Agenda Item	10.1.1

Unapproved Minutes of The Strategic Development Committee

Date and Time of Meeting	Wednesday 19th August 2026 at 13:00
Venue	Microsoft Teams

Members Present	Kath Palmer	Committee Chair / Health Board Vice Chair
	Rachel Rowlands	Independent Member
	Rhys Goode	Independent Member
	Kathy Mason	Independent Member
	Neil Mesher	Independent Member
In Attendance	Claire Thompson	Executive Director of Strategy and Transformation
	Philip Daniels	Executive Director of Public Health
	Sally May	Executive Director of Finance
	Lauren Edwards	Executive Director of Allied Health Professionals & Health Sciences (In part)
	Hywel Daniel	Executive Director for People
	Gethin Hughes	Chief Operating Officer
	Louise Stait	Interim Assistant Director of Governance & Risk
	Emma Walters	Head of Corporate Governance & Board Business
	Hayleigh Jones	Deputy Director for People
	Jenny Oliver	Head of Peoples Experience
	Stuart Morris	Director of Digital
	Hannah Williams	Assistant Director of Leadership & Culture
	Natalie Price	Assistant Director, Strategic Workforce Planning (In part)
	Clare Williams	Service Director, Mental Health & Learning Disabilities (In part)
	Marie Evans	Head of Planning & Commissioning (In part)
	Zoe Silsbury	Clinical Lead Physiotherapist (In part)
Meeting Observers	Hannah Jones	Audit Wales

Agenda Item	Meeting Business
1.	**PRELIMINARY MATTERS**
1.1	**Welcome and Introductions**
	K. Palmer, Committee Chair, welcomed everyone to the meeting, particularly those joining for the first time, observers and colleagues attending for specific agenda items. Members noted that the virtual meeting would be recorded to support accurate minutes. The recording would be deleted once the minutes were confirmed. The Committee Chair advised that members would be invited to provide feedback at the end of the meeting.
1.2	**Apologies for Absence**
	Apologies were received from: • Carolyn Donoghue, Independent Member • Gareth Watts, Director of Corporate Governance
1.3	**Declarations of Interest**
	There were none identified.
2.	**CONSENT AGENDA BUSINESS**
2.1	K. Palmer explained that the consent agenda allowed the Committee to focus on key matters. Members agreed to approve and note the items as presented, subject to any requests for discussion.

3.	**MATTERS ARISING**
3.1	**Action Log**
	K. Palmer noted that only one action, Action 621, was due for review. She sought confirmation that it was included on the Forward Work Plan under the Clinical Service Plan and asked P. Daniels whether a wider Board briefing would be more appropriate. P. Daniels confirmed that a more detailed report on the plan and substance misuse would be presented at the next Strategic Development Committee meeting. The Committee approved the Action Log, including the closure of the proposed closed actions, and no further matters arising were raised.
3.2	**Matters Arising Not Captured on the Action Log**
	K. Palmer invited Members to raise any matters arising that were not already captured on the Action Log. No further matters were raised.
3.3	**Committee Annual Report**
	L. Stait presented the Committee Annual Report and advised that it was for noting. She confirmed that the Terms of Reference had been approved in March and were included for good practice.
Resolution:	The Committee **ENDORSED** the Annual Report for Board approval.
Action:	No actions were noted.
3.4	**Outcome Of Annual Committee Self-Assessment**

