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Bwrdd Iechyd Prifysgol Aneurin Bevan University Health Board

Our ref: **ABUHB 23-202**

Tuesday 5th September 2023

Russell George MS | Chair of the Health and Social Care Committee
Welsh Parliament
Cardiff Bay
Cardiff
CF99 1SN

Sent by email to: SeneddHealth@senedd.wales

Dear Russel George MS

RE: NHS waiting times request for information

Thank you for your letter dated 26 July 2023 requesting information ahead of your general scrutiny session with the Minister for Health and Social Services on 8 November 2023. I am pleased to provide you with the following response on NHS waiting times on behalf of Aneurin Bevan University Health Board. I have provided a response to each of the questions you have raised in the Annex of your letter.

1. The data released on a Health Board by Health Board basis shows there is variation across Health Boards about the length of waits in different specialties and progress made in tackling the waiting times backlog. Which specialties are most challenging for your Health Board, and what action is being taken to address the waiting times in those specialties?

All specialities within our Health Board are expected to clear their 156- and 104-week waiting lists at all stages within this financial year and a small number of specialities are expected to have 52-week waiters at both stages; this includes Ear, Nose and Throat (ENT), Ophthalmology, Orthopaedics, and Urology, with Maxillo-Facial also facing challenges, particularly at treatment stage.

- For ENT, we have initiated several measures to alleviate the backlog. Our primary objective is the implementation of health pathways to streamline communication between Primary and Secondary Care and this strategic approach aims to address the unsustainable demands on the specialty. Additionally, we are proactively identifying patients who would benefit from direct Audiology consultations, and we are in the process of transferring suitable long-waiting patients to Audiology to better accommodate their needs.
- In Maxillo-Facial, we faced a period of reduced capacity due to sickness within the consultant team, accompanied by a shortage of junior support. However, all consultants are now back in work and by September, the recruitment of junior doctors will be complete, significantly boosting our capacity to address the existing challenges.

- We are leading the development of a regional Ophthalmology programme to address the capacity for longest waiting patients and ensure sustainable service delivery for this year and beyond.
- All Orthopaedic stage 1(First Outpatient) 52-week waiters will be exclusively spinal patients and we are in the process of changing the service in consultation with Getting It Right First Time (GIRFT) experts. With the recruitment of spinal specialty doctors in August 2023, we anticipate gradual reductions in the long waiting routine backlog. However, complete elimination of 52-week waits in this specialty within the year remains a challenge. To further address this issue, we are planning to expand the number of extended-scope practitioners, though this intention will necessitate additional funding.
- Urology is also addressing its challenges by appointing a new consultant scheduled to begin in quarter 3 of this financial year. While this addition is anticipated to bring about a reduction in long waiting routine backlog, it may not fully eliminate 52-week waits in the immediate timeframe.

2. What role have you/has your Health Board had in advising the Minister for Health and Social Services on setting the current targets (including in relation to which specialties are, or are not, included). Should Health Boards have a greater role in identifying the targets?

Our Health Board believes that target setting should be an inclusive and collaborative process, involving the stakeholders responsible for delivering these targets. We share the sentiment that nationally set targets, when aggregated, might inadvertently miss the nuances of local delivery and mask opportunities for improvement. It is essential to recognise that local healthcare delivery is influenced by a myriad of factors that might not be apparent at an aggregate level.

One of the key concerns with centrally determined targets is that they can assume a one-size-fits-all service model, not taking into account the unique history and development of local services. An outcome-based approach, on the other hand, has the potential to accommodate local variations in service delivery to cater to specific population needs while ensuring equitable outcomes for all. We agree that while there might be challenges in certain service areas across Wales, these challenges might not be universal throughout the entire country. This can lead to situations where substantial effort is directed towards objectives that are challenging to achieve for minimal gain, diverting attention from local issues that offer more feasible gains.

Further strengthened collaboration with local Health Board and their services would also enable an assessment of achievability of targets through improved understanding of local and regional demand, capacity and resource factors. A suggestion of greater consultation and collaboration for target identification would recognise the unique challenges faced by each Health Board and the various stages of development of their services, and therefore aligns with our perspective.

Furthermore, an emphasis on outcome-based models rather than output-based approaches in national performance evaluation could be beneficial. Such models could be better tailored to local circumstances, enabling Health Boards to focus on achieving outcomes that truly matter while addressing the needs of their communities.

In conclusion, we believe that Health Boards could play a greater role in setting targets whilst respecting the need for national challenge and accountability. A collaborative and consultative approach to target setting would harness the local expertise and insights of Health Boards, ensuring that priorities are aligned with the unique challenges and opportunities present in each region. This approach would enable a more strategic and effective development of healthcare services across the country.

3. The Welsh Government's Planned Care Recovery Plan sets out five recovery targets for Health Boards to deliver. The first two targets have been missed. Can you confirm whether your Health Board is on track to meet the revised targets (in relation to target 1 and 2) and to meet the other three targets on time. What do your current projections show in terms of when your Health Board will achieve each of the recovery targets.

We have been working diligently to reduce waiting times for elective care whilst prioritising cancer and urgent patients to ensure their timely access to care. Our revised plan of May 2023 set out our delivery intent by March 2024. Essentially the plan confirmed our ambition to:

- Ensure all 156 week waits (all stages) are booked, with majority seen by August 23, and all seen by September 23 (Q2)
- Eliminate all 104 week waits (all stages) by December 23,
- Deliver no patients waiting over 52 weeks for outpatients (Stage 1) in all but 4 specialties (ENT, Ophthalmology, Orthopaedics and Urology) by March 24,
- For these 4 specialties, the May submission improved the 52-week outpatient position from previous submission so that numbers of patients waiting are just below March 23 levels ,
- Improve delivery on all planned care ministerial priorities, with greatest gains targeted at the longest waiting patients, without compromising prioritising clinically urgent and cancer patients.

