



CYFARFOD BWRDD IECHYD PRIFYSGOLN ANEURIN BEVAN

MINUTES OF ANEURIN BEVAN UNIVERSITY HEALTH BOARD MEETING

Partnerships Population Health and Planning Committee

DATE OF MEETING	01 July 2025
VENUE	Microsoft Teams

PRESENT	Phil Robson, Chair
	Dafydd Vaughan, Independent Member
	Richard Clarke, Independent Member
	Penny Jones, Independent Member
IN ATTENDANCE	Rani Dash, Director of Corporate Governance
	Leanne Watkins, Chief Operating Officer
	Hannah Evans, Director of Strategy, Planning and Partnerships
	Tracy Daszkiewicz, Director of Public Health
	Lloyd Hambridge, Divisional Director Primary Care
	James Attwood, Health Intelligence Consultant
	Naomi Murtagh, Board Business Manager
	Gavin Thomas, Governance Support Officer
Apologies	Akmal Hanuk, Independent Member

PPHPC0107/01	Welcome and Introductions Phil Robson (PR), Chair, welcomed everyone to the meeting.
PPHPC0107/02	Apologies for Noting Apologies were NOTED from Akmal Hanuk (AH), Independent Member.
PPHPC0107/03	Declarations of Interest for Noting There were no Declarations of Interest to note.
PPHPC0107/04	Draft Minutes of the Partnerships, Population Health and Planning Committee, held on 2nd April 2025



	<p>The minutes of the meeting held on 2nd April 2025 were RECEIVED and were AGREED as an accurate record of the meeting.</p>
<p>PPHPC0107/05</p>	<p>Committee Action Log for Review</p> <p>The Committee received the action log and were content with the progress made in relation to completed actions and NOTED that the remaining outstanding action was due to be presented at the next meeting.</p>
<p>PPHPC0107/06</p>	<p>Development of Committee Annual Programme of Business</p> <p>Rani Dash (RD), Director of Corporate Governance, presented the Annual Programme of Business to the Committee.</p> <p>Hannah Evans (HE), Director of Strategy, Planning and Partnerships, suggested incorporating deep dives into the IMTP priority programme to focus on key areas such as the six goals programme and planned care transformation.</p> <p>Phil Robson (PR), Chair agreed with HE on the need to incorporate deep dives into the programme of work and HE advised she would work with the governance team to incorporate these into the work plan.</p> <p>Action: Director of Strategy, Planning and Partnerships/Committee Secretariat</p> <p>The Committee APPROVED the Committee Annual Programme of Business and NOTED that it would be brought forward to each future meeting for oversight.</p>
<p>PPHPC0107/07</p>	<p>Committee Risk Report</p> <p>Rani Dash (RD), Director of Corporate Governance, presented the report, providing an overview of the current strategic risk aligned to the Committee. It was reported that there had been no changes from the previous report.</p> <p>Phil Robson (PR), Chair, queried the estates risk which was shown as red in the report. Hannah Evans (HE), Director of Strategy, Planning and Partnerships, explained that it was a similar picture across Wales. Furthermore, HE advised</p>



	<p>that there was a requirement of £250k needed to undertake the estates work across the Health Board, but assured the Committee that there was a detailed risk register in place for estates to monitor the situation.</p> <p>The Committee NOTED the report and the delegated strategic risks.</p>
<p>PPHPC0107/08</p>	<p>IMTP Priority Programmes</p> <p>Hannah Evans (HE), Director of Strategy, Planning and Partnerships, presented the report to the Committee and outlined key service programmes: place-based care and population health, six goals programme, planned care, cancer, mental health and LD, and clinical redesign.</p> <p>HE emphasised the importance of these programmes in driving forward the delivery of the plan and strategy.</p> <p>Dafydd Vaughan (DV), Independent Member, noted that the programmes will involve multiple layers of complexity, making them challenging to monitor. HE agreed with DV and explained that there was a tracker in place to monitor these which would be brought to the next meeting for the committee to review.</p> <p>Action: Director of Strategy, Planning and Partnerships/Committee Secretariat</p> <p>Penny Jones, (PJ) Independent Member queried if any partner organisations are involved in the 6 goals programme of work and HE confirmed that there is representation from Local Authorities.</p> <p>Phil Robson (PR), Chair, thanked HE for her detailed report, and explained that there was confidence that the programmes of work would help to deliver the Board’s aims and objectives.</p> <p>The Committee NOTED the report and the six transformation programmes for 2025/26 and additionally NOTED the core purpose of each programme.</p>
<p>PPHPC0107/09</p>	<p>2024/25 Emergency Planning Resilience and Response Annual Report.</p>



