

## Draft Minutes for the Strategy and Planning Committee (SPC)

Date of Meeting: **09:30, Thursday 28 August 2025**

Venue: **Microsoft Teams**

Present: Winston Weir (Hywel Dda UHB - Independent Board Member)  
Chantal Patel (Hywel Dda UHB - Independent Board Member)  
Maynard Davies (Hywel Dda UHB - Independent Member)  
Michael Imperato (Hywel Dda UHB - Independent Board Member)

In Attendance: Alwena Hughes Moakes- Communications and Engagement Director  
Lee Davies -Executive Director of Strategy and Planning  
Paul Williams Head of Property Performance  
Rhian Bond- Assistant Director of Primary Care  
Andrew Spratt - Deputy Director of Finance  
Andrew Carruthers - Chief Operating Officer  
Ardiana Gjini Executive Director of Public Health  
Glenna Jones- Head of Nursing  
Charlotte Wilmshurst- Assistant Director of Assurance and Risk  
Simon Mansfield- Head of Value Based Healthcare  
Shaun Ayres- Director of Delivery  
Linda Jones- Regional Partnership Board, Local Authority  
Katie Lewis- Committee Services Officer

Minutes Ref.	Item	Action
	<b>Governance and Risk</b>	
SPC(25) 47	<b>Welcome and Apologies</b>  Apologies were noted from: <ul style="list-style-type: none"> <li>• Jill Paterson, Director of Primary and Community Care</li> <li>• Huw Thomas, Director of Finance</li> <li>• Joanne Wilson, Head of Corporate Governance</li> </ul>	
SPC(25) 48	<b>Declarations of Interests</b>  There were no declarations of interest.	
SPC(25) 49	<b>Minutes from the Strategy and Planning Committee meeting on 1 July 2025</b>  Reflecting upon the presentation provided by students from the Federation of Tavernspite and Templeton Primary Schools in Pembrokeshire during the last meeting, in relation to the Starting and Development Public Health Programme, Mr Weir asked whether a thank you letter had been shared on behalf of the	

Health Board with the staff and students who attended. Dr Ardiana Gjini confirmed she had emailed the school headmaster to extend the Health Board's appreciation however understood that a formal letter was being issued from the Corporate Correspondence Team. Ms Charlotte Wilmshurst undertook to check whether a thank you letter had been issued.

CW

**Decision:**

The minutes from the meeting on 1 July 2025 were approved as an accurate record.

SPC(25) 50

**Table of Actions the Strategy and Planning Committee meeting on 1 July 2025**

SPC (25) 51

**Matters Arising**

Ms Linda Jones presented a report which set out the key achievements from the Regional Partnership Board (RPB) since the previous update provided to the Committee on 1 July 2025.

Noting the significant amount of work being undertaken by the RPB, Mr Maynard Davies highlighted that funding for the programmes is time limited, and queried which projects may require financial input from the Health Board or partners to ensure that these are factored into financial planning. Ms Linda Jones advised that the team is currently undertaking a piece of work to set out the implications of funding coming to an end, for example the Regional Innovation Funding (RIF) which will cease in 2027. A robust evaluation of funded programmes is being undertaken and will be shared via the Integrated Executive Group meeting with options. A workshop has been arranged within the coming week with project leads to discuss the next steps.

In response to a query from Mr Michael Imperato, Ms Jones clarified that the Health Board does not provide direct funding to the RPB, which is funded by the Local Authority. However, the Health Board is responsible for managing the RPB's financial accounts.

Thanking Ms Jones for the helpful report, Mr Weir suggested a separate meeting to discuss the RPB and regional planning developments in more depth and a date will be confirmed in due course.

**Decision:** The Committee **NOTED** the update from the Regional Partnership Board.

SPC(25) 52

**Committee Self-Assessment 6 Month Update**

Ms. Charlotte Wilmshurst presented the SPC Self-Assessment 6-month update report, highlighting that all actions agreed in response to the outcomes of the Strategic Planning and Organisational Development Committee Self-Assessment process have been reallocated between the Strategy and Planning

Committee and the Finance and Performance Committee and are progressing. The final report will be presented in February 2026.

JW/  
CW

**Decision:** The Committee received assurance from the progress made against the actions being undertaken to improve its effectiveness.