As at July 2023, delivery against these performance ambitions is variable. This is due to a number of factors, predominantly, growth in cancer demand which has a clinical priority (therefore displacing capacity for longer waiting patients), workforce challenges in certain specialties, sub speciality pressures (for example in AB the orthopaedic challenge is predominately due to specific issues in the spinal pathway.)

156 Weeks

Eliminating three year waits for outpatients and treatment is a primary objective of planned care recovery. This long waiting cohort has been reduced by nearly three quarters over the four months of the year to date and based on current performance we remain optimistic that, in line with commitment these waits can be eliminated by September subject to implementation of the plan agreed for spines.

104 Weeks

We have made substantial progress in reducing 104-week outpatient (stage 1) waits and are currently meeting the 97% target. For those remaining waits, which are limited to a handful of specialties (ENT and Orthopaedics), we have plans in place to eliminate 104-week outpatient waits by March 2024, thereby on track to meet the 99% target set for March.

We are currently off trajectory to deliver against our commitment of zero patients waiting over 104 weeks by the end of December 2023. The challenge is concentrated in a handful of surgical pathways where there are actions or plans in place to try and bring delivery back on line with commitments. Despite divergence from plan in some areas, overall, there has been a 20% reduction in two-year treatment waits since March 2023.

52 Weeks

We have made significant progress in reducing waiting times for the longest-waiting patients. However, we must acknowledge that eliminating 52-week outpatient waits by the end of December 2022 or within the 2022/23 fiscal year was a significantly challenging expectation to meet and our May plan articulates a challenge of circa 9,000 patients waiting over 52 weeks for an outpatients appointment by March 24. Again, this is limited to a few surgical specialty pathways (spines, urology, ENT and ophthalmology). One of our transformation priorities this year is to roll out the Health Pathways approach in these specialties to improve management of patients along these pathways through better signposting and referral to advice and guidance.

4. Are there particular specialties or roles in relation to which your health board is facing specific workforce challenges in relation to recruitment and/or retention. If so, what actions are being taken to address them, and are these included in your IMTP (please can you provide the Committee with a copy your latest IMTP).

We face significant recruitment challenges across a range of roles including Acute Physicians, Stroke Consultants, Care of the Elderly Consultants, Diabetes Consultants, Consultant Psychiatrists, General Practitioners (GPs), Ophthalmology Consultants, Obstetrics and Gynaecology Consultants, Training Doctors, Registered Nurses (General Adult, Mental Health, and Paediatric), Midwives, Health Visitors, Pharmacists, Sonographers, Speech and Language Therapists, Podiatrists, as well as Facilities and Trade Staff.

We also experience challenges geographically, for example recruiting to posts which are based in Abergavenny, Monmouth and Chepstow is particularly difficult owing to higher costs for housing in those areas.

In response to these challenges, we have undertaken various actions to attract and secure the needed talent:

- Bespoke Recruitment Campaigns: We have initiated targeted local, national, and international recruitment campaigns to attract professionals across different regions and skillsets.
- Nursing Workforce Strategy: A comprehensive Nursing Workforce Strategy has been developed, focusing on various aspects including the introduction of 200 new apprentices, recruitment of 225 international nurses, an increase in flexi route students and nursing cadets
- Skill mix: Continually reviewing the capability of our workforce and ensuring that all are working efficiently and to the top of their professional license
- Hybrid Roles and Apprenticeships: We are exploring innovative solutions such as hybrid medical roles that span multiple specialties and rotational nursing roles.
- Introduction of New Roles: To address emerging needs, we have introduced new roles like Physician Assistants (PAs), Specialist Grades, and Advanced Practitioners. Additionally, we've introduced apprenticeship opportunities across a variety of roles to foster internal growth.
- Recruitment and Retention Premium (RRP): We are considering the implementation of a Recruitment and Retention Premium (RRP) in accordance with the Agenda for Change Terms and Conditions, although the implications for specific roles are being carefully evaluated.

We understand that retaining our existing workforce is equally vital. In the past 12 months, our turnover has reduced from 11.4% to 9.9% with 2,075 new starters and 1,451 leavers across the organisation. To this end, we have undertaken several initiatives aimed at enhancing staff retention.

A cross-organisation retention group, in collaboration with Trade Unions, has been formed. This group focuses on designing support systems and initiatives to value, support, and invest in retaining our staff. The retention group has conducted retention cafes across our sites, engaging with staff to identify concerns and ideas for enhancing retention and these inputs have led to actionable resolutions and improvements.

We are creating an intranet page with retention FAQs and reviewing key policies and practices affecting retention, such as flexible working policies and career development opportunities. We are also promoting career development through our Talent Management Strategy and enhancing the Performance and Development Review (PADR) process to focus on wellbeing and career aspirations.

We are actively supporting Health Education and Improvement Wales (HEIW)’s draft nursing retention plan with a Retention Guide and self-assessment tool, which are set to launch in the coming months to complement our own Nursing Workforce Strategy.

Finally, we have developed a monthly retention dashboard using workforce data to monitor staff movements, stability rates and exit interviews. This data helps us identify trends, theme reasons for staff leaving and take appropriate actions.

5. What actions are being taken in your health board to improve working conditions and wellbeing for healthcare staff.

We understand that a supportive and nurturing environment is crucial for the well-being of our staff, which ultimately translates into the best possible patient care.

