

## MINUTES OF THE STRATEGY AND PLANNING COMMITTEE MEETING

Date of Meeting: **Thursday 26 February 2026**

Venue: **Microsoft Teams only**

Present: Mr Winston Weir, Independent Member/ Chair  
Mr Maynard Davies, Independent Member/ Vice Chair  
Mr Michael Imperato, Independent Member  
Mrs Eleanor Marks, Independent Member/ HDUHB Vice Chair  
Mr Neil Prior, Independent Member

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

### **Item SPC(26)13**

Ms Linda Jones, Regional Partnership Programme Manager

### **Items SPC(26)16 and SPC(26)22**

Dr Daniel Warm, Head of Planning

### **Item SPC(26)17**

Dr Jo McCarthy, Consultant in Public Health  
Mr Ben Williams, Principal Public Health Practitioner

### **Item SPC(26)18**

Ms Trina Nealon, Head of Population Health Improvement and Wellbeing  
M Sara Rees, Senior Public Health Practitioner

### **Item SPC(26)19**

Ms Eldeg Rosser, Head of Capital Planning

### **Item SPC(26)20**

Mr Rob Elliott, Programme Director Major Infrastructure Projects

**Item SPC(26)20**

Mr Paul Williams, Head of Property Performance

**Item SPC(26)23**

Mr Paul Williams, Assistant Director of Strategy & Planning

**Item SPC(26)24**

Ms Anna Thomas, Assistant General Manager

**Item SPC(26)25**

Mr Keith Jones, Director of Operational Planning & Performance

Ms Nia Williams, Programme Manager MWJC

**Item SPC(26)26**

Ms Anne Simpson, Head of Strategic Commissioning

**Item SPC(26)27**

Ms Sam Hussell, Head of Health Emergency Planning

**Item SPC(26)28**

Ms Cerys Humphreys, Service Manager - Health Improvement & Wellbeing

Mr Craig Jones, Prevention & Population Health Improvement Manager

<b>Minutes Ref.</b>	<b>Item</b>	<b>Action</b>
<b>SPC(26)07</b>	<b>Welcome and Apologies</b>  Mr Winston Weir welcomed members to the Strategy and Planning Committee (SPC) meeting.  Apologies were received from: <ul style="list-style-type: none"><li>• Dr Ardiana Gjini, Executive Director of Public Health</li></ul>	
<b>SPC(26)08</b>	<b>Declarations of Interests</b>  No declarations were made.	
<b>SPC(26)09</b>	<b>Minutes from the Strategy and Planning Committee meeting on 18 December 2025</b>  The minutes of the Strategy and Planning Committee (SPC) meeting held on 18 December 2025 were APPROVED as an accurate record of proceedings.	
<b>SPC(26)10</b>	<b>Table of Actions from the Strategy and Planning Committee meeting on 18 December</b>  The Committee noted that only one action from the 18 December 2025 meeting remained outstanding: <i>To provide further clarification and update on the feasibility of achieving the 2031 completion date for clinical pharmacy</i>	

*accommodations (in reference to the Welsh Government Independent Review of Clinical Pharmacy Services at NHS Hospitals in Wales audit and inspection report)*

Mr Andrew Carruthers explained that delivery of the original action would have required a lengthy implementation period. However, with the service now operating through a virtual model, it was agreed that the action could be closed, with future updates incorporated into the SPC Work Programme.

Mr Lee Davies reminded the Committee that the action originated from an audit recommendation centred on the feasibility and timeline of the previously proposed Medicines Hub model. He confirmed that the virtual model now in place meets the intent of the original recommendation, while Mr Carruthers indicated that the virtual approach fully discharges the underlying requirement. For ongoing assurance, the Committee will receive confirmation through the routine six-monthly Pharmacy reports presented by Mr Owain Williams, that the Medicines Hub actions have been implemented via the virtual model.

**OW**

**SPC(26)11 Minutes from the Extraordinary Strategy and Planning Committee meeting on 16 January 2026**

The minutes of the SPC meeting held on 16 January 2026 were APPROVED as an accurate record of proceedings.

**SPC(26)12 Table of Actions from the Extraordinary Strategy and Planning Committee meeting on 16 January 2026**

All actions were listed as complete.

**SPC(26)13 Integrated Community Care System: Policy and Impact on Regional Governance**

*Ms Linda Jones joined the meeting.*

Ms Linda Jones presented the Integrated Community Care System (ICCS): Policy & Impact on Regional Governance report, indicating that while a range of new national documents had recently been issued, the Welsh Government's ICCS blueprint remains high-level and broadly aligns with the work already underway within West Wales. With Regional Integrated Fund (RIF) funding due to end in 2027, a regional portfolio review will be undertaken to ensure ICCS-aligned priorities can be sustained beyond the current programme. The Regional Partnership Board (RPB) is also reshaping governance into three streamlined Assurance Boards, designed to better align with Health Board and Local Authority structures and minimise duplication.

