

<b>DATE OF MEETING</b>	7 <sup>th</sup> October 2025
<b>VENUE</b>	Microsoft Teams

<b>PRESENT</b>	Phil Robson, Chair
	Dafydd Vaughan, Independent Member
	Akmal Hanuk, Independent Member
	Penny Jones, Independent Member
<b>IN ATTENDANCE</b>	Ann Lloyd, ABUHB Chair
	Hannah Evans, Director of Strategy, Planning and Partnerships
	Bevleigh Evans, Assistant Director of Population Health
	Lucy Windsor, Head of Corporate Risk and Assurance for item 3.2
	Emily Howells, Audit Wales Representative
	Hannah Capel, Assistant Director of Strategic Capital Planning for items 3.5, 3.6 and 3.7
	Jamie Marchant, Divisional Director of Estates and Facilities for item 3.6
	Rhian Guard, NWSSP, Audit and Assurance
	Naomi Murtagh, Board Business Manager
	Thomas Jaynes, Governance Support Officer
<b>Apologies</b>	Rani Dash, Director of Corporate Governance
	Tracy Daszkiewicz, Director of Public Health
	Paul Solloway, Director of Digital

<b>PPHPC0710/01</b>	<b>Welcome and Introductions</b>
	Phil Robson (PR), Chair, welcomed everyone to the meeting.
	<b>Apologies for Noting</b>
	Above Apologies were <b>NOTED</b> .
	<b>Declarations of Interest for Noting</b>
	There were no Declarations of Interest to note.



	<p><b>Draft Minutes of the Partnerships, Population Health and Planning Committee, held on 1st July 2025</b></p> <p>The minutes of the meeting held on 1<sup>st</sup> July 2025 were <b>RECEIVED</b> and were <b>AGREED</b> as an accurate record of the meeting.</p>
	<p><b>Committee Action Log for Review</b></p> <p>The Committee received the action log and were content with the progress made in relation to completed actions.</p>
<p><b>PPHPC0710/03</b></p>	<p><b>Review of Committee Programme Annual Programme of Business 2025/26</b></p> <p>Naomi Murtagh (NM), Board Business Manager, presented the report to the Committee and highlighted there had been no updates made to the programme of business since the last Committee meeting.</p> <p>Hannah Evans (HE), Director of Strategy, Planning &amp; Partnerships, suggested deep dives on priority programmes which would include key change issues to be included on the Committee's Forward Work Plan to align with updates provided to the Executive Committee.</p> <p><b>Action: Committee Secretariat</b></p> <p>The Committee <b>NOTED</b> the updated Committee Programme of Business for 2025/26.</p>
	<p><b>Committee Risk Report</b></p> <p>Lucy Windsor (LW), Head of Risk and Assurance, introduced the report for assurance and confirmed there had been no changes or updates to the risks under this Committee since the last report.</p> <p>LW highlighted ongoing work with the Corporate Risk Register and noted that higher-level operational risks that may impact delivery of Committee objectives were now being tracked more visibly. The Committee noted that more information would be shared as risk assessments develop further.</p> <p>The Committee <b>NOTED</b> the delegated Committee risks and further <b>NOTED</b> the continued efforts to bring all risks to within the agreed threshold for the risk appetite.</p>



## Update on Priority Programmes

Hannah Evans (HE), Director of Strategy, Planning & Partnerships, introduced the report for discussion and presented an update on the Committee's priority programmes.

HE noted that seven priority programmes had been selected to continue to progress with the Health Board's commitments in the Integrated Medium Term Plan (IMTP) and outlined each programme with high-level summaries, governance structures, milestones, metrics, team details, and key risks.

The Committee discussed key areas within the priority programme and HE outlined the Planned Care Programme and noted there was a dual focus on delivery and transformational change. The Committee noted cross-divisional work and recent deep dives at Finance and Performance Committee and noted the Health Pathways programme faced uncertainty due to potential withdrawal of national funding with decisions pending from Welsh Government.

HE reported on developments in cancer services and the Committee noted the opening of the radiotherapy unit and a successful skin cancer awareness campaign that had increased referrals.

