CYFARFOD BWRDD IECHYD PRIFYSGOLN ANEURIN BEVAN

MINUTES OF ANEURIN BEVAN UNIVERSITY HEALTH BOARD MEETING

Partnerships Population Health and Planning Committee

DATE OF MEETING	Tuesday 27th January 2026 09:30-12:30
VENUE	Microsoft Teams

PRESENT	Philip Robson, Chair
	Dafydd Vaughan, Vice Chair
	Neil Patrick, Independent Member
IN ATTENDANCE	Paul Solloway, Director of Digital
	Hannah Evans, Director of Strategy, Planning and Partnerships
	Eryl Powell, Consultant in Public Health
	Lloyd Hambridge, Divisional Director of Primary Care, Community Services & CHC (Item 3.6)
	Trish Chalk, Assistant Director of Planning and Performance (Item 3.2 & 3.3)
	Wendy Warren, Head of Planning and Civil Contingencies (Item 3.4)
	Claire Nelson, Deputy Director of Strategy, Planning & Partnerships
	John Frankish, Interim Assistant Director, Strategy, Planning & Design (Item 3.11)
	Rani Dash, Director of Corporate Governance
	Naomi Murtagh, Board Business Manager
	Fern Woodhead, Governance Support Officer
OBSERVING	Polly Frazer, Aspiring Board Member
	Sara Utley, Audit Wales
	Rhian Gard, Internal Audit
APOLOGIES	Tracy Daszkiewicz, Director of Public Health
	Akmal Hanuk, Independent Member
	Penny Jones, Independent Member

PPHPC 2702/01	**Welcome and Introductions** Phil Robson (PR), Chair, welcomed everyone to the meeting.
PPHPC 2702/02	**Apologies for Absence** Phil Robson (PR), Chair, noted the apologies for absence.

PPHPC 2702/03	**Declarations of Interest** There were no declarations of interest to record.
PPHPC 2702/04	**Draft Minutes of the last Meeting held on 7th October 2025** The minutes of the previous meeting held on 7th October 2025 were agreed as a true and accurate record. The Committee **APPROVED** the minutes from the previous meeting.
PPHPC 2702/05	**Committee Action Log** The Committee received the action log and was content with progress made on the completed actions. The Committee **NOTED** the report for information.
PPHPC 2702/07	**Committee Risk Report** Rani Dash (RD), Director of Corporate Governance, provided the Committee with an overview of the Committee Risk report and the current strategic risks delegated to the Partnerships, Population Health & Planning Committee for oversight on behalf of the Board. There had been no changes to the strategic risk profiles allocated to the Committee since the previous report in October 2025. RD advised the Committee that the report was presented for the Committee for oversight and assured the Committee that it would also be submitted to the Board on 28th January 2026. The Committee **NOTED** the report.
PPHPC 2702/08	**Approval status of 2025/26 IMTP** Trish Chalk (TC), Assistant Director of Planning and Performance, provided the Committee with an update on the approval status of 2025/26 IMTP. The Committee was advised that the Health Board had been escalated from Level 3 (enhanced monitoring) to Level 4 (targeted intervention) for both finance and planning, following reassessment in December, the Health Board had also been escalated to targeted intervention for urgent and emergency care across the system.

	The Committee was advised that the Cabinet Secretary had revoked the previously approved 2025/26 IMTP, marking the first instance of IMTP approval being withdrawn from any Health Board in Wales. Hannah Evans (HE), Director of Strategy, Planning and Partnerships, advised the Committee that Welsh Government had not yet issued the revised Level 4 de-escalation criteria but indicated that rerunning the self-assessment against the Planning Maturity Matrix would be a core requirement. HE informed the Committee that the updated maturity assessment was recognised nationally as an example of good practice. The Committee was advised that regaining IMTP approval would require the plan to be financially balanced, although financial balance alone did not guarantee approval. Other Health Boards had submitted balanced plans which were not approved due to wider assessment considerations. The Health Board would therefore need to explore what choices were required to deliver a balanced plan for the next planning cycle. The Committee was advised that operating without an approved IMTP was not unusual across Wales, with only one Health Board (CTM) currently holding an approved plan. The Committee **NOTED** the approval status of 2025/26 IMTP.
PPHPC 2702/09	**Development of 2026/27 IMTP** Hannah Evans (HE), Director of Strategy, Planning and Partnerships, informed the Committee that the Health Board was in the early stages of developing the 2026/27 IMTP and that significant work was underway to synthesise activity, financial detail, and national guidance. HE advised the Committee that the team was working through substantial operational and performance data alongside the updated guidance issued on 19th December 2025, noting that the timing had created pressures in the planning cycle. The Committee was advised that the Executive Team had scheduled a detailed session later in the week to examine emerging numbers, challenge underlying assumptions, and progress development of the plan. HE highlighted that the

