:30, Tuesday 01 July 2025**
Venue: **Microsoft Teams Meeting/ Ystwyth Boardroom**

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, Executive Director of Strategy and Planning
Mr Keith Jones, Director of Operational Planning & Performance, Deputising for Mr Andrew Carruthers, Chief Operating Officer
Dr Ardiana Gjini, Executive Director of Public Health
Mr Huw Thomas, Executive Director of Finance
Ms Joanne Wilson, Director of Corporate Governance/Board Secretary
Ms Jill Paterson, Director of Primary Care, Community and Long Term Care
Ms Nichola Couceiro, Head of Engagement, deputising for Ms Alwena Hughes Moakes, Communications and Engagement Director
Ms Donna Coleman, Llais West Wales
Ms Urvisha Perez, Audit Wales (Observing)
Mrs Helen Mitchell, Secretariat

Minutes Ref.		Action
	Items SPC(25) 30, SPC(25) 31 and **SPC(25) 32** Mr Shaun Ayres, Director of Delivery **SPC(25) 34** Mr Sion Charles, ARCH **SPC(25) 35** Ms Trina Nealon, Principal Public Health Officer **SPC(25) 36** Ms Linda Jones, Regional Partnership Programme Manager **SPC(25) 37** Ms Jo McCarthy, Consultant in Public Health Mr Ben Williams, Principal Public Health Practitioner Ms Liz Western, Senior Public Health Officer Mr Kevin Phelps, Head Teacher, Tavernspite CP School Louis, Chairperson, Templeton School Council Lowri, Templeton School Ambassador Bella, Chairperson, Tavernspite School Council Darcy, Tavernspite School Advisor	

SPC(25) 38 and **SPC(25) 39**
Ms Rhian Bond, Assistant Director of Primary Care

SPC(25) 39
Ms Laura Lloyd Davies, Cluster Development Manager

SPC(25) 40
Mr Owain Williams, Clinical Director of Pharmacy and Medicines Management
Ms Elizabeth Williams, Lead Pharmacist Clinical Services

Items SPC (25) 41
Ms Eldeg Rosser, Head of Capital Planning

Items SPC (25) 42
Mr Rob Elliott, Director of Estates, Facilities and Capital Management
Ms Christine Thomas, Assistant Major Capital Development Manager

SPC(25) 24 Welcome and Apologies

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

The following apologies for absence were noted:

- Mr Andrew Carruthers, Chief Operating Officer
- Ms Alwena Hughes Moakes, Communications and Engagement Director

SPC(25) 25 Declarations of Interests

Ms Chantal Patel declared an interest in agenda item SPC (25) 40: Capital Programme for 2025-26 and Capital Governance;

SPC(25) 26 Minutes from the Strategy and Planning Committee meeting on 24 April 2025

RESOLVED - the minutes of the Strategy and Planning Committee (SPC) meeting held on 24 April 2025 were APPROVED as an accurate record of proceedings.

Mr Weir sought clarification on whether the 5th Linac/ 6th Bunker Business Case previously endorsed at the SPC meeting on 24 April 2025 and subsequently via Chair's Action on 28 May 2025 had received approval from Swansea Bay University Health Board (SBUHB). Mr Lee Davies indicated that he anticipated the Business Case would be approved by the next SPC meeting on 28 August 2025.

SPC(25) 27 Table of Actions the Strategy and Planning Committee meeting on 24 April 2025

Whilst all actions were listed as complete Mr Maynard Davies indicated that he had not received the Value Based Health Care (VBHC) Strategic Plan. **HM**

SPC(25) 28 Corporate Risks Assigned to SPC

Although no reportable corporate risks were assigned to the Strategy and Planning Committee, concerns were raised regarding capital funding and strategic planning within Hywel Dda University Health Board (HDdUHB). Feedback from Welsh Government (WG) indicates a potential withholding of capital funds and consideration was given as to whether this should be escalated as a significant risk, given its implications for the Health Board's ability to maintain facilities and equipment. The primary concern, as viewed by the Board, pertains to the capital implications, the Estates plan, and the current status of that system. The principal risk will be addressed at the July 2025 Board meeting. Risk 1196 (referenced in the Capital Programme for 2025/26 and Capital Governance Update Report): (*There is a risk the Health Board is not able to provide safe, sustainable, accessible and kind services. This is caused by insufficient investment to ensure appropriate facilities, medical equipment and digital infrastructure of an appropriate standard. This could lead to an impact/effect on the Health Board's ability to deliver its strategic objectives, service improvement/ development, statutory compliance (i.e., fire, health and safety) and delivery of day-to-day patient care*) is intrinsically linked to the provision of safe, sustainable, and accessible services. There is an acknowledged need for a clear and updated organisational strategy, including an Integrated Medium Term Plan (IMTP).

The absence of such a strategy is identified as a risk, as it impacts the Board's capacity to manage deficits and achieve strategic objectives over a three-year period. Work is underway to develop a three-year financial plan and to assess the strategic alignment of various elements. The Strategy Refresh aims to establish a medium-term equilibrium between financial management and service delivery. It is intended that these risks will be discussed in forthcoming meetings to ensure comprehensive coverage and to identify any gaps. It was agreed that the risk regarding the potential withholding of capital funding would be presented to the next Strategy and Planning Committee (SPC) meeting for consideration. **JW/LD**

SPC(25) 29 Operational Risks Assigned to SPC

Risk 1855: *Risk of no non-drug adult allergy service due to the end of commissioning arrangements with Cardiff and Vale University Health Board (CVUHB):* Although working on an All-Wales basis, alignment of multiple Health Boards is expected to take several months. Professor Chris Fagan from Cardiff & Vale University Health Board (CVUHB) is involved. In the interim, HDdUHB has invited expressions of interest for innovative solutions to support patients over the next year. To date five responses have been received, with a further two expected.

When all responses are received, the position will be reviewed, and an update will be provided at the next meeting.

Risk 1695: *Risk to sustainability of Care Home Sector due to financial, operational and service level issues:* The Local Authority relationship is a significant factor in the location decision, supported by strong collaboration between stakeholders. However, legal work is ongoing, and the complexity of the situation was acknowledged.

