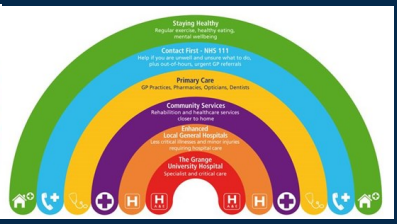
Aneurin Bevan University Health Board - Annual Plan Report

Positive Change In Challenging Times …

April 2021 - March 2022



GIG CYMRU NHS WALES
Bwrdd Iechyd Prifysgol Aneurin Bevan University Health Board

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FOREWORD

In December 2020, Welsh Government confirmed that the Integrated Medium (3 year) Planning Process would be paused and Health Boards required to submit an Annual Plan. These plans were purposefully shorter than traditional plans acknowledging the need for flexibility during a period of great uncertainty.

The twelve months covered by this annual report covers a period like no other in the health service's history. Beginning on 30 January 2020 and spanning the past 24 months a once in lifetime pandemic changed everyday life for all of us, almost overnight and in some ways, permanent, particularly for those who have sadly lost loved ones to Covid-19.

The pandemic also changed the way our staff have had to work to deliver services. They, like colleagues across the NHS and wider public sector, have played an important role during the pandemic. It is their dedication, innovation and 'can-do' spirit that have enabled our system to respond quickly and strongly to the demands and pressures Covid-19 brought.

Our services have been adapted and expanded at great speed so that severely ill Covid-19 patients could be looked after, while other essential and urgent services have continued. Staff have driven rapid innovations, online and video consultations have helped patients safely access advice and treatment. When vaccines (and booster programmes) arrived, staff adjusted again to rapidly roll them out.

Despite the new demand generated by the pandemic our services were never a Covid-19 only or even a Covid-19 majority service. Over the past year more than 95% of inpatients were in hospital for other reasons.

As we developed our annual plan, we knew that the pandemic was not over although we did not anticipate the emergence of the highly transmittable Omicron variant. We adopted a new approach to our plan, one that crystallised our core organisational priorities and focused on reducing health inequalities experienced by our communities through protecting and improving population health. We adopted a life course approach that seeks to optimise the health and wellbeing of our citizens at every stage of life.

We also embraced the opportunity to move to a dynamic planning approach based on data intelligence. This approach fundamentally allows us all to understand our system in real time and helps us to plan and adapt service delivery in a more coherent, realistic, comprehensive and responsive way.

During the past year staff have also worked tirelessly to deliver many of the benefits of our new hospital system, following the opening of the Grange University Hospital in November 2020.

This short report, which we hope you will enjoy reading, gives you insight into the progress that we have made to deliver on our strategic priorities, as an organisation and in partnership with others in 2021/22.

Ann Lloyd CBE
(Chair)

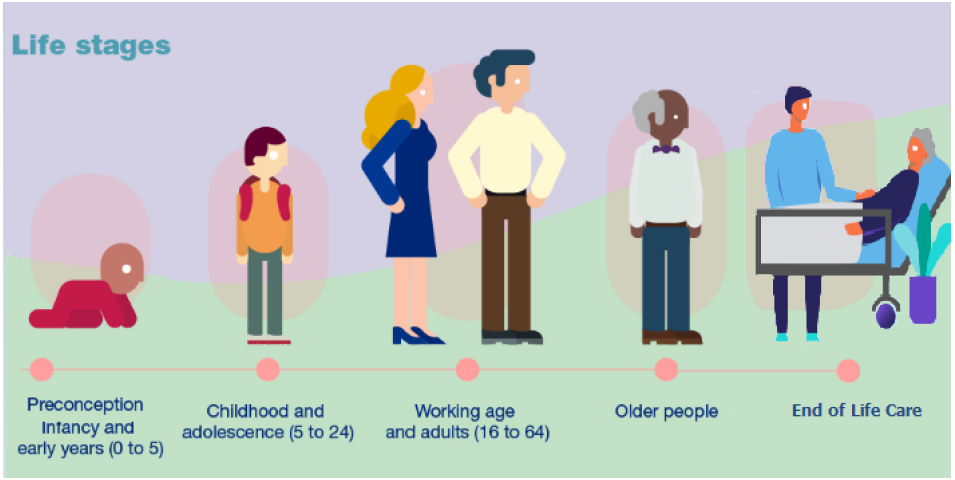
Glyn Jones
(Interim Chief Executive)