	Board session originally planned for January had been moved to 11th February 2026 to ensure that the plan presented would reflect fully worked-through modelling and prioritisation. Trish Chalk (TC), Assistant Director of Planning and Performance, outlined the recent arrival of the technical guidance and minimum dataset requirements. The Committee was advised that while the overall structure of the dataset had not changed significantly, some areas particularly mental health and women's health had more detailed expectations. TC also highlighted strengthened quality requirements aligned with the new Quality Outcomes Framework. Further national requirements included integrating genomics, improving reproductive health access, aligning with population health priorities, and responding to new Welsh language obligations. HE advised the Committee that the national planning framework continued to emphasise the need for Health Boards to make clear and sometimes difficult choices, particularly given the financial context. HE advised that the National Value and Sustainability Board would shortly consider the extent to which national alignment on certain choices was required to avoid postcode variation across Wales. The Committee was advised that several significant operational programmes including the acute frailty and medical model work would continue irrespective of IMTP timelines because of their strategic and safety significance. The Committee discussed the need for the IMTP to clearly articulate major strategic priorities for patients, avoiding excessive focus on technical planning detail. The Committee also noted the importance of identifying investment requirements, the need to surface planning assumptions transparently, and the role of workforce culture and digital transformation in enabling sustainable change. HE advised the Committee that further detail on deliverables, modelling, and key decisions would be brought to the Board, following Executive challenge and refinement.

	The Committee **NOTED** the update on the development of the 2026/27 IMTP.
PPHPC 2702/10	**Business Continuity Planning** Wendy Warren (WW), Head of Planning and Civil Contingencies, provided the Committee with an overview of the business continuity planning and Health Board's current approach to business continuity (BC), noting that BC formed one component of the wider Emergency Planning, Preparedness and Response (EPRR) function. WW advised the Committee that all service areas were responsible for developing their own BC plans, with the EPRR team providing templates, tools, and guidance. WW emphasised that the team could not write plans on behalf of services, as each plan required detailed, operationally specific input. The Committee was advised that was variation in the quality and currency of BC plans across the organisation. Some areas, particularly within Community & Families and Therapies, had regularly tested and exercised their plans and demonstrated strong engagement. Other areas were still developing capability, and BC remained an ongoing improvement area requiring continued support. WW outlined the team's work programme, which included developing new exercising and testing tools, delivering targeted awareness-raising sessions for local teams, and supporting junior staff who may not have previously operated in non-digital or degraded-service environments. WW highlighted the importance of scenario-based exercises, especially given the increasing likelihood of cyber incidents or major system outages. In relation to digital resilience, WW noted that several real incidents had tested BC arrangements, including recent severe weather, flooding in Monmouthshire, and pathology system outages. The Committee was advised that collaboration with Digital Services had strengthened, particularly concerning preparations for potential Microsoft 365 outages. WW and Paul Solloway (PS), Director of Digital, advised that further work was required to ensure that critical services could operate during extended technology failures, including clarifying communication

