| Freedom of Information Request | FOI 22-388 | 13th September 2022 |
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**I am writing to you to demand that the key issues affecting the treatment of patients are addressed so that the government do not use the NHS as an excuse to call for further damaging restrictions such as lockdown, mandatory masks, and limited visiting to patients in hospitals. The restrictions imposed in the last two years have had a devasting impact on patients access to health care, the mental and physical health of millions and the economy and that cannot be allowed to happen again.**

To note: restrictions such as lockdown, mandatory masks and limited visiting to patients in hospitals were national decisions based on evidence and Public Health advice and not made by the Health Board itself.

**There are five key areas that must be addressed immediately**

**Staffing levels**

**A report submitted to the Health and Social Care Committee by the Nuffield Trust dated 25 July 2022 (1 - https://committees.parliament.uk/writtenevidence/109670/pdf/) showed damning evidence of understaffing with vacancies for 38,972 nurses and 8,016 doctors, however real figures could be as high as 50,000 and 12,000 respectively. Overall, as of March 2022, there were 105,855 post (7.9%) not filled with permanent or fixed terms staff and an estimated sickness absence rate of 6.0%. This is having a serious and detrimental impact on patient care and patient safety. We need more nurses and doctors to ensure that patients are treated safely and quickly.**

**What are your plans to reduce the sickness absence rate and fill the vacancies for doctors and nurses ahead of winter when admissions may increase?**

The current sickness absence rate for Aneurin Bevan University Health Board is 6.3%, which is a reduction from previous months and indeed years. We have a robust policy for the management of sickness absence and the Health Board have invested significantly in staff well-being, cognisant of the direct impact of COVID-19 and the moral harm caused to staff from working under consistent and ensuring pressure through the pandemic. The Health Board has introduced fast-track wellbeing and occupational health support, particularly in cases of stress/anxiety. Our Board has also recently approved our new 'People Plan' setting our approach to reconnecting with the workforce, maximising people's effectiveness and purpose at work, better understanding factors that help create and sustain working environments for thriving.

In anticipation of a seasonal increase in sickness absence through the winter, our Workforce and OD Team are working collegiately with our Planning Team to understand the demand and capacity requirements, enabling a targeted increase in workforce supply to support winter pressures.

The Health Board has embarked on a range of recruitment initiatives in place to increase the Whole Time Equivalent, whilst also addressing current gaps. We are in the process of recruiting 100 Health Care Support Workers and 50 Nurses, via an international recruitment programme. In addition, we will be on-boarding 260 newly qualified nurses and therapists, through the streamlining process, who will be crucial in supporting patients and services during winter. We have undertaken a medical staffing analysis and have recruited an additional 21 doctors as a direct result.

**Bed Capacity**

**According to the Kings Fund, the total number of beds in England has more than halved over the past 30 years, from around 299,000 in 1987/88 to 141,000 in 2019/20 with General and Acute beds falling by 44%, while the number of patients requiring treatment has significantly increased. The UK has fewer acute beds overall and fewer separate rooms within wards relative to the population size compared to other health systems. NHS England stats show that in March 2020 bed capacity reduced by a further 10% as a result of lockdowns and infection control measures. Only in the last quarter have those number recovered to pre-2020 levels but consequently thousands of patients were not treated. This is unacceptable as patients have suffered. The NHS in England should be actively ensuring we have enough beds to meet demand.**

**In addition, almost 700,00 people waited over 12 hours in A&E up to July 2022. NHS England has seen an increase of 144% in monthly 12 hour waits since 2019. The longer waits are driven by an acute shortage of beds, staff, and available social care places. It is estimated that the long waits may contribute to an increased mortality rate in A&E departments each month. Lives are being put at risk because of lack of planning and investment.**

**Do you have a plan in place to increase the number of general and acute beds available now, over the next six months and a longer-term plan to ensure sufficient beds?**

The Health Board has a 'Clinical Futures' Strategy which is our footprint for providing sustainable health and care services across the whole of Gwent. Our aim is to provide safe, high-quality care and deliver this at home, or as close to home as possible, improving the health and well-being of the population, reducing health inequalities and ensuring the sustainability of the health care system. This strategy is changing the way care is provided and delivered in Gwent, with our new state of the art critical care centre (the Grange University Hospital) supported by a network of acute hospitals, community hospitals and care within primary care. We need the right staff in the right place in order to provide the highest standard of efficient and effective care for patients.

