



BWRDD IECHYD PRIFYSGOLN ANEURIN BEVAN/ANEURIN BEVAN UNIVERSITY HEALTH BOARD

ANNUAL GENERAL MEETING

DATE OF MEETING	Wednesday 24 September 2025, 18:00
VENUE	Microsoft Teams

ABUHB 2409/01	<p>Welcome and Introduction Ann Lloyd, Chair</p> <p>The meeting commenced with a welcome from Ann Lloyd. Ann greeted staff, stakeholders, and members of the community, acknowledging the challenging nature of the 2024–25 year. She highlighted the resilience and collaboration demonstrated by staff, which led to improvements in patient outcomes despite sustained pressures and increasing demands.</p> <p>Ann emphasised the Board’s ongoing commitment to improving access and accessibility to care, and expressed gratitude to those who had submitted questions in advance. She also noted that the meeting was being held in public and would be available for later viewing on the Health Boards website.</p>
ABUHB 2409/02	<p>Overview of the Health Board’s Performance in 2024/25 Nicola Prygodzicz, Chief Executive</p> <p>Nicola Prygodzicz presented a comprehensive overview of the organisation’s performance. She began by reaffirming the Board’s mission to reduce health inequalities and improve population health across the region.</p> <p>Nicola reported that the Health Board achieved the lowest Risk-Adjusted Mortality Index (RAMI) in Wales, a key indicator of hospital safety and outcomes, and noted that crude mortality rates were also improving. She described significant progress in reducing waiting times, with no patients waiting over three years and a substantial reduction in two-year waits, particularly focusing on specialties such as ENT, orthopaedics, and ophthalmology.</p>



Prevention remained a central theme, with targeted efforts to reduce preventable premature mortality and a growing emphasis on women's health. In mental health, the Board achieved the target of assessing and treating 80% of patients within 28 days for both adults and children, marking a notable improvement from the previous year. Financially, the Board ended the year with a £7 million revenue deficit, which was a better outcome than forecast, and secured additional funding to support ongoing work. Nicola also highlighted the extensive public engagement that informed the new organisational strategy, "Better Health, Better Care, Better Lives."

Workforce developments were positive, with over 200 new substantive staff recruited (mainly in clinical roles), a significant reduction in agency costs, and a decrease in staff turnover. Patient satisfaction remained high, ranging between 87% and 90%, with targeted improvements underway in areas scoring lower.

Despite these achievements, Nicola was candid about the challenges that remained. Maintaining workforce morale, recruiting in difficult-to-fill areas, and managing rising complexity and demand, particularly a 25% increase in cancer referrals, were all highlighted as ongoing issues. The need for further investment in estates and digital infrastructure, the pressures experienced during winter, and the continued challenge of achieving financial balance were also discussed.

ABUHB 2409/04

Presentation of the Financial Accounts 2024/25

Robert Holcombe, Director of Finance and Procurement

Robert Holcombe presented the financial accounts for the year. He reported that the accounts received an unqualified audit opinion, although there was a regulatory qualification due to the Board not achieving financial balance over the three-year period. The Board managed a £2 billion revenue budget, ending the year with a £7.1 million deficit (0.3%), and achieved 97% compliance with creditor payments. Cash holdings at year-end were within the limits set by Welsh Government.

Robert explained how the Board's funding was allocated: £352 million was spent on primary healthcare (including GPs, dentists, pharmacists, and optometry), £527 million



	<p>on other healthcare (including NHS and private providers), and nearly £1.2 billion on hospital and community services. Pay accounted for £888 million, with agency staff costs reduced by £13 million thanks to a strategy of investing in substantive staff. Capital investments included new health and well-being centres, a radiotherapy unit, and improvements to hospital facilities and equipment. The Board's charitable funds received £876,000 in income, which was directed mainly to staff and patient benefits.</p>
<p>ABUHB 2409/05</p>	<p>An Overview of the challenges and priorities for the Health Board in 2025/26 and beyond Hannah Evans, Director of Strategy, Planning and Partnerships</p> <p>Hannah Evans outlined the Board's Integrated Medium-Term Plan (IMTP) for 2025–28. She noted that the plan had been approved by both the Board and the Cabinet Secretary, marking a significant milestone. The plan's priorities build on the previous year's work, with continued focus on prevention (including vaccinations and diabetes), place-based care with multidisciplinary teams, and further improvements in urgent and emergency care, such as the opening of a new transfer lounge and the expansion of the emergency department waiting area at the Grange University Hospital (GUH).</p> <p>Cancer and planned care remained high priorities, with efforts to address increased demand and modernise care pathways. Mental health services would continue to be developed, with a focus on improving facilities and embedding the new organisational strategy, "Better Health, Better Care, Better Lives." Hannah also acknowledged the ongoing challenges of workforce recruitment and retention, resource constraints, rising costs (particularly for drugs), estate risks, and the need for digital transformation.</p>
<p>ABUHB 2409/06</p>	<p>Public Questions and Answers</p> <p>The Q&A session followed the main presentations and provided an opportunity for members of the public and stakeholders to raise questions directly with the Board. Questions were submitted both in advance and during the meeting, and responses were provided by relevant Board members.</p>



1. Terminology for Children's Services

Answered by Nicola Prygodzicz, Chief Executive

The first question, from Ashley, concerned the term "failure to thrive team" for children's services, suggesting it was stigmatising.