Mr Carruthers emphasised the need for a proactive strategic approach, focusing on defining shared outcomes and developing West Wales-specific work programmes rather than responding reactively to external funding pots. Dementia was identified as a joint priority across the region, with a clear intention to reduce

pathway fragmentation, avoid duplication between organisations, and ease pressures on hospital discharge.

Mr Carruthers further highlighted the importance of applying a value-based lens across ICCS development, shifting discussions from funding availability to productivity, measurable value, and outcomes. This includes using the Health Board's Value-Based Healthcare (VBHC) tools, such as Patient Reported Outcome Measures (PROMs) and carer-reported measures, to inform decisions on resource allocation and support integrated system outcomes. Enhancing productivity and drawing on the expertise of the Value-Based Healthcare team were noted as core components of this work.

Ms Eleanor Marks queried the strategic work underway with Local Authorities over the next one to three years to respond to demographic challenges, delayed discharges, and the region's ambition for community-by-design. Mr Carruthers confirmed that the focus is on co-designing shared outcomes and building a proactive regional work programme rather than creating Programme Boards around grant funding, noting positive developments in Dementia, including new leadership within Carmarthenshire and constructive engagement across all three counties.

In response to Mr Neil Prior's question regarding demonstrable proactivity, Mr Carruthers explained that a recent regional workshop had been held to align outcomes and objectives, alongside the development of frameworks designed to reduce duplication and empower multi-agency teams in progressing the community-by-design approach.

In response to Mr Weir's query regarding whether the proposed governance changes would deliver meaningful improvement and the implications if they did not, Mr Carruthers indicated that governance structures are enablers rather than solutions in themselves, and expressed confidence in the current momentum across counties, reaffirming the need for a value-based approach.

Mr Prior offered to assist in strengthening relationships in Pembrokeshire, including with the Chief Executive, to support the shared prevention agenda. This was welcomed.

Mr Huw Thomas proposed refocusing discussions on productivity and value, using PROMs, carer outcomes, and evidence of impact to inform investment decisions, with funding positioned as a tactical evidence-led enabler. Mr Carruthers agreed, emphasising the need to consider resources more broadly and eliminate organisational duplication, including applying Health Board value tools to support social care.

Mr Michael Imperato welcomed Mr Carruthers' practical, operationally grounded perspective and requested continued

focus on providing real-world context alongside governance reports.

*Ms Jones left the meeting.*

**Decision:**

The Committee:

- **NOTED** the current position of the national policy framework on ICCS and the ongoing work of the RPB and Partnership Bodies to update and align the strategic priorities and governance arrangements accordingly, ensuring they are well-placed to deliver against the framework and improve outcomes for our population.

**SPC(26)14**

**Self-Assessment of Committee Effectiveness: Outcome Report**

Mrs Joanne Wilson presented the self-assessment outcome report, noting a 55% return rate on the self-assessment survey. The report highlighted key improvement areas such as quality and timeliness of reports; triangulation of finance, people and operations within planning; and strengthening feedback on continuous engagement. Actions had been agreed to address these issues, including continuous engagement led by Ms Alwena Hughes Moakes.

**Decision:**

The Committee:

- **CONSIDERED** the outputs from the Committee Self-Assessment process and
- **AGREED** to the actions to be taken to improve its effectiveness.

**SPC(26)15**

**Assurance and Risk Report**

Mrs Wilson provided an overview of the Assurance and Risk report, noting nine principal risks and eighteen operational risks aligned to the Committee. Two new risks were reported as follows:

- Risk 2235: *Risk of disruption to smoking cessation service and national monitoring due to vacancies arisen in team:* Regional recruitment challenges persist, with mitigation steps in place such as continued advertisements for specialist staff. Given the specialist nature of the roles, HDdUHB continues its recruitment efforts.
- Risk 1773: *Risk of Covid-19 vaccine waste due to ordering schedule and vaccine hesitancy:* Following completion of a limited internal audit, all recommendations have been fully considered and actioned alongside changes related to Welsh Health Circulars. Dr Bruce Bolam agreed to provide an update and mitigation plan through the Table of Actions.

**BB**

**Decision:**

The Committee, in relation to the areas presented in this paper:

#### Risk Management

- **RECEIVED ASSURANCE** that identified controls are in place and working effectively;
- **RECEIVED ASSURANCE** that all planned actions are credible and deliverable, and in line with agreed plans, and will be implemented within stated timescales and will reduce risks further and/or mitigate the impact should risks materialise; and

#### Welsh Health Circulars

- **RECEIVED ASSURANCE**, from the lead Executive Director or Supporting Officer on the management of WHCs within their area of responsibility, particularly in respect of understanding when the WHC will be delivered, any barriers to delivery, impacts of non/late delivery and assurance that the risks associated with these are being managed effectively.