Risk 1773: *Risk of Covid 19 vaccine waste due to ordering schedule and vaccine hesitancy:* Concerns were raised regarding the financial implications vaccine wastage, with assurance provided that the associated costs are borne by WG and are being minimised wherever possible. The greater risk was to vaccine hesitancy and the protection of the population, which is in the process of being addressed by HDdUHB through targeted engagement with the Community Development and Outreach team.

Risk 1844: *Risk of not being able to provide a timely and effective Public Health service due to limited public health Consultant capacity:* Interviews are scheduled for 8 July 2025 for the substantive vacant post. However, long-term sickness challenges remain. The current consultant structure, comprising of five consultants presents a significant risk; however, control measures are in place to maintain oversight across all priority areas.

Decision:
The Committee:

- **RECEIVEDASSURANCE** that all identified controls are in place and working effectively.
- **RECEIVED ASSURANCE** that all planned actions will be implemented within stated timescales and will reduce the risk further and/or mitigate the impact if the risk materialises.

SPC(25) 30 Targeted Intervention Update

Mr Shaun Ayres joined the meeting.

Mr Shaun Ayres presented the SPC – June 2025 De-escalation Criteria Assessment highlighting the interconnected nature of the De-escalation Criteria Assessment, the Annual Plan and the Maturity Matrix which all contain elements of Targeted Intervention planning maturity across the organisation. Mr Ayres emphasised the paradoxical nature of balancing finance, quality, and performance, and noted that each report builds upon the previous one, providing further clarity.

Regarding the Targeted Intervention, Mr Ayres drew the Committee's attention to the submission of the Annual Plan which, despite being considered a balanced approach to quality, finance, performance, and access in the current challenging situation, was deemed unsupportable when it was submitted to WG. WG later

indicated that the organisation's position had deteriorated significantly compared to 2024-2025, which was unacceptable.

Mr Ayres indicated that HDdUHB must now look at ways to further develop the Annual Plan, acknowledging that choices and decisions will need to be made, with trade-offs impacting the system. Transparency about the consequences of these decisions will be maintained.

Mr Ayres also referenced the importance of the Clinical Services Plan (CSP) process, which is underway. Stressing the need to ensure alignment with the Annual Plan and other considerations such as the Strategic Refresh and Financial Roadmap, he highlighted the early stages of the organisation's relationship as part of a Regional Joint Committee, noting that appropriate resourcing is crucial for driving programmes forward and achieving regional working expectations.

Decision:
The Committee:

- **NOTED** the June 2025 De-escalation Criteria Assessment for Targeted Intervention.

SPC(25) 31 **Annual Plan Progress: Including Planning Objectives Update**

Mr Lee Davies presented the Update on 2025/26 Annual Plan Report, highlighting ongoing discussions with WG regarding the Plan, with efforts to enhance its scope through greater integration and triangulation. He indicated that the Finance and Planning Committee (FPC) will oversee the financial aspects of the Plan; and advised the context and key areas within the Plan that require improvement. The need to identify and deliver an additional £7.5m in savings was emphasised.

Mr Ayres reported that cancer treatment has been a significant challenge over the past 24 months, with current performance levels meeting the escalation criteria for Targeted Intervention. He noted that performance has consistently remained above 60%, with recent improvements approaching the mid-60% range. There are concerns and challenges, including an increase in 104-week waits, which have risen from zero in March 2025. Significant concerns were raised regarding planned care, with performance falling short of the Annual Plan and Targeted Intervention criteria. Challenges with ambulance handovers and delayed packages of care (DPoC) were also noted. Mr Ayres highlighted ophthalmology R1 performance, which is deteriorating, with current performance at 34-35% against a target of 65% and a national expectation of over 90%. Non-obstetric ultrasound and MRI performance is also concerning at 51% against an 85% target.

The need for better coordination with health prevention, population health, and estate planning was considered following challenges from WG in these areas. The discussion concluded with a focus on the challenges associated with coordination and the necessity

for strategic planning to effectively address the issues identified. The Committee was encouraged to concentrate on the primary areas of concern and strive to meet the established targets.

Mr Ayres explained that future planning would take into account not only the health needs of the population but also the inherent risks carried by the Health Board within its strategic plans. These plans specifically aim to address the risks and incorporate wider strategies, such as the Primary Care Strategic Refresh. This approach would be central to next year's planning round.

Mr Michael Imperato emphasised the importance of viewing the Committee's work through a planning lens rather than a performance lens, acknowledging the challenge of separating these elements.

Mr Huw Thomas stressed the need for clear delineation of responsibilities between Committees, with FPC addressing the delivery challenge for the organisation. Agreeing with Mr Imperato’s point about the well-constructed and engaged plan, which addressed tensions during the planning cycle, he emphasised that the current focus should be on the delivery challenge rather than planning tensions.

Dr Ardiana Gjini, referencing the three-year planning for population health outcomes, highlighted Public Health plans, including the Health Improvement Plan and the Health Protection Plan for Vaccination Equity. She confirmed that the Health Board is operating within a three-year plan in this area.

Mr Maynard Davies, agreed with the separation of duties between Committees, however raised concerns regarding the request from WG to reassess the financial position. Highlighting the uncertainty regarding the approval of £11.7m capital investment which presents a challenge for planning, Mr Maynard Davies referenced Prof Phil Kloer's recent response to WG.

Mrs Joanne Wilson confirmed that the response was sent to all Independent Members and Mr Weir shared the key points from the response letter, noting the efforts to de-risk the Plan for the year and the indication that the Board could achieve £28m in savings.

Mr Thomas reiterating that the response remained subject to Board agreement on 31 July 2025 and the monthly position, emphasised that the forecast would not be revised until the Board had scrutinised the details.

Acknowledging the ongoing focus on a one-year perspective and the need to develop a financial plan that addresses service quality and performance challenges, Mr Weir proposed the consideration of a three-year framework for future meetings and emphasised the importance of developing long-term strategies to demonstrate

progress in population health, preventative initiatives, and digital transformation.

Mr Thomas agreed with the need for longer-term financial planning, noting that the Public Sector had been operating on an annual cycle due to the lack of a comprehensive spending review. With the recent comprehensive spending review, his team would provide the first indication of a three-year framework, forming the basis for discussions on a medium-term planning outlook, which would be presented to the Executive Team in the week commencing 7 July 2025.

Ms Chantal Patel raised the consideration of the potential political landscape in strategic planning, emphasising the need to account for political changes in the three-year planning cycle. Mr Lee Davies, highlighting the importance of providing assurance on the delivery of the current year's Annual Plan while considering the challenges and political volatility, noted the significant financial gap and the need to consider various scenarios and responses over the coming months.