	L. Stait presented the outcome of the Annual Committee Self-Assessment. Members noted the key themes arising from the assessment and considered the proposed areas for improvement. The review received eight responses and identified four themes: committee boundaries; member development and scrutiny; governance understanding; and the Welsh language. K. Palmer thanked members for completing the survey.
Resolution:	The Committee **APPROVED** the self-assessment actions.
Action:	No actions were noted.
3.5	**Terms of Reference Review**
	L. Stait presented the Terms of Reference review to the Committee.
Resolution:	The Committee **APPROVED** the Terms of Reference.
Action:	No actions were noted.
4.	**STRATEGIC PILLAR – SUSTAINING OUR FUTURE**
4.1	**Financial Position Update**
4.1.1	**Geographic Distribution of Health Board Expenditure**
	S. May presented analysis of healthcare expenditure by GP cluster and deprivation group. S. May advised that the analysis used 2023/24 GP cluster data, which reflected registered rather than resident populations, and should therefore be interpreted with caution. K. Palmer asked whether more deprived areas were receiving the expected level of resource. S. May advised that expenditure was lower in the least deprived areas, with the North and South Cynon anomaly requiring further analysis. G. Hughes described the information as valuable and suggested that the findings would benefit from more detailed scrutiny. He noted that secondary care appeared to be the main driver of variable expenditure and suggested further consideration of population engagement, referral management and service-use patterns. R. Goode asked whether higher secondary care expenditure in deprived areas could be linked to barriers in accessing appropriate GP services, and whether the available data could test that hypothesis. S May advised that whilst this was possible, wider analysis was needed before any link could be made between GP access and secondary care use.
Resolution:	The Committee **NOTED** the analysis.
Action:	The Executive Director of Finance to provide further detail, facilitate in-depth scrutiny by Executive colleagues, and present the findings to the Strategic Development Committee for review in one year.
4.1.2	**Health Sector Expenditure Review**
	S. May presented analysis on expenditure movement between secondary, primary and community care, noting that the absence of a national definition limited comparability. She advised that the analysis showed a small relative increase in secondary care expenditure, with prescribing costs, pay, inflation and activity data requiring careful interpretation.

	K. Palmer asked whether national work was underway to develop a consistent definition of primary and community care expenditure. S. May advised that policy leads and a small group of finance professionals were expected to consider this, drawing on the available data and its practical application. G. Hughes asked how the analysis could be normalised for pay awards so that conscious investment decisions could be distinguished from changes caused by pay, prices and inflation. S. May advised that pay, contractor services, medicines, prices and inflation would need to be factored into future analysis. K. Palmer asked whether activity changes were being considered alongside expenditure, including the movement of services and pathways between settings. S. May confirmed that activity needed to be included, however, explained that costing returns and Long-Term Agreement data sometimes used different counting methodologies. G. Hughes emphasised the importance of measuring outcomes rather than activity volume alone. He cautioned that one effective intervention could be more valuable than several contacts undertaken chiefly to increase reported activity.
Resolution:	The Committee **NOTED** the analysis and agreed that expenditure, activity, outcomes, pay, inflation and prescribing impacts should be considered collectively.
Action:	No actions were noted. Action to continue to update SDC on progress?
4.1.3	**Pipeline Opportunities**
	S. May presented the Integrated Medium-Term Plan (IMTP) opportunity pipeline, noting that the items were potential opportunities rather than approved programmes. G. Hughes noted that the opportunities had been informed in part by benchmarking and suggested that the pipeline should be considered alongside the expenditure analysis. He confirmed that work was progressing through the Value and Effectiveness Committee to develop opportunities for future IMTP cycles. C. Thompson advised that the Committee's role was to seek assurance that identified opportunities would be reflected in longer-term planning and aligned with CTM 2030. R. Rowlands noted the distinction between the Operational Delivery Committee's focus on in-year savings and the Strategic Development Committee's focus on longer-term transformation. She emphasised the need to manage efficiency expectations carefully to avoid additional pressure on staff and service delivery. K.Palmer thanked S. May for the really useful discussion and data analysis progress.
Resolution:	The Committee **NOTED** the opportunity pipeline and the distinction between possible opportunities and approved delivery plans.