One of our significant initiatives is the establishment of the Wellbeing Centre of Excellence model, located in a newly refurbished base on the Llanfrechfa Grange House site. This initiative encompasses four vital functions, including the Psychological Therapies Service, Teams & Systems Service, Research and Development, and an externally focused consultancy. This model serves as a hub for creating a culture of support and growth for our staff.

To ensure comprehensive care, we have expanded our Psychological Therapies Service to incorporate four clinical pathways, with a specific focus on the Psychological Trauma pathway. We have also introduced additional Staff Counsellor roles to bolster this service, providing a more extensive range of support options for our staff.

Recognising the importance of holistic provision, we are exploring the possibility of commissioning an Employee Assistance Programme to further extend the support available to our staff.

The Psychological Therapy Service has made a significant impact by supporting over 676 members of our staff in the past year. The outcomes have been consistently positive, with a recovery rate of 68%, indicating that interventions are effectively reducing distress and aiding staff in their return to work.

We have implemented various group interventions, such as Schwartz Rounds, Taking Care Giving Care Rounds, and Psychological/Reflective Debrief sessions. These initiatives provide a safe space for staff to share experiences, enhance their sense of belonging, and cope with the daily psychosocial challenges they face.

In collaboration with the Human Resources (HR) team, our Wellbeing Service successfully launched the Improving Investigations programme. This effort has not only led to a significant reduction in formal investigations but also to a positive shift in local HR and management culture, aligning with the principles of Compassionate Leadership.

Our commitment to leadership development is evident through programmes like the Leading People programme and tailored leadership development initiatives for critical staff groups. These programmes equip our leaders with the skills and tools to better support their teams and foster a positive work environment.

In alignment with our #PeopleFirst (#CynnalCynefin) initiative, we have implemented a staff engagement programme that has gained recognition for addressing staff wellbeing and experience. This programme is now being extended to divisional management teams, aiming for broader positive impacts.

Furthermore, we are working on a 10-year Employee Experience Strategy with the vision to create an organisation with the best employee experience in the NHS, aiming to provide optimal conditions for our staff to thrive.

Notwithstanding all of these efforts, we are acutely aware that the morale and resilience of our workforce remains fragile and, whilst efforts have provided positive indications to date, we face a significant challenge to increase the capacity and sustain this service offer to the increasing number of staff that need support.

6. Please provide information about the usage and costs of temporary and agency staff in 2021-22, 2022-23 and 2023-24 (position to date and any projections for the end of year position). Please also provide information about any targets in your health board for the usage or cost of such staff, and outline what actions are being taken in your health board to reduce reliance on such staff (such as setting up the Collaborative Bank Partnership).

The table below outlines the temporary bank and agency figures (Whole Time Equivalent WTE) for 2021-22, 2022-23 and 23-24 forecasted to year end for Nursing, Health Care Support Workers, Facilities and Administration.

Table 1: Weekly Average Bank and agency usage for 21/22, 22/23 and 23/24 (forecast) by roles

	2021/2022 (WTE)			2022/2023 (WTE)			2023/2024 (forecasted WTE)		
Staff Group	**Bank**	**Agency**	**Total**	**Bank**	**Agency**	**Total**	**Bank**	**Agency**	**Total**
Admin & Clerical	37.92	U/A	37.92	30.82	U/A	30.82	29.49	U/A	29.49
Facilities	47.61	U/A	47.61	55.39	U/A	55.39	52.54	U/A	52.54
HCSW	341.60	140.24	481.84	229.33	374.90	604.23	426.96	64.47*	426.96
Registered Nurse	225.19	239.78	464.97	235.50	283.59	519.09	318.45	150.00	468.45
Total	652.32	380.02	1032.34	551.04	658.49	1209.53	827.44	150.00	977.44

* We are progressing a programme of work to entirely eradicate the use of HCSW agency across the Board.

Table 2: Costs for Bank and Agency usage for 21/22, 22/23 and 23/24 (to date) by roles

	2021/2022 (£,000)			2022/2023 (£,000)			2023/2024 (£,000 to date)		
Staff Group	**Bank**	**Agency**	**Total**	**Bank**	**Agency**	**Total**	**Bank**	**Agency**	**Total**
Admin & Clerical	1,390	2,430	3,820	1,271	1,536	2,807	402	262	664
AHP		1,184	1,184	-	2,143	2,143	-	733	733
Facilities	1,577	6,338	7,915	2,082	7,722	9,804	662	2,331	2,993
Medical & Dental	1,827	15,578	17,405	3,120	15,929	19,049	1,064	5,826	6,890
HCSW	13,516	7,306	20,822	16,953	10,594	27,547	6,529	1,001	7,530
RN	17,258	22,835	40,093	25,671	22,000	47,671	1	261	262
Other	1	1,620	1,621	-	961	961	9,162	5,790	14,952
Total	35,569	57,291	92,860	49,097	60,885	109,982	17,820	16,204	34,024

Notes:

- Agency usage for Facilities and Administration is not available
- HCSW usage increased mainly due to increased patient acuity requiring enhanced care. We introduced centralised HCSW recruitment campaigns to ensure a regular pipeline of new recruits.
- Medical Bank usage for 23/24 is 54 WTE and agency usage is 67 WTE
- All targets are currently under review

Our Variable Pay Reduction Board, led by our Director of Workforce and Organisational Development, is overseeing a programme of work to address the challenge of agency staffing. This multifaceted approach encompasses a range of actions aimed at reducing reliance on agency staff while enhancing our overall workforce stability.