INTRODUCTION

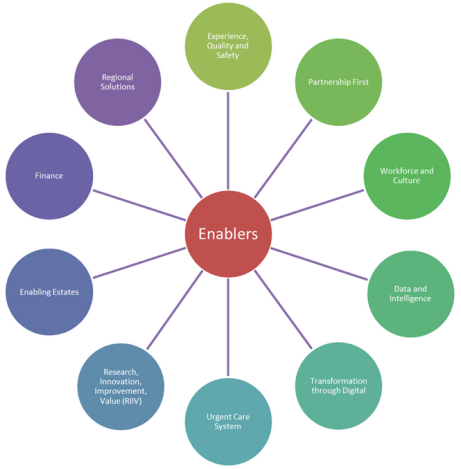
Our mission is to reduce health inequalities experienced by our communities through improving population health. Pre-pandemic we had an 18 year gap in healthy life expectancy between our wealthiest and poorest communities, this continues to be a significant concern and unfortunately the gap is likely to worsen as a consequence of the pandemic. We are concerned that a combination of reluctance by patients to attend healthcare services and longer waiting times for diagnostic tests and treatments could result in increased morbidity and mortality from the three diseases that contribute most to health inequalities, namely Cardiovascular disease, Respiratory disease and Cancers.

Central to the plan for 2021/22 was balancing clinical need against system capacity, and adopting a life course approach that promotes better outcomes for individuals by:

- Giving every child the best start in life
- Getting it right for children and young adults
- Adults in Gwent Live Healthily and Age Well
- Older adults supported to live well and independently
- Dying Well as a part of life



The plan also identified 10 key enablers. These enablers are fundamental to delivering the changes that were planned for our system as part of our Clinical Futures Strategy. They are also the foundations on which we are building a sustainable system of care as we learn to live with and recover from the impact of Covid-19 on the health and wellbeing of our communities, our partners and our staff.



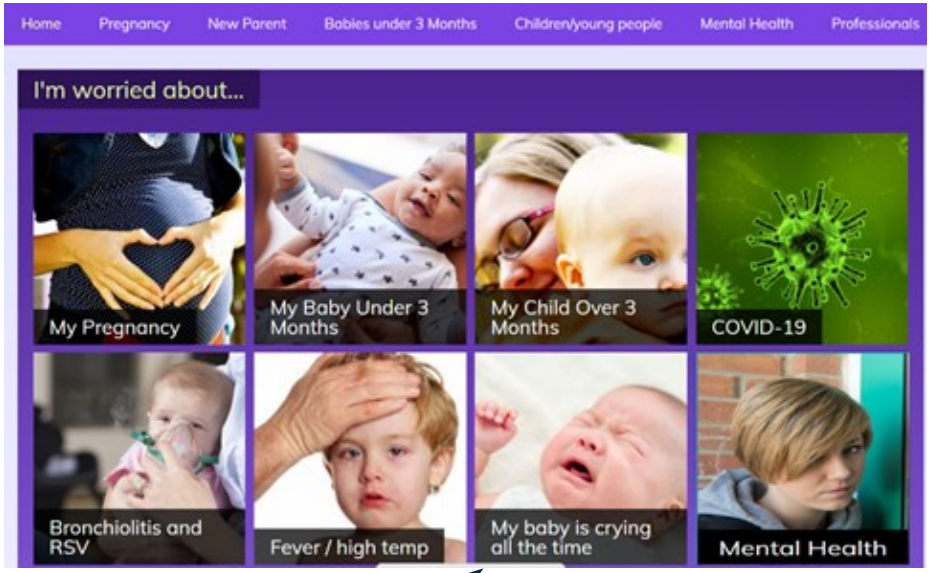
The successful opening of the Grange University Hospital in the middle of the pandemic was an outstanding achievement. However the opening of a new facility is only part of the story and that to support our communities we need to continue to integrate services, improve flow though our system and focus on actions to prevent declining ill-health. The plan therefore marked the continuation of the Clinical Futures Programme, it focused on the next steps to deliver improved services for our citizens.

The plan recognised the constraints and challenges that 2021/22 might bring including, new variants, continuation of social distancing, infection prevention and control measures, delivery of the vaccination programme and effective trace and track services. However, the focus on delivering the change that our communities need, with clear priorities for the organisation has enable us to make progress. The next section highlights examples of the changes we have delivered.