SPC(25) 53

### **Assurance and Risk Report**

Ms Charlotte Wilmshurst presented the Assurance and Risk report, which replaces the previous Corporate Risk reporting format. Nine out of the Health Board's 15 Principal Risks have been assigned to SPC due to the overarching risks for the Health Boards achieving the strategic objectives assigned to the Committee. The Principal Risks will be refreshed during October 2025. Ms Wilmshurst highlighted that there are seven operational risks assigned to the Committee and one external audit report whereby the recommendations are behind schedule due to financial constraints. There are no Corporate Risks assigned to the Committee. Seven Welsh Health Circulars are reported to be progressing and eight have been received for implementation since the previous Committee meeting.

In terms of the limited availability of capital funding which is a significant organisational risk, Mr Weir queried where this risk is currently held. Ms Wilmshurst advised that this was a Corporate Risk last year however effective mitigations have since been implemented and the risk was formally closed at the end of March 2025.

Mr. Weir highlighted the associated risks of developing an approvable Integrated Medium-Term Plan (IMTP), which is often framed as a financial risk, which also relates to several elements of the planning process, and enquired where this risk sits within the Health Board's governance arrangements. Mr. Shaun Ayres advised that the finance and performance risks are included within the respective CCGs and are also considered as part of the Targeted Intervention monitoring processes, however agreed with Mr. Weir and undertook to discuss further with the Executive Team for consideration.

SA

Mr Maynard Davies queried the omission of dates to meet target risk scores (TRS) for several of the Principal Risks, which state 'to be confirmed'. In response, Mr Lee Davies advised that the TRS is a relatively new field and the methodology for assigning actions and dates for TRS is under review by Executive Team and will form part of the Strategy Refresh process in October 2025.

Referring to *Principal Risk 1185, Consistent and Meaningful Engagement with Workforce*, Mr Maynard Davies queried the overdue review date, highlighting that as there was a session to discuss this risk in Board Seminar on 21 August 2025, whether the outputs from this discussion could be included in the update. In agreement, Mr Lee Davies also advised that the risk should include reference to the ongoing engagement with the public.

LD/ AM

Members reflected upon whether a completion date is required as engagement opportunities will be continuous.

In response to a further query from Mr Maynard Davies, Ms Rhian Bond provided assurance that an action plan with timelines is being developed by the Clinical Director of Pharmacy and Medicines to progress the three overdue audits from the Independent Review of Clinical Pharmacy Services in Wales.

Reflecting upon the language used within the report, Mrs Chantal Patel observed that the narrative appears to emphasise potential areas for improvement rather than clearly articulating ownership and specific actions. In response, Mr Lee Davies advised that the report is intended to provide a high-level overview of the Health Board's current position, thereby enabling the Committee to identify areas for further exploration through specific deep dives.

### **Decision:**

The Committee:

- RECEIVED LIMITED ASSURANCE that identified controls are in place and working effectively and will continue to monitor the progress.
- Challenged where assurances are inadequate.
- RECEIVED ASSURANCE from the lead Executive Director or Supporting Officer on the management of recommendations raised in audit, inspection and regulatory reports within their area of responsibility, particularly in respect of confirming the full implementation of recommendations with any barriers to delivery noted.

SPC(25) 54

### **Targeted Intervention Update**

Mr Ayres presented the key highlights from the Targeted Intervention Progress update report which included the following:

- Comprehensive work is currently underway to identify £22.5m of potential cost reduction measures to address the gap between existing projections and the revised expectations set by Welsh Government. Mr Ayres highlighted the risks associated with deviating from the original submitted plan which had clearly outlined of the required resources. He expressed concern that any changes to this plan could impact performance.
- The revised Planning Maturity Matrix assessment approach has been approved by Board and shared with Welsh Government.

Mrs Patel found the paper helpful in providing context for the subsequent agenda items. However, she raised concerns about whether sufficient internal mechanisms are in place to address the significant challenges related to human resource capacity and capability. Reflecting upon the potential methodology to respond to this challenge, Mr Ayres suggested that a robust prioritisation approach could be beneficial. Mr Lee Davies noted that options

will be discussed during the In- Committee Board in September 2025, with any decisions anticipated to have operational implications or impact upon progress of targeted developments. In agreement with Mr Ayres' suggestion for a targeted prioritisation approach, Mr Michael Imperato suggested the Committee could play a role in this process. Mr Lee Davies commented it may be appropriate to align with the priorities set out for the Health Board by the Cabinet Secretary which include women's health, waiting times and pathways of care.