Action:	An action to identify productivity opportunities is recorded in the dashboard tracker.
4.2	**Annual Review of the Well-being of Future Generations Act Statement and Objectives**
	P. Daniels presented the annual update on the Health Board's Well-being Objectives. He advised that the objectives had been reviewed and remained unchanged and work was ongoing through the Public Services Board to align objectives across organisations and support collective action on the wider determinants of health. P. Daniels advised that the Future Generations Commissioner had highlighted the need for greater investment in prevention, presenting an opportunity for CTM to map its prevention expenditure. K. Palmer supported the proposal and asked that the findings return to the Committee. P. Daniels confirmed that the work would be brought back.
Resolution:	The Committee **NOTED** the objectives and supported the mapping of prevention expenditure.
Action:	Executive Director of Public Health to present the outcome of the prevention expenditure mapping to a future meeting.
5.	**STRATEGIC PILLAR – INSPIRING PEOPLE**
5.1	**Strategic Equality Plan – Update**
	H. Williams presented the midpoint review of the Strategic Equality Plan, noting that most actions were complete or on track. Members noted the recognised strengths in governance, engagement, impact assessment and leadership, and that the next phase would focus on demonstrating measurable impact. R. Goode asked how the Health Board was supporting staff to work authentically, feel protected from discrimination, and have confidence that concerns would be acted upon. He also asked about the response to legal guidance affecting transgender staff and patients. H. Daniel advised that equality and inclusion should be embedded in leadership and daily practice. He queried whether a forthcoming Board session would reinforce organisational expectations and address the staff survey gap in confidence that concerns would be acted upon. H. Williams described the Banter to Boundaries initiative, which supported staff to understand respectful behaviour and challenge inappropriate conduct. She advised that the Health Board was considering the relevant statutory guidance with service colleagues and a national task and finish group to support a consistent NHS Wales approach. During the discussion, C. Thompson stated that the Board session should be personally developmental as well as focused on priorities for leadership. L. Edwards offered support and highlighted challenges in maintaining participation in the Women's Network. H. Daniel welcomed both offers. N. Mesher queried how the 99 actions were being managed and whether focus should be given to fewer, higher-impact priorities. H. Williams advised that actions had been reduced and prioritised through the Strategic Equality Group.

	H. Daniel added that meaningful prioritisation required some activity to be paused or deprioritised. K. Palmer asked what would be different by CTM 2030 and how the Committee would assess whether culture and behaviour had changed. She asked that this be considered when the Plan next returned.
Resolution:	The Committee **NOTED** the update and supported the move from activity reporting towards impact and outcome measurement.
Action:	A further Strategic Workforce Planning update would be added to the Forward Plan for Board Development Sessions, including what outcomes would be different in the longer term given the committee context of strategic delivery.
5.2	**Strategic Workforce Planning – Presentation**
	N. Price presented the Strategic Workforce Planning update, noting the short, medium- and long-term planning approach and the ongoing workforce availability risk, which remained scored at 16. She advised the Committee on key challenges which included sickness absence, variable pay, an ageing workforce and skills shortages. C. Thompson suggested that an integrated model combining activity, whole-time equivalents and expenditure was essential. N. Price agreed, noting that demand and activity data were key foundations and that close alignment between planning, people and finance would be critical. K. Palmer questioned when the Strategic Workforce Planning update would return with further detail on long-term planning, fragile services and skills shortages. N. Price suggested aligning the next update with the Audit Wales follow-up findings and the Health Board's response.
Resolution:	The Committee **NOTED** the Strategic Workforce Planning discussion and the further work required to strengthen longer-term workforce planning.
Action:	The Assistant Director of Strategic Workforce Planning would bring a further update to the Committee once longer-term workforce planning had developed, aligned to the outputs of the Audit Wales follow-up review.
5.3	**People Plan**
	H. Jones presented the first annual review of the People Plan, highlighting progress against actions, improved turnover and staff survey response rates, and ongoing challenges in relation to sickness absence. Members noted the introduction of two additional workstreams focused on violence, aggression and harassment, and the quality of management conversations. K. Palmer asked that future updates explain how the People Plan would support staff through transformation and change. H. Jones agreed and offered to work with the Chair on future reporting.
Resolution:	The Committee **NOTED** Year One progress and two additional workstreams.
Action:	Future People Plan reports to include how the Plan supports staff through transformation and organisational change.
6.	**STRATEGIC PILLAR – CREATING HEALTH**
6.1	**CTM 2030: Building Healthier Communities Together Strategy – Strategy Development Update**
	C. Thompson reported that the Strategy Deployment Framework had gained traction and would form the basis of the next IMTP. Progress had been made across five of the 12 maturity domains.