Mr Weir appreciated the discussion and emphasised the need to address both financial and service challenges. He suggested moving towards a three-year planning approach and prioritising key areas. Emphasising the importance of developing long-term strategies to demonstrate progress in population health, preventative initiatives, and the digital transformation, Mr Weir expressed the hope for more dynamic engagement with WG and the development of an Integrated Medium-Term Plan (IMTP) process for the next meeting, which Mr Ayres acknowledged. **SA**

Decision:
The Committee:

- **DISCUSSED** the update on the 2025/26 Annual Plan.

SPC(25) 32 **Maturity Matrix**

In presenting the Planning Maturity Matrix Update (two-year follow-up) Report, Mr Lee Davies commended the team for their progress and emphasised the importance of the discipline the framework instils. He also highlighted the inherently subjective nature of the Maturity Matrix and the collective recognition of progress achieved.

Mr Ayres, outlining the scoring by both the Executive Team and senior leadership, noted the subjective process and the importance of recognising progress in the Annual Plan. Mr Weir expressed the need for a more rigorous assessment of strategic alignment and operational planning and highlighted the importance of developing an IMTP which aligns finance, performance, quality, clinical services, estate strategy, primary care and community services. Mr Thomas underscored the need to distinguish between process delivery and measurable outcomes and highlighted the ongoing challenge of achieving a financially balanced IMTP. Ms Patel expressed concern regarding

systemic challenges and the need for significant investment, whilst emphasising the importance of stable leadership, clear accountability frameworks and functional digital infrastructure.

Mr Weir highlighted the need for improved operational planning and the establishment of Clinical Commissioning Groups (CCGs), while Mr Keith Jones noted early progress in some areas and acknowledged the need for consistency across the organisation.

Mr Lee Davies, highlighting the need for a Strategic Refresh and the importance of recognising the outdated nature of the current strategy, emphasised the need for a multi-year financial sustainability plan.

Mr Weir noted the importance of the Maturity Matrix robust discussion and the need for further review from an Independent Member's perspective.

Mr Ayres left the meeting.

Decision:
The Committee:

- **REVIEWED** and **ENDORSED** the scoring of the Planning Maturity Matrix for the two-year review prior to its submission to Board on 31 July 2025, and subject to Board approval onward submission to Welsh Government.

SPC(25) 33 Estates Plan

Mr Lee Davies, presenting the Planning Objective (PO) 8: Estates Plan Report, indicated that progress continues, with ongoing coordination with WG aimed at developing a long-term strategic solution for healthcare infrastructure in West Wales. The implementation of PO 8: Estates Plan is currently subject to delays pending agreement with WG, with key issues including programme timescale, sequence, location, and capital costs requiring review. A shared strategy is being developed to address clinical service and estate fragility.

HDdUHB presented to the WG Infrastructure Investment Board (IIB) in January 2025, resulting in an agreement to develop a joint strategy document incorporating regional opportunities, particularly in collaboration with SBUHB. Follow-up workshops were held in March 2025, with further sessions scheduled for July 2025.

The upcoming WG meetings aim to clarify the status of the Programme Business Case (originally approved in January 2022 and now outdated) and identify interim priorities, focusing on key hospital sites and funding frameworks for strategic infrastructure modernisation; and necessitating a revised programme business case.

There was a discussion on the direction of travel and expectations from WG, the importance of alignment at every step, and the

challenges in obtaining agreements around equity due to the upcoming Senedd election. The condition of Withybush Hospital (WGH) and other key sites was also discussed, with emphasis placed on the significant investment required and the ongoing discussions regarding funding.

Mr Maynard Davies, raising concerns regarding the disparity between strategic plans and available funding, emphasised the need to shift greater focus towards Public Health and community services. He highlighted the constraints imposed by current funding levels, noting that WGH is the oldest hospital building in Wales; and the significant backlog of maintenance, whilst stressing the need for significant change to enable the delivery of 21st-century healthcare.

Mr Weir, while emphasising the need for assurance regarding progress and delivery, commended the Property Asset Strategy Plan outlined in Appendix 1. He acknowledged the progress made in community schemes and property delivery and highlighted the importance of setting out cost implications across different sites.

Decision:
The Committee **RECEIVED ASSURANCE** from the:

- Progress of discussions with WG in relation to advancing the 'A Healthier Mid and West Wales' (AHMWW) Programme.
- Progress of Community Schemes
- Progress against the delivery of the Property Asset Strategic Plan (2023 – 2026) (Appendix 1).

SPC(25) 34 Regional Joint Committee Update Report and A Regional Collaboration for Health

Mr Sion Charles joined the meeting.

The Committee received and noted the Regional Joint Committee Update Report and A Regional Collaboration for Health.

Mr Charles left the meeting.

Decision:
The Committee **NOTED** the:

- Report of the RJC meeting held on 7 May 2025 and Regional Clinical Services Group on 20 May 2025;
- Progress made in establishing the new governance arrangements; and
- Progress and plans for developing the 2025/26 regional work programme.

SPC(25) 35 Partnership Governance Assurance Report

Ms Trina Nealon joined the meeting.

Dr Gjini presented the Partnership Governance Assurance Report highlighting statutory partnerships required by WG legislation, such as Public Service Boards (PSBs) and the legislation on

Health and Social Care in Wales, specifically the Regional Partnership Board (RPB). The recently published Future Generations Report 2025, challenges decision-makers across Wales to think differently on how they will deliver on the Well-being of Future Generations Act to protect the next generation and includes recommendations for strengthening partnerships. Public Health colleagues are considering these recommendations with partners with a view to refreshing the Boards.

Ms Trina Nealon, indicating that HDdUHB is a statutory member of three PSBs in Carmarthenshire, Ceredigion, and Pembrokeshire, as well as the West Wales (WW) RPB, noted that the establishment of the RPB and PSBs is rooted in the Well-being of Future Generations Act 2015. This information is detailed in the Statutory Partnership paper, which is presented to Board to provide an assurance on governance processes.