## SPC(26)16

### Targeted Intervention Update

*Dr Daniel Warm joined the meeting.*

Mr Lee Davies presented the Targeted Intervention Update, confirming that the Health Board remains at Level 4 escalation for planning. He outlined the criteria required for de-escalation, each aligned to the relevant Committee for oversight. Emphasising that producing a balanced and credible Annual Plan continues to be an Alert, given the significant financial challenges facing Welsh Government and the Health Board, making it unlikely that a plan acceptable to Welsh Government could be achieved, Mr Lee Davies indicated that this position was reinforced during the Board Seminar on 24 February 2026.

Integrated planning also remains an Alert, reflecting ongoing triangulation pressures across finance, workforce, operations and enabling functions. Other areas demonstrated stronger assurance: the Clinical Services Plan (CSP) is assessed as Assure, while both planning maturity and regional planning are rated Advise. The Planning Maturity Matrix continues to show steady, though incomplete, progress with remaining evidence gaps.

Mr Maynard Davies raised concerns regarding the timeline to produce a Board-ready Annual Plan by March 2026 and queried whether regional planning should more accurately be categorised as Advise rather than Assure. Mr Lee Davies acknowledged this distinction and agreed on the need for clarity. Dr Daniel Warm provided assurance on actions following the February Board Seminar, including strengthened engagement with Clinical Care Groups (CCGs) and improved planning coordination to support planning maturity development.

Mrs Eleanor Marks stressed the importance of demonstrating clearer progress to Welsh Government in closing planning gaps, particularly through shifting investment towards

community-focused models and embedding productivity and efficiency within plans. While progress has been made since the December 2025 update, particularly in strategic planning, governance maturity, and development of the CSP, she noted that significant financial and planning gaps remain, and will need to be addressed before de-escalation can be considered. In response to Mrs Marks' questions regarding Welsh Government's likely reaction and the importance of protecting the £26m conditional funding, Mr Lee Davies and Dr Warm reiterated the Health Board's three-year planning approach, the enabling actions underway, and the increasingly mature planning processes now in place.

The Committee noted that the February Board Seminar had reaffirmed the assessments across Criteria 4–8. Executives will now concentrate on embedding clear productivity and efficiency expectations within the Annual Plan. CCG submissions are currently underway; Welsh Government scrutiny is scheduled for 12 March 2026; and the Planning Coordination Group continues to meet on a fortnightly basis. A lessons-learned report will be presented to the Committee to support improvements for the next planning cycle.

Mr Weir enquired whether the Board Seminar had influenced the current assessment and what actions would be required to move the criteria from Alert to Advise in the coming year. Mr Lee Davies confirmed that the Seminar reinforced the existing position and highlighted the need for explicit productivity and efficiency requirements, strengthened business partnering with CCGs, and early planning for winter.

Mr Weir emphasised the importance of forward assurance on integrated planning and avoiding a repeat of challenges experienced in this planning round. He proposed sharing the three-year Financial Roadmap with Committee members to reinforce alignment across finance, performance, quality and workforce planning.

HT

### **Decision:**

The Committee:

- **ACKNOWLEDGED** the updated assessments across Criteria 4–8, including the Alert ratings for the Annual Plan (Criterion 4) and integrated planning (Criterion 5), continued Advise ratings for planning maturity (Criterion 7) and regional planning (Criterion 8), and the Assure rating for the CSP process and roadmap (Criterion 6).
- **SCRUTINISED** the evidence underpinning the assessments, particularly: the £7.8m savings identification gap against the £19.0m recurrent target and £18.8m of financial risks requiring mitigation (Criterion 4); the incomplete triangulation of finance, workforce and operational plans and enabling-function weaknesses (Criterion 5); and the evidence gaps and RED/AMBER

domains highlighted in the Planning Maturity Matrix (Criterion 7).

- **RECEIVED ASSURANCE** that progress continues in several core areas, including: A three-year Financial Roadmap with clear trajectory toward breakeven by 2027/28, supported by the retained £26.0m conditional funding, A maturing integrated planning framework and strengthened governance, A robust, independently validated CSP roadmap, providing a clear and credible basis for future configuration decisions.

**SPC(26)17**

**Progress Report for 2023/24 DPH Annual Report: Their Health, Our Future: Advancing the Agenda for CYP in Hywel Dda**

*Dr Jo McCarthy and Mr Ben Williams joined the meeting.*

Dr Bolam introduced the Progress Report for the Director of Public Health (DPH) 2023/24 Annual Report, outlining ongoing work to progress the children and young people (CYP) agenda across Hywel Dda University Health Board (HDdUHB). He highlighted the difficulty of sustaining long-term public health focus in the context of fragile services and immediate operational pressures, and summarised both the progress made against the Report's recommendations and the areas requiring further development.

Dr Jo McCarthy and Mr Ben Williams presented key initiatives, including the infant feeding service pilot, school readiness programmes, and school-based emotional and mental wellbeing activities. They also highlighted significant capacity constraints for the 16 - 24 age group and emphasised the need for a long-term CYP strategic plan for the Health Board.