The Committee noted updates to the Six Goals for Urgent and Emergency Care programme which was acknowledged as large and complex. The Committee was informed of recent initiatives such as the 45-minute Ambulance handover work and the Community Assessment Lounge pilot.

The Committee noted the Place-Based Care and Populations at Risk Programme, led by Tracy Daszkiewicz, Director of Public Health. It was noted that these were areas of growing engagement with primary care teams and integrated planning groups. HE noted the programme was shifting the focus toward prevention and population health with further updates planned for future committee meeting.

HE outlined Mental Health Transformation was being brought into greater focus with sustainability and estate issues under review. The Committee was informed that no



decisions had been made yet regarding the Dementia Ward relocation.

The Committee noted the decarbonisation programme led by Rob Holcombe, Director of Finance and Procurement, was active and was developing a strategy to be brought to the Committee for consideration.

Phil Robson (PR), Chair, asked about the effectiveness of programme management, particularly the matrix approach to cross-departmental working, and stressed the need for clarity on programme objectives and outcomes. HE informed the Committee highlight reports were created for the Programme Board and included deep dives. The Committee noted matrix management was working well within the organisation due to the legacy of the arrangement for the Grange University Hospital (GUH) and Clinical Future Programme guided by Executive Sponsorship.

Akmal Hanuk (AH), Independent Member, queried the progress of 25% of theatre utilisation at the mid-point of the programme. The Committee noted improvements in theatre utilisation show by a deep dive in July 2025. It was agreed for the deep dive to be shared to the Committee.

**Action: Director of Strategy, Planning and Partnerships**

Dafydd Vaughan (DV), Independent Member, requested deep dives on cross cutting themes including dependencies across all programmes especially digital foundations and sharing of information and digital infrastructure.

**Action: Director of Strategy, Planning and Partnerships**

The Committee expressed support for the direction of the priority programmes and welcomed the proposal to conduct more detailed deep dives in future meetings. The Committee acknowledged the challenges of managing complex, cross-cutting initiatives and emphasized the need for ongoing engagement, clear objectives, and robust risk management.

The Committee **NOTED** the 'Programme on a Page' summaries for the 2025/26 priority transformation



programmes and **NOTED** that progress updates would be provided at future meetings.

### **IMTP/Annual Plan Development**

Hannah Evans (HE), Director of Strategy, Planning and Partnerships, introduced the report for discussion and the Committee was informed that the Health Board had begun the process of developing the Integrated Medium-Term Plan (IMTP) for the next year (2026-27).

HE highlighted that the planning cycle had started with key milestones and a detailed timeline to maintain discipline in the process. The Committee noted that some milestones were fixed, such as Board and Committee development sessions, while others would need to be more agile to accommodate the realities of the organisation, including the impact of the winter period. HE emphasised the importance of engaging with colleagues across the organisation, not just operational staff, but also those in Digital, Public health, Finance, and Workforce, to ensure collective ownership of the plan.

The Committee was informed that the planning process was taking place in the context of national uncertainty, with an upcoming Welsh Parliament elections and unclear future planning frameworks or targets. HE stressed the need to remain focused on the organisation's own improvement and strategic priorities, regardless of external changes. The Committee noted that next year's plan would be shaped around the organisation's strategy, aiming to deliver better health, better care, and better lives, with priorities to be tested and refined.

The Committee discussed the importance of understanding demand and capacity across the whole system, including beds, theatres, job plans, rosters, and triangulating this with activity, workforce, and finance. HE described how the organisation's approach to D&C was mature but still evolving with best practice spreading from areas like surgery to mental health services. HE highlighted the role of Business Partners in supporting operational teams through the planning process.

Penny Jones (PJ), Independent Member, asked about lessons learned from the previous year's planning cycle and how these would inform the current process. HE noted that spreading best practice and improving the involvement of



Business Partners were key lessons learnt. The Committee was informed of the use of self-assessment and the planning maturity matrix to track progress and identify areas for improvement.