The meeting noted that effective functioning of PSBs is subject to oversight and scrutiny by the Well-being and Future Generations Commissioner and Audit Wales, alongside the Local Authority and various scrutiny Committees. Ms Nealon highlighted that the Well-being of Future Generations Act imposes a collective duty on each PSB to enhance the economic, social, environmental, and cultural well-being of their respective areas by contributing to seven national WG well-being goals, which are reflected in the well-being objectives and plans that are jointly agreed.

The RPB promotes the transformation and integration of Health and Social Care within its areas of responsibility, with the focus primarily on the RPB Prevention Board and the Children and Young People's Board (CYPB), which are key delivery groups within this structure. The RPB Prevention Board directs the development and delivery of an agreed regional framework and provides assurance to the Integrated Executive Group and the RPB delivery programme. Current priorities for the RPB include community-based care prevention, emotional health and well-being, and regional action to support continuous engagement.

Ms Nealon, advising that the CYB sets out the strategic direction to improve, integrate, and transform Health and Social Care services for CYP in West Wales, noted that the group has recently agreed on five priorities:

- Ensuring the best start for children in West Wales through integrated regional delivery
- Developing and implementing a clear, consistent regional approach to support and funding for children with complex health and care needs
- Establishing a regional person-centred transition model; identifying, evaluating, and scaling innovative preventative approaches to emotional mental health and well-being of CYP

- Delivering integrated child and family-centred neurodevelopmental support through coordinated partnerships.

Dr Gjini indicated that the aim is to collaborate with all organisations and communities to address and overcome existing barriers. While the focus is often on achievements, there is a need for a more critical approach that goes beyond outcomes-based assessments. It is essential to recognise that the delivery of these initiatives is primarily the responsibility of the Health Board, although it involves collaboration with other organisations, including Local Authorities.

Dr Gjini advised that during a recent meeting, the discussion centred on developing an action plan for the RPB Prevention Board. The objective is to demonstrate achievements and ensure coordination across organisations. Each organisation must therefore understand its role and responsibilities, even though the delivery plan, such as urgent and emergency care (UEC), is specific to the HDdUHB and not the Local Authorities. Integration and engagement from various organisations are crucial for successful delivery.

The meeting acknowledged that the RBB does not deliver a single project and oversees multiple initiatives, including those funded by the Regional Infrastructure Fund (RIF). While these projects are relatively small, the focus should be on the broader system across public services to facilitate delivery.

The role of the RPB as an accessory body is to bring together statutory organisations and well-being partners to deliver an integrated approach. This joint mechanism facilitates integrated planning. Over the past year, WG has indicated additional guidance, highlighting the evolving role of the RPB operationally. There is an increasing desire for funding to be used across organisations, with the Health Board often serving as the mechanism through which funding flows from WG.

Mr Imperato expressed appreciation for the initiative relating to the CYPB, noting its significance. He enquired about the composition of the CYPB, specifically the inclusion of educational representatives, emphasising that education, alongside social services and health, is one of the three fundamental pillars in a child's life. While acknowledging the Board's co-ordinator role, he stressed the importance of fully empowering the initiative to maximise its potential.

Mr Imperato, expressed concern that the strategic programme for digital transformation, had not met its targets; and emphasised the potential of digital transformation in improving services and the importance of collaboration with Local Authorities.

In response, Ms Nealon, explaining that while Directors of Education were not listed members of the Board, they report to

Corporate Directors who are part of the Board, indicated that education representatives would be involved in subgroups and task-specific Boards. Ms Nealon also highlighted that the Board focuses on priorities that require input from multiple organisations.

Regarding the digital transformation query, Ms Nealon acknowledged that the digital group had not met as a structured entity under the RPB for two years although emphasised that significant work was underway in terms of data sharing and collaboration. She assured the Committee that the progress in digital transformation was recognised, even if the group itself had not convened.

Ms Jill Paterson indicated that, as a Co-Chair of the Prevention Board and Co-Chair of the CYPB, she and her Co-chairs had considered the inclusion of Directors of Education. Instead, the Corporate Directors, to whom the Directors of Education report, are listed as members.

The priorities and subgroups under the overall Board will involve task-specific Sub-boards where Directors of Education will participate. Ms Paterson emphasised that the Board prioritises projects that can be delivered and adopted with input from multiple organisations. While education can support many initiatives, it is primarily the responsibility of Local Authorities.

In response to Ms Patel's enquiry regarding accountability, Ms Paterson indicated that accountability is addressed in several recommendations from the Future Generations Commissioners 10-year report and the Audit Wales report. Each public organisation is responsible for delivering their respective functions. However, the PSBs, as statutory partners under the Well-being of Future Generations Act, are monitored by the Commissioner's office to ensure the delivery of agreed priorities. Each lead Senior Responsible Officer (SRO) is held accountable for their respective areas.

The RPB, while not a statutory partnership under the Well-being of Future Generations Act, is required by the Social Services and Well-being Act (SSWBA) 2014 to be established by Health Boards to integrate Health and Social Care.

Ms Nealon left the meeting.

Decision:
The Committee is asked to:

- **NOTED** the West Wales Regional Partnership Board Update Report
- **CONSIDERED** the implications of the report.

SPC(25) 36 Regional Partnership Board Update

Ms Linda Jones joined the meeting.

Ms Linda Jones presented the West Wales Regional Partnership Board (WWRPB) Update Report, highlighting the recent review and changes to the SSWBA Section 9 regulations, which aim to strengthen and clarify the roles of the RPB, the Health Board, and Local Authorities. The RPB is described as a forum for integration and innovation, focusing on identifying strategic priorities rather than being a delivery mechanism. The Integrated Executive Group (IEG) ensures that the RPB delivers on its identified programmes, with the Regional Partnership team acting as the resource for these programmes.

Ms Jones also referenced the statutory responsibilities of the RPB, including the Population Needs Assessment (PNA) and the Market Stability report, which drive the identification of priorities and challenges for the coming years. The RPB links closely with the strategic priorities and policies of its partners, including primary care and various work streams. Ms Jones highlighted the role of the RPB in digital transformation, emphasising the need to avoid duplicating existing work.

The meeting noted the increasing involvement of WG in the delivery aspects of the RPB's work, including the administration and reporting of the RIF; and that the RPB aims to support and facilitate partners rather than scrutinise their work. Ms Jones acknowledged that the role and function of the RPB have sometimes been unclear, and progress has been made to clarify this over the past year. The plan going forward includes identifying clear priorities based on the PNA and Market Stability report. The IEG, consisting of senior directors and executive members from health, social care, and the third sector, will direct the RPB and hold it accountable. The importance of demonstrating achievements, lessons learned, and addressing gaps and barriers was emphasised.