Hannah Evans (HE), Director of Strategy, Planning and Partnerships, presented the report to the Committee, and highlighted key areas such as major incident planning, business continuity, and security.

HE also informed the Committee of a planned National Exercise called Exercise Pegasus, to test readiness for a novel infectious disease.

HE informed the Committee of the major incident planning efforts, including a significant exercise conducted in June 2024. This exercise involved simulating a major incident with various injects to test the organisation's response capabilities. The exercise was observed by both internal and external stakeholders, providing valuable feedback for improvement.

Business continuity had been a major focus, with efforts to ensure that all areas of the organisation had robust plans in place. This included transparency around the status of these plans and ongoing support for areas that need additional help in developing and testing their business continuity arrangements.

HE highlighted the work completed to enhance security, including the transition to an in-house security model and preparations for the implementation of Martin's Law, which would introduce new security requirements for places where large numbers of people gather.

HE discussed the upcoming Exercise Pegasus, a national exercise to test readiness for a novel infectious disease. This exercise would involve multiple phases and would test the system's ability to respond to a new virus, with a focus on planning and preparedness.

Penny Jones (PJ), Independent Member, queried if the Major Incident undertaken recently had been recorded and if it was available for viewing by Independent Members. Additionally, PJ queried if there was a role for independent members to play during a Major Incident. HE explained that there was a considerable amount of footage and pictures available from the day but within the Incident Management Plan and that there is no specified role for Independent Members.

PJ explained that she believes that there is a need for there to be a Board Briefing session focused on Major



Incidents. Rani Dash (RD), Director of Corporate Governance, explained that this would be built into Board Session Briefing plans.

Action: Director of Corporate Governance

Dafydd Vaughan (DV), Independent Member, acknowledged confidence in the organisation's approach to Business Continuity. However, emphasised the importance of focusing on the actions required should a supplier experience an incident that impacts the organisation. HE agreed with DV and explained that this issue would be raised at Executive Committee, to ensure it is addressed through existing contractual arrangements with suppliers.

The Committee **NOTED** the Emergency Planning Annual Report and was **ASSURED** of the work being undertaken.

PPHPC0107/10

Primary Care Sustainability Report

Leanne Watkins (LW), Chief Operating Officer welcomed Lloyd Hambridge (LH), Divisional Director Primary Care, to the meeting who presented the report to the Committee.

LH explained that primary care remains in a challenging position, and the Health Board continued to see a concerning picture of services struggling to cope with rising demands and diminishing capacity, the system was under sustained and multifaceted pressure due to a convergence of demographic, clinical, operational, and economic factors. These pressures were significantly impacting workload, staff retention, morale, and the financial viability of independent contractor practices.

LW noted that a substantial portion of the National Chief Executive Meeting agenda had been allocated to this issue, reflecting the significant pressures currently being experienced.

LH explained that by March 2026 all practices in Wales should be on EMIS which will bring standardisation across Wales, and Welsh Government were currently working with practices on Data Sharing agreements which would help the situation going forward.

DV informed that NHS England had recently approved their first new GP system in 10 years which would allow



innovation in GP practices, and suggested we review this as something to learn from going forward.