The Committee considered concerning trends, including Carmarthenshire's under-five obesity rate, which is the highest in Wales, and falling healthy life expectancy. Mr Lee Davies noted the difficulty of prioritising prevention work given current system pressures, while Dr McCarthy stressed the importance of economic analysis to demonstrate the longer-term value of early interventions.

The Committee welcomed the structured impact-versus-timescale matrix developed to support future prioritisation and investment decisions and requested a Strategic Plan setting out clear priorities, resource requirements, and governance-aligned "asks." Poverty and inequalities were recognised as urgent cross-cutting drivers, with poverty-awareness training underway for GPs and schools. The Committee reiterated its request for a CYP strategic plan (or outline and timeline) within the year, incorporating economic framing (e.g., bed-days, return on investment) and methods for engaging young people.

Mr Maynard Davies cautioned against deprioritising long-term public health due to a lack of immediate cash-releasing savings and requested clearer prioritisation across the 22 activity areas,

along with strategies for engaging older young people (e.g., through social media). The team confirmed these points would be incorporated into the CYP plan and engagement approach. Ms Marks commended the report, linking it to future workforce sustainability, and encouraged stronger multi-agency coordination across the three counties, drawing on learning from past community-based programmes.

Mr Thomas suggested a two-speed investment model - quick-impact interventions to build confidence, alongside longer-term programmes, and requested that a clear framework be presented to the Committee rather than a generic challenge.

The Chair concluded by requesting:

- A CYP strategic plan or outline and timeline within the year, including priorities, return on investment and youth engagement
- An explicit prioritisation approach using the impact-versus-timescale matrix
- Coverage of engagement with young people and carers in a future paper.

Dr McCarthy agreed to seek advice on governance alignment to avoid the proliferation of standalone plans prior to developing the CYP Strategic Plan

JM

*Dr McCarthy and Mr Williams left the meeting.*

### **Decision:**

The Committee:

- **RECEIVED ASSURANCE** from the progress on recommendations outlined in the Hywel Dda University Health Board (HDdUHB) Director of Public Health (DPH) Annual Report 2023/24: 'Their Health, Our Future: Advancing the Agenda for Children and Young People in Hywel Dda'.
- **CONSIDERED** the value of further refining the intervention assessment methodology should the Committee view it as a helpful tool for informing future investment, strategic direction, or prioritisation decisions.

**SPC(26)18**

### **Review of Well-being Objectives**

*Ms Trina Nealon and Ms Sara Rees joined the meeting.*

Dr Bolam introduced the Review of Well-being Objectives, explaining how the work aligns with the wider strategic direction set by the Well-being of Future Generations (Wales) Act 2015 (WCFG). Ms Trina Nealon outlined the refresh process, which involved engagement with key stakeholders and ensured alignment with both current and emerging plans. She confirmed that the revised objectives had already been endorsed by the Staff Partnership Forum and the Executive Team, maintaining coherence with the long-term strategy and the Public Services Board (PSB) Well-being Plan.

Ms Sara Rees provided further detail on the consultation process, noting that the existing themes of workforce planning, collaboration and integration, early intervention and prevention, and environment and climate, continue to be relevant although require refinement to reflect evolving priorities and delivery capacity.

In discussion, Mr Weir sought clarity on the duration, measurability, and sequencing of the refreshed objectives, emphasising the need for them to be specific, measurable, achievable, and time-bound; and Mr Maynard Davies suggested enhancing the language used, including the addition of the term sustainable within the low-carbon objective. Ms Nealon confirmed that the ordering of objectives could be revisited and that measurable components would be incorporated within future directorate outputs.

Mr Prior supported retaining the aspirational nature of the objectives, noting that they provide an appropriate direction of travel, while Dr Bolam recommended aligning the objectives more explicitly with the annual planning cycle and integrating them into a multi-year strategic framework. Mr Weir reiterated the importance of including timeframes and measurable indicators, highlighting that the review ensures alignment with the WBFG and the refreshed Long-Term Strategy, informed by stakeholder engagement, Trade Union feedback, and external advice.

While the core themes remain unchanged, adjustments have been made to reflect changing priorities and organisational capacity. Ms Nealon agreed to incorporate suggested improvements, such as a three-year time horizon, measurable indicators where feasible, strengthened terminology (including “sustainable”), and reordered objectives to emphasise prevention, prior to submitting the final version for Board approval.

TN

*Ms Nealon and Ms Rees left the meeting.*

**Decision:**

The Committee:

- **RECOMMENDED** the updated HDdUHB Well-being Objectives for onward approval by the Board on 26 March 2026.

SPC(26)19

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

*Ms Eldeg Rosser joined the meeting.*

Ms Eldeg Rosser presented an update on the Capital Programme for 2026–27, outlining the proposed allocation of funds and associated pre-commitments. She noted an increase in the discretionary allocation from Welsh Government and highlighted the ring-fenced budgets for business case development, capital support, contingency, and a range of improvement projects. Ms Rosser also set out the key risks, including unplanned system

failures and findings from ongoing surveys; and proposed using an over-commitment approach to help manage expected in-year slippage and underspend.

