

Monmouthshire Select Committee Minutes

Meeting of Public Services Scrutiny Committee held at Council Chamber, County Hall, The Rhadyr USK on Monday, 28th July, 2025 at 9.30 am

Councillors Present

County Councillor Armand Watts (Chair)

County Councillors: Jill Bond, Steven Garratt, Meirion Howells, Penny Jones, Tony Kear, Dale Rooke, Jan Butler, Christopher Edwards, Maureen Powell, Sue Riley, Louise Brown, Jackie Strong, Tudor Thomas, Su McConnel, Peter Strong, David Jones, Phil Murphy, Ann Webb, Ian Chandler, Angela Sandles, Sara Burch and Catrin Maby

Officers in Attendance

Hazel Ilett, Scrutiny Manager
Robert McGowan, Policy and Scrutiny Officer
Sharran Lloyd, Community and Partner Development Manager

External Invitees:

Paul Mizen - Aneurin Bevan University Health Board (ABUHB), Hannah Evans (ABUHB), Dan Davies (ABUHB)

APOLOGIES: Councillor Maria Stevens

1. Apologies for Absence

Apologies were received from Councillor Maria Stevens who was being substituted by Councillor Peter Strong.

2. Declarations of Interest

Councillor Penny Jones declared a non-prejudicial interest relating to her position as an independent member of ABUHB.

3. Public Open Forum

None present.

4. Nevill Hall Hospital Proposals

Hannah Evans (Executive Director of Strategy, Planning & Partnerships) delivered a presentation and answered the members' questions with Dr Paul Mizen (Clinical Lead for Service Transformation).

Key Points from Hannah Evans' Presentation

- **Context and Purpose:** Hannah explained the focus on Nevill Hall Hospital due to the presence of reinforced autoclaved aerated concrete (RAAC), which poses infrastructure risks and has made the site a priority for investment and redevelopment.

- **Strategic Importance:** Nevill Hall is positioned as a key site for both local and regional healthcare delivery, with recent investments such as a new radiotherapy unit and a regional cataract hub, serving not just Gwent but also neighbouring regions.
- **Service Developments:** There has been a 20% increase in day surgery at Nevill Hall, and the hospital is being developed as a surgical hub, with plans to expand day surgery, assessment facilities, and outpatient services.
- **RAAC Challenge:** The presence of RAAC affects significant parts of the estate, requiring mitigation measures like propping and scaffolding, but the long-term goal is to remove RAAC and use this as an opportunity to right-size and modernise the hospital.
- **Business Case Process:** The redevelopment is at the strategic outline case (SOC) stage, which involves early engagement, defining the case for change, and preparing for more detailed planning and consultation in later business case stages.
- **Emerging Service Model:** Plans include a day surgery centre of excellence, integrated front door/assessment facilities, maintaining the minor injuries unit, expanding cancer services (radiotherapy and chemotherapy), developing a women's health hub, and improving diagnostics and therapy services.
- **Engagement and Consultation:** The team is actively engaging with staff, stakeholders, and the public through surveys, meetings, and direct outreach, seeking feedback on the case for change and emerging principles, with a commitment to ongoing involvement throughout the redevelopment process.

Key Questions from Members

Councillor Edwards

- Asked who instigated the Nevill Hall redevelopment – Health Board or Welsh Government, and why, seeking clarity on the process and investment case.

Hannah confirmed the Health Board initiated the process, with Welsh Government support, due to the urgency created by RAAC. Nevill Hall was always on the estate strategy, but RAAC made it a top priority.

- Expressed concern that the consultation might give the public unrealistic expectations, questioning what specialist inpatient services (e.g., respiratory, gastroenterology, cardiology, paediatrics) will realistically be available at Nevill Hall, given current service limitations.

Hannah clarified that acute specialties (e.g., cardiology, gastroenterology, paediatrics) will not return to Nevill Hall, as centralisation at the Grange was necessary for sustainability and quality. Outpatient and some day-case services will be provided at Nevill Hall, but not acute inpatient specialties.

- Queried the extent of cancer treatment at Nevill Hall, noting radiotherapy is available but chemotherapy and haematology are limited, and asked about reliance on community fundraising for these services.

Hannah and Paul explained that radiotherapy is now available at Nevill Hall, with plans to expand chemotherapy and other cancer services in partnership with Velindre.

- Sought advice on how to manage public expectations and ensure that residents' views will genuinely influence outcomes, especially with only two weeks left in the consultation.

Hannah acknowledged the challenge of managing expectations, emphasising that the engagement is genuine but will not reverse previous centralisation of acute services. The process is designed with independent oversight (Fllice) to ensure transparency and accountability.

- Asked if there are similar development plans or consultations for Chepstow Community Hospital and how it fits into the broader strategy.

Hannah stated that Chepstow and Monnow Vale are not part of the current Nevill Hall project but are included in the wider estate strategy. Chepstow is seen as strategically important, and Monnow Vale will be developed further in partnership with local authorities.

- Reported issues accessing the online survey and asked if the survey clearly outlines what is achievable to help manage expectations. Also asked if Chepstow and Monnow Vale hospitals are included in this programme or are separate.

Hannah promised to investigate the reported survey access problems and reiterated the importance of clear communication to manage expectations.