Mr Andrew Carruthers reflected on the scale of the challenge, highlighting that developing the Clinical Services Plan is the main priority, and as the Health Board prides itself on undertaking a strong and robust approach to public engagement, this unfortunately does impact on staffing capacity to support other important improvement initiatives.

Referring to the update regarding resource capacity presenting a challenge for improving performance through regional solutions, Mr Maynard Davies was not assured that these challenges will ever be resolved as long as Health Boards are separate entities with differing priorities.

Mr Maynard Davies raised a concern regarding the challenges with planning in health and social care with the changing targets from Welsh Government and highlighted that further changes may be likely with the appointment of a new Director General and new Senedd Membership in May 2026.

In response to a further query from Mr Maynard Davies on planning resource capacity position, Mr Lee Davies advised that although there has not been an increase, there has been progress with stability in the team. There continues to be a capability capacity deficiency. Positive steps have been made to implement the new structure, supported by the Executive Team which is progressing and will assist this position.

**Decision:**

The Committee RECEIVED LIMITED ASSURANCE that regional planning is developing, whilst recognising that sustainable progress requires addressing the resource vulnerabilities that threaten programme continuity.

**Strategy, Planning and Partnerships**

SPC(25) 55

**Strategic Refresh**

Mr Lee Davies provided an update on the progress towards the All Wales Healthier Mid and West Wales Strategy refresh, following discussions at Board Seminar on 21 August 2025. A consultation with key leads has been undertaken to explore which areas of the strategy require a refresh, such as potential high-level opportunities which could shape long-term planning as well as early priorities. Since the approval of the communication plan by

Public Board in May 2025, public drop-in events and other on-going engagement events have taken place across the three counties and bordering communities. Opportunities have been taken to gather feedback at events already scheduled to avoid overwhelming the public following the recent CSP and the Prince Philip Hospital Minor Injury Unit public consultations. Initial meetings are taking place with Swansea Bay University Health Board (SBUHB) to develop a shared understanding in refreshing strategies

Mr Lee Davies advised that a report will be presented to Public Board in September 2025. This report will outline the types of questions to be asked to the public, building on previous engagement around what it means to live a happy and healthy life. The next steps will involve gathering feedback to inform how the social model for health can be implemented within communities.

Reflecting upon discussions held during the Board Seminar which Mr. Weir noted that the session provided a valuable focus on the the organisation's infrastructure, which he believes requires a refresh. The seminar also explored key population drivers, considering what individuals value and how the Health Board can deliver effective services to support improved health outcomes.

In terms of future planning, Mr Maynard Davies highlighted the challenge of forecasting future services due to the rapid evolution of Artificial Intelligence. He cautioned against premature implementation before AI reaches its maximum potential in supporting healthcare services. While acknowledging the risks of misinformation from current AI use, such as incorrect self-diagnoses, he emphasised the importance of engaging with AI developments to help promote healthier lifestyles.

Reflecting on the report also presented at the Board Seminar regarding the Social Model For Health, Mr Maynard Davies noted its potential implications on the Health Board's estate infrastructure, which will require careful consideration in future planning. In response Dr Gjini clarified that this approach extends beyond simply relocating care closer to home. In terms of the human resource and financial capacity challenges and the need to refresh of the strategy, she emphasised the importance of making informed investment decisions to support healthier living. Dr Gjini also referenced the development of community champions and health coaches business case, designed as part of the 24/7 day a week model to support individuals, determined by evidence-based risk factors which was not progressed due to financial constraints. Members acknowledged the current challenges in making transformational change within existing resource constraints.

Dr Gjini noted concerns from community representatives about perceptions that the Social Model for Health could lead to reduced hospital services. She stressed the need for clear public communication to support understanding and confidence in the approach.

In terms of the population health needs assessments (HNA) undertaken through the A Regional Collaboration for Health (ARCH) Programme, Mr. Maynard Davies sought assurance that this aligns with the CSP. In response, Dr Gjini explained that the Regional Partnership Board has undertaken a HNA for planning over the next three years. While there is an overlap, focus is different. For instance, the ARCH HNA reviews where there are gaps in services to identify priorities for health and wellbeing.

Decision:

The Committee RECEIVED ASSURANCE from the Strategic Refresh Report.

SPC(25) 56

**Annual Plan Progress: Including Planning Objectives Update & Forward Planning Process**

Mr Shaun Ayres provided an update on the forward planning process and highlighting progress in the Primary and Community Services Strategy, the CSP, regional partnership work and the financial roadmap and the expectation to eliminate the financial deficit with Welsh Government by 2027/ 2028.