Mr Weir, welcoming the proposed allocation and commending the forward planning for 2027–28, queried the corporate risk identified around delivery of the 2025–26 Capital Resource Limit (CRL). Ms Rosser indicated that the risk originated from the significant expenditure required before year-end, however, confirmed that daily monitoring and team assurances indicated that the CRL would be achieved. In response to Mrs Marks request for clarity on the long-term plans for major community projects such as the Cross Hands and Fishguard Wellbeing Centres, Ms Rosser provided updates on progress and barriers, including land acquisition challenges for the Fishguard development. The Committee acknowledged the strategic importance of these schemes and the need for timely decisions from Welsh Government.

Ms Rosser provided assurance on the 2025/26 Capital Programme and Governance Update, which confirmed a CRL of £42.087m and noted a series of in-year adjustments and additional Welsh Government allocations. The £10m Discretionary Capital Programme (DCP) had been deployed in line with Board-approved priorities, complemented by further funding for radiology, digital, estates and mental health schemes. Planning for the 2026/27 DCP is underway, though current allocations will not fully mitigate capital risks.

For 2026–27, Welsh Government confirmed an indicative DCP increase to approximately £11.2m (+12%), including £4.7m of pre-commitments for targeted estates schemes, paediatric consultation works, residential accommodation, Microbiology and Withybush Hospital (WGH) health and safety requirements. The allocation also includes ring-fenced funding for business case development and capital support, £1m held for contingency, and risk-based allocations across statutory estates, equipment, digital (£0.85m), infection control, opportunity and risk, and spend-to-save schemes. An over-commitment position of around £0.5m has been adopted to flexibly manage anticipated slippage.

The Committee noted that circa 50% of the 2025/26 programme had been spent at the time of reporting, a result of late scheme starts and in-year allocations. Although delivery remains heavily weighted towards year-end, daily oversight by Estates, Finance and Procurement teams provides assurance that completion by the end of March 2026 is on track.

**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 changes since Board ratification •

**ENDORSED** the proposed allocation of the DCP for 2026/27 for onward ratification to Board  
**RECEIVED ASSURANCE AND UPDATED THE BOARD**, that the seal can be applied for all schemes listed in Annex 2 •  
**RECEIVED ASSURANCE** from the capital schemes governance update •  
**RECEIVED ASSURANCE** from the Capital Sub Committee update in Annex 3 and  
**ENDORSED** the Capital Sub Committee workplan in Annex 4 for 2026/27

**SPC(26)20**

### **Glangwili Hospital (GGH) Fire Phase 2 Business Justification Case**

*Mr Rob Elliott joined the meeting.*

Mr Rob Elliott presented the final stage of the Business Justification Case (BJC) for Glangwili Hospital (GGH) Fire Phase 2, which constitutes the final phase of investment required to address outstanding Fire Enforcement Notice works. The project is divided into two work packages: internal fire-stopping and civil engineering works to improve escape arrangements. The installation of an escape lift in Block 32 has proven particularly complex due to its proximity to critical IT infrastructure, contributing to increased costs. The BJC is now costed at £20.9m, representing a reduction from the previously published figure of £22.51m, inclusive of contingency and VAT.

Mr Elliott outlined the intention to submit the BJC to Welsh Government and explore alternative options to reduce costs during the scrutiny period. Mr Thomas raised concerns regarding the potential impact on digital services and the overall project timeline; Mr Elliott assured the Committee that adjustments could be made, and that Mid and West Wales Fire and Rescue Service (MWWFRS) was likely to show flexibility if needed. Tender reviews have highlighted additional complexities that will be examined further once the case is under Welsh Government review, though this will not delay progress on the remainder of the programme.

The Committee supported submission of the BJC to the Board, subject to completion of final assessments and assurance that the Executive Director of Finance's concerns are addressed.

*Mr Elliott left the meeting.*

#### **Decision:**

The Committee:

- **SUPPORTED** the submission of the Business Justification Case to Board, subject to all final assessments being completed.

**SPC(26)21**

### **Property Lease Arrangements Update**

*Mr Paul Williams, Head of Property Performance joined the meeting.*

Mr Paul Williams (Head of Property Performance (HoPP)) presented an update on the current property lease arrangements, highlighting the relocation of medical records from Unit 4, Stradey Business Park, Llangennech to a new unit in Heol Cropin, Dafen, which will support the digitisation of records over the next decade. The financial implications and risks associated with this lease were outlined alongside a 12-month licence agreement with Swansea University for the use of space within Pentre Awel, enabling services such as phlebotomy, research innovation and community-bookable rooms. In addition, the Committee was updated on the extension of Therapies provision within the Rheidol Local Authority building in Aberystwyth, together with the relocation of podiatry services due to space constraints; and confirmation of a low-risk extension of the Omnicell lease with Welsh Ambulance Service NHS Trust (WAST).