In our effort to bolster our nursing staff, we have continued efforts with oversees recruitment for registered nurses and developed a targeted campaign for Health Care Support Workers. This latter work has allowed us to have taken strategic steps to cease Health Care Support Worker off-contract agency usage, with only critical circumstances warranting high-level authorisation, starting May 2022. Similar measures are also in place for Registered Nursing and for all agency usage for Health Care Support Workers from June 2023.

To optimise the use of internal resources, we've strengthened controls for Bank booking. This approach not only streamlines the utilisation of available staff but also contributes to better management of shifts and rotas. With improved information, regular reporting of filled and unfilled gaps in rosters enables us to make data-driven decisions and allocate resources effectively.

Recognising the significance of enhanced bank payments, we have made the decision to remove increased rates for Bank staff from August 2023 which aligns with our objective to establish a more equitable workforce structure and reduce the dependency on costly external resources.

To facilitate more efficient workforce management, we are in the process of procuring Medical E-Systems. These systems will encompass critical aspects such as Job Planning, E-Rostering, and a Locum Bank, streamlining processes and enhancing visibility into workforce allocation.

We have an increased focus on targeted recruitment and retention plans at both service and divisional levels, tailoring strategies to specific roles and specialties. This personalised approach ensures that we address unique challenges within each context while fostering a more stable workforce.

As we continue to evolve, we are also reviewing our targets to ensure they remain aligned with our workforce needs, plans and aspirations.

7. Is there evidence from your health board of a causal link between staff retention and the availability of training and development opportunities in the local community or region. If so, what is your health board doing to ensure the provision of such training and development opportunities.

We recognise the causal link between staff retention and the availability of training and development opportunities within the local community and region. Staff members who have access to continuous learning and professional growth as part of their employment experience tend to exhibit higher levels of job satisfaction and commitment, resulting in increased retention rates. Recognising this connection and the alignment with the Foundational Economy, we have been proactive in ensuring that our staff have access to a wide array of training and development opportunities as part of our People Plan with priorities including:

- The development of a Strategic Future Workforce Working Group to improve our engagement with the local community and widen access to employment.
- The continuation of our Apprenticeships Program, including a local approach to Shared Apprenticeships with our partners across Local Authorities and Coleg Gwent as part of the College Consortium Partnership
- Work experience opportunities and the development of a framework of on-going work experience across professions
- Focused recruitment and attraction demographics projects linked to the Gwent Workforce Population Profile Paper for hard-to-reach groups
- To review and further develop the strategic approach of our interface with schools in Gwent, aligning with our local partners via the College Consortium group
- To oversee and support a pilot with Newport City Council that will support looked-after children into work
- To explore and expand on the work completed via our Employability paper around entry points into the organisation
- To support projects around medical trainees under the foundational economies approach
- Develop our capability to monitor and promote statutory and mandatory training and recently appointed a new organisational learning and development lead to develop and deliver training to staff across the organisation.

Impact of industrial action

8. Please outline the impact of recent industrial action on patient care and on the number of patients waiting for NHS treatment from your health board. This should include information about how many planned operations and outpatient appointments were cancelled as a result of industrial action.

We have not been subjected to strike action, unlike other Health Boards in Wales, as the ballot thresholds were not met in our area. Therefore, we have not needed to cancel any planned activity due to industrial action.

We have experienced an indirect impact, specifically relating to action taken by WAST employees, and supported this by operating enhanced support at the Emergency Department as well as working with third sector partners (e.g., St John's Ambulance and The Red Cross Service), recognising there were a reduced number of ambulances available to respond to patients in our community.

However, this position may change due to ongoing discussions with specific Trade Union organisations.

Innovation and good practice

9. What barriers are there to sharing best practice and rolling out successful innovations across health boards. Please also provide examples of how your health board has shared good practice or successful innovations with others, and how your health board has implemented good practice and learning from innovations shared with you by other health boards.

When it comes to sharing best practices and disseminating successful innovations across Health Boards, the process can be both dynamic and challenging. We have actively embraced innovation as a strategy aligned with the Welsh Government's vision for innovation in NHS Wales, contributing to the broader improvement and sustainability objectives. Our approach, known as 'value-based innovation,' has gained traction and been adopted by other innovation leaders, showcasing the power of collaboration. While progress has been made, we have encountered various barriers and navigated them to effectively foster the sharing and implementation of innovative practices.

One of our foremost strengths lies in the establishment of robust partnerships. Internally, we have forged synergies with service improvement and research and development teams. Externally, our collaboration extends to esteemed academic partners, Welsh Government authorities, the Life Science Hub, Local Authorities, other Health Boards, the Bevan Commission, and private sector entities. These alliances have been instrumental in creating an ecosystem that facilitates the exchange of innovative ideas and successful practices.

We take pride in our world-renowned Value Based Health Care team, which has developed practical tools to apply the Value Based Care methodology to improve patient outcomes. We have consistently shared our successful initiatives with partners and extended this knowledge through academic courses in collaboration with Welsh universities. Successful programmes of work have been shared through the national Value in Health team, leading to the creation of new treatment pathways for conditions such as alcoholism, COPD, and heart failure. Furthermore, our commitment to advancing healthcare excellence is evident in our promotion of these practices as Bevan Commission exemplar projects.

Sharing innovations has been a core component of our approach. Some notable examples include:

1. **Clinical Innovation in Osteoarthritis Treatment:** Highlighted at the Media Wales conference, showcasing a minimally invasive procedure to alleviate osteoarthritis pain.
2. **Wales' Virtual Hospital Initiative:** A testament to partnership efforts, demonstrating the pivotal role of collaboration in COVID-19 recovery.
3. **Care as Currency Initiative:** Addressing pressing challenges in social care through a collaborative project.
4. **Niwrostiwt / Neurostute Recovery College:** Presented at the International Conference on Integrated Care in Antwerp, Belgium, showcasing our innovative 'Tredegarising' approach to healthcare.
5. **Machine Learning for Early Ovarian Cancer Detection:** Pioneering the use of AI and machine learning for early cancer diagnosis, potentially revolutionising early detection.
6. **AI Dementia Project:** A partnership with the Regional Partnership Board to explore AI's potential in dementia treatment.

