

MINUTES OF THE HDD_Strategy and Planning Committee MEETING

Date of Meeting: **15:00, Friday 16 January 2026**

Venue: **Microsoft Teams Meeting**

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

In Attendance: Mr Lee Davies, Executive Director of Strategy and Planning
Mr Andrew Carruthers, Chief Operating Officer
Mr Huw Thomas, Executive Director of Finance
Mrs Joanne Wilson, Director of Corporate Governance/Board Secretary
Ms Alwena Hughes Moakes, Communications and Engagement Director
Mr Bruce Bolam, Deputy Director Public Health/Consultant in Public Health, deputising for Dr Ardiana Gjini, Executive Director Public Health
Mr Shaun Ayres, Director of Delivery
Mr Helen Mitchell, Committee Services Officer (minutes)

Item SPC(25)113

Ms Yvette Pellegrotti, Principal Programme Manager
Mr Alex Martin, Principal Programme Manager

Item SPC(25)114

Mr Alex Martin, Principal Programme Manager
Mr Nathan Davies, Senior Project Manager
Ms Rhian Bond, Assistant Director of Primary Care
Ms Sarah Bolton, Head of Primary Care Transformation
Ms Anna Henchie, Principal Programme Manager
Dr Will Mackintosh, Clinical Lead - Primary and Community Services Academy

Item SPC(25)115

Mrs Eldeg Rosser, Head of Capital Planning
Ms Clare Emmanuel, Senior Capital Planning Programme Manager

Minutes Ref.	Item	Action
SPC(26)01	Welcome and Apologies	
	Mr Winston Weir welcomed members to the Extraordinary Strategy and Planning Committee (SPC) meeting.	
	The following apologies for absence were noted:	
	<ul style="list-style-type: none"> • Dr Ardiana Gjini, Executive Director Public Health 	

SPC(26)02

Declarations of Interests

No declarations were made.

SPC(26)03

Clinical Services Plan

Ms Yvette Pellegrotti and Mr Alex Martin joined the meeting.

Mr Lee Davies, introducing the Clinical Services Plan (CSP) noted that it had been extensively discussed at Board Seminar on 13 January 2026 and indicated that the focus of the meeting was to ensure that Independent Members (IMs) were content with the process followed, rather than delving into specific options or actions. He emphasised that the purpose of the Committee's consideration was to confirm that:

- The CSP had been developed through a robust and transparent process
- Appropriate assessments had been completed
- The Board would be sufficiently assured to proceed to decision-making

Key items supporting the decision-making process were shared, with additional items to be added for the Board discussion. Mr. Lee Davies emphasised the importance of IMs being assured of the process and the comprehensive assessments undertaken.

Mr. Maynard Davies noted the extensive supporting documentation provided, including financial, workforce and equalities assessments, acknowledging the volume and complexity of the material; and highlighting the need to include Quality and Safety Committee (QSEC) assessments in the Board presentation. Ms Yvette Pellegrotti confirmed that QSEC had reviewed all nine CSP service areas across multiple meetings and that narrative reflecting this assurance would be explicitly included in the Board report.

YP

Mr Michael Imperato sought clarification on the Committee's role in endorsing the suite of products versus taking assurance from the thorough work undertaken. Mr Lee Davies confirmed that the Committee's responsibility was to provide assurance on the robustness and completeness of the process, rather than to review individual documents in detail. Mrs Joanne Wilson added that the Board Seminar facilitated more exploratory discussion, whereas the Committee's role was to provide structured process assurance in advance of Board decision-making.

Mr Bruce Bolam raised the importance of a coherent vision across all related documents, highlighting the need to clearly articulate how the CSP aligns with the broader strategy, including Primary Care and capital investment discussions. Mr Lee Davies responded by outlining the interconnected nature of the items discussed, emphasising the CSP as a bridging strategy between current services and long-term transformation.

The Committee agreed to endorse the progression of the Clinical Services Plan to the Board for decision-making at the Extraordinary Board meeting on 18 and 19 February 2026, acknowledging the extensive work undertaken and the comprehensive consultation process.

The Committee agreed to Assure the Board regarding the CSP.