In response to Mr Weir’s request to provide the top three achievements from each Local Authority area, Ms jones responded by noting that the WWRPB is regional and highlighted significant work in regional integration, UEC, intermediate and integrated care, and the Home First programme. West Wales has been identified as exemplary in terms of good practice in these areas.

Ms Jones agreed to present a further report a the next SPC on 28 August outlining the RPBs achievements during the last 12 months; and in the meantime, to provide details for inclusion in the SPC 3A’s Report for the Board meeting on 31 July 2025. **LJ**

Mr Lee Davies indicated that initiatives such as community hubs and similar projects will be channelled through this route. These initiatives are included in the 10-year capital plan referenced in the report, and there is a separate funding allocation from WG for these developments. It is important to understand that this operates as a parallel process to the general Capital Fund.

It is often challenging to describe the regional approach and the effectiveness of the forum's mechanisms in delivering these initiatives. The RPB must ensure that there is a strategic approach to spending, assuming other funding is also scrutinised. HDdUHB is currently reviewing the changes needed for the next year, based on the PNA and the Market Stability Report. These reports help to identify the top priorities that need to be reflected in each partnership approach. For instance, mental health was a key priority last year, and it will continue this year. Gaps in service provision have been identified through the Market Stability Report, and these issues must be addressed in statutory plans.

Mr Lee Davies also indicated that HDdUHB has been working to refine and define the key purpose of the RPB. Meetings have been held between Ms Jones, the Chair of the RPB, Ms Hazel Lloyd Lubran, and the Chief Executives of Local Authorities and the Health Board to strengthen the role of the RPB in coordinating delivery. This work needs to progress, and it is important to highlight the PSB activities and the RPB in the Board Report, which will reflect the Committee's priorities and achievements.

Ms Jones advised that the intention is for Ms Lloyd Lubran and Mr Andrew Carruthers to meet ahead of winter to address challenge. This discussion will focus on UEC and how HDdUHB can work with partners to implement the necessary mechanisms. The RPB and the IEG are expected to support HDdUHB in achieving these common objectives.

Mr Imperato, as Chair of FPC raised a query regarding the financial contributions of the Health Board to the RPB. It was clarified that the Partnership team is funded through the RIF, to which the Health Board does not contribute. Instead, the Health Board's contributions are directed towards regional integration funds, which are distinct from the infrastructure fund. Local Authorities do contribute to the Infrastructure Fund; a practice rooted in historical grants provided to them.

The discussion also focused upon the accountability of the RPB, with an emphasis on its role as a tool and resource rather than an operational entity. The RPB focuses on long-term strategic groundwork, avoiding day-to-day operational pressures. SSWBA Section 9 review has clarified the RPB's role, reinforcing its function as a support mechanism for partners rather than an operational body.

The importance of refocusing the partnership and ensuring the RPB delivers for its partners was highlighted.

The Chair of Finance requested confirmation of the funding details, which Mr Thomas agreed to provide in a subsequent communication. **HT**

Ms Jones left the meeting.

Decision:
The Committee:

- **NOTED** the West Wales Regional Partnership Board Update Report
- **CONSIDERED** the implications of the report.

SPC(25) 37 **Starting and Developing Well Team (Public Health) Impact & Learning Report 2024-25**

Ms Jo McCarthy, Mr Ben Williams, Ms Liz Western, Mr Kevin Phelps, Louis, Lowrie, Bella and Darcy joined the meeting.

Dr Gjini introduced the Starting and Developing Well Team (Public Health) Impact & Learning Report 2024-25, highlighting that, as part of the three-year Health Improvement Plan approved by the Committee and Board last year, the team is reporting on the progress of one of the six strategic objectives, which focuses on CYP starting well and developing well.

Mr Ben Williams advised that Ms Jo McCarthy leads the agenda for Children and Families and oversees the Team's work on three key ambitions: healthier schools, the whole school approach to emotional and mental well-being, and the emotional approach.

Referencing recent visits to various schools, including Templeton School, Mr Williams highlighted the impressive work being done by teachers and staff, noting that such visits emphasise the importance of fundamental prevention work in starting well and developing well.

The Starting and Developing Well team aims to reduce inequalities and provide the best outcomes for CYP through partnership working. Key elements of the report include early years (0-7 years), where capacity was increased in 2023, with positive impacts from the Early Years HNA completed in 2020. Initiatives include an infant feeding service pilot, arts and health therapies for perinatal mental health, and a first thousand days food and nutrition programme.

In preschool health, 51 health aspects were completed by preschool settings, exceeding the target by 121% and well-being training events engaged in over 150 settings. In school health promotion, 88% of schools in Pembrokeshire engaged with the programme, including one-to-one support and data utilisation for mental well-being. Achievements include 100% of secondary schools and 71% of primary schools implementing action plans for emotional health and well-being.

Indicating that trauma-informed training had been rolled out, Mr Williams advised that HDdUHB was the first Health Board linking with a professional sports team and community rugby team. He also referenced a case study of the Federated Schools, showcasing their commitment to health-promoting schools and the impact on students' well-being.

Mr Kevin Phelps introduced four pupils from the Tavernspite and Templeton School Federation, inviting them to describe their schools to the Committee. Outlining how the Federation of Tavernspite and Templeton Schools is committed to supporting the physical and mental health and well-being of their school communities, the pupils indicated that Tavernspite CP School has 225 pupils, seven classes and boasts impressive grounds, including woodlands, outdoor pizza ovens, adventure playgrounds, trim trail areas, and a discovery area. The school fosters a positive ethos where health and well-being are prioritised, and everyone feels valued and part of the community. The school motto “Be all you can be,” encourages reaching one's potential.

Templeton School has 138 pupils, five classes and is set in a beautiful rural area with large fields, pirate ship play areas, and trim trail equipment. The school values inclusivity, respect, and ensuring that everyone feels they belong and can achieve their best. The school motto, "Live Well, Laugh Together, Learn Forever," emphasises lifelong learning and well-being.

The Federation of Tavernspite and Templeton Schools was established in 2014, making it the first School Federation in Pembrokeshire. The schools share a Headteacher, Deputy Headteacher, and a governing body. Both schools recently received outstanding inspection reports, reflecting their close collaboration. The schools often engage in joint activities, such as trips and sports matches.