EVERY CHILD HAS THE BEST START IN LIFE

Improving the quality of care for families, children and young people

Aneurin Bevan Healthier Together website was launched in April 2021. Developed in partnership with parents and healthcare professionals it provides clear information on pregnancy, common childhood illnesses including what 'red-flag' signs to look our for and where to seek help if required.



"It's like having a mini doctor for you at home, that's how I see it. It gives all information, what I should do, in what cases I need to go to hospital or how I can treat my baby at home"

Healthy pregnancy

Our smoking cessation advisors helped pregnant women to stop smoking achieving cessation rates above the Welsh average.

This year we also strengthened the midwifery led weight management service to enable women to maintain a healthy weight throughout their pregnancy.

The new obstetric unit at The Grange University Hospital has resulted in greater consultant presence on the labour ward. This increased cover minimises the risk of complications and poor outcomes for high-risk births. The unit supports around 350 obstetric deliveries each month.

Health Protection—young children

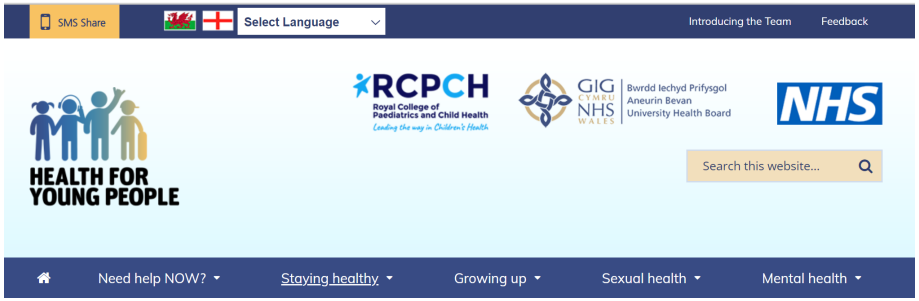
Last year we delivered 50,000 child vaccines (the only Health Board in Wales to deliver this level of activity). 6,574 flu vaccines were also given to children aged 2 and 3 years.

We integrated the Looked After Children and School Nursing Teams to provide a more resilient service for children who are in care. This is the first step on our journey to expand services and resources for some of our most vulnerable children.

GETTING IT RIGHT FOR CHILDREN AND YOUNG ADULTS

Health for Young People

Aneurin Bevan Healthier Together website provides a wide range of information for older children, young adults and their families to stay safe and healthy, as well as helping them decide what do when they feel unwell.



SPACE Wellbeing

This year through the Gwent Regional Partnership Board we have developed a **S**ingle **P**oint of **A**ccess for **C**hildren's **E**motional Wellbeing and Mental Health. This model is in place in each of the 5 Local Authority areas of Gwent.

It brings together primary and specialist health services, local authority social services, youth services, school based counselling services, sports and leisure services, young carer organisations, Building Stronger Families services, learning disability transition service, housing services and youth enterprise services.

This is to ensure that children and young people with complex needs have rapid access to a comprehensive range of interventions that are relevant to and address each young person needs.

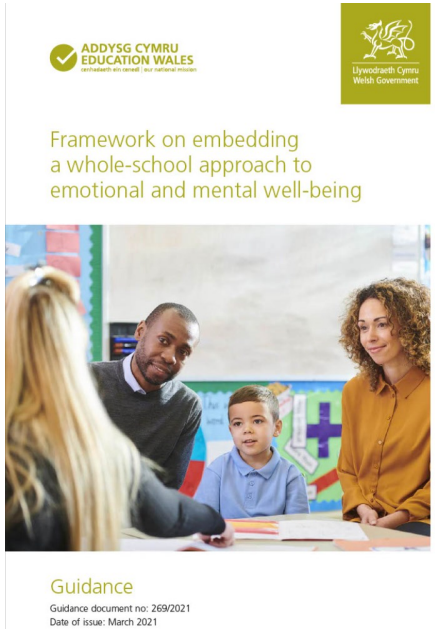
Mental Health Services

We integrated our Primary Care Mental Health Support Services for Children and Young People with our Child and Adolescent Services to streamline services providing a seamless service for children and young people when their needs change.

This has enabled the service to expand crisis care provision and to respond to the significant surge in demand that has resulted from the launch of SPACE Wellbeing.

