



Question: Can you outline what the Health Board is doing to address the financial pressures that have recently been announced?

Answer: The Health Board has put in place a number of actions over the last 12 months reflecting the financial challenge experienced in 2022/23 and which is continuing in 2023/24. Governance arrangements have been strengthened with an added focus at Finance and Performance Committee, Board and Executive Committee to give visibility on the financial position and to understand opportunities and options to improve.

A rigorous programme of work is in place with services, supported by the finance team, to develop and monitor progress against savings plans and identify further opportunities.

The overall approach can be divided into 4 areas:

- **Engage workforce to get ownership and awareness of the financial position:**
 - Established a Senior Leadership Forum, comprising Executive Team and all senior divisional and corporate directors, and senior staff across the organisation with monthly discussions on the financial position and options and ideas to progress.
 - Additional training – via the internet and in person
 - Communication – regular messaging through Chief Executive Updates and staff saving suggestion 'box'.
- **Support through transformational change**
 - Series of priority groups looking at savings but also how to drive real change; how to improve efficiency and utilisation of resources.
 - For example; six goals programme, planned care programme, discharge support, heart failure pathway redesign
- **Improving autonomy and accountability**
 - New budget setting mechanism established for 2023/24 to support ground level ownership of driving change and making best use of our resources.
- **Enabling Actions**
 - Value and Sustainability Board established with groups taking forward 6 key themes of work – CHC, Medicines Management, non-pay, workforce, service reconfiguration and prevention. These groups utilise various resources through more recent ideas generation, reviewing savings proposals and plans established for this financial year, opportunities from benchmarking and wider resources.





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To date this year, we have an ambitious savings target of £51m. £30m of these schemes are rated 'green' and expect to deliver. Recent actions include:

- Vacancy scrutiny panel for administrative roles
- Freeze on agency consultancy for administrative work
- Seeking alternatives to new IT equipment
- Freeze on purchasing office equipment/furniture
- Local work regarding use of photocopiers, turning lights off etc.

As a result of themes emerging from ideas suggested by staff, the Health Board has reviewed:

- How tender facilities work with key trade contractors
- Promote digital patient communication
- Procurement opportunities
- Remote working policy established
- Logistics, use of taxis etc

Further information is provided in reports to the Board and Finance and Performance Committee which are available on our website.





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Question: There have been reports in the media about aerated concrete problems in public buildings. Can you please tell us what the Health Board is doing to address this and how this will affect services?

Answer: Earlier this year, the Health Board was directed by Welsh Government to undertake a desk top survey of our estate. This identified the presence of Reinforced Autoclaved Aerated Concrete (RAAC) at the Nevill Hall Hospital (NHH) in Abergavenny. As a result, a detailed survey was undertaken by structural engineers which showed that approximately one quarter of the square meterage of the site has RAAC, mainly confined to the single storey areas.

We can provide assurance that our focus and approach has been on the safety of staff, patients and visitors to the NHH site.

Following a robust and thorough survey all planks have been risk assessed and analysed by structural engineers. In response to this mitigation has been put in place in areas assessed as critical through the use of propping and planking.

We can confirm that this level of RAAC is not in areas used to deliver patient care directly and therefore we have not needed to relocate clinical services.

We continue to work with our internal health and safety team, structural engineers and Welsh Government and professional leads in NHS Wales shared services to run a rolling programme of checks on the areas of RAAC in order to provide assurance to the Board on the safety of these areas.

We are continuing to work on the long term service plan for NHH as we cannot continue to operate services where RAAC is present. We will continue to work with partners, trade union partners and Llais as these plans are progressed.





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Question: I am very concerned about the lack of opportunity for diabetic patients to voice their fears about the provision of health care in ABUHB. We no longer have patient reference group meetings and now cannot even attend meetings of the Diabetes Planning and Delivery Group so where do we go.

Answer: The Health Board had a Diabetes Delivery Group in place, as required by the National Delivery Plan. Earlier this year, the Welsh Government (WG) published the Quality Statement for Diabetes which replaced the National Delivery Plan and this was welcomed by the Health Board.

We had discussed the future of the Diabetes Planning and Delivery Group with WG, along with all Health Boards, and the advice from WG was to step these groups down. Health Boards were encouraged to make sure the planning and delivery of diabetes care sat with the services who provide it, such as medicines, family and therapies and primary and community care divisions and empower those services and directorates to deliver diabetes services according to the Quality Statement.

In stepping down the Diabetes Planning and Delivery Group, the Health Board does however acknowledge the important role of those living in our community with diabetes in the planning and delivery of diabetes.