7. **Teledermatology:** Integrated into NHS Wales' Planned Care Outpatients Program to extend patient care remotely.

However, while progress is evident, we have encountered some barriers. The day-to-day operational demands often divert attention from the innovation agenda. Dedicated resources for an innovation team and the broader development and adoption of innovation initiatives are essential needs. We also seek clarity on how to commercialise innovative ideas and collaborate effectively with industry partners, including leveraging intellectual property for funding. Identifying and clarifying funding sources available from Welsh Government and other avenues remains a priority, ensuring that financial support aligns with our innovation goals.

Clarifying the distinction between innovation and research and development is vital, as many successful innovative endeavours are sometimes integrated into daily operations without proper recognition. Our ongoing work to amplify the prominence of our innovation strategy within our Health Board will undoubtedly contribute to overcoming this challenge and elevating the profile of innovation.

In addition to the above, there is a variety of ways Health Boards share good practice through a number of forums and directly link in with individual Health Boards on key areas of opportunity and best practice.

10. Can you outline the ways in which your health board is working with and being supported by the NHS Executive, and provide examples of how the NHS Executive is facilitating shared learning and regional working between different health boards?

The NHS Executive is supporting the Health Board on a number of projects, and examples are provided below:

- Supporting medical directors with consultant job planning
- Arranged the recent Cancer Taskforce meetings for Gynaecology, Urology and Colorectal to share learning and best practice
- Support with our Mental Health Improvement plan
- Supports through sharing saving opportunities and benchmarking data
- Supporting planned care delivery and the collaborative peer groups to identify best practice

11. During the COVID-19 pandemic, health services adapted with agility and pace to redeploy or move equipment, staff and services to meet priority needs. What action has your health board taken to learn from this experience, and maintain agility and flexibility.

Amidst the challenges posed by the COVID-19 pandemic, we need to take swift and responsive actions to adapt and realign our services to meet the pressing needs of our communities. As we navigated this unprecedented situation, the lessons we learned in maintaining agility and flexibility have been invaluable in shaping our approach moving forward.

The pandemic necessitated rapid decision-making, underscoring the importance of streamlined and agile governance structures. While adhering to corporate governance expectations, we recognised the need to strike a balance between expediency and risk management. The experiences during the pandemic illuminated the potential of effectively balancing these factors, leading us to revisit our risk appetite in light of post-pandemic realities.

In response, we have taken proactive measures to retain the benefits gained from our pandemic response while adapting to our evolving circumstances, which include a revision our governance structure, scheme of delegation, and engagement strategies. We acknowledge the continued relevance of a well-defined corporate governance framework even as we shift away from crisis mode. This transition is particularly pertinent as we encounter increased demands for swift decision-making, driven by urgent care needs and bed pressures.

To further bolster our organisational agility, we restructured our operating divisions and introduced site-based responsibilities, complementing the successful bronze/silver/gold escalation mechanisms established during the pandemic. Recognising the advantages of this approach, we have integrated site-based roles alongside

divisional service responsibilities, providing a dynamic framework for making decisions at the most effective levels. This strategic shift enables us to capitalise on the expertise and situational awareness of those on the front lines, ensuring that operational and resource decisions are made promptly and efficiently.

In a similar vein, our authorisation protocols have evolved to empower individuals who are best positioned to make informed decisions, particularly during on-call periods and at the service level. This revision facilitates more responsive actions while upholding accountability and responsibility. Additionally, we have fostered a culture of engagement post-COVID, emboldening our frontline staff to make decisions that directly impact patient care without undue bureaucratic processes.

Regional approaches

12. Please provide information about how many patients have been transferred across the boundaries of your Health Board for diagnostics and treatment. This should include patients transferred to your Health Board by other Health Boards, and those your Health Board has transferred to other Health Boards. Are there organisational or cultural barriers preventing this from happening.

We have long term agreements for cross-boundary activity with all Welsh Health Boards with the exception of Betsi Cadwaladr University Health Board which operates on a cost per case basis. The main activity flows for this Health Board as a commissioner of services and provider of services are provided in the tables below.

Table 1: Aneurin Bevan University Health Board as a commissioner

Contract Provider	Type of Treatment	2022/23 Activity
Cwm Taf Morg HB	Elective Inpatient	210
Cwm Taf Morg HB	Daycases	680
Cwm Taf Morg HB	New Outpatients	5,817
Cardiff and Vale HB	Elective Inpatient	1,179
Cardiff and Vale HB	Daycases	1,304
Cardiff and Vale HB	New Outpatients	5,013
Velindre Trust	Inpatients	2,292
Velindre Trust	Radiotherapy treatments	10,210
Velindre Trust	SACT Contacts	12,000
Velindre Trust	New Outpatients	1,836

Table 2: Aneurin Bevan University Health Board as a provider

Contract Commissioner	Type of Treatment	2022/23 Activity
Cwm Taf Morg HB	Elective Inpatient	53
Cwm Taf Morg HB	Daycases	473
Cwm Taf Morg HB	New OP	506
Cardiff and Vale HB	Elective Inpatient	24
Cardiff and Vale HB	Daycases	241
Cardiff and Vale HB	New OP	353
Powys	Elective Inpatient	241
Powys	Daycases	1,959
Powys	New OP	2,738

Our long-term agreements are longstanding and reflect the current pathways of treatment. Health Boards strive to work together where pathway gaps are identified and agreements are adjusted to take account of

changes and new ways of working. The key barrier to this process is the availability of capacity at providers and, where this arises, interim solutions are often required before the wider system develops the appropriate capacity.