The pupils indicated that both schools are located in small villages in rural Pembrokeshire, near the Carmarthenshire border. They enjoy beautiful grounds with school fields, ponds, woodlands, wildlife areas, and ample outdoor space and play equipment. The schools have a strong reputation throughout Pembrokeshire and beyond, with about 70% of pupils coming from outside the catchment area.

The schools are recognised as examples of best practice, with teachers from other schools visiting to observe their work. Health and well-being are central to the schools' ethos, with a strong emphasis on developing pupils' physical and emotional well-being. Pupils' behaviour is consistently excellent, and they feel safe, valued, and supported in their learning and well-being.

The schools have a Pupil Action Group created after completing the whole school approach to emotional and mental health and well-being. The Group promotes emotional and mental well-being through various initiatives, including mindfulness books, feeling jars, and trackers. The Group has also produced documents with tips for improving well-being and recognises pupils who support others.

The schools pride themselves on inclusivity, with staff trained to support pupils who have experienced trauma. The use of sign

language is an example of their inclusive culture. The pupil voice is highly valued, with pupils actively contributing to decision-making processes through various groups, including the Teaching and Learning Committee.

The schools promote physical activity and healthy eating, with initiatives such as the daily mile and healthy snacks. The schools have also become official Park Run schools, with pupils, staff, and parents participating in weekly events. The Eco Committee works to protect the environment, with recycling programmes and lessons on climate change.

Safety is a priority, with secure school sites, regular safety workshops, and lessons on topics such as road safety and online safety. The schools also educate pupils on the dangers of drugs, alcohol, and smoking, and the importance of hygiene. Both schools have joined the Smartphone-Free Childhood Programme, encouraging parents and children to delay smartphone use until the end of Year 9. This initiative aims to reduce the negative impacts of smartphone use on children.

The pupils were extremely proud of their achievements and grateful for the support they received.

Mr Weir, commending the pupils for their presentation, thanked them for attending the Committee. Mr Phelps, in response to Mr Lee Davies' offer of further support, indicated that continued funding to allow Ms Liz Western to work with the school was fundamental. Dr Gjini, highlighting the extensive impact of Mr Phelps' and Ms Western's collaborative working in health and well-being within the community, families, and beyond, indicated that the strategies implemented are not limited to the two schools in the Federation but extend across the broader health landscape. Initiatives like the daily mile and park runs integrate health and well-being into the wider community, not just within the school environment.

Dr Gjini also believed that the schools were exceptional, and it was important to note that not all schools placed the same emphasis on health and well-being. Dr Gjini would like to explore how, as an anchor institution in this area, the Federation could advocate for and promote health within education, working with educational partners to deliver the messages and benefits of integrating health and education. This collaboration would significantly enhance the overall impact.

Ms Patel, congratulating the pupils on their presentation, enquired how families were involved in the design stage of the initiatives described in the presentation. Advising that family involvement was a crucial aspect of the approach, Mr Phelps indicated that the schools run numerous workshops and maintain close communication with school families. The park run initiative is a prime example of promoting health and well-being, not just for children but for families as well. To ensure healthy children, fit and

healthy parents are crucial. The schools have organised a park run takeover on Saturday 5 July 2025, inviting all parents to participate.

Indicating that parents were integral to the Federation's vision of health and well-being, Dr Gjini noted that their involvement is essential; and that parent and family involvement is one of the most challenging elements of a whole school approach to health and well-being. Public Health colleagues support schools in integrating health and well-being into the curriculum, providing leadership, communication, and fostering a positive ethos, culture, and environment within the school.

Ms McCarthy, Mr Williams, Ms Western, Mr Phelps, Louis, Lowrie, Bella and Darcy left the meeting.

Decision:
The Committee:

- **RECEIVED ASSURANCE** from the Starting and Developing Well Team (Public Health) Impact & Learning Report 2024-25 and the work of the S&DW Team relating to Children and Young People (CYP).
- **NOTED** the report and the voices of the headteacher and children who have kindly joined us and continue to support our work with CYP across HDdUHB into 2025/26.

SPC(25) 38 Deep Dive PO7: Primary Care and Community Strategic Plan Update

Ms Rhian Bond joined the meeting.

Ms Rhian Bond presented the Primary Care and Community Services Strategic Plan, highlighting issues related to both the national and local context in particular the Kings Fund in 2024 recognising that 90% of daily NHS activity happens either in General Practice or in the community. In June 2024, across Wales, GP Practices handled 2.4m telephone calls, issued 5.9m prescriptions, and conducted 41k consultations. Community Pharmacies undertook 40k Common Ailment consultations, while District Nurses completed 202k visits. During the same period, there were 143k referrals to secondary care, 14.5k hospital admissions, 95k accident and emergency attendances, and 35k calls made to the Welsh Ambulance Service NHS Trust (WAST).

HDdUHB has now entered a phase where timescales for the Strategic and Community Plan have been realigned creating an opportunity to consult or engage with the public later in the autumn, with the outcome presented to future Committee meetings. This is linked with the refresh of the AHMWW strategy. Currently, the Health Board is conducting a series of engagement events with the clinical workforce and participants to design the options that will be discussed further in the autumn. There is a significant amount of work being undertaken nationally and globally to ensure the necessary updates are provided. Workshops with local leads have been conducted to help focus on

some of these objectives, aiming to complete this work by the autumn.

Indicating that the Primary Care components of the Strategic Plan present a challenge due to national contracts, Ms Bond noted that HDdUHB did not expect its Primary Care Community Strategic Plan to be primarily about contractual elements, but that there are different phases of development. Local progress is influenced by national developments; and there has been a national consultation on the Dental Framework, which received a strong response, primarily from clinicians rather than the public. Dental contract reform has been ongoing, moving towards a more targeted approach. However, challenges remain, particularly regarding specific targets and the balance of seeing new and historical patients.

Highlighting the significant challenge of managing accessibility and continuity of care, Ms Bond indicated that WG's perspective is that timely access and continuity cannot necessarily be achieved simultaneously. The old six-monthly recall system is being replaced with a system where patients are affiliated with a practice and recalled every four years, which some find difficult. If a patient is not registered with a practice, they will join the Dental Access Portal. For urgent needs, they will be assigned to a practice temporarily and then return to the General Access Portal. Future care may involve being assigned to different practices, highlighting the challenge of balancing accessibility and continuity of care.