We enjoyed the benefit of patient representatives and would encourage others with experience to come forward and work with us; in particular children and those transitioning in to adult services.

We are continuing discussions with our patient centre care team to involve those in our communities with experience of diabetes.





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Question: The Caerphilly County Borough Council (CCBC) are trying to do their part, what will you be doing to address and assist with the issue of delayed transfer of care?

Answer: We are working closely with Local Authority (LA) colleagues around discharge. We have established a Discharge Improvement Board which feeds into Regional Partnership Board and also the Health Board and in terms of delivery of improvements.

Working with CCBC and all Local Authorities in our Health Board area, including on how we might move to a Trusted Assessor model which is a different way of working to assess patients who need to be discharged.

Some examples of ongoing work include:

- Early Supported Discharge Team – ‘Hospital to Home’ - which supports people to have an earlier discharge once medically fit by supporting and assessing in their home environment. This means the assessment is undertaken in an environment in which the individual is comfortable and familiar with their surroundings and therefore provides a more realistic assessment. This is a pilot and early indications are that it is being successful and we will therefore look to roll this out with LA colleagues over the coming weeks and months.
- Weekly census days to review data with LA colleagues to ensure a common understanding of where we are with the patients waiting to be discharged.
- Established a Discharge Hub at the Royal Gwent Hospital working with Newport LA and also supported by CCBC to look at how we manage the ‘push back’ into the community with patients who are medically fit, with the appropriate support in their homes. Also working on a ‘pull’ model in Nevill Hall Hospital with Monmouthshire LA.

We are currently taking a new approach to discharge, working with clinical teams and LA colleagues on a rapid improvement approach to discharge.

The Health Board is clear that it is in nobody’s interest for patients to be maintained in a hospital setting, with impacts on deconditioning and mobility.





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Question: What processes, procedures, timescale and the cost in place for dealing with patients queries in the Aneurin Bevan Trust, and how are complaints monitored as they take a significant time to be dealt with?

Answer: The Health Board acknowledges and understands that there are delays occurring in our complaints system and these are unacceptable and we know that this has an impact on individuals.

The Chief Executive and Director of Nursing provide personal oversight of the process and have seen an improvement in the last 12 months, in particular with some of the longest delays. We will continue to work hard to return to compliance levels within the Welsh Government target of 30 days, working with divisional colleagues on the consistency and timeliness of responses.

To further support complaints handling, we have launched a Patient Experience and Involvement Strategy and established a Patient Advice and Liaison Service to commence in the coming weeks which should support queries being resolved and responded to in real time.





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Question: What are the current costs of bank and agency nurses in the Aneurin Bevan Health Board and what measures the board are taking to reduce costs and recruitment more staff

Answer: For the purpose of answering this question, we have included Healthcare Support Workers (HCSW), as an important part of our nursing workforce.

Costs this financial year to date:

- Bank and agency HCSW - £9.5m spend
- Register nursing bank and agency - £18.9m spend

Over the past 12 months the Health Board has been implementing a programme of work to reduce reliance on bank and agency; with a focus on reducing agency in the first instance.

Monthly average costs for this financial year for HCSW agency staff have been approx. £240k compared with over £880k in the last financial year.

Monthly average spend for this financial year for register nurse agency costs was £1.4m compared with £1.8m in the last financial year.

Measures taken to achieve this include:

- Processes, policies, procedures to ensure the right controls are in place
- Recruitment – worked hard to recruit to and enlarge our HCSW substantive workforce along with overseas and local recruitment of registered nurses.
- Retention – support our staff to stay with us and develop with us.

We have seen a slight increase in bank costs for this financial year however work continues to support a reduction in these costs and ultimately to achieve our aim of increasing our permanent offers of employment.

All of this work is underpinned by our Nursing Workforce Strategy which contains a range of measures including career pathways for current staff and widening access and opportunities through apprenticeships, nurse cadets and flexible working.





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Question: Is the opening or the running of the new breast unit at YYF likely to be affected by the £36.3m revenue overspend mentioned earlier? Are that project's costs predicted to run over or stay within budget?

Answer: There are two elements to the Breast Unit Business Case:

The capital funding required to build the unit which has been running for a number of years. This is due for completion in this financial year and the capital funding is fully covered and does not present any risk at this time.

The revenue pressures have continued in to this year but we have planned for the breast unit business case with Board approval.

In light of continuing cancer demand we have been reviewing service plans to ensure the right staffing models and our intention is that we will open that Unit as planned.

Cancer remains a top priority for the Health Board and we do not anticipate any risk to the opening of the Breast Unit at YYF Hospital associated with the financial position.