13. What action is your Health Board taking to ensure that opportunities for regional working are considered, developed and implemented. Please provide an update on how your Health Board is working with others on a regional basis.

We remain steadfast in our dedication to active collaboration that enhances clinical service delivery across Health Board boundaries. Our planning, clinical and operational teams engage in regular meetings to align approaches to strategic challenges, advance ongoing regional collaborative programmes, exchange experiences and best practices, and explore future opportunities for closer collaboration that benefits all parties involved. These collaborative endeavours encompass both formalised service arrangements and broader specialist service reconfiguration initiatives, where we play an engaged role.

In the context of South East Wales planning arrangements, we are actively involved in several key collaborative workstreams:

- Regional Ophthalmology Programme: We are leading this programme, which encompasses phased approaches for backlog recovery, sustainable long-term service delivery, and the establishment of a regional centre of excellence. We are progressing an operational delivery plan across three participating Health Boards and Powys NHS Trust, supported by recent Welsh Government funding secured through a business case submission.
- Regional Diagnostics Programme: Working alongside Cwm Taf Morgannwg UHB, ABUHB engages in this program focused on endoscopy, pathology, and community diagnostic hubs. We contribute to the development of project documentation, service specifications, and tender procurement to advance diagnostics services regionally.
- Regional Orthopaedic Programme: ABUHB actively participates in this initiative led by Cardiff and Vale UHB, with our Health Board providing the regional clinical lead. Our involvement encompasses various aspects, including demand and capacity reviews, day case service specifications, and collaborative workforce planning.
- Revised National Stroke Delivery Network: ABUHB contributes to the regional elements of this network, participating in service reconfiguration, best practice implementation, and public engagement efforts to enhance stroke care.
- Regional Cancer Portfolio: In collaboration with Velindre NHS Trust colleagues, ABUHB contributes to the development of a regional cancer portfolio aimed at optimizing the long-term benefits of ongoing service enhancements.

Furthermore, we Chair the South East Wales Regional Portfolio Delivery Board, responsible for monitoring progress across the aforementioned collaborative programs.

Beyond our immediate region, we are actively engaged in various areas of stakeholder representation and engagement within the broader South Wales region. These include initiatives such as the development of a new South Wales thoracic surgery centre in Swansea, planning for a combined hepatobiliary / pancreatic surgery facility in Cardiff or Swansea, the implementation of revised Welsh Sexual Assault Services arrangements, and contributions to the commissioning, development, and monitoring work of the national Emergency Ambulance Services Committee (EASC).

Seasonal pressures

14. How confident are you that your health board can maintain or increase current levels of activity to reduce NHS waiting lists, especially as we move towards the winter months. Please outline how your health board will ensure that it can maintain activity during the winter, including any plans for how your health board will protect planned care from emergency pressures this winter, for example by separating planned and urgent care.

We embarked on a transformative journey in November 2020 with the establishment of the Grange University Hospital (GUH). This innovative model of service delivery has been instrumental in safeguarding planned care even amidst the pressures of winter. Our approach involves the strategic separation of unscheduled and elective care, with distinct roles assigned to the Royal Gwent Hospital (RGH) and the GUH.

The Royal Gwent Hospital, functioning as a centre for elective inpatient activity, is complemented by a dedicated Post-Operative Care Unit that offers a safe clinical space for post-inpatient surgery recovery with Nevill Hall Hospital focusing on general day case surgery. On the other hand, the Grange University Hospital primarily handles unscheduled care needs, including emergency surgeries and trauma cases. This division into GUH (unscheduled care) and RGH and NHH (elective care) ensures that pressures associated with unscheduled care do not compromise protected elective surgery—a situation often observed in more traditional models where all services are delivered at a single District General Hospital.

While our unique service delivery model provides a strong foundation for maintaining planned care during winter pressures, there are several factors that influence our ability to sustain or increase elective activity. Firstly, our financial position necessitates measures to curtail increased variable pay. As a result, adjustments in covering gaps within theatre teams or extending operating hours (including weekends) have been scaled back. Demonstrating a reduction in our deficit inevitably requires some impact on planned care activity.

Secondly, we need to balance the allocation of resources to routine planned care activity with cancer treatment which includes having the physical space to sustain both workstreams.

Supporting patients

15. What approach is your health board taking to prioritising waiting lists, including balancing what may be conflicting considerations of clinical need and length of wait.

Our approach to prioritising waiting lists is guided by Welsh Government's referral to treatment rules, where the aim is for patients to wait the shortest time possible in line with their clinical need.

We must balance efforts with the demands of delivering cancer treatments, which encompass all aspects of the cancer pathway, including outpatient care, diagnostics, and treatments. The increasing referral rate for patients with suspected cancer has placed greater demands on resources, as we strive to ensure that as many patients as possible can be seen and treated within 62 days, meeting the NHS Wales USC target.

Treat in turn is recognised as a key metric that can be influenced to support backlog recovery and support sustainable services. However, monitoring and improving this metric has proven to be challenging, particularly as most metrics tend to be retrospective. This difficulty is further compounded for Health Boards, such as us, that operate High Volume Low Complexity (HVLC) and Low Volume High Complexity (LVHC) operative sites.