Ann Lloyd (AL), ABUHB Chair, raised the challenge of keeping the plan alive throughout the year, rather than allowing it to lose focus after initial approval. HE suggested that future reports to the Board and Committees could reference and locate their work within the plan to make connections clearer for colleagues.

The Committee discussed the need for flexibility in the plan and recognised that new priorities could emerge during the year, sometimes requiring the de-prioritisation of existing items. Dafydd Vaughan (DV), Independent Member, suggested that the IMTP should explicitly call out changes and their impact, using a clear narrative to explain why certain items were added or removed. HE noted that building this flexibility into the plan would be important, especially given the likelihood of disruption from a new government and changing circumstances. DV suggested a clear narrative and tracking of changes, referencing practices in UK government departments.

Akmal Hanuk (AH), Independent Member, sought assurance that the Plan would be submitted by the Welsh Government deadline. The Committee noted the plan would be submitted within time.

The Committee **NOTED** the IMTP approach for the next planning cycle.

### **Estates Strategy Review**

Hannah Evans (HE), Director of Strategy, Planning and Partnerships, introduced the report for discussion and presented the current position of the Estates of the Health Board and its approach to developing an Estates Strategy. HE noted that the existing Estates Strategy was originally developed in 2018 and had been refreshed in 2021. The Committee noted this remained live but required further updating and a full refresh to reflect changing priorities and service needs.



HE outlined the strategic drivers that shaped the previous Estates Strategy and progress since 2018 which had included: the development of the Grange University Hospital; the emergence of Health and Well-Being hubs; rationalisation of services; partnership working, and the need to support an agile workforce. The Committee was informed of the team's capacity challenges and the need to balance new developments with maintaining existing estate. The Committee noted that whilst significant progress had been made on high-priority projects there remained areas where further work was needed.

HE described that the Health Board was exploring options to use existing buildings rather than defaulting to new builds, and working closely with divisions to align estate planning with service needs. The Committee was informed that urgent maintenance was being addressed where necessary especially in the Mental Health Division.

The Committee noted a major Welsh Government exercise in March 2025 which required the Health Board to prioritise capital investment needs which in turn helped secure funding for key projects that included: an additional MRI at the Grange, and decontamination projects. HE stressed the importance of aligning future investment priorities with risk, clinical need, and opportunity, while also engaging with Welsh Government and shared services to ensure realistic and deliverable plans.

HE outlined the proposed scope of the Estates Strategy which would cover all owned and leased estate and recognised the importance of understanding service models, population needs, and the condition and utilisation of the estate. HE explained that a detailed baseline of the estate had already been completed and would be reviewed to identify opportunities for rationalisation, asset sharing, and partnership working. The Committee noted the strategy would be anchored in the organisational and digital strategy and informed by ongoing work to finalise clinical plans, particularly in mental health and place-based care. The Committee was informed that the development of the draft strategy had begun.

HE informed the Committee that a key element of the strategy development would be the commissioning of a four-facet survey to obtain robust, needs-based intelligence on the state of the estate. HE noted that the survey, last conducted eight years ago, was essential for identifying



risks and gaps and would require significant investment from the capital program. The Committee noted the results of the survey would inform prioritisation and engagement with stakeholders, including clinical teams and local authorities.

The Committee discussed the importance of shifting focus from new builds to maintaining and rationalising the current estate, given financial constraints to the Health Board. The Committee emphasised partnership working with Local Authorities and the third sector and the need for demographic analysis to prioritise investments. The Committee agreed the need to involve clinical experts early in the process to ensure the strategy supported and enabled service delivery. HE agreed that clinical model clarity was essential, especially for mental health, and that new leadership would bring fresh challenge and ownership.

The Committee discussed the need for different levels of detail in the strategy, from high-level principles to more granular plans, to support board decision-making and cross-check investments. The Committee discussed the importance of partnership working, demographic analysis, and breaking the strategy into manageable components. The Committee was informed that the capital team was working closely with divisions and partners to ensure the strategy responded to service needs and opportunities for targeted investment.

