ANNEX 1 – Aneurin Bevan Health Board review

AB is unique in Wales as it has four sites which could potentially provide ring fenced capacity that satisfy the NCSOS option 2 parameters. St Woolos (SW), Nevill Hall (NH), Royal Gwent Hospital (RGW) and Ysbyty Ystrad Fawr (YYF).

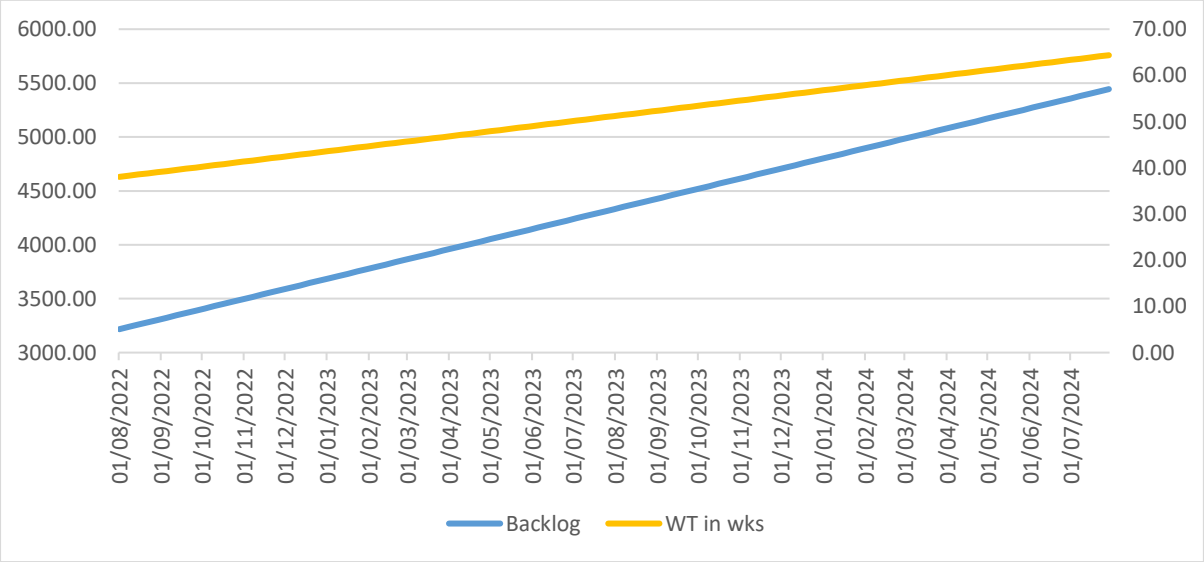
- RGW has four laminar flow inpatient theatres dedicated to orthopaedic (inc. spinal) Surgery. Spinal surgery occupies one theatre Monday to Thursday with occasional second theatre utilised for spines. Three of the four are online and recruitment is ongoing to staff the fourth. Currently RGH has an elective ward with 30 beds available however from September a second elective ward will reopen and provide an additional 20 elective beds.
- St Woolos has two laminar flow theatres which can be utilised for day surgery or inpatient along with a ring fenced ward with capacity for up to 36 beds. Generally staffed for 28 with reminder available to flex as necessary. Both theatres operate 10 hour lists Monday to Friday but some staffing challenges are currently impacting one day a week.
- Nevill Hall has three laminar flow theatres only one of which is currently utilised for orthopaedic surgery. The other two are utilised by other specialties as the site is limited to daycase surgery following the health board reorganisation to accommodate the Grange.
- Ysbyty Ystrad Fawr has two laminar flow theatres with one utilised Monday to Friday and the second utilised on a Friday as well. Remaining days in second theatre used by General Surgery. Unit mainly accommodates daycase but overnight capacity is available Monday to Thursday.

The AB declared recovery capacity compared to demand is illustrated in Fig. 1. This takes into consideration spinal and paediatric orthopaedic surgery, which in turn diminishes orthopaedic capacity in RGW. There is also a consultant workforce deficit for S & E, H & W and F & A, which could be mitigated by either additional elective sessions being job planned, regional working (see below section) and/or additional recruitment. Even if the consultant workforce model is mitigated however, only a minus – 20% below demand model can be achieved for day case surgery (Fig. 2) and minus 13% for inpatient surgery (Fig. 3). Within two years this could result in an additional 2500 patients accumulating on the Daycase waiting list and a further 1000 patients to the Inpatient waiting list.