LW advised that both herself and Hannah Evans (HE), Director of Strategy, Planning and Partnerships recently attended Microsoft along with the NHS GP Confederation to learn about doing things differently with technology, with a planned follow up later in the year.

Phil Robson (PR), Chair, thanked LH for his attendance and the Committee **NOTED** the progress of the Primary Care Sustainability Board since May 2023.

In addition, the Committee **ENDORSED** the Place Based Model proposed as a key contributor to Primary Care Sustainability.

PPHPC0107/11

Population Health Management Update Report

Tracy Daszkiewicz (TD), Director of Public Health, introduced James Attwood (JA), Health Intelligence Consultant, who presented the report to the Committee.

JA provided an update on the Population Health Management (PHM) project, outlining progress in linking Primary and Secondary Care data, as well as the challenges encountered. JA also discussed the evolving national landscape and the potential benefits of adopting a national PHM tool. JA highlighted the successful completion of a Data Protection Impact Assessment and a Data Sharing Agreement with Mount Pleasant Practice in Monmouthshire.

JA explained that some GPs remained reluctant to share data, emphasising the need for robust Information Governance. However, he stressed the importance of overcoming these challenges to ensure the project's success.

Dafydd Vaughan (DV), Independent Member, acknowledged the concerns raised by JA and queried where Wales sits in light of Data Sharing Act which was passed 2 weeks ago which covered sharing of data for population health noting that Wales was excluded from the legislation. JA informed that conversations were ongoing with Welsh Government to make the sharing of data easier.



	<p>TD reminded the Committee that data sharing was originally established following a series of incidents around 25 years ago, where the absence of shared data had resulted in harm. These events highlighted the critical need for effective data sharing. TD emphasised that maintaining momentum in these discussions is essential, warning that failure to do so could result in Wales falling behind England in this area.</p> <p>Phil Robson (PR), Chair, queried if practices were aware of the benefits of such work. JA explained that the Health Board were working closely with practices to understand what their priorities were and then working with them to deliver their goals, in a similar way to how Public Health Wales are looking at Hypertension in the community.</p> <p>TD explained that she firmly believed that if we can build this in a bespoke way, we can use the intelligence to help inform strategic direction across the partnerships.</p> <p>The Committee NOTED the report.</p>
<p>PPHPC0107/12</p>	<p>Best Start in Life - Joint Strategic Needs Assessment Update</p> <p>Tracy Daszkiewicz (TD), Director of Public Health, presented the report to the Committee and outlined a clear system-wide approach, underpinned by a robust methodology for data collection and the use of family feedback to shape services, with an aim to ensure consistent support for children from birth through to age 25.</p> <p>The report was welcomed by Phil Robson (PR), Chair, who queried where oversight of the recommendations sits.</p> <p>TD confirmed that the programme and its progress were overseen by the Public Service Boards, established under the Well-being of Future Generations (Wales) Act 2005.</p> <p>The Committee NOTED the report.</p>
<p>PPHPC0107/13</p>	<p>Regional Planning</p> <p>Hannah Evans (HE), Director of Strategy, Planning and Partnerships, presented the report to the Committee.</p> <p>HE explained that Health Boards in South East Wales continued with active collaboration where this delivers</p>



added value to clinical service delivery, access and sustainability. HE explained that the Cabinet Secretary's expectation of regional planning and delivery remained at a high level, reinforced by letters recently received from his office and that of the NHS Wales Chief Executive.

HE explained how Chairs were directed to establish a South East Wales Health Boards Regional Joint Committee with the aim of offering stronger strategic leadership, foster collaboration, and to provide a robust governance framework to accelerate and enhance the planning and delivery of services. To allow for the induction and onboarding of new Chairs to Aneurin Bevan and Cardiff and Vale University Health Boards, the Committee is to be formally established in quarter 3 of 2025/26.