The Committee supported the proposed approach to developing the Estates Strategy, with further updates and opportunities for committee involvement to be scheduled as the strategy progresses.

The Committee **NOTED** the presentation.

### **Update on St Woolos Hospital**

Jamie Marchant (JM), Divisional Director of Estates and Facilities, introduced the presentation for discussion and outlined the status of the work to rationalise the older estate at St Woolos Hospital. JM explained that large areas of the old estate were unoccupied but it was emphasised that approximately 5,000 square meters remained in use.

JM outlined the strategic importance of the site and the challenges associated with relocating services and teams



from the older parts of the estate. JM provided an update on recent efforts that had focused on vacating the doctor's residences and kitchen, moving staff into temporary locations within the newer Casnewydd building. The Committee was informed the kitchen relocation was already underway with a new model being commissioned and expected to be operational in November 2025. The Committee was informed that a staff welfare point was also being established to provide basic amenities in the absence of a canteen.

JM gave a financial update of running costs and the Committee was informed of a backlog of maintenance estimated at £15 million, but acknowledged that these figures were seven years old and that more accurate assessments were being developed. JM highlighted to the Committee the deteriorating condition of the estate and the Committee noted water leaks, heating failures and pest infestations. JM noted the strategic aim was to consolidate services into Casnewydd and decommission the older estate which faced major backlog maintenance issues.

The Committee was informed that the immediate priority and strategic aim was to close the doctor's residences and relocate affected teams, with signage being updated to direct people to the Casnewydd entrance. JM informed on the use of Matterport technology to map the site and assess space utilisation, and noted that IT was a key enabler for the temporary moves. The Committee noted funding for these changes was being provided through the Targeted Estates Fund.

JM outlined plans for a wider rationalisation of the site, including the commissioning of a Strategic Outline Case with external partners. The Committee acknowledged the complexity of the project, particularly the need to address the boiler house, which feeds the Royal Gwent Hospital, and the challenges of declaring surplus estate for disposal. JM emphasised that the project would require significant capital investment and would be delivered over an extended period.

The Committee discussed the urgency of the immediate changes and the importance of keeping staff informed and involved in the process. Phil Robson (PR), Chair, stressed the need for early communication with staff and any concerns to be managed, particularly regarding the loss of amenities such as the canteen. JM advised that affected



catering staff had been consulted and that most staff were supportive of the moves and recognised the poor condition of the old estate.

The Committee agreed that the changes represented a positive development as part of moving staff out of unfit accommodation and into better facilities. Hannah Evans (HE), Director of Strategy, Planning and Performance, reinforced the importance of linking the rationalisation of St Wools Hospital with investment in the Royal Gwent estate to support the redirection of services. The Committee expressed general support for the direction of travel and encouraged the Estates Team to continue progressing the urgent changes while developing the longer-term plan.

The Committee **NOTED** the presentation.

### **Development of Nevill Hall Hospital**

Hannah Evans (HE), Director of Strategy, Planning & Partnerships, introduced the item for discussion and summarised the outcome of the recent public engagement on the future of Nevill Hall Hospital. The Committee was informed engagement had reached more people than comparable exercises and feedback had focused on retaining services, transport concerns, and the need for clear information.

Hannah Capel (HC), Assistant Director of Strategic Capital Planning, noted the Strategic Outline Case was for significant investment in Nevill Hall Hospital which aimed to transform the site into a modern, sustainable, and fit-for-purpose local general hospital.

Hannah Evans (HE), Director of Strategy, Planning and Performance, clarified the Strategic Outline Case aligned with the Health Board's Clinical Futures Strategy; the Estates Strategy, Digital and Workforce Strategies, and Welsh Government policy. The Committee was informed the preferred way forward involved comprehensive reconfiguration of the site that included new build elements, retention and refurbishment of existing ward areas and consideration of services currently based at Maindiff Court. The Committee noted the investment would address structural risks, replace outdated infrastructure, rationalise estate use, and enable refreshed clinical models to meet population needs and future service demands.