Nicola Prygodzicz agreed that the terminology could be improved and acknowledged the negative connotations. She explained that there was a growing movement within the NHS to adopt alternative terms, such as "faltering growth," and committed to working with clinical teams to adopt a more appropriate name.

2. Patient Handovers, Staff Rooms, and Quality of Care

Answered by Jennifer Winslade, Director of Nursing

Karen asked about the quality of patient handovers, the availability of staff rooms, and the general standard of patient care.

Jennifer Winslade responded by outlining the robust handover processes in place, including formal verbal and written handovers, and the integration of electronic patient records. She described efforts to provide staff with suitable rest areas and highlighted ongoing engagement with staff to improve facilities. Jennifer also emphasised the Board's commitment to high standards of compassionate care, continuous improvement, and listening to feedback from patients, families, and staff.

3. Orthopaedic Waiting Times and Communication

Answered by Nicola Prygodzicz, Chief Executive

Paula raised concerns about long waits for orthopaedic surgery and difficulties in obtaining information about waiting times.

Nicola Prygodzicz acknowledged that orthopaedics was one of the most challenged areas, but noted that no patients were waiting over three years, and the number waiting over two years had been significantly reduced. She explained the complexities in providing precise waiting times due to changing clinical priorities and patient fitness



for surgery. Nicola also mentioned the development of an advanced contact centre to improve communication with patients on waiting lists.

4. Complaints Handling and the PTR Process

Answered by Jennifer Winslade, Director of Nursing

Councillor Kevin Etheridge asked about the number and nature of complaints received by the Health Board, the effectiveness of the "Putting Things Right" (PTR) service, and any planned improvements.

Jennifer Winslade reported that the Board received 3,151 complaints in 2023–24 and 3,119 in 2024–25, representing less than 1% of patient contacts. The main themes were clinical care, treatment, assessment, appointments, and communication. Jennifer described recent improvements, including centralising complaints handling, enhanced monitoring, and better communication standards. She noted a reduction in Ombudsman referrals and outlined ongoing efforts to improve timeliness and flexibility in responses.

5. A&E Waiting Times and Cross-Border Care

Answered by Nicola Prygodzicz, Chief Executive

Councillor Etheridge also asked about waiting times at the Grange University Hospital's A&E and the perception that patients are seen more quickly at Prince Charles Hospital in Merthyr.

Nicola Prygodzicz explained that there was a long-standing agreement with Cwm Taf Morgannwg Health Board to care for Gwent residents who attend Prince Charles Hospital, with funding following the patient. She acknowledged the perception of longer waits at the Grange but emphasised ongoing efforts to improve access and patient flow, including the opening of a new transfer lounge and the appointment of additional consultants. Nicola encouraged the use of online resources to check real-time waiting times and reiterated the Board's commitment to clinical priority and continuous improvement.

6. Drug Costs and Inflation



Answered by Robert Holcombe, Director of Finance and Procurement

Julie Thomas asked about concerns over rising drug costs, specifically referencing media reports about price increases for certain medications.

Robert Holcombe confirmed that drug price inflation was a perennial issue for the NHS, with prices set nationally and influenced by market forces and innovation. He noted that the Board spends over £200 million on drugs annually and has seen a 1% inflationary increase above funding levels. Robert described the governance structures in place to ensure appropriate and cost-effective prescribing.

7. Community Engagement and Consultation

Answered by Hannah Evans, Director of Strategy, Planning and Partnerships

Julie also inquired about how the Health Board works with community partners during consultations for strategy and service changes, noting the large number of agencies involved.

Hannah Evans described the extensive engagement undertaken for the new organisational strategy, including nearly 8,000 contacts through events and surveys. She highlighted efforts to share intelligence with partners such as local authorities and Gwent Police, and the development of a database of community groups for ongoing engagement. Hannah welcomed further suggestions for groups to include in future consultations.

8. Bank Staffing for Community Teams

Rhiannon raised concerns about reductions in bank staffing for community teams, leading to increased workloads. Sarah Simmonds, Director of Workforce, committed to following up directly with Rhiannon to gather more details and address the issue.

9. Emergency Mental Health Services and Strategy

Answered by Nicola Prygodzicz, Chief Executive



Julie Thomas requested more information on emergency mental health services, monitoring of the 111 “press 2” line, and the timeline for the new mental health strategy.

Nicola Prygodzicz confirmed that the 111 option 2 service was being closely monitored and that the mental health strategy was still in development, with ongoing engagement planned. She offered to provide further details outside the meeting.

10. Innovations and Best Practice

Answered by Andy Bagwell, Interim Medical Director

Francesca asked whether the Health Board had pioneered any service improvements that could set a standard for the wider NHS.

Andy Bagwell highlighted the Board’s interventional radiology service, which was among the most advanced in Wales and had participated in innovative procedures such as geniculate artery embolisation for knee pain. He also mentioned the recent acquisition of a radiology robotic arm, which enhanced precision and safety in procedures, positioning the Board as a leader in this field.

ABUHB 2409/07

Closing Remarks

Ann Lloyd, Chair

In closing, Ann Lloyd thanked all participants for their engagement and contributions. She encouraged everyone to read the Annual Plan and to continue providing feedback, which was highly valued by the Board. Ann reiterated the Board’s commitment to ongoing improvement and to supporting the health and wellbeing of the community. She concluded by wishing everyone a healthy year ahead and inviting continued involvement in future Board meetings and AGMs.