	K. Palmer welcomed the RAG-status tables and supported wider Board discussion of the paper in September.
Resolution:	The Committee **NOTED** the update.
Action:	The paper to be considered for presentation at the September 2026 Board meeting.
6.2	**Work Plans of The Strategy & Transformation Group to Support Building Healthier Communities Together**
	M. Evans reported that HMP Parc had progressed from the lowest-performing prison in Wales for hepatitis C testing to the leading position. She advised testing had remained above 90% for 13 consecutive months, and the offer of testing had exceeded 97% for 12 consecutive months. Z. Silsbury presented progress on the Persistent Pain Programme, including pathway development, multidisciplinary working, benchmarking, self-management resources and patient-reported measures. R. Goode asked what wider programme of work was underway to support the national objective of ending onward HIV transmission by 2030. P. Daniels confirmed that related work was in progress and agreed to provide further information. In response to a query raised by G. Hughes as to whether UK-wide comparative prison data was available, M. Evans advised that she would ask a member of the national oversight group what comparative information was available.
Resolution:	The Committee **NOTED** the updates and progress made on the programmes.
Action:	Executive Director of Public Health to provide Independent Members with information on CTM HIV-related work. The Head of Planning & Commissioning to explore the availability of UK-wide comparative prison data.
6.3	**STRATEGIC INITIATIVE**
6.3.1	**Regional Partnership Board Update**
	C. Thompson presented an update on the work of the Regional Partnership Board including refreshed governance alignment, the risks associated with possible cessation of the Regional Integration Fund, the Population Needs Assessment and closer working with the Public Services Board. K. Palmer queried whether future reporting could include an action plan with key dates and milestones, given the complexity and interdependency of the workstreams. C. Thompson confirmed that the governance review was intended to establish clear schemes, deliverables and milestones, and agreed that these could be presented more clearly.
Resolution:	The Committee **NOTED** the update.
Action:	Future Regional Partnership Board reports to include clearer schemes, deliverables, milestones and key dates.
6.3.2	**Public Services Board Update**
	P. Daniels reported on active travel, health inequalities, the application of Marmot principles and infrastructure risk mapping.

	K. Mason asked about the timetable for the new government review of regional working arrangements. P. Daniels advised that no confirmed timetable was available. C. Thompson advised that the Regional Partnership Board review was expected to report to Ministers shortly and noted advice from Board Members nationally that continuation should address recurrent funding and the wider partnership landscape.
Resolution:	The Committee **NOTED** the report.
Action:	No actions were noted.
6.3.3	**Area Planning Board Update**
	P. Daniels advised that key performance indicators were being met, although resources did not fully meet population need. Pressures included criminal justice commissioning, community drug and alcohol services, the dispersed service model, waiting times for young people and drug-related death information. He advised a deeper detailed Area Planning Board review would be presented at the next meeting.
Resolution:	The Committee **NOTED** the update.
Action:	Executive Director of Public Health to provide a detailed report on the Area Planning Board and substance misuse services at the next meeting.
3.	**STRATEGIC PILLAR – IMPROVING CARE**
7.1	**Board Assurance Framework**
	L. Stait highlighted improvements, including clearer target scores, indicative dates and enhanced presentation of assurance gaps and planned movement. K. Palmer welcomed the clearer identification of updated information.
Resolution:	The Committee **NOTED** the Board Assurance Framework and agreed that any areas requiring further scrutiny would be reflected in the action log or escalation arrangements as appropriate.
Action:	No actions were raised.
7.2	**Digital and Data – Enabling Plan**
	S. Morris reported on patient self-check-in, electronic prescribing, microbiology and critical care systems, the mental health information system, patient contact, artificial intelligence governance and digital capability. K. Palmer asked whether a Board briefing could provide greater visibility of the programme including Artificial Intelligence. S. Morris agreed and suggested this could form part of a broader Digital, Data and AI session, subject to confirmation. K. Mason welcomed the progress and strategic alignment but noted that artificial intelligence required further development and greater Board visibility. S. Morris agreed that national artificial intelligence governance remained underdeveloped and advised that CTM had a process for reviewing products before adoption, which would continue to evolve. R. Goode thanked staff involved in digital prescribing and asked that the Committee's appreciation be passed on to them.
Resolution:	The Committee **NOTED** the update.