Whole School Approach to Emotional and Mental Wellbeing

We have well established and active mechanisms in place across the 195 State Primary Schools and 35 State Secondary schools in the areas of Gwent. This year we have recruited practitioners for all Local Authority areas. They are working actively with school leaders, school counsellors and educational psychologists to shape plans for embedding whole school approaches to emotional and mental wellbeing

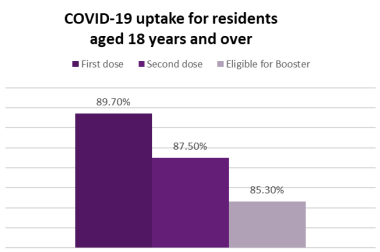


Within schools students can book discrete sessions with school nurses, psychologists or counsellors using QR Codes.

ADULTS IN GWENT LIVE HEALTHILY AND AGE WELL

Population Health Protection and Improvement

Smoking cessation & adult weight management services continued to be provided throughout the pandemic.



Understandably, the key focus has been public protection in the context of the pandemic. Over one million PCR tests were undertaken on our residents during 2021/22, population scale contact tracing of over 175,000 positive cases has protected our residents by breaking the changes of transmission. 1,312,335 vaccines were given by the Health Board, with high uptake rates. The accelerated booster programme delivering 100,285 vaccines in 14 days.

Our health protection programme has had a strong inequalities arm, vaccination in the first Mosque in Wales, utilising mobile bus and community halls for groups with low uptake.

Mental Health Services

Psychological Wellbeing Practitioners were introduced across our Neighbourhood Care Networks. This new workforce see people with low level mental health problems in their GP practice. 1,400 people access this service each month.

Transforming Mental Health & Learning Disability Care

Sanctuary in ED was launched in December 2021. Peer support workers have helped 92 patients in emotional distress through their emergency experience. The service operated over extended weekends Thursday—Sundays).

Ty Cynnal (Crisis Support Home) opened it's doors in December 2021, providing safe alternative to inpatient admissions for guests experiencing mental health crises. 13 people have been hosted during January and February 2022.

> "I cannot thank you enough for your support, I feel that the house stay saved their life"
>
> (family member)

Shared Lives service continued to expand. This is a collaboration with Local Authorities and host families who look after people in mental health crises in their homes.

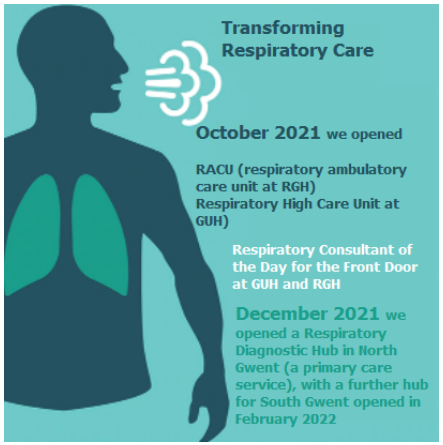
81 individuals (assessed as safe and appropriate for this service) have stayed with host families as an alternative to a hospital admission.

People stay with their host families for an average of 13 days. The majority (81%) report a significant improvement in their recovery.

ADULTS IN GWENT LIVE HEALTHILY AND AGE WELL/2

Transforming Respiratory Care

In August 2021, we took action to stablise the service, both to manage the ongoing pressure of Covid-19 hospitalisations and the extended demands of winter on respiratory illness.



RACU provides same-day emergency respiratory care. It has enabled us to provide more responsive care to 383 patients as an alternative to hospital admission. 80% of patients using this service say their experience was excellent.

Respiratory Diagnostic Hub monitors and manages complex patients in their community, with a comprehensive range of diagnostic tools and treatment management plans. To date 493 referrals have been received with 162 patients being actively managed and plans in place for the remaining 296 people. In the next year each Locality will have its own hub.