Ms Hughes Moakes raised the importance of engaging with the community regarding the podiatry relocation, and Mr Williams (HoPP) confirmed that appropriate engagement would take place before finalising arrangements. In response to questions from Mr Maynard Davies regarding revenue implications, Mr Williams (HoPP) assured the Committee that financial impacts had been factored into planning. Mr Thomas further confirmed that an underspend within the medical records budget would be used to support the move.

*Mr Paul Williams, Head of Property Performance left the meeting.*

**Decision:**

The Committee:

- **RECEIVED ASSURANCE** from the progress and current status of the estate lease arrangements.
- **NOTED** that these agreements continue to be developed and agreed with further updates to be received at Executive Team and Strategy Property and Environmental Task Force Group prior to Board approval.
- **NOTED** that the Strategy is to be updated in 2026/27, this will be aligned to the Health Board's refreshed clinical and estate strategic plans, reflecting the period 2026 – 2030.

**SPC(26)22**

**Annual Plan Update**

Dr Daniel Warm provided an update on the 2025–26 Annual Plan, noting that it comprises ten planning objectives aligned to the relevant Committees, relating to the CSP, the Community by Design Strategic Plan (formerly the Primary and Community Strategic Plan), Estates, and Population Health. He confirmed that all objectives are currently on track, explaining that enabling actions set out by the Cabinet Secretary are reported quarterly to Welsh Government; and providing assurance on progress made, including mitigation for any areas where performance had deteriorated.

Mr Weir queried progress on the Community by Design Strategic Plan, observing that although the planning process remains on track, the plan itself has not yet been finalised. Dr Warm clarified that the planning objective relates specifically to the process rather than the delivery of the completed Plan; and confirmed that the four Planning Objectives aligned to the Committee remain on track, with most enabling actions progressing as expected, although a small number continue to be rated Red or Amber. He advised that work on the 2026/27 planning cycle is ongoing; however, the Plan is currently less mature than at the same point last year. Further work is required to ensure consistency across CCG submissions, to fully triangulate finance, workforce and performance assumptions, to integrate savings plans, and to clarify partner dependencies ahead of Board approval and submission to Welsh Government by 31 March 2026.

He provided assurance on the development of the 2026/27 Plan, noting the revised financial, performance and accountability requirements issued by Welsh Government.

**Decision:**

The Committee:

- **NOTED** the update on the 2025/26 Annual Plan
- **SCRUTINISED** and **NOTED** the overall assessment and update on the progress against the Planning Cycle and risks for the production of the 2026/27 Plan.

**SPC(26)23**

**PO8: Estates Plan**

*Mr Paul Williams, Assistant Director of Strategy & Planning joined the meeting.*

Mr Paul Williams (Assistant Director of Strategy & Planning (ADS&P)) provided an update on the Estates Plan, outlining the progress achieved as well as the delays encountered. He confirmed that the A Healthier Mid and West Wales (AHMWW) Strategy Business Case Addendum has been submitted to Welsh Government and is currently under scrutiny. Initial feedback has been positive, with consideration expected at the April 2026 Infrastructure Investment Board (IIB).

Highlighting the prioritisation of major infrastructure work, including power improvements at Prince Philip Hospital (PPH), Mr Williams (ADS&P) indicated that addressing power issues at WGH is dependent on support from Welsh Government and NHS Wales Shared Services Partnership (NWSSP).

In response to an enquiry from Mr Maynard Davies regarding the red dates shown in the report, Mr Williams (ADS&P) explained that these indicate items that have slipped beyond their original planned dates.

The Committee noted that the programme remains on track following Board approval of the AHMWW Business Case Addendum in January 2026 and its subsequent submission to

Welsh Government. Key areas of progress include development of the Addendum, a major infrastructure programme addressing high-risk estates issues (£50–55m), advancement of Phase 1 Business Justification Cases (BJCs), and preparatory work on refreshing the Estate Strategy in alignment with the CSP. Decarbonisation work is ongoing, and community infrastructure schemes, including the Aberystwyth Integrated Care Centre (ICC) continue to progress through feasibility, business case development or construction stages.

Assurance was provided on infrastructure condition and statutory compliance, with Estates teams maintaining compliance requirements across sites and actively managing ageing-estate risks such as water safety, Health Technical memorandum (HTM) compliance and fire precautions.

The Committee also received updates on backlog maintenance, including expenditure and prioritisation approaches influencing risk profiles and noted dependencies between Estates programmes and the 2025/26 and 2026/27 capital cycles. Planning Objective 8 continues to serve as the framework through which capital allocations are prioritised and sequenced; and the Estates Strategy is scheduled for refresh in 2026/27 to align with the Health Board's updated clinical strategy and long-term service reconfiguration for 2026–2030.

*Ms Rosser and Mr Paul Williams, Assistant Director of Strategy & Planning left the meeting.*

**Decision:**

The Committee:

- **NOTED** and **RECEIVED ASSURANCE** from the updates provided in this report.