To address this challenge, we have made a dedicated effort to develop a prospective Treat in Turn tool that aids managers in enhancing this key metric. Given the diverse variables that determine whether a patient is the longest waiting for an operative slot, the tool's primary focus is to automatically identify scheduled patients when there are longer-waiting, unbooked patients on the list.

The tool has been designed to achieve this by comparing all scheduled patients based on consultant, procedure, Royal College of Surgeons (RCS) priority and, for certain specialties, operative site. This comparison effectively removes the most common reasons for treating patients out of turn, such as urgency, acuity, consultant preferences, or filler procedures.

For each scheduled patient, the tool displays information comparing their waiting time to the rest of the treatment waiting list based on the specified criteria. This allows managers to quickly identify patients who are in turn or within the target cohort, significantly streamlining the checking process.

This data is shared with managers on a weekly basis for all procedures scheduled in the upcoming six weeks. The tool's implementation has highlighted that Treat in Turn is well-maintained in most areas, with room for improvement in certain specialties and opportunities for marginal gains in others.

While we drill down into details of patients treated out of turn, we are uncovering additional valid reasons, which we aim to incorporate into the tool's logic in the future. However, it is important to note that not all valid reasons may be fully incorporated, especially in specialties where junior staff operate more frequently, such as ENT and Maxillo-Facial. As a result, we have developed a numeric metric and will be setting targets at the specialty level, recognising the inherent limitations.

16. How many patients have been removed from the waiting lists in your health board as a result of waiting list validation exercises.

We have established comprehensive validation processes aimed at ensuring the accuracy of our waiting lists. These processes encompass a range of approaches, from clerical validation to patient contact and clinical validation. Given the significant volume of patients on our waiting lists, prioritising validation activities is a necessity as it is not feasible for all long waiting patients to be validated as frequently as necessary considering the complexity of many patient pathways.

Our goal is to achieve 'clean' lists through targeted validation efforts prior to clinical validation. To facilitate this, we are developing a suite of tools designed to identify common issues, such as duplicate pathways. This approach ensures that clerical validation efforts are focused on areas with the greatest potential for improvement. However, while identifying duplicate pathways is a priority, we also acknowledge that many patients genuinely have more than one pathway within the same specialty. For instance, in Orthopaedics, patients often wait for multiple different joints simultaneously, considering the current waiting list challenges.

We recently conducted a pilot initiative that identified patients with multiple pathways within the same specialty. This pilot revealed a substantial list; Orthopaedics alone identified 624 pathways to check. Therefore, we refined the criteria by incorporating subspecialties which reduced the list by 90% and allowed us to expedite the validation process by focusing on areas with the most significant impact.

This approach was mirrored across five specialties and the work resulted in 200 duplicate pathways from breach cohorts being identified and promptly closed. We have therefore determined further high-impact areas and developed criteria to identify patients within these areas. We are targeting patients with dependent pathways (Secondary Care waiting lists combined with open pathways for specialties like Cardiology and Anaesthetics) and key pathway events, such as Pre-Assessment Clinic appointments that significantly influence patient pathways.

Our ongoing work involves continuing to identify additional high-impact areas and devising sustainable strategies to target them effectively. This approach ensures that our waiting lists remain accurate and reflective of patients' clinical needs.

We have a dedicated validation team focusing on Referral to Treatment 52/36-week cohorts. They remove duplicate entries, review appointments booked by the regional booking centre to ensure proper sequencing, correct outcomes and pathway errors, and facilitate the timely processing of urgent results. This team also engages in regular communication with radiology, diagnostic, and tertiary teams to expedite urgent results and appointments.

Table: Number of patients removed from waiting list through validation from June 2022 to July 2023

Area	Total Removed
52 Week Validation (ENT, Max Fax, Opthalmology, T&O, Urology, General Surgery, Gastro)	4107
OPD Validation Team	25816
Audiology	259
T&O Fractures	578
Pulse Oximeter	105
Sleep Disordered Breathing	100
Sleep Medicine	19
ILH Follow Ups	15
NIV Follow Ups	15
General Medicine Clinic	20

17. The Welsh Government has invested £20m a year to support the implementation of a value-based approach to recovery over the medium term, with a focus on improving outcomes that matter to patients. How is investment in this complementing the work health boards are doing to tackle the backlog.

We have been actively engaged in a range of live value-based healthcare projects that contribute to the larger goal of improving patient outcomes. These projects span various service areas, and our focus has been on leveraging digital systems to collect and utilise outcomes data, monitor progress, and measure the impact in each respective area. Some of the areas where these projects have been implemented include:

- Electronic Holistic Needs Assessments in Cancer Services
- Nurse-led clinics for Heart Failure
- Psoriasis clinics in Dermatology
- Children Weight Management Services
- Gastroenterology, Alcohol Liaison Service, Inflammatory Bowel Disease, Hepatology Cirrhosis Services and Gwent Liver patients
- Lower back pain in MSK
- Digitising services for Lymphoedema
- Shared lives in Mental Health and Learning Disabilities
- Epilepsy and Parkinsons in Neurology
- Endometriosis Clinics, Fertility Clinics, Lifestyle Medicine Clinics in Obstetrics & Gynaecology
- Cataracts and Ankylosing Spondylitis in Ophthalmology
- Rheumatology
- Early Arthritis Clinics in Trauma & Orthopaedics

The investment has been distributed across schemes, functions, and projects designed to facilitate the adoption of a value-based healthcare approach. This approach aims to enhance service delivery to our population by improving outcomes that matter to patients while maintaining or even reducing costs. An essential aspect of this approach involves reviewing waiting times at each stage of the optimum pathway, including prevention, early accurate diagnosis, intervention optimisation, supportive treatment, and end-of-life care.