Councillor Powell

- Councillor Powell shared a personal experience about the difficulty of traveling for cancer treatment and asked about the impact of removing ceiling supports (installed due to RAAC) at Nevill Hall – specifically, whether affected areas would need to be closed during the work or if services could continue.

Hannah welcomed the positive feedback on local radiotherapy, clarified that only certain cancer types are currently treated locally, and explained that while some interim changes (like moving services) may be needed, detailed logistics about closures or continued use are not yet finalised. The hospital is working closely with engineers to ensure safety and will adapt as needed.

Councillor Butler

- Asked about the ongoing issue of only one working lift at Nevill Hall, the lack of a nearby staircase, and the resulting crowding – specifically, whether there are short-term mitigation plans for this unsatisfactory situation.

Hannah confirmed that fixing the lifts is a current priority, with plans in place to address the issue, and that some services are being relocated to reduce lift usage.

- Asked if the overnight closure of the Minor Injuries Unit (MIU) at Nevill Hall has increased pressure on the Grange Hospital and whether there are concerns about staff being deskilled as a result.

On the MIU, Hannah stated that data does not show a significant negative impact on the Grange from the overnight MIU closure, and that staff rotation and consultant oversight are maintained to prevent deskilling.

Councillor Bond

- Councillor Bond explained that she is a member of Llais and asked when feedback from Llais would be reviewed and when a decision on the preferred option for Nevill Hall would be made.

Hannah explained that there are regular reviews with Llais, with the current engagement scheduled to end in mid-August, followed by a report. The strategic outline case is planned to go to the health board in September, after which it will be submitted to Welsh Government. Actual construction or major changes are not expected to begin until 2027–2028 due to the lengthy business case process.

Councillor Riley

- Asked about the availability of data on the number of secondary cancer sufferers in the Aneurin Bevan area, noting that Welsh Government lacks this data, and inquired whether advanced radiotherapy treatments like SABR would be available locally.

Hannah said she did not have the specific numbers but would try to follow up. She explained that while there is a joint ambition with Velindre to repatriate as much care as possible, complex radiotherapy will remain at Velindre due to specialist expertise and equipment needs.

- Asked what additional services for secondary cancer sufferers are planned, highlighting limited local options and sharing a personal experience with specialist radiotherapy.

Hannah assured that staff will rotate between sites to maintain skills and that the standard of care at Nevill Hall will match Velindre's for eligible patients, with some support services like Maggie's outreach being expanded, though not all specialist services can be provided locally at this stage.

- Commented that the sickest patients often have to travel furthest and noted that Maggie's support at Nevill Hall is limited and does not fully cater to secondary cancer sufferers.

Hannah acknowledged the concern about travel for the sickest patients and the current limitations of local support, reiterating that further specialist repatriation is not currently planned but feedback is noted.

Councillor Brown:

- Asked if solar panels would be included on the new Nevill Hall building and welcomed the focus on local priorities.

Hannah stated that solar panels or other decarbonisation measures would be considered as part of the design, but nothing is decided yet.

- Requested another seminar on rural Gwent and local hospitals, especially regarding localising services.

*Hannah confirmed willingness to return for a session on Royal Gwent, Chepstow, and local hospitals. **Action: Hazel Ilett***

- Highlighted the population size of Chepstow versus Abergavenny and advocated for a minor injuries unit (MIU) at Chepstow, expressing concerns about A&E at the Grange and public confusion over which MIU to use.

Hannah clarified that Nevill Hall and St Woolos are current estate priorities, and there are no plans to reintroduce an MIU at Chepstow at this time, noting the broader catchment for Nevill Hall's MIU.

Councillor Garratt

- Requested that the northeast area (Monmouth) not be forgotten, mentioning challenges with local access to services like vaccinations and expressing hope that Monnow Vale would become a higher priority with more services available.

Hannah acknowledged the comment, expressed encouragement about Monnow Vale, and indicated that the feedback was noted.

Councillor Chandler

- Thanked ABUHB staff for speaking to councillors and expressed that it was positive to hear about the long-term commitment to Nevill Hall as both a local community hospital and a regional centre.

Hannah agreed to follow up with Ian Chandler offline about how Nevill Hall fits into the broader health and social care system.

- Highlighted the importance of matching services to the population profile, especially for the elderly, and welcomed the focus on orthopaedics and ophthalmology.
- Appreciated early engagement with communities and stakeholders.
- Asked to see the proposals in the context of the broader health system, including public health, primary care, prevention, and social care, and suggested a follow-up conversation on this integration.

- Queried how reducing the number of beds would impact waiting lists for acute and elective surgeries.
- *Hannah clarified that the focus is on the type of beds and matching workforce to patient needs, not just the number of beds, and that the Chepstow model of care for the elderly is being considered for replication. She stated that numbers of beds may not change, but the nature and access to beds will be adjusted to better reflect needs.*
- Supported the focus on diagnostics and preventative work, echoing previous comments about local access to services like vaccinations.

Paul Mizen emphasised that work is ongoing to provide as much care as possible close to home, alongside the developments at Nevill Hall. He noted that this broader system work will continue and is expected to bring significant benefits in the future, as more healthcare currently delivered in hospitals may shift to community settings.

Chair's Summary

The Chair thanked Hannah and Paul for their patience in answering member's questions and thanked Dan for facilitating the session. The Committee noted a request for a future Members Seminar on Royal Gwent, Chepstow, and local hospitals.

The meeting ended at 11.06 am.