In response to a query regarding previously established timescales for developing primary and community services, Ms Paterson indicated that HDdUHB's timescales have been realigned, although there is a concern about maintaining a clear direction. The Health Board is awaiting national developments in terms of significant changes to the Primary Care Model for Wales. Discussions with WG indicate that the primary care infrastructure in Wales is unlikely to change, and therefore will continue to be balanced between Health Board managed services and the independent contractor model.

The meeting noted that HDdUHB is on track with the revised time scales and will have a set of options for wider engagement in the autumn. These plans will be presented to the Committee for further discussion and updates.

Regarding workforce, Ms Paterson highlighted challenges, particularly in dentistry and general practice recruitment. She indicated that community pharmacy and optometry are not experiencing the same degree of difficulty, although there are challenges around recruitment for delivering a more health service-oriented approach. The sustainability of services is affected by these recruitment challenges and concerns about contract reform.

Benchmarking against other Health Boards, particularly rural ones such as HDdUHB and Betsi Cadwaladr University Health Board (BCUHB), evidences that HDdUHB experiences higher challenges in staffing its services. WG is currently assessing the level of investment in primary care and will set targets to ensure adequate investment. This includes considering the allocation of planned care resources to deliver services within primary care rather than focusing solely on secondary care.

Highlighting the need to evaluate whether HDdUHB has sufficient facilities and whether they are fit for purpose, Ms Paterson indicated that an estate review across Wales stressed the need for integrated delivery services. Some general practices have outdated facilities, and there are challenges in aligning community needs with development plans. Discussions should focus on the model and services to be delivered, the level of integration between existing facilities and services, and how to incorporate these into HDdUHB's Estates Plan. This process must be responsive to evolving information and needs.

In response to Ms Patel's enquiries regarding the increasing number of practices becoming managed by HDdUHB, and whether any surveys had been conducted to understand why GPs may be less inclined to run their own practices, Ms Paterson explained that sustainability reviews have been conducted. She added that a dashboard is in place to monitor the sustainability ofindividual practices, supporting a more informed and strategic approach. Factors that may result in instability are identified and HDdUHB often engages in discussions with practices up to two years before they terminate their contracts, working to mitigate recruitment and sickness challenges. The last two practices that terminated were small, single-handed practices experiencing challenges with providing a wider range of services and achieving sustainability. Other terminations have resulted from partnership breakups, which are sometimes unforeseen.

Regarding the model of delivery, Ms Paterson indicated that HDdUHB has discussed making it more attractive and sustainable. One consideration is whether to remove urgent access on the day and deliver it on a cluster basis, allowing practices to focus on services requiring complex continuity of care. These discussions are ongoing and have been documented, aligning with the integrated approach and principles of the Primary Care Model for Wales.

In terms of cost modelling, HDdUHB has recruited internationally to fill vacancies and assessed the financial implications of managing practices compared to supporting individuals to run them independently. While managed practices may appear expensive due to reliance on locum staff, HDdUHB has implemented efficiencies, including an agreed locum rate card, resulting in significant savings. This strategy also supports the development of a multi-professional team and enhances the

practice environment to attract independent contractors to take over in the longer term.

Ms Bond left the meeting.

Decision:
The Committee:

- **RECEIVED ASSURANCE** from the work undertaken to date in developing a Primary Care and Community Services Strategic Plan.

SPC(25) 39 **Cluster Update**

Ms Laura Lloyd Davies joined the meeting.

Ms Laura Lloyd Davies presented the Cluster Integrated Medium Term Plan (IMTP) Monitoring Report, highlighting that HDdUHB comprises of seven primary care clusters across Carmarthenshire, Ceredigion, and Pembrokeshire, developing place-based care through Professional Collaboratives and multi-disciplinary teams to assess health needs and implement service transformation. Each cluster includes professional collaboratives, such as general medical services, community pharmacy, optometry, nursing and allied health professionals (AHPs).

Ms Lloyd Davies indicated that all clusters contribute to the Cluster Planning Groups, which align strategically with county colleagues, the HDdUHB, and the RPB. In the last financial year, the clusters implemented 54 projects, continuously monitored by primary care service managers and reported quarterly to locality leads. This monitoring identified 30 projects meeting objectives, 14 with some concerns, and 10 with significant concerns. Significant concerns include the optometry equipment project, where data is missing from some clusters, and the Papyrus project, a mental health and suicide prevention training initiative which discontinued due to structural challenges. The Physicians Associate project in North Ceredigion, which has received two years of funding, has not achieved the anticipated outcomes and will be subject to a comprehensive report by the end of the year.

Highlighting three projects identified for further mainstreaming discussions: CYPs mental health services, first contact practitioner physiotherapy, and the persistent pain service, Ms Lloyd Davies indicated that each cluster is allocated a budget based on population size, with a total of just over £3m allocated and spent successfully last year.

More recently on 27 June 2025, the team attended an award ceremony for their respiratory schools project. This initiative involved a pharmacist visiting schools to identify children who were not managing their asthma effectively. The pharmacist worked with these children, the schools, and their families to educate them on correct asthma pump usage and ensure their prescriptions were correct. The project has yielded remarkable results, significantly improving children's health. For instance, a

nine-year-old was able to play football for the first time in two years.

In response to Mr Weir’s query regarding how projects were selected, Ms Lloyd Davies indicated that there are multiple reasons for selecting specific projects. The mental health project for CYP was identified due to the significant investment by clusters in mental health services. This project is designed to support the Health Board's mental health services by exploring alternative approaches, particularly for tiers one and two mental health support, which is critically needed across HDdUHB communities.

The first contact practitioner physiotherapy project has been active in some clusters for up to six years. The innovative nature of clusters allows for small-scale projects to test new ideas. Having proven its effectiveness, the next step is to mainstream this project. Similarly, the persistent pain service in the Amman Gwendraeth cluster has shown very positive results, demonstrating a significant impact on service delivery. The goal is to expand this service to the wider population.

In response to Ms Patel’s question regarding evaluation of outputs, outcomes and impact, Ms Lloyd Davies indicated that each project undergoes a thorough evaluation, and monitoring processes which have significantly developed over the past few years. This year, substantial progress has been made in linking project objectives with financial input, measuring both financial savings and societal value. All projects receive a full evaluation to assess their impact on a wider scale.