**SPC(26)24**

**Prince Philip Hospital Urgent Care Centre Implementation Plan**

*Ms Anna Thomas joined the meeting.*

Ms Anna Thomas provided an update on the Prince Philip Hospital Urgent Care Centre Implementation Plan which is progressing toward establishing a new 12-hour (08:00–20:00) urgent care model by November 2026. Recruitment for nursing and medical staff is underway, with initial interviews scheduled for the week commencing 2 March 2026. Clinical pathways are being finalised, and a phased approach will be used to introduce the Same Day Emergency Care (SDEC) model.

Key risks identified include workforce fatigue, digital infrastructure gaps, and challenges associated with benefits realisation. The Committee considered the need for strong digital alignment and clear mapping of patient pathways under the urgent care model. Ms Hughes Moakes highlighted the importance of effective communication and community engagement to help rebuild public trust, and Mr Weir suggested that all good news be shared widely

to facilitate better public understanding and to encourage recruitment of staff.

In response to concerns raised by Mr Maynard Davies regarding recruitment delays and the availability of trained practitioners, Ms Thomas confirmed that a grow-your-own approach is being adopted for Advanced Nurse Practitioners (ANPs) and that medical recruitment is progressing well.

Although overall progress is positive, two areas remain outstanding:

- Workforce planning and recruitment, including advanced practice roles, unscheduled care medical/ senior decision-maker cover, and nursing models.
- Governance arrangements, including final pathway sign-off (triage, streaming, Urgent and Emergency care (UEC)/ SDEC interface), safety oversight, escalation processes and decision-making governance.

Progress to date includes agreement of the clinical model, pathway and workforce planning, rota design, minor estates changes, and establishment of delivery governance. Expected outcomes include improved access, strengthened clinical streaming, alignment with national UEC priorities, and a more sustainable workforce model. Operational readiness work, including recruitment, training and digital preparation will continue throughout 2026 to support the planned November 2026 go-live.

*Ms Thomas left the meeting.*

**Decision:**

The Committee:

**NOTED** the progress to date on the implementation of an Urgent Care Centre in Prince Philip.

**RECOGNISED** the indicative timeline and

**REQUESTED** a brief assurance update when workforce and governance items are finalised.

**SPC(26)25**

**Mid Wales Joint Committee Report**

*Mr Keith Jones and Ms Nia Williams joined the meeting.*

Mr Keith Jones provided an update on the Mid Wales Joint Committee's (MWJC) delivery priorities and the review of its strategic intent. He highlighted six areas that are currently off plan for this year, alongside progress on specific actions, including completion of the trial-without-catheter urology action. He noted that a workshop scheduled for April 2026 will consider the future direction of the programme, reflecting emerging priorities from partner organisations and evolving governance arrangements.

In response to Mr Maynard Davies concerns regarding potential conflicts between competing priorities and the importance of ensuring alignment with the Annual Plan, Mr Jones acknowledged the iterative nature of the planning cycle and emphasised the

continued intention to ensure coherence between organisational plans and the wider Mid Wales Programme.

Outlining progress across key regional workstreams, with most areas on track and some experiencing delays due to operational or capacity pressures, Mr Jones indicated that work is also underway to agree the 2026/27 priorities and to undertake a formal review of the MWJC's strategic intent and governance, ensuring alignment with emerging organisational strategies and regional structures. A broader review of the Committee's future role, commissioned by the three Mid Wales Health Board Chief Executives, will be considered at the April 2026 workshop involving senior health and Local Government leaders. Mr Jones agreed to include the outcome of this workshop in the next MWJC update.

KJ

*Mr Jones and Ms Williams left the meeting.*

**Decision:**

The Committee:

- **NOTED** the update report on the Mid Wales Priorities and Delivery Plan 2025/26 up to January 2026, Mid Wales Priorities 2026/27, and the reviews being undertaken of the MWJC governance arrangements, Mid Wales Strategic Intent and MWJC.

SPC(26)26

**Strategic Commissioning Report**

*Ms Anne Simpson joined the meeting.*

Ms Anne Simpson presented the Strategic Commissioning Report, focusing on the obstetric Service Level Agreement (SLA) with Swansea Bay University Health Board (SBUHB) and updates on radiotherapy services. She explained that while the obstetric SLA enables women to choose to give birth in SBUHB, it also poses governance risks due to inconsistent clinical pathways. A phased realignment of the Long Term Agreement (LTA) was therefore proposed, alongside a review of the impact following withdrawal of the SLA. Radiotherapy updates included the successful operation of the second CT simulator at Singleton and forthcoming milestones for Linear Accelerator (LINAC) installations.

Responding to Ms Hughes Moakes request for clarification on the engagement process relating to changes in antenatal care, Ms Simpson confirmed that formal notifications would be issued following completion of service-user engagement. Mr Maynard Davies suggested that Quality, Safety and Experience Committee (QSEC) should be cited on the service change to ensure it can be assured from a quality, safety and experience perspective; and the Committee noted the importance of resolving financial agreements by the required deadlines.