Gynaecology Ambulatory Care

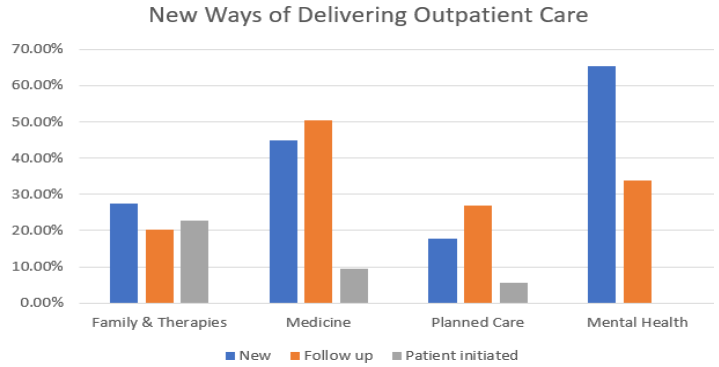
The new treatment clinic opened on 4th March 2021. It offers Gynaecology patients the opportunity to undergo a minor procedure under Local Anaesthetic, without the need for Hospital admission or major surgery. It has been so successful in helping more women to access their care that we are going to expand this service from 5 treatment lists/month to 5 lists/week.

Outpatient Transformation

The pandemic was a trigger for the rapid adoption of new ways to deliver safe outpatient services, with a focus on maximising the opportunities for virtual clinics, reviews and swift written advice to the referring GP where a patient does not need to be seen by a hospital specialist. This year **8,767** patients were manged through the '**advice only**' services.

Physical space to provide outpatient clinics was limited due to Covid-19 safety measures and we continued to prioritise available capacity according to clinical need.

We continued to build on the use of virtual clinics, See-on-Symptom and Patient Initiated Follow-Up. Overall a quarter of new outpatients and a third of follow-ups were virtual. Almost 10% of activity was patient initiated.



This year these measures have helped us to close the capacity gap for outpatient clinics from a 30% deficit in 2020 to within 11 % of pre-covid capacity for new outpatients. The gap for follow-up has also been reduced from 31% to 14%.

OLDER ADULTS ARE SUPPORTED TO LIVE WELL AND INDEPENDENTLY

Health Protection (Covid-19)

Delivery of vaccinations through GP practices, community services for house bound residents and mass vaccination centres has resulted in significant avoidance of ill-health amongst the whole population and especially older people. This year 11,773 Covid-19 vaccines were administered in a domiciliary setting.

During the Covid-19 pandemic older people's lives were impacted by government and societal responses in terms of their physical & mental wellbeing, social interactions, work, finances, and their need for and use of support services, healthcare and longer term care.

The impact was greatest on older people with pre-existing health conditions, many of whom are now presenting though emergency pathways, in poorer health and staying longer in hospital. This year we have focused on finding new solutions for older people that avoid hospital attendances and admissions. Where a hospital stay in needed, we are seeking to minimise the amount of time that an older person stays in a hospital setting.

Older people tell us they would rather be at home than in hospital. Studies also suggest that admitting frail older people to hospital can lead to a decline in their physical ability, together with a risk of picking up a hospital acquired infection, which can cause serious complications.

Supporting High Risk Older Adults

Working with data partners we identified cohorts of high risk older adults that would benefit from focused, proactive interventions from community services in order to anticipate and manage health crises and avoid a hospital admission. This year we began this approach in Blaenau Gwent in December 2021. 198 individuals were identified, 51 of these have been assessed and are being supported in their communities, only 1 needed a hospital admission for a matter unrelated to frailty.

Direct Admission Pathways

In August 2021, we introduced pathways to admit directly to a **community hospital**, avoiding admissions into the acute hospital system and reducing the length of the patient journey. 72 older people have used this pathway and their length of stay in hospital reduced by 7 days.

By November, we set up a flow centre **frailty pathway**, where responses are delivered through the Community Resource Teams, again avoiding the need to travel to hospital. 32 older people from Caerphilly have used this pathway. This will be rolled out across all localities.

Supporting Discharge and Care Close to Home

Step Closer to Home a nurse/therapist led reablement ward for older people who required an extended stay in hospital to achieve a safe discharge opened at the end of January 2022. 53 patients have used this service, following therapy input 86% of these have reduced needs for packages of care.

Reablement Service capacity was increased by 800 hours/ week, assessing peoples' independence in their own homes after a period of recovery in order to determine their long term needs.

DYING WELL AS PART OF LIFE

2,022 deaths were registered with Covid-19 mentioned on the death certificate over the course of the pandemic (March 2020—March 2022).

Excess deaths in 2021/22 (source Office of National Statistics) were 8% above the previous 5 year average.

During these unprecedented times, supporting people to die well has been a key focus for all services across our system of care.

Specialist Palliative Care Services

Our specialist palliative care service have supported clinical teams with symptom control guidance and management algorithms for Covid-19 and palliative end of life