Although the primary focus of this investment was not to directly target or reduce waiting times, we do anticipate that the changes and enhancements implemented through these projects will have a positive impact on waiting times. By optimising the entire patient pathway and enhancing the efficiency and effectiveness of care delivery, we expect to see improvements in access and reduced waiting times across various specialties.

We are committed to collaborating with the Welsh Value in Health Centre and have shared a comprehensive breakdown of the schemes and projects with the NHS Wales Executive. This collaborative effort ensures that the investment is strategically aligned with our collective aim of improving patient care and outcomes.

Financial performance

18. Please provide an update on your health board's in-year and projected end of year financial position for 2023-24, including whether you anticipate achieving your statutory duties under 2014 Act. If you are not expecting to achieve these duties in 2023-24, please explain why this is, and what actions will be taken (and when) to ensure that the duties will be achieved in 2024-25.

We have developed an Integrated Medium Term Plan (IMTP) for 2023/24, the plan identified a forecast deficit of £112m, this forecast remains as at end of July 2023 and as such the Board is likely to breach its statutory duty for 2023/24.

As an overall summary, the financial plan currently presents:

Deficit at 22/23:	£37m
Decrease in income:	£120m
Decrease in spend:	(£45m)
Net forecast:	£112m deficit

The table below describes the IMTP in further detail:

	£m
2022/23 Financial Forecast	37
Exceptional Costs (energy)	13
2022/23 agreed investments impacting 2023/24	9
Local Recurrent Covid plans 2022/23	30
Stated ULD	**89**
Savings	**-52**
22/23 Additional Recurrent Spend (linked to R Allocations)	10
National Cost Pressures	3
Inflationary Cost pressures	17
Demand / Service growth	17
Executive Approved decisions 23/24	11
Innovation / development Fund	10
Further inflationary & National pressures	7
Total In year cost pressures	**75**
2023/24 ABUHB Planned Deficit	**112**

The table presented presents the significant financial ramifications resulting from the heightened demand on healthcare services, particularly in the wake of the pandemic. The surge in patient acuity coupled with sustained pressures on urgent care systems has created exceptional challenges. Notably, the primary financial strain on the organisation is stemming from premium rate variable pay, a direct consequence of the increased demand for beds, existing staff vacancies, and the ongoing impact of COVID-related sickness.

As we assess the financial landscape, it becomes evident that the convergence of escalating cost pressures from both price inflation and surging demand is exerting considerable strain on our planned financial position. The aftermath of the pandemic has induced a spike in both price inflation and volume growth, exacerbating the overall cost picture.

The table highlights the emergence of in-year risks; some of the pronounced risks include prescribed drugs, with their associated prices and volumes, and continuing healthcare costs facing the impact of price inflation. Additionally, the persistent high levels of bed pressures due to delayed transfers of care for social reasons continue to drive bed demand and subsequently escalate nursing costs, particularly at premium rates.

In light of these intricate challenges, sustaining the projected deficit of £112 million requires rigorous risk management and mitigation. We must remain resolute in navigating the complexities of these financial pressures, leveraging strategic measures to curtail and offset the potential shortfalls.

Approach to financial recovery

We recognise that the immediate focus is to undertake recurrent financial recovery in order to ensure available resources are aligned to service and workforce plans which will reduce historical underlying cost pressures, for which the underlying financial pressures have significantly increased over the last few years. This challenge has been compounded by the compounding effects of the pandemic, the introduction of the Grange University Hospital, a surge in demand for services, delays in patient discharges, and heightened patient safety concerns. Collectively, these factors have placed considerable strain on the financial health of the Health Board.

The path to financial stability requires not only short-term corrective measures but also transformative changes that will pave the way for long-term sustainability. Incorporating new service models, enhancing care pathways, and harnessing the benefits of technological advancements are some of the avenues we will explore. This transformational journey is not without its complexities, but it is a necessary step towards achieving our goal of financial recovery and long-term sustainability. Our success will be measured not only by our ability to address the immediate financial challenges but also by our capacity to adapt, innovate, and create a healthcare ecosystem that is both financially sound and patient-centric.

The establishment of enhanced financial recovery governance arrangements and the adoption of an 'Approach to Sustainability' are critical milestones in our journey to address the present financial challenges. Financial recovery forms part of weekly Executive Committee meetings with a monthly Executive Programme Board. The Finance & Performance committee receives updated assurance reports at each meeting and the formal Board receive regular detailed updates from the Executive Team to provide assurance and progress on delivery, with any proposals which impact on direct patient services being considered by the Board.

2024/25 and beyond

Our Board has confirmed its ambition to develop a 3-year recovery plan to achieve recurrent revenue financial balance and establishing cost-reduction as a priority for the organisation, whilst recognising patient quality and safety cannot be compromised. The aim is to reduce spending by approximately 2.5% to 3% each year over the next 3 years to establish a recurrent financial spending level that can deliver financial balance aligned to the funding available. This would mean a recurrent saving of around £50m for each of the next 3 years.

Significant service change and improvement opportunities will be required to drive sustainability and financial recovery. The level of cost reduction required will result in rationalisation of the estate portfolio and potentially difficult choices about service delivery will need to be made. Future plans will be aligned to the Clinical Futures Strategy, including the shift to ‘upstream’ service delivery where appropriate to do so.

On the basis of developing a 3-year plan, we are therefore not expecting to meet our statutory duty for 2024/25.

I trust that this provides you with a comprehensive response to your request, but please do not hesitate to contact me if I can be of any further assistance.

Yours sincerely

Nicola Prygodzicz
Prif Weithredwr | Chief Executive