HE informed the Committee that since confirmation of funding in February 2023 and subsequent purchase of the Llantrisant Health Park (LHP) site by Cwm Taff Morgannwg UHB, Welsh Government, focus had been on the development of the site for additional local and regional service capacity, for which an Outline Business Case (OBC) was being prepared.

The Committee noted that for Aneurin Bevan University Health Board (ABUHB), the position remains that the LHP development does offer opportunities to further strengthen our planned care capacity and offer in this context. Despite this, HE explained that the Health Board had maintained full engagement and participation in a wide range of collaborative regional planning programmes but maintained the position that it was essential that any opportunities identified through this work reflect value for money when considered against other options.

In terms of Endoscopy, HE advised that ABUHB team have continued to engage with finalisation of the required regional plan setting out the current demand and capacity requirements and residual deficit across the region, whilst consistently following the original position statement setting out the approach to endoscopy regional planning.

In terms of Radiology, HE explained that ABUHB team were working with colleagues to develop the required cross-health board demand and capacity mapping exercise, together with a detailed delivery plan for meeting radiology demand across the region. Whilst the formal



regional radiology / community diagnostic hub project had been stood down, the need for close ongoing collaboration had been recognised, and it was planned for a regional radiology management group to provide a forum for joint planning, agreeing common service protocols and sharing of best practice.

HE informed the Committee that in respect of Ophthalmology the ophthalmology regional programme had continued to make good progress, successfully delivering the key aim of eliminating cataract surgery waits of over two years by the end of March this year. Welsh Government responded by committing additional funding of £19.5M for 2025/26 to maintain and further improve the waiting time position by the end of the financial year.

Phil Robson (PR), Chair, thanked HE for her detailed report and queried the latest position in relation to stroke patients from Cwm Taff Morgannwg Health Board. HE advised that there was recently an Executive-to-Executive meeting held between the two Health Boards to review the position. HE explained that the data is difficult to cut through, and the Health Board would need more time to understand the data and review the position. HE advised that the Health Board would expect the position to continue for a 12-month period, but that the Health Board were awaiting formal communication on this matter.

The Committee **NOTED** the report.

PPHPC0107/14

Eye-Care Health Needs Assessment

Leanne Watkins (LW), Chief Operating Officer, presented the report to the Committee and explained that the National Health Service (Wales Eye Care Services) (Wales) (No.2) Directions 2024 came into force on the 1st April 2024 and placed a requirement on Health Boards, under Part 2, to undertake and publish an initial Eye Health Needs Assessment (EHNA) within 12 months of the commencement date.

Due to the timescales, complexities and volume of work required to complete the initial EHNA, the Primary and Community Care Division commissioned PCC to undertake the Health Boards initial EHNA.



	<p>LW informed the Committee that the Executive Committee had endorsed the publication of the Health Boards initial Eye Health Needs Assessment for 2024/25 and asked for it to be received at the Partnerships, Population Health & Planning Committee for noting.</p> <p>The Committee NOTED the publication of the Health Boards Initial Eye Health Needs Assessment for 2024/25.</p>
<p>PPHPC0107/15</p>	<p>Audit Wales Report on No time to lose: Lessons from our work under the Wellbeing of Future Generations Act</p> <p>Rani Dash (RD), Director Corporate Governance, presented the report and explained that Audit, Risk and Assurance Committee had received the report and asked for it to be received at the Partnerships, Population Health & Planning Committee for noting.</p> <p>The Committee NOTED the report.</p>
<p>PPHPC0107/16</p>	<p>Items to be Brought to the Attention of the Board and Other Committees</p> <p>There were no specific matters identified for escalation to the Board or other Committees at this time. It was noted that many of the key items discussed are expected to reach the Board through existing channels in due course</p>
<p>PPHPC0107/17</p>	<p>Any Other Urgent Business</p> <p>There was no other Urgent Business to note.</p>
<p>PPHPC0107/18</p>	<p>Date of the Next Meeting</p> <p>The next meeting is scheduled for 7th October 2025</p>