As a Health Board we regularly undertake demand and capacity analysis, forecasting beds and bed equivalents, based on best practice and efficient length of stay. This analysis influences our winter plan and the staffing requirements. We are working with the Regional Partnership Board (system partners) to develop our winter plan, taking into account bed equivalents and options for reducing delayed transfers of care, and avoiding acute admissions where possible.

Our current plan illustrates we have the right number of acute and community hospital beds to meet predicted demand but there needs to be a system shift to improve efficiency and patient flow.

**Waiting lists for operations**

**There are currently 6.6 million people on NHS waiting list (as of May 2022) which is 56% higher than in 2020. The number waiting more than a year stands at 331,623 and 57,762 waiting in excess of 18 months. A recent survey by the Private Healthcare Information Network has found that there were 69,000 self-funded treatments in the UK in the final three months of last year - a 39% rise on the same period before the 2020. The lockdowns and restrictions led to huge number of patients due to have elective surgery in 2020 and 2021, waiting much longer resulting in worsening health conditions, increase in disease severity in many cases death. We should not be forced to pay for private healthcare when we already pay taxes for a service that most of us have had no access to for over two years. The NHS in England must tackle the waiting lists immediately.**

**What plans does the trust have in place to tackle the current waiting list and clear the back logs? What is the long-term plan to ensure waiting lists remain low so that patients are reassured they will be treated quickly?**

Over the past two years[+] the focus for the NHS in Wales, and the Health Board, has been to respond to the COVID-19 pandemic, as well as continuing to respond to people with urgent, emergency and essential health care conditions. As a direct but unavoidable result, peoples' experiences waiting for planned/elective care have deteriorated. Waiting lists and the time people are waiting have grown exponentially.

In April 2022, NHS Wales published their programme for transforming and modernising planned care and reducing waiting lists in Wales, with a focus on:

- Transforming outpatient services
- Prioritising diagnostic services
- Early diagnosis and treatment of suspected cancer patients
- Patient prioritisation to minimise health inequalities
- Those waiting a long time
- Building sustainable planned care capacity
- Improving communication and support

The plan builds on the NHS Planning Framework (November 2021) based on the vision for 'A Healthier Wales' and the goal is to accelerate health care recovery in the short to medium term.

Health Boards in Wales have been allocated additional funding to support planned care recovery and the Health Board have established a Planned Care Recovery Board, the plans are covered within our approved Integrated Medium Plan
(Integrated Medium Term Plan).

More specifically, all specialties have developed demand and capacity plans which seek to meet the forecasted demand for 2022/'23 along with addressing some of some of the backlog. It is, unfortunately, not feasible to address all backlogs within a single year however discussions are ongoing with Welsh Government and specialty specific planned care boards to plan for management of the backlog in a timely a manner as feasible. The latter is focused on implementing regional solutions where Health Boards work together to address specific conditions. Our Health Board is currently implementing a regional cataract surgery hub at Nevill Hall Hospital in collaboration with Cwm Taf and Cardiff and Vale, for example.

A regional programme manager has been appointed recently to progress the regional agenda and clinical lead consultants have also been appointed to support this important workstream. Whilst regional conversations continue, additional plans are being formulated locally as well. Plans to outsource some activity are also progressing for some surgical conditions and the Scheduled Care Division is opening a outpatient treatment unit at the Royal Gwent Hospital to move some operations out of theatres which do not require full theatre support into this more suitable environment. This unit will support high volume low complexity procedures whilst also releasing much needed theatre capacity to support more complex operating. Workstreams are underway in a number of areas to identify similar opportunities and some promising projects are being formulated to boost day case surgery volumes as well.

We have a dynamic transformational outpatient agenda which is leading on changing the way outpatient clinics are being delivered. The team has led on a range of dynamic solutions and new ways of working across all outpatient services. Systems and processes have been implemented to improve options at referral review, allowing easier and quicker advice to be given to GPs to ensure patients are only referred into secondary care when necessary. Pathways have been reviewed with a greater emphasis on patient engagement and management of their condition through the increased use of See on Symptom (SOS) and virtual options have also led to a significant increase in the number of patients having video appointments. All these developments have led to streamlined pathways and improved patient experience whilst also contributing to improving the backlog position and making services more sustainable.

