

MINUTES OF THE HDD_Strategy and Planning Committee MEETING

Date of Meeting: **11:00, Monday 15 September 2025**

Venue: **Microsoft Teams Meeting**

Present: Winston Weir Independent Board Member, Chair
Maynard Davies Independent Member
Chantal Patel Independent Board Member

In Attendance: Lee Davies Executive Director of Strategy and Planning
Andrew Carruthers Chief Operating Officer
Sian Jenkins Deputy Director of Finance, deputising for Mr Huw Thomas, Executive Director of Finance
Rhian Davies Assistant Director of Finance - Financial Planning & Statutory Reporting deputising for Mr Huw Thomas, Executive Director of Finance
Joanne Wilson Director of Corporate Governance/Board Secretary
Gareth Cottrell Deputy Chief Operating Officer
Keith Jones Director of Operational Planning & Performance
Julian Wheeler Jones Discretionary Capital Projects Manager
Eldeg Rosser Head of Capital Planning
Karen Richardson Corporate & Partnership Governance Officer (minutes)

| Minutes Ref. | Item | Action |
|--------------|---|--------|
| SPC(25) 64 | <p>Welcome and Apologies</p> <p>The Chair welcomed all to the meeting, with apologies noted as follows:</p> <ul style="list-style-type: none"> • Huw Thomas, Executive Director of Finance • Michael Imperato Independent Board Member | |
| SPC(25) 65 | <p>Glangwili Hospital Front Door - Opportunities for Improved Patient Flow</p> <p>Mr Keith Jones provided an overview of the proposal, referencing recent MAG visits and feedback from the NHS Executive which highlighted critical risks associated with overcrowding in the Emergency Department (ED) at Glangwili Hospital (GGH). In response, Welsh Government (WG) invited capital funding proposals aimed at improving urgent and emergency care services. The Health Board developed a preferred solution focused on enhancing Same Day Emergency Care (SDEC) and</p> | |

redeveloping the Priory Day Unit to alleviate pressure and improve patient flow.

This proposal is strategically aligned with the Health Board's broader Urgent and Emergency Care (UEC) model, which has already received Board support. While the full business case for the wider UEC strategy is scheduled for Board consideration in November 2025, the current capital proposal is being progressed separately to meet the WG's funding timeline, with a view to completing works by March 2026.

Mr Jones advised that a paper was submitted to the Executive Team (ET) in early September 2025, focusing on improvements to the SDEC and the Priory Day Unit at GGH, which is the preferred approach. WG discussions with the Alignment Team have taken place, and they are supportive of the SBAR and its appendices being submitted for funding. At the time of presentation to ET, the estimated cost of the works was just under £1m. However, there has since been a development outlined in the paper concerning the treatment rooms, which may result in the total cost exceeding £1m. This is a potential increase, and the final figure will be confirmed by the time of Board on 25 September 2025.

Mrs Eldeg Rosser advised that the draft SBAR had already been submitted to WG and NHS Shared Services at the time it went to the Executive Team. This early submission was intended to allow them to begin their scrutiny in parallel with the Health Board's internal governance process, in order to meet the target approval timeline of 24 October 2025.

Mr Weir enquired about any initial response, and Mrs Rosser confirmed to ongoing technical discussions with Mr Julian Wheeler Jones regarding ventilation specifications, with no further updates noted.

Mr Weir sought clarification on the level of contingency included in the presented costs, noting that the SBAR indicates a total cost of just over £2 million, inclusive of VAT and VAT recovery. In response, Mr Wheeler Jones advised that at the outset, we were advised to work with the NHS Shared Services Team to agree project contingency, which has been set at 15%—with 10% included in the contractor's contract and 5% held as planning contingency, aligned to the competitive tender issued today.

In response to Mr Weir's query regarding the target operational date of 30 March 2026, Mr Jones confirmed that this timeline aligns with the capital allocation for the current financial year. To achieve delivery by the end of March 2026, WG support is required by the end of October 2025.

Mrs Chantal Patel enquired about the ongoing costs for the Health Board following approval of capital works for the project. Mr Jones explained that the proposed solution aligns with the Health Board's broader strategic direction and supports future

progression to a seven-day service model. While the capital investment could continue to support the current five-day model without adding cost, transitioning to a seven-day model would require wider consideration and planning. The scheme's value lies in its potential to enable more cohesive service delivery across the full week.

In response to a further query from Mrs Patel, Mr Wheeler Jones confirmed that the project would be fully compliant in terms of net zero and social value.

Within the online chat, Mr Lee Davies confirmed that the project will remain within the existing footprint, meaning no additional facilities-related costs will be incurred.

In terms of the Discretionary Capital Programme (DCP), Mr Maynard Davies raised a concern that if the financial figures are inaccurate, WG may not approve additional funding, presenting a risk. Furthermore, any slippage in the timeline could push the project into the next financial year, potentially impacting next year's DCP. In response, Mrs Rosser advised that submission to WG is encouraged, with contingency funding and VAT recovery available to mitigate risks, making the overall risk minimal. Regarding slippage, if approval is secured by 24 October 2025, any delay should be minimal and manageable, with a plan in place as is standard for schemes due to be completed by the end of March.

Mr Maynard Davies raised a concern regarding the single red-rated risk on the register, which relates to potential project or design creep. He highlighted the risk of clinicians requesting late-stage changes—such as adjustments to layouts or additional features—which could lead to increased costs. He sought assurance that clinical colleagues had been fully engaged in the detailed design phase to mitigate this risk. Mr Wheeler Jones provided assurance that full clinical sign-off had been secured. The project scope and associated proposals have been reviewed and approved through the Clinical Care Group, and therefore, no further design changes are anticipated.

Mr Maynard Davies further enquired about the change in staff room usage in the plans and enquired what is being done to replace or relocate staff areas. In response, Mr Wheeler Jones explained that the original staff room was in an inappropriate clinical zone. It has now been relocated outside the clinical area, which is more suitable.

Mr Maynard Davies sought clarification on the operational impact of undertaking construction works during the winter period at GGH. Mr Wheeler Jones and Mr Jones confirmed that the full SDEC facility will be temporarily relocated within the hospital. Contractors will have full access to the work area, allowing the project to proceed without phased works and remain on track for completion by the end of March 2026. Mr Jones added that

contingency measures are in place to manage any winter-related pressures.

Mr Wheeler Jones provided a visual walkthrough of the existing and proposed layout plans for the project, offering assurance on improved clinical flow, dedicated reception and consultation areas, and the relocation of the staff room to a more appropriate location.

Mr Jones noted that the redesigned SDEC layout enables more effective use of space, allowing critical services to be integrated within the clinical area, which helps mitigate the risk of overcrowding.

Mrs Joanne Wilson asked when final costs would be confirmed, noting the need for clarity ahead of Board consideration.

Mr Weir queried whether the Board could approve the project as it stands to which Mrs Wilson responded that Board approval would not be required if costs remain within £1m.

Mrs Rosser indicated the total cost is expected to be around £1.2m and suggested seeking approval based on a worst-case scenario, prompting Mrs Wilson to consider revising the Board paper accordingly.

Members supported the business case, noting it had been clearly explained and recommended it be approved by the Board.

Decision:

The Strategy and Planning Committee's Chair's Action meeting:
RECOMMENDED the GGH Front Door Business Case for onward ratification by Board on 25 September 2025

SUPPORTED the submission to Welsh Government to request capital to deliver the project.

RECOMMENDED for onward ratification by Board, the award of the works contract to John Weaver, should the tendered costs be returned at over a £1m.