	routes in the absence of email and Teams, and identifying systems that were mission-critical. PS advised the Committee that a critical asset register was being developed to identify and prioritise essential applications for BC planning and highlighted the importance of preparing for prolonged cyber events, noting national examples where organisations had taken months to recover from attacks. The Committee discussed the challenges associated with maintaining operational continuity during incidents lasting weeks or months, including staff fatigue, limited manual fallback processes, and volume-related pressures. The Committee was advised that additional supportive local audits were planned, with the EPRR team visiting departments to review plans, check operational readiness, and guide improvements. WW confirmed that major incident plans remained active and regularly tested, and that conventional fallback would continue to be used when required. WW advised the Committee of the positive partnership working through the Local Resilience Forum (LRF), highlighting coordinated multi-agency responses to flooding, severe weather, and public health threats. The Committee noted that the Gwent LRF had strong engagement and was widely regarded as one of the most effective partnerships in Wales. The Committee **NOTED** the update on business continuity planning.
PPHPC 2702/11	**Development of Clinical Services Plan Update** Claire Nelson (CN), Deputy Director of Strategy, Planning & Partnerships, provided the Committee with an update on the early development of the Health Board's Clinical Services Plan. The Committee was advised that the Clinical Services Plan was at an early stage of development and that no draft plan was being presented at this time. The Committee noted that the intention was to engage the Committee and the Board at an early point in the process, rather than present a completed plan at a later stage. The purpose of the Clinical Services Plan was outlined as providing a clear, service-focused description of how clinical services were configured, delivered and supported

	over a 3 year period, aligned to the Integrated Medium Term Plan (IMTP) and the Health Board's 10 year strategy. It was clarified that the Clinical Services Plan differed from a long-term clinical strategy, as it focused on service delivery models, workforce, estates, digital infrastructure and operational sustainability. The drivers for developing the Clinical Services Plan were described, including sustained pressures across urgent and emergency care, planned care backlogs, diagnostic capacity, workforce fragility and increasing demand. The Committee was advised that national expectations now required Health Boards to have a clear clinical services roadmap, including evidence of how fragile services were being addressed. CN advised the Committee that the Plan would align with existing strategic frameworks, including Gwent 35: Better Health, Better Care, Better Lives, digital and workforce strategies, and major infrastructure developments such as Nevill Hall Hospital. The Plan was intended to inform future IMTP cycles, while also being informed by existing operational and divisional planning activity. The Committee was advised that the proposed methodology would be evidence-led and would include horizon scanning, population health intelligence, demand and capacity analysis, risk assessment and engagement with clinicians, staff, partners and communities. It was emphasised that the Health Board was not starting from a blank position, with existing work already underway on service models, regional programmes and clinical redesign. A range of possible ways to frame the Clinical Services Plan was discussed, including clinical pathway, levels of care, place-based models, hospital configuration or population groups. The Committee considered that a pathway-based, end-to-end service approach was likely to be most effective in enabling meaningful change, clinical engagement and system-wide alignment. The importance of strong clinical and multi-professional leadership was emphasised. The Committee noted that engagement would need to be carefully structured to ensure relevance, ownership and productive use of clinical time, and to avoid duplication of existing work. CN advised the Committee that engagement would build on current

	programmes and regional planning activity, rather than delay or replace ongoing service developments. Proposed governance arrangements were outlined, with the Medical Director holding a central leadership role and clear reporting routes into Executive and Committee structures. The Committee was advised that the development timetable was indicative and had been adjusted to reflect organisational pressures, with a focus on evidence-gathering in the current period, followed by structured engagement and refinement. The Committee discussed the scale and complexity of the task and recognised that delivery would require prioritisation and difficult choices. The Committee highlighted the importance of focusing on transformational change rather than incremental service adjustments, particularly in the context of financial sustainability, workforce pressures and the need to shift care towards prevention and community-based models. The Committee supported the proposed direction of travel, including a pathway-based, clinically-led approach, endorsed the continued development of the Plan. The Committee **NOTED** the early stage of development of the Clinical Services Plan.
PPHPC 2702/12	**Deep dives on Place Based Care in Blaenau Gwent and Torfaen including key change issues** Lloyd Hambridge (LH), Divisional Director of Primary Care, Community Services & CHC, provided the Committee with an overview on the progression of the Place Based Care Programme, with a particular focus on Blaenau Gwent and Torfaen. The Committee was advised that over the preceding 12 months, significant work had been undertaken to develop a Place Based Care approach aligned to the Health Board's 10 year strategy. The programme had been mapped against strategic objectives and had evolved in response to changes in the national policy context, including increased emphasis on community-based and preventative models of care. LH advised the Committee that governance and leadership arrangements for the Place Based Care Programme had