HC provided an overview of the Strategic Outline Case's design principles and the Committee was informed these emphasised sustainability, community-first planning, asset-based rather than site-based thinking, minimum necessary specifications, data-driven decisions, and innovative service models.

The Committee members raised questions about the clinical model and the rationale for retaining or rebuilding specific areas, and the importance of clear communication with stakeholders. Ann Lloyd (AL), ABUHB Chair, stressed caution and noted that the clinical model had not yet been fully consulted or agreed and that public messaging must clarify that no final decisions had been made. The Committee noted that the clinical model for Nevill Hall had not yet been fully consulted on, and that further engagement would be required at the Outline Business Case stage. The Committee discussed the need for flexibility in planning, benchmarking costs against other major projects in Wales, and ensuring that the SOC remained a living document that could adapt to changing priorities and funding realities.

The Committee noted that the strategic outline case was based on feasibility studies, demand and capacity modelling, and independent cost advice and was informed the cost estimates included equipment and furnishings, not just the building shell. HC outlined the strategic outline case would be submitted to Welsh Government for endorsement which would enable the Health Board to proceed to the next stage of planning and appoint supply chain partners.

The Committee acknowledged the scale and complexity of the project, the importance of ongoing engagement with clinical teams and the public, and the need for robust management and governance structures as the project progresses. The Committee expressed support for the direction of travel and agreed that further updates and more granular engagement would be required as the strategic outline case moved towards Board approval and subsequent stages.

The Committee **NOTED** the presentation.

**PPHPC0710/02**

**Regional Partnership Board Update**

Hannah Evans (HE), Director of Strategy, Planning and Partnerships, introduced the report for discussion and noted the report included the Board's most recent activities. The



Committee was informed the Regional Partnership Board was conducting workshops to review work and set priorities.

HE outlined ongoing revenue challenges and the Committee noted the use of slippage money from the Regional Partnership Board to support winter pressures.,  
The Committee expressed concern regarding winter preparedness with the absence of dedicated winter funding this year and concerns were expressed on reduced funding for neurodevelopmental services

The Committee **NOTED** the report.

### **Public Services Board Update**

The Committee noted there had been a recent meeting and requested a note from the Director of Public Health if any decisions had been made.

**Action: Director of Public Health**

### **Regional Planning Update**

Hannah Evans (HE), Director of Strategy, Planning and Partnerships, introduced the report for discussion and the Committee received a summary of recent developments and ongoing workstreams.

The Committee noted the terms of reference for the Regional Joint Committee (RJC) had been agreed. It was also noted that the date for the first RJC meeting had not yet been set as a recent meeting was cancelled. The Committee was informed that there was a new Chair in Cardiff and scheduling was being finalised.

HE updated the Committee on the Outline Business Case for the Llantrisant Health Park, noting it had been received by the Board. The Committee received and agreed on an assessment of need regarding regional orthopaedics which would inform a future the Official Business Case.

The Committee noted Ophthalmology remained a pressure point within the Health Board and there was close collaboration with the appointed provider. It was noted that there had been significant scrutiny and weekly oversight from NHS Wales and the National Programme for Eye Care.



	<p>HE outlined a range of regional planning activities and the Committee noted that the new Regional Joint Committee arrangements would prompt a review of the programme of work, scope, and delegation and the Committee noted leadership changes at a regional level.</p> <p>The Committee <b>NOTED</b> the report.</p>
<p><b>PPHPC0710/5.1</b></p>	<p><b>Items to be Brought to the Attention of the Board and Other Committees</b></p> <p>The Committee agreed the Update on St Woolos Report and agreed for a short report on next steps for Developments on Nevill Hall Hospital would go to Board.</p> <p><b>Action: Director of Strategy, Planning and Partnerships</b></p>
<p><b>PPHPC0110/5.2</b></p>	<p><b>Any Other Urgent Business</b></p> <p>There was no other Urgent Business to note.</p>
<p><b>PPHPC0710/5.3</b></p>	<p><b>Date of the Next Meeting</b></p> <p>The next meeting is scheduled for 27 January 2026.</p>