AS

The Committee also noted wider commissioning developments summarised in the February 2026 update, including significant improvements in Dual-Energy X-ray Absorptiometry (DXA) scan

waits ((longest wait reduced from 25.7 to 12.9 weeks, despite ongoing workforce-related reporting delays, expected to be resolved by September 2026; and continued progress in oncology and radiotherapy modernisation. This includes operation of the second CT simulator, development of multi-phase business cases for additional LINAC capacity, and initial exploratory work on a future satellite radiotherapy centre within HDdUHB.

*Ms Simpson left the meeting.*

### **Decision:**

The Committee:

- **NOTED** the key service updates, including DXA performance recovery (longest wait reduced from 25.7 to 12.9 weeks, with on-going recruitment underway to restore the 8-week target) and progress across oncology and radiotherapy modernisation. **SCRUTINISED** the proposed cessation of the antenatal satellite clinic SLA (£22k), subject to completion of service user engagement in Q1 2026/27
- **SUPPORTED** the phased LTA realignment approach to reflect the c.35% reduction in emergency obstetric activity already evidenced.
- **NOTED** the risk to timely LTA sign-off by 27 February 2026, given eight unresolved SBUHB contracting issues, and the NWJCC IMTP growth exposure of c.£3.5m (HDdUHB indicative 12.5% share, pre-inflation).
- **SUPPORTED** continued joint working between HDdUHB and SBUHB to resolve contracting issues, particularly around Orthopaedics (regional vs LTA monies), tariff reform, uncoded activity (contract breach), ToP realignment, and vascular/neurology scope rationalisation.

**SPC(26)27**

### **Climate Adaption Plan**

*Ms Sam Hussell joined the meeting.*

Dr Bolam introduced HDdUHB's first Climate Adaptation Plan, emphasising its importance in strengthening the organisation's response to increasing severe weather risks. Developed alongside a comprehensive Climate Change Risk and Opportunity Assessment (CCROA), the Plan meets Welsh Government requirements for Health and Social Care organisations to prepare for the impacts of climate change. The assessment confirms that climate-related pressures are growing and are expected to intensify over time.

Ms Sam Hussell, highlighting a series of priority themes, including estate suitability, service access, population health, clinical and operational resilience, business continuity and supply-chain security, indicated that it is supported by a multidisciplinary governance model designed to embed climate adaptation within planning and capital development processes. Ms Hussell added that the Plan aligns with existing multi-agency arrangements for severe-weather preparedness.

The Committee welcomed the update, recognising the need for sustained, detailed work across multiple areas to build long-term resilience and acknowledging the ongoing resource, capacity and infrastructure challenges associated with delivering long-term climate resilience.

*Ms Hussell left the meeting.*

**Decision:**

The Committee:

- **RECEIVED ASSURANCE** that HDdUHB has developed a structured and evidence-based Climate Adaptation Plan in line with Welsh Government expectations
- **ENDORSED** the content for onward approval at Board on 26 March 2026.
- **NOTED** the direction of travel to embed climate adaptation within clinical, operational and strategic planning processes.
- **NOTED** the ongoing resource, capacity and infrastructure risks associated with delivering long-term climate resilience.

**SPC(26)28**

**Partnerships Update: Area Planning Board and Population Health Improvement Report**

*Ms Cerys Humphreys and Mr Craig Jones joined the meeting.*

Dr Bolam introduced and Mr Craig Jones presented the Partnerships Update, focusing on tobacco, alcohol and drugs. They outlined the role of the Dyfed Area Planning Board (APB), including its strategic, governance, scrutiny and performance functions, and described current priorities and delivery plans. Mr Jones highlighted proactive approaches to reducing harm, such as work to address female drug-related deaths and the hosting of a Crack and Cocaine Summit.

The Committee received assurance that statutory obligations relating to drugs, alcohol and tobacco are being met and noted progress across wider population health improvement programmes. This includes reductions in tobacco harm, with smoking prevalence now at 7.7%, one of the lowest rates in Wales, and cessation services on track to meet Tier 1 targets. The Committee emphasised the importance of sustained multi-agency collaboration to address substance misuse and wider determinants of health.

*Ms Humphreys and Mr Jones left the meeting.*

**Decision:**

The Committee:

- **RECEIVED ASSURANCE** that the Health Board is meeting the statutory obligations as directed by Welsh Government in engaging and providing strategic leadership in the Dyfed Area Planning Board (APB), and by working to achieve a

'Smoke-free' population with a 5% smoking prevalence rate by 2030.

**SPC(26)29            DEFERRED: Value Based Healthcare Update**

**SPC(26)30            Joint Commissioning Committee Planning, Performance and Finance Sub-Committee Reports**

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

**SPC(26)31            Strategy & Planning Committee Workplan 2025-26**

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

**SPC(26)32            Any Other Business**

None.

**SPC(26)33            Date and Time of Next Meeting**

Tuesday 28 April 2026, 09:30 - 12:30, HDD Picton - Dolau Cothi & MS Teams