	been strengthened. Clear reporting lines had been established between the Place Based Care Programme Board, the Executive Team, the Partnerships, Population Health and Planning Committee, and the Board, alongside alignment with local authority governance through the Integrated Service Partnership Board (ISPB) and the Regional Partnership Board (RPB). The Committee noted that a series of programme workstreams had been established to support delivery, including workforce, finance, digital and data, estates, engagement, and intelligence and evaluation. These workstreams were intended to enable consistent implementation and to address cross-cutting enablers of change. The Committee was advised that Blaenau Gwent and Torfaen had been selected as initial deep-dive areas due to high levels of deprivation, health inequality, and population need, alongside strong engagement and readiness within the local authorities. 8 defined "places" had been agreed across the two localities 4 in each, providing a clear geographic and community focus for implementation. The development of integrated neighbourhood teams was described as a core component of the Place Based Care model. These teams were intended to bring together professionals from health, local authority, housing, and the third sector to support individuals and families in a more coordinated way, reduce duplication, and simplify access to services. It was emphasised that the model aimed to support prevention, early intervention, and management of long-term conditions closer to home. The Committee was advised that work was underway to complete a baseline assessment of workforce, services, and resources within the defined places. LH advised that this exercise had proven complex due to the scale of staff and services involved, but was essential to inform the design of a consistent operational model and a realistic implementation plan. The key risks to delivery were highlighted, including workforce capacity and alignment, the current misalignment between some operational teams and place boundaries, and the impact of ongoing acute and urgent

	care pressures on organisational capacity to sustain transformation activity. Risks associated with clarity of accountability and delegation to the ISPB were also noted, with assurance provided that these issues were being progressed through existing governance routes. The Committee discussed the importance of ensuring alignment between Place Based Care, Neighbourhood Care Network (NCN) plans, and wider system priorities. LH advised the Committee that NCN plans had been shaped to support Place Based Care objectives and were expected to act as key delivery mechanisms at neighbourhood level. The Committee recognised the programme as a significant opportunity to shift the system towards prevention, improve population health outcomes, and address long-standing health inequalities. The importance of estates utilisation, including health and wellbeing centres and wider community assets, was also acknowledged as a key enabler of success. The Committee **NOTED** the progress made in developing the Place Based Care Programme in Blaenau Gwent and Torfaen.
PPHPC 2702/13	**Health Protection & Vaccination Programme Update** Eryl Powell (EP), Consultant in Public Health, provided the Committee with an update on the Health Board's Health Protection and Vaccination Programme. EP advised the Committee that the programme had focused on strengthening the system's capability to plan for, mitigate, and respond to communicable disease threats, environmental hazards, and other public health incidents. EP highlighted that the service had been established as a key legacy of the COVID-19 pandemic and now encompassed a broad portfolio. The Committee was advised that sustainable structures had been developed across the Health Board, supported by recurrent Welsh Government funding, and now brought together teams from the Gwent Public Health Team, Vaccination Services, and local authority public protection colleagues. This system-wide approach had strengthened recognition of health protection as a core Public Health function across Gwent.

	The Committee noted examples of recent operational activity, including the management of TB cases, blood-borne virus prevention work, sexual health initiatives, and the delivery of the seasonal vaccination campaigns. EP advised the Committee that the programme had placed significant emphasis on prevention and proactive Public Health measures, with particular attention to vaccine access and equity. The Committee was advised that the service had responded to several local incidents, including TB and scabies in care settings, and a Hepatitis A case requiring rapid vaccination of staff and children. EP advised that Public Health Wales had commended the speed and effectiveness of this response. EP advised the Committee that immunisation governance had been strengthened through the Vaccine Operational Group and the Strategic Immunisation Group. The Committee noted that the Cwmbran Vaccination Centre, opened in April, had enabled the delivery of a wide range of vaccinations in a single accessible location. EP advised the Committee that the Health Protection Service had participated in the recent Wales-wide pandemic simulation exercise. As a result, the pandemic plan and Public Health incident plan would be updated and exercised regularly. The Committee was advised that the service had received a Health Protection Hero Award at the UK Public Health Register Awards. In addition, the service had received positive feedback during its biannual review with Welsh Government. The Committee expressed their appreciation for the breadth and maturity of work undertaken. They noted particularly the strengthened vaccination performance and the improvement in staff flu vaccine uptake compared to the previous year. The Committee **NOTED** the update.
PPHPC 2702/14	**Regional Partnership Board Update** Hannah Evans (HE), Director of Strategy, Planning and Partnerships, provided the Committee with an update on the Regional Partnership Board (RPB), advising that its