Action:	Governance colleagues to consult with Director of Digital regarding a Board briefing on Digital, Data and AI. Independent Members thanked staff involved in digital prescribing and asked that the Committee's appreciation be passed on to them.
7.3	**Strategic Clinical Services Plan – Focus on Fragile Services / Reconfigurations**
	C. Thompson presented the update on the case for change, strategic narrative, engagement approach and services identified as fragile. K. Palmer welcomed the clearer timelines. C. Thompson advised that, due to the timetable, the case for change and strategic narrative may need to proceed directly to the Board.
Resolution:	The Committee **NOTED** the plan.
Action:	Executive Director of Strategy and Transformation to confirm the route and timing for consideration of the case for change, noting that it may need to proceed directly to the Board due to timescales.
7.4	**Mental Health Services Transformation**
	C. Williams presented the national plan and local transformation activity, including adult inpatient services, community transformation, NHS 111 Press 2 pathways and early psychological intervention pilots. K. Palmer asked whether individual health boards would be required to approve the national plan before it was shared with ministerial colleagues. C. Williams advised that the position was still evolving and that significant engagement with health boards was expected before the emerging position was shared in December. K. Mason asked how the national work aligned with the new mental health information system and whether national minimum datasets were being considered. C. Williams confirmed these issues were being considered and suggested a separate discussion with K. Mason and S. Morris. S. May asked how the national plan would align with capital, revenue and workforce resources. C. Williams agreed that resource implications needed further development. C. Williams reported that the new Section 136 suite at the Princess of Wales Hospital was out to tender, with building work expected to begin before Christmas. She also described regional work on psychiatric intensive care capacity, dementia intensive support teams and improvements to older persons' wards.
Resolution:	The Committee **NOTED** the national and local updates and welcomed continued local transformation while the national plan developed.
Action:	The Service Director for Mental Health & Learning Disabilities to provide a further update on the national mental health plan, including approval requirements, resource implications and alignment with the mental health information system.
7.5	**Regional Working for Clinical Services**
	C. Thompson presented an update on Llantrisant Health Park, regional diagnostics, planned care recovery and the Regional Joint Committee.

	N. Mesher welcomed the positive and constructive collaboration between health boards and commended the work undertaken to establish an effective regional environment. K Palmer welcomed the positive account and closer relationships developing across the region.
Resolution:	The regional working update was **NOTED**.
Action:	No actions were noted.
7.6	**People / Patient Experience Strategic Delivery Plan**
	J. Oliver presented the Plan, which sought to ensure that patients, carers, families, staff and communities influenced service planning and design. Priorities included continuous listening, experience intelligence, community involvement, reducing inequalities and demonstrating how feedback had informed change. K Palmer welcomed the document and described the work as vital.
Resolution:	The Committee **ENDORSED** the People and Patient Strategic Plan 2026–2028 for Board approval.
Action:	The People and Patient Strategic Plan to be presented at the September 2026 Board meeting for final approval
8.1	**FOR APPROVAL**
8.1.1	**Unconfirmed Minutes of the Meeting Held on 12th May 2026**
	The Committee approved the minutes as an accurate record.
8.1.2	**Unconfirmed Minutes of the In-Committee Meeting Held on 12th May 2026**
	The Committee approved the minutes as an accurate record.
8.2	**FOR NOTING**
8.2.1	**Audit Wales – Digital Transformation Report**
	Lead: S. Morris, Director of Digital The Committee noted the report.
8.2.2	**Primary & Community Care Transformation**
	Lead: J. Denley, Deputy Chief Operating Officer The Committee noted the report.
8.2.3	**Mental Health Services Transformation**
	Lead: C. Williams, Care Group Director This item was considered as part of the main agenda discussion.
8.2.4	**Annual Cycle of Business**
	Lead: G. Watts, Director of Corporate Governance / Board Secretary The Committee noted the report.
8.2.5	**Non-Routine Board Business**
	Lead: G. Watts, Director of Corporate Governance / Board Secretary The Committee noted the report.
8.2.6	**Long Term Strategy Internal Audit Report**
	Lead: G. Hughes, Chief Operating Officer & C. Thompson, Executive Director of Strategy & Transformation The Committee noted the report.
9.	**CLOSE OUT BUSINESS**
9.1	**Any Other Business**
	No urgent other business was raised.
9.2	**Committee Highlight Report to Board**

	K. Palmer advised she would work with the Corporate Governance Team on the Committee Highlight Report and noted ongoing improvements to agenda planning and meeting timings.
9.3	**Meeting Feedback**
	K. Palmer encouraged members to provide feedback during the meeting or later if they wished.
10.	**PRIVATE / CLOSED SESSION BUSINESS**
	The Committee noted that there were no matters requiring consideration in closed session on this occasion.
11.	**DATE & TIME OF NEXT MEETING**
	10 November 2026 at 13:00