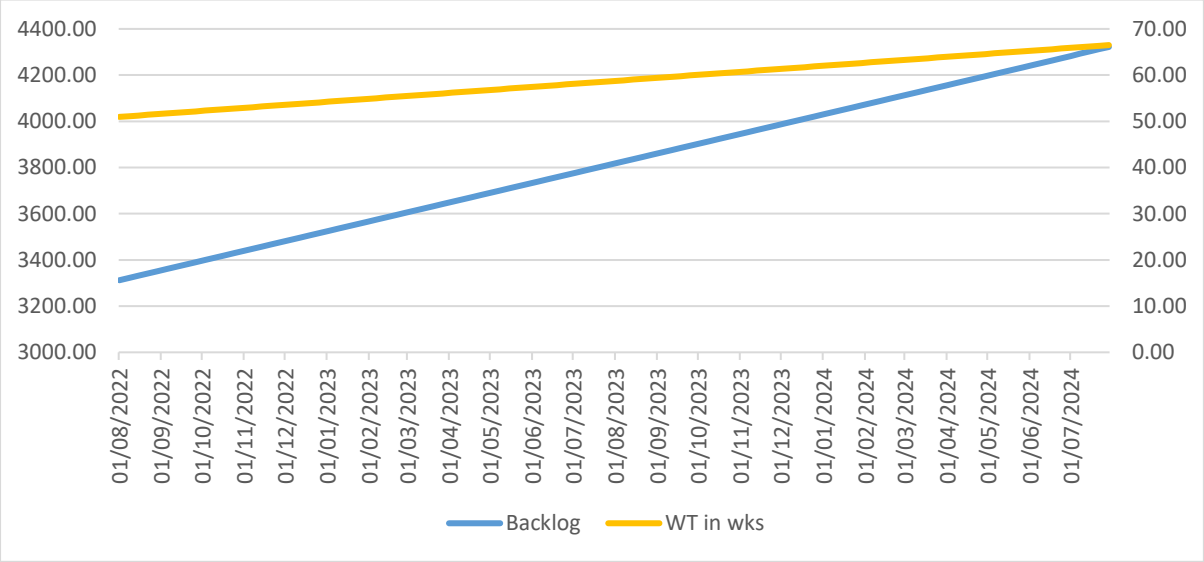
Current/Actual									
	Total Demand	Consultant Capacity	Grange	Gwent	Nevill Hall	YYF	SW	Total	Available Capacity
Daycase Capacity			**0**	**0**	**10**	**12**	**4**	**26**	0.74
S&E (49%)	6.59	4.15			4.15				
H&W (71%)	11.85	8.41				8.4			
Hip (142%)	0.31	0.31			0.31				
Knee (122%)	7.19	7.19			4.39		3		
F&A (57%)	6.75	5.20			1.2	4			
Total	32.71	25.28	0	0	10.06	12.4	3	25.26	
Inpatient Capacity			**0**	**20**	**0**	**0**	**20**	**40**	
S&E (49%)	3.63	2.29					2.29		-0.35
H&W (71%)	0	0							
Hip (142%)	13.61	13.61		7.61			6		
Hip LVHC (350%)	2.25	2.25		2.25					
Knee HVLC (122%)	16.91	16.91		3			10.3		
Knee LVHC (388%)	7.59	7.59		7.6					
F&A (77%)	1.68	1.30					1.30		
Total	**45.70**	**44.00**	**0**	**20**	**0**	**0**	**19.14**	**39.14**	

AB Fig. 1. Current situation/ AB plan relative to 0% model.

Fig 1 demonstrates there is nil capacity for AB to provide mutual aid, but also, apart from hip surgery, nil other subspecialties can reach a 0% model (and the backlog will continue to rise).



AB Fig. 2. AB DSU sessions -11% model.



AB Fig. 3. AB IP sessions -13% model.

AB report frailties in interdependency workforce which is preventing further increase in activity.