	purpose was to ensure consistent messaging between the RPB and the Health Board. The Committee was advised that the RPB had held a workshop to review and refine its priorities. As a result, 5 key priority areas had been identified. HE advised the Committee that once the agreed priorities and proposed outcomes were agreed these would be shared with Committee members. **Action: Director of Strategy, Planning and Partnerships.** HE advised the Committee that further work had been commissioned to review the structures that sat beneath the RPB, ensuring they were aligned with the revised priorities and able to support delivery. A workshop to progress this work had been scheduled. The task and finish Group had been established to examine the Section 33 agreements governing the regional frailty model, with particular focus on the financial and legal framework. A report on the work completed to date had been submitted to the RPB, along with the current position of the Health Board. HE advised the Committee that this work remained ongoing. The Committee was advised that the Health Board had provided the RPB with an update on the winter sprint activity and the accompanying impact assessment. This work would continue to be monitored through RPB mechanisms. The Committee **NOTED** the Regional Partnership Board update.
PPHPC 2702/15	**Public Services Board Update** Eryl Powell (EP), Consultant in Public Health, provided the update on Public Services Board (PSB), outlining a summary of the most recent PSB meeting, which had taken place on 11th December 2025. The Committee noted that the PSB had discussed its ongoing collaboration priorities and areas for joint working. EP advised the Committee that the PSB had expressed its intention to strengthen collaboration with the Regional

	Partnership Board (RPB)**.** The PSB had recognised the potential benefits of closer alignment, particularly in relation to areas where priorities overlapped. As a result, the PSB had agreed to explore opportunities for deeper joint working, including options for shared priority setting and consideration of shared structures where this would add value. The Committee noted that the PSB had also reflected on the wider strategic landscape, acknowledging the need to clarify its role and contribution within the broader system of partnerships operating across Gwent. To support this, the PSB had agreed to hold further discussions to define its future focus. The Committee **NOTED** the Public Services Board update.
PPHPC 2702/16	**Regional Planning Update** Hannah Evans (HE), Director of Strategy, Planning and Partnerships, provided the Committee with an update on Regional Planning. The purpose of the report had been to provide the Committee with an overview of progress across a range of regional and South Wales planning programmes. The Committee was advised that Aneurin Bevan UHB, Cardiff and Vale UHB, and Cwm Taf Morgannwg UHB had remained committed to working collaboratively on major regional programmes to improve clinical service delivery, access, and sustainability across South East Wales. HE highlighted the Committee that the expectations from Welsh Government and the Regional Joint Committee (RJC) remained high, with the Planning Framework for 2026/27 setting out clear commitments around regional working. Regional planning teams, supported by corporate and clinical colleagues, were continuing to progress work aimed at addressing strategic challenges and strengthening regional clinical models. The Committee was advised that the phase one Full Business Case (FBC) for diagnostic services and the Outline Business Case (OBC) for the orthopaedic development had been submitted to Welsh Government and had recently been considered at the Infrastructure Investment Board (IIB). HE noted that the IIB had