Ms Pellegrotti left the meeting.

Decision:

The Committee:

- **RECEIVED ASSURANCE** from the suite of products developed to support Board with its decision-making; and
- **ENDORSED** progressing the Clinical Services Plan (CSP) to the Board for decision-making at the Extraordinary February meeting.

SPC(26)04

Strategy Refresh

Mr Nathan Davies, Ms Rhian Bond, Ms Sarah Bolton, Ms Anna Henchie and Dr Will Mackintosh joined the meeting.

Mr Lee Davies introduced the Strategy Refresh, noting that the strategy developed in 2018 required updating due to changes in circumstances and advancements in areas such as:

- Post-pandemic realities
- Digital and technological change
- Workforce and financial constraints

Mr Alex Martin highlighted that recent development work focused on refinement rather than substantive change and that Executive scrutiny had resulted in minor restructuring of goals for clarity. The refreshed Strategy retains its core vision while updating the approach to delivering it. The Committee was presented with the first draft, which had undergone significant revisions, most notably within the finance section.

In response to concerns raised regarding how IMs could be assured that the Strategy avoided being 'aspirational without delivery', Mr Lee Davies emphasised the balance between strategic intent and avoiding over-commitment, with delivery rightly addressed through annual plans and subsidiary strategies.

Ms Alwena Hughes Moakes outlined plans to bring the strategy document to life post-Board approval, including developing summary documents, animations, and translations to ensure inclusivity and accessibility for staff and broader communities.

Mr Maynard Davies suggested including examples of recent decisions, such as those regarding Tregaron/ Cyich Caron and the Minor Injuries Unit (MIU) at Prince Philip Hospital (PPH), to demonstrate actions aligning with the AHMWW strategy. He also

emphasised the importance of aligning the Strategy with the Digital Strategy, ensuring consistency and addressing points raised in recent discussions.

Mr Lee Davies acknowledged these points and confirmed that the Strategy Refresh serves as an umbrella document, with detailed strategic plans for specific areas to be developed throughout the year.

The Committee discussed the importance of concrete plans and timelines, expressing concern that the report may be criticised for being too vague or consisting of 'plans about plans.' Mr Lee Davies acknowledged this risk and explained the challenge of describing a direction of travel for the next 15 years without overcommitting the organisation. He stressed the importance of referencing well-developed plans and ideas while avoiding commitments that have not been thoroughly considered within Committees and Board.

Mr Martin added that the Strategy Refresh was intentionally high-level and that detailed delivery commitments would be captured within enabling strategies and annual planning cycles. The aim was to revisit and review strategic and planning objectives to ensure alignment. He noted the importance of continuous engagement, co-development, and co-design of services, highlighting the commitment to radical leadership change and openness.

Mr. Shaun Ayres, highlighting the finalisation of the plan, linked it to Welsh Government expectations and revised planning goals. He emphasised the importance of providing clear expectations for Executives to ensure hard delivery and assurance that the organisation is on the right track.

Dr Will Mackintosh presented the Community by Design Strategic Plan, formerly the Primary Care and Community Strategic Plan, which aims to transform health and care services across Mid and West Wales by prioritising prevention, early intervention, and community-based care to ensure sustainability and better outcomes. Amid rising demand, workforce pressures, and the specific challenges of rurality, the Strategic Plan aligns with national policy and prioritises collaboration, digital innovation, improved access, infrastructure development, and a sustainable workforce. A draft clinical model built on the following Four Cs will complement urgent and planned care pathways, with engagement sessions refining it:

- Contact
- Comprehensive care
- Continuity
- Coordination

Dr Mackintosh indicated that assurance is provided through governance aligned with national frameworks, structured

engagement, application of hurdle criteria (quality, whole system, strategic alignment, deliverability), and integration into the 2026/27 Annual Plan with clear deliverables and a three-year outlook.

Ms Rhian Bond outlined the evolving national policy context, contractual changes, and alignment with Welsh Government priorities.

Ms Sarah Harraway commended the report, describing it as ‘a significant step forward’, and welcoming its clarity and credibility. In response to Ms Harraway’s concern regarding the need for clusters to be empowered beyond consultation and to avoid contracts constraining patient-centred care, Ms Bond acknowledged the challenge and confirmed further work was planned on cluster governance and levers.