Mr Ayres noted an error within the report, whereby it states that Independent Members and Executives form part of the Planning Group, instead of, they will be engaged with the output from the Planning Group.

Mr Ayres highlighted the 580 risks on the Risk Register, noting that while some may be resolved within the next two to three years, others will persist. He suggested clearly defining what can realistically be achieved during this period to support conscientious decision making for the CSP phase 2. Articulating where risks will be tolerated and communicated will be key to provide focus in the wider strategic changes.

Mr Weir queried to the step change required to de-escalate from Level 4 for Targeted Intervention. In response, Mr Ayres believed that the appointment of joint CCG Operational Planning roles in the near future will be key to undertake workforce planning and a step change for strategic changes within the CCG's.

Decision:

The Committee NOTED the update on the 2025/26 Annual Plan including the accountability conditions set out by Welsh Government and RECEIVED ASSURANCE on the current position regarding the progress of the Planning Objective aligned to the Strategic and Planning Committee.

SPC(25) 57

**Planning Objective 6: Clinical Services Plan**

Mr Lee Davies presented an update on the CSP consultation and highlighted that to date over 4000 completed questionnaires had been received. In total 117 alternative service redesign options have been received which require due consideration and this

presents a risk in meeting the timelines for options to be presented to the Public Board meeting on 27 November 2025.

In terms of the consultation process, Mr Michael Imperato queried whether there have been any themes in terms of feedback from the public. Mrs Alwena Hughes Moakes acknowledged public scepticism during engagement events, with concerns that the Health Board had already made the decision on the outcome and the consultation process may be seen as unnecessary. Despite this, Mrs Hughes Moakes commented that there has been a lot of recent support from local Members in sharing the consultation link through social media.

Commending the Communication and Engagement Team for undertaking a robust consultation, Mr Weir commented that given the amount of alternative options provided, it is sensible to delay the process until they have been diligently considered.

**Decision:**

The Committee RECEIVED ASSURANCE from Clinical Services Plan (CSP) programme of Public Consultation progress and NOTED the additional risk in relation to the overall programme timeline and NOTED the update on Urgent and Emergency Paediatrics Implementation Plan at Wthybush Hospital (WGH).

SPC(25) 57

**Value Based Healthcare Update**

Mr Simon Mansfield presented an update on the Value Based Healthcare programme and activities, commenting that the focus has primarily been on high value intervention national priority pathways, which include diabetes, bone health, orthopaedic hips, shoulders and elbows and cardiology with a particular reference to heart failure. There was a focus on diabetes at the most recent value finance leadership meeting. Work in bone health is progressing through the fracture liaison service, which has reached mid-point in the VBHC funded journey. An update report on the outcomes, impact, future funding and cost avoidance opportunities has been scheduled for the Value Based Healthcare scheduled for September 2025.

Mr Mansfield provided an update on the redevelopment and refresh of the approach to value-based healthcare, as the current strategy reaches the end of tenure at the end of the financial year. The team is undertaking stakeholder engagement to understand the national context which drives the funding streams from Welsh Government and also how these align to local initiatives and fragile services. The strategy will be presented to SPC in February 2026 for approval, ahead of Board.

Thanking Mr. Mansfield for the helpful report, Mr Maynard Davies commended the significant amount of patient reported outcome measures (PROMS) collated and enquired whether the feedback can be reported through to the consultation for the CSP. Mr Mansfield agreed, highlighting that the Health Board collects 60%

of all PROMS data across Wales, and the information is shared with clinicians and service managers.

Mr Lee Davies commented that there is a link to the strategy refresh work and the Public Health 20-4-7 Framework and how the Health Board aligns capacity to priorities.

**Decision:**

The Committee RECEIVED ASSURANCE from the VBHC Programme activity and NOTED the proposed re-development of the VBHC Strategic Approach for ratification in February 2026.

SPC(25) 59

**Strategic Commissioning Report**

Mr Ayres presented the Strategic Commissioning Report and highlighted that an All-Wales meeting is taking place to discuss actions in response to the findings from a scoping exercise for the future immunology/ allergy service model for the Health.

The Health Board is experiencing an increasing pattern of commissioned providers issuing formal notices to cease or restrict services, citing insufficient funding or lack of formal commissioning arrangements as the rationale. Discussions are taking place to review several regional Service Level Agreements to ensure funding arrangements reflect the level of healthcare services being provided for Hywel Dda University Health Board patients.