There have also been a number of national reviews in a range of specialties. The Getting It Right First Time (GIRFT) programme has completed a review in Trauma& Orthopaedics and made a series of recommendations which we are working to implement. Further reviews are planned across a range of specialties.

There has also been a national review into Orthopaedic surgery which made a series of recommendations that the Health Board has largely implemented.

**Impact of lockdowns, masks and restrictions on visiting patients**
**There is overwhelming evidence to show that lockdowns caused more harm to the population of England than any perceived benefits. Denying access to healthcare to millions of patients was a catastrophic decision leading to some of the issues I have mentioned above including late or missing diagnosis of serious and life-threatening diseases and easily treatable diseases and ongoing chronic conditions were made worse and harder to treat. There is no conclusive evidence that wearing masks for patients, visitors and non-clinical staff reduces the spread of any respiratory virus and yet thousands of NHS staff and visitors are forced to do so causing inconvenience, anxiety and health problems. The flimsy blue masks are not by design made to prevent the spread of diseases, yet millions of mass-produced blue masks are distributed by the NHS to staff and patients at a significant cost to the taxpayer and the environment. The initial decision to stop all visiting had a hugely detrimental impact on patient wellbeing and the subsequent restriction on visitors causes stress at an already difficult time. It is well documented that having visitors whilst in hospital has a positive impact on a patient's overall mental and emotional wellbeing and helps recovery.**

**Please provide clear clinical and scientific evidence to support the decision to force NHS staff to wear masks in order to reduce the spread of respiratory viruses and the results of any impact assessment carried out at your trust that considered the impact on staff and their physical and mental health?**

Throughout the pandemic the Health Board followed National guidance with regards to face coverings & Personal Protective Equipment. Guidance for which has changed frequently as the pandemic evolved. All guidance and associated evidence will be available via the Welsh Government Website.

**Face Coverings**:
The Health Board follows Welsh Government guidance from the Technical Advisory Group which can be found on their website (see links below). This sets out the evidence in regards the effectiveness of face coverings and the risks and benefits:

Technical Advisory Group: updated advice on face coverings

Application of physical distancing and fabric face coverings in mitigating the B117 variant SARS-CoV-2 virus in public, workplace and community settings

**Please provide evidence that the restriction on the number of visitors has reduced the spread of a respiratory virus and details of consultations carried out with patients to assess the impact on their well-being?**

Throughout the pandemic the Health Board followed National guidance with regards Hospital Visiting. Guidance for which has changed frequently as the pandemic evolved. All guidance and associated evidence will be available via the Welsh Government Website.

**PCR testing for COVID-19**

**PCR testing of staff routinely and of inpatients who may not have any notable symptoms gives a very distorted picture of the prevalence of covid-19. These statistics are frequently used to instil fear that COVID-19 is a still a threat to justify draconian restriction, even though the disease is now endemic and has an IFR similar to Influenza. If we did not test for Influenza and publish daily figures, we should not be doing so for COVID-19 as there are no benefits.**

**Why are staff and patients still being tested with PCR tests? What is the plan to phase out PCR testing and to rely on actual clinical diagnosis on patients and staff with symptoms?**

The Health Board test staff and patients based on guidance provided by Welsh Government. The Health and Social Care Testing guidance can be found here: COVID-19 testing for health and social care workers | GOV.WALES.

The Patient Testing Framework is available via: patient-testing-framework.pdf (gov.wales).

This guidance is reviewed on a regular basis, and the Health Board will continue to review local policies in line with national guidance.

**As a member of the public, I will not tolerate any more restrictions that impact my access to healthcare or that affect my family. I will not accept that my taxes are used to fund the NHS when there are significant backlogs, money spent on pointless PCR testing, masks, when patients cannot see doctors face to face and are not being diagnosed and treated. The government cleared the debts of all NHS trusts in May 2020 and all trusts then received billions in Covid budgets. Despite that we face an NHS crisis and that is not being addressed adequately.**

**I would like clear and detailed responses to all of the questions above.**