Responding to Mr Imperato’s enquiry regarding whether clusters were genuinely enabled to employ staff and make decisions at scale, Mr Lee Davies confirmed this was a recognised gap and a priority for further development.

In response to Mr Andrew Carruthers’ highlighting of the cultural challenge of ‘letting go’ centrally to empower local systems, Mr Weir acknowledged the shift required and welcomed the honesty of the observation.

The Committee agreed to Assure the Board that the draft strategy meets the long-term aims of the organisation, has been refreshed and will continue to be refined.

Mr Nathan Davies, Ms Bond, Ms Bolton, Ms Henchie and Dr Mackintosh left the meeting.

Decision:

The Committee:

- **DISCUSSED** the content of the draft Strategy and considered whether it meets the long-term aims of the organisation.
- **RECEIVED ASSURANCE** from the draft report and attachments that the Strategy has been refreshed, considering the views of public, staff and partner organisations.

The Committee **SUPPORTED** this submission to Board to:

- **AGREED** that the Community by Design Strategic Plan is further developed in line with the six priorities of:
 - Prevention
 - Partnership Working
 - Access
 - Digital
 - Estates and Infrastructure
 - Workforce and Sustainability

- **APPROVED** the hurdle criteria as the tools for assessing the ideas and options and investments generated to date
- **ENDORSED** the work to date on the draft Clinical Model for Primary and Community Care based on the 4Cs: Contact, Coordination, Comprehensive, Continuity
- **CONSIDERED** the ideas from 'Insights and Ideas', to be appraised through the hurdle criteria
- **ENDORSED** the plan to review cluster arrangements and the establishment of a Transformation Group.

SPC(26)05

A Healthier Mid and West Wales (AHMWW) Programme Business Case (PBC) Addendum

Mrs Eldeg Rosser and Ms Clare Emmanuel joined the meeting.

Mr Lee Davies introduced the AHMWW PBC Addendum, providing a brief history of the A Healthier and Mid and West Wales strategy, the programme business case from 2022, and the subsequent interactions with Welsh Government regarding capital requirements. He explained that affordability was a major concern, leading to further dialogue and the exploration of alternative options. He confirmed that no decisions had been made and that the Addendum responded to Welsh Government challenge and opened options for further exploration.

Emphasising the need for careful communication with the public to avoid causing unnecessary concern, Mr Lee Davies detailed the development of an additional option which involves potential changes to the original plans, including the repurposing of existing sites and the consideration of new locations for the hospital.

Ms Eldeg Rosser added that the PBC Addendum focuses on changes since the original PBC was produced, highlighting key developments within the organisation.

Mr Weir stressed the importance of articulating the changes clearly to the Board and the public, acknowledging the delicate balance between exploring new options and maintaining transparency.

In response to Mr Maynard Davies' concerns about the robustness of cost estimates, given historic construction cost increases and future inflation risks, Ms Rosser confirmed that the figures were based on cautious assumptions, informed by current indices and expert professional advice.

Mr Imperato highlighted the inherent strategic tension between investment in acute hospital infrastructure and the ambition to shift care towards primary and community-based models. He noted the difficulty in reconciling these priorities and the associated challenge of communicating the resulting complexity and uncertainty to the public.

Mr Lee Davies responded by explaining the strategic rationale for consolidating acute hospital provision and investing in primary and

community services. He acknowledged the tension between different strategic priorities and the challenges posed by affordability and external factors.

The Committee agreed to Assure the Board regarding the AHMWW Business Case Addendum.

Mrs Rosser and Ms Emmanuel left the meeting.

Decision:

The Committee:

- **DISCUSSED** the PBC Addendum and **SUPPORTED** onward consideration by the Board.

SPC(26)06

Date and Time of Next Meeting

Mr Weir requested that the next Strategy and Planning Committee meeting on 26 February 2026 be face to face at Picton Terrace.

HM

26 February 2026, 09:30 - 12:30, Dolau Cothi, Picton Terrace/ MS Teams