**Decision:**

The Committee NOTED the Strategic Commissioning Report Bi-annual Update and RECEIVED ASSURANCE from the mitigating actions detailed in the Strategic Commissioning Report Bi-annual Update

SPC(25) 60

**Mid Wales Joint Committee Report**

Mr Lee Davies presented the Mid Wales Joint Committee update report, noting that Mr Keith Jones, Director of Operational Planning and Performance, is supporting efforts to strengthen governance structures and improve regional collaboration across the Mid Wales region.

**Decision:**

The Committee NOTED the update report on the Mid Wales Priorities and Delivery Plan 2025/26 for April 2025 to July 2025

SPC(25) 61

**Planning Objective 10: Population Health. Social Model for Health**

Dr Gjini presented an update on the progress of Planning Objective 10: Population Health highlighting the increased immunisation rates, raising Human Papilloma Virus (HPV) coverage from 78% to 80%, MMR2 from 88% to 90%, and influenza vaccination rates for priority populations by 3%. There has also been progress in expanded smoking cessation access. Dr Gjini highlighted a key risk in that there have been significant

delays to driving innovation and systems developments due to consultant and senior staff vacancies and absences in the Directorate.

**Decision:**

The Committee RECEIVED ASSURANCE on Quarter 1 progress for Planning Objective 10 – Population Health and the Directorate’s commitment to improving population health and wellbeing through embedding prevention and reducing inequities.

SPC(25) 62

**Winter Vaccination Programme**

Dr Gjini presented an update on the Winter Vaccination programme for 2025/ 26 and thanked colleagues Glenna Jones, Bethan Lewis and Rhian Bond for their hard work in developing the delivery plan. Several actions are being taken to improve vaccination take up by staff. The timelines for receiving the vaccines will be September 2025 to January 2026 in line with guidance from Joint Committee on Vaccination and Immunisation.

Noting the recent low uptake of flu vaccination from NHS staff across Wales, with only 25% of staff vaccinated, Mr Maynard Davies queried whether there is an understanding of the reluctance from staff. In response, Dr Gjini advised that there appears to be a general issue with trust with vaccinations, particularly for COVID-19 vaccinations. Dr Gjini advised that there is a national workshop taking place to understand and develop a plan to improve this position. Providing the COVID- 19 and Flu vaccinations separately may improve the situation, which is a key change within the 2025/26 delivery plan. Work is underway for a mandated an E-Learning module across Wales to drive improvements in protection awareness uptake. Ms Glenna Jones advised that there is a dedicated communications officer who has developed a robust targeted plan to drive improvements. Staff videos are being developed to share through social media platforms.

Mrs Hughes Moakes asked that staff that take part in the social media campaigns receive support as there are risks of negative feedback or harassment from anti vaccination protesters.

**Decision:**

The Committee RECEIVED ASSURANCE that there is a delivery plan for the HDdUHB COVID-19 and Flu Vaccination Programmes and NOTED the work underway to mitigate the risk to programme delivery of proposed approach and RECEIVED ASSURANCE from the control measures in place through recognition of the key enablers.

SPC(25) 63

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

Ms Eldeg Rosser joined the meeting to present an update on the Capital Programme for 2025-26, highlighting that an additional £3.3 million capital funding has been secured for the replacement

of radiology equipment in Withybush Hospital, non-radiology ultrasound equipment in Glangwili Hospital and for improvements at Mental Health and Learning Disabilities estates as part of the shift to new models of care for people in crisis.

Contingency funding for capital programmes of work that were planned at the beginning of the year have been exhausted, however additional VAT recovery money (£1.52m) has recently been identified. A request has been made to Welsh Government to reinvest the VAT in schemes that will improve the condition of the estate's infrastructure and to invest in the spend to save initiatives.

**Decision:**

The Committee RECEIVED ASSURANCE from the update on the Capital Programme, NOTED the allocation of the DCP for 2025/26 and the changes since Board ratification. The Committee RECEIVED ASSURANCE that the seal can be applied for all schemes listed in Annex 1.

SPC(25) 63

**For Information**

- **Joint Commissioning Committee Planning, Performance and Finance Sub-Committee Reports**
- **Strategy & Planning Committee Workplan 2025-26**
- **Issues for Board/Committees**
- **Any Other Business**

**Date and Time of Next Meeting : 30 October 2025, 09:30 - 12:30, Ystwyth Boardroom & MS Teams**