At the start of each project, an evaluation is conducted to determine its feasibility and sustainability. If a project does not achieve its objectives, the reasons are assessed, including whether risk was a factor. Projects are identified based on population health needs or service gaps, and initial evaluations aim to identify these needs. Clusters are designed to be bold and innovative, and occasional failures are expected as part of the learning process. Sharing both successful and unsuccessful projects is essential for learning and improvement. This approach is also applied on an All-Wales footprint, with Health Boards sharing projects and learning from each other.

In response to Mr Imperato’s query regarding overarching principes, direction of travel and frameworks, Mr Thomas indicated that commencement of any project must be supported by a comprehensive business case. This includes key components such as clear financial outcomes, alignment with the PNA, adherence to the principles of AHMWW, and conformity with WG's strategic priorities. Consequently, all these aspects undergo a rigorous evaluation process.

Ms Paterson indicated that the initial approval occurs at the Panel Cluster Planning Group, with final approval ensuring the project

aligns with the cluster budget and strategic footprint before commencement. Scaling up successful projects remains a significant challenge and efforts to address this are being refreshed in collaboration with Mr Andrew Carruthers, Mr Thomas, and Mr Lee Davies, and the Executive Team.

Several years ago, Mr Steve Moore established the Transformation Group, which successfully scaled up three projects. However, the Health Board now faces the challenge of securing alternative funding to replace the cluster funding that currently supports these projects. This remains a critical issue to address.

Ms Lloyd Davies left the meeting.

Decision:
The Committee:

- **NOTED** the process being taken to ensure progress of Cluster projects through the monitoring and evaluation process
- **NOTED** the new process of reporting finance data
- **NOTED** the final cluster project and financial position as at Month 12.

SPC(25) 40 Review of Clinical Pharmacy Services at NHS Hospitals in Wales

DEFERRED

SPC(25) 41 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 bids for additional radiology equipment and ultrasound scanners outside of radiology have been submitted to WG, with feedback awaited. Additionally, a list of opportunities to fast-track test schemes has been submitted, and feedback from WG is pending.

From a governance perspective, further work is being progressed to refine the feasibility costs for a reduced footprint scheme in Cross Hands Health and Wellbeing Centre, with WG meetings planned in July 2025 to confirm the way forward. Collaboration with SBUHB is ongoing to progress the solution for cellular pathology accommodation across Singleton and Glangwili Hospital sites, with a report expected to be presented to Board in September 2025.

Notably, the business case for the Aseptic Project has received WG approval, with funding allocated for this year and the next. It may become increasingly challenging to secure WG funding due to ongoing discussions with them.

Mr Lee Davies, referencing electrical capacity on several acute sites, indicated that these concerns could become barriers to new equipment replacements becoming operational. Addressing this will be crucial for improving the situation.

The solution for updating the nuclear medicine equipment at WGH will provide an update to the existing equipment for the next four to five years, along with some redecorating and refreshing of the department. As part of the longer-term plan, HDdUHB needs to consider the location of this service in the medium term, ensuring alignment with the major infrastructure business case. It is imperative that clinical services are aligned with the infrastructure to prevent the deployment of equipment at sites that lack the technical capacity to support it.

Ms Rosser indicated that there were no tender returns for the Cylch Caron process. Discussions with WG have resulted in a request to revisit the Cylch Caron model to explore potential delivery without a housing partner. The Health Board is currently working with Ceredigion County Council and intends to submit a viable proposal to WG by the end of July 2025.

Ms Rosser left the meeting.

Decision:
The Committee:

- **RECEIVED ASSURANCE** from the update on the Capital Programme and CRL for 2025/26
- **NOTED** the allocation of the DCP for 2025/26 and the potential changes since Board ratification
- **RECEIVED ASSURANCE** and **COULD UPDATE THE BOARD,** that the seal can be applied for all schemes listed in Annex 2
- **NOTED** the capital schemes governance update
- **RECEIVED ASSURANCE** from the Capital Sub Committee update in Annex 3

SPC(25) 42 Withybush Hospital Fire Prevention Scheme Phase 2 Business Justification Case

Mr Rob Elliott and Ms Christine Thomas joined the meeting.

Mr Rob Elliott presented the Business Justification Case (BJC) for Withybush Hospital (WGH) to support Phase 2 of Fire Enforcement Notices, indicating that this phase of the Withybush Hospital Fire Prevention Scheme is part of a broader programme of investments within the Health Board, focusing on Fire Enforcement and fire safety letters. SPC and Strategic Development and Operational Delivery Committee (SDODC) have been regularly updated on these matters over recent years. This is the final phase, referred to as Phase Two, and upon completion, the Fire Service will lift the final enforcement notice on WGH.

Mr Elliott highlighted extensive collaboration with NHS Wales Shared Services Partnership (NWSSP) advisors on fire compliance, and detailed engagement with the Mid and West Wales Fire and Rescue Service (MWWFRS). This negotiation has resulted in a substantial reduction in the scope of this phase, thereby lowering the capital expectation to the figure presented in the report.

The current business case is undergoing advanced scrutiny by WG, with whom the team maintains a good relationship. They are reviewing the documents, including the Estates Annex, which provides detailed information about the scheme. If supported, the business case will be presented to Board on 31st July 2025, followed by formal scrutiny by NWSSP. Subject to all proceeding as planned, HDdUHB anticipates WG's approval for mobilisation and commencement on site in October 2025, with completion expected by October-November 2027.

Mr Elliot and Ms Thomas left the meeting.

Decision:
The Committee:

- **SUPPORTED** the submission of the Business Justification Case to Board on 31 July 2025
- **SUPPORTED** the submission of the Business Justification Case to Welsh Government seeking approval to progress with the Withybush General Hospital Phase 2.

SPC(25) 43 **Sustainability Report**

The Committee **NOTED** the Sustainability Report.

SPC(25) 44 **Joint Commissioning Committee Planning, Performance and Finance Sub-Committee Reports**

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

SPC(25) 45 **Strategy & Planning Committee Workplan 2025-26**

The Committee **NOTED** the SPC Workplan 2025-26.

SPC(25) 46 **Date and Time of Next Meeting**

30 October 2025, 09:30 - 12:30, Ystwyth Boardroom & MS Teams

18 December 2025
26 February 2026