	provided a detailed feedback matrix, and work had commenced across the region to address the points raised. HE advised the Committee that although revenue affordability remained a significant challenge for all 3 Health Boards, the IIB had acknowledged that the region collectively needed to resolve the resource gap given the substantial pressures in orthopaedic capacity. Work was underway to scope workforce models and operating arrangements for the new regional elective orthopaedic service. Clinical teams from across the region had been meeting regularly to agree potential options, including shared consultant capacity and job planning. The Committee was advised that the RJC had now met once and was expected to approve a regional work programme at an upcoming meeting in February. HE noted that work had been undertaken to define a supporting structure intended to ensure stronger collective oversight and alignment. The Committee **NOTED** the update and the progress being made across the regional planning portfolio.
PPHPC 2702/17	**Digital Strategy** John Frankish (JF), Interim Assistant Director Strategy, Planning & Design, provided the Committee with an update on the development of the Health Board's Digital Strategy. The Committee was advised that a first draft of the Digital Strategy had been completed in response to the Health Board's long-term organisational strategy, Gwent 35: Better Health, Better Care, Better Lives. The Digital Strategy had been designed to set out how digital, data and technology would support delivery of strategic objectives over a 10 year period. JF advised the Committee that the Strategy had been structured to align with national digital priorities and frameworks, including the NHS Wales Digital and Data Strategy, while also reflecting local organisational needs. The Strategy had been framed around the principle of "putting digital to work" for better health, better care and better lives, rather than digital being an end in itself. The Committee was advised that the Strategy articulated a clear digital vision and scope, setting out how digital

	capabilities would support patient care, workforce effectiveness, population health, service integration and organisational sustainability. The Strategy recognised current challenges, including fragmented digital systems, under-investment, workforce capacity and the need for improved data maturity and governance. 6 digital "missions" had been identified within the Strategy, covering digital health and care, data and analytics, workforce enablement, digital platforms and infrastructure, cyber resilience, and organisational capability and governance. The Committee was advised that each mission was supported by defined goals and enabling plans, intended to translate strategic ambition into deliverable actions over time. The importance of workforce capability and digital inclusion was emphasised. JF advised the Committee that the Strategy recognised the need to develop new digital skills across the organisation, alongside leadership development, governance, service design and user-centred approaches. The Committee discussed the need to grow internal capability rather than relying solely on external partners. The Committee was advised that implementation would be delivered through a phased approach, described as 3 delivery horizons, to balance foundational improvements with longer-term transformational change. The Committee noted that the Strategy acknowledged the risk of focusing solely on infrastructure and committed to demonstrating tangible improvements alongside foundational work. The role of strategic partnerships was outlined, including the proposal to work with external partners to accelerate delivery, build internal capability and reduce risk, while retaining organisational ownership and governance. The Committee noted that any investment would be subject to appropriate business case approval and financial scrutiny. The Committee was advised that a formal consultation on the draft Digital Strategy had commenced and that staff and stakeholders were being invited to provide feedback. The consultation period would inform refinement of the Strategy prior to further consideration at Board briefing and formal Board approval later in the year.

	The Committee welcomed the clarity of alignment with Gwent 35 and the focus on enabling clinical pathways, population health management and workforce effectiveness. The Committee emphasised the importance of ensuring the Strategy translated into measurable improvements and supported wider transformation activity across the system. The Committee **NOTED** the update.
PPHPC 2702/18	**Audit Wales Eye Care Report** The Audit Wales Eye Care report was provided to the Committee for information.
PPHPC 2702/19	**Review of Committee Programme Annual Programme of Business 2025/26** The review of Committee Programme of Business was provided to the Committee for information.
PPHPC 2702/20	**Cybersecurity Audit** The Cybersecurity Audit was provided to the Committee for information.
PPHPC 2702/21	**Items to be Brought to the Attention of the Board and Other Committees** There were no specific items to be identified for escalation to the Board or for referral to other Committees arising from the discussions held during the meeting.
PPHPC 2702/22	**Any Other Urgent Business** Neil Patrick (NP), Independent Member, advised the Committee that he had recently chaired the Gwent Armed Forces meeting and the outcome of the meeting was to strengthen governance arrangements relating to Armed Forces activity within the region and to develop a Terms of Reference (TOR) for the Gwent Armed Forces structure, ensuring clarity of purpose and alignment with broader partnership frameworks. Rani Dash (RD), Director of Corporate Governance, advised the Committee that Sarah Simmonds (SS), Director of Workforce & OD, could bring an update on Armed Forces matters to a future Committee meeting. **Action: Director of Workforce & OD**

	Rani Dash (RD), Director of Corporate Governance, highlighted to the Committee that this maybe Philip Robson (PR), Chair, last meeting and thanked him for his support to the Committee and Board.
PPHPC 2702/23	**Date of the Next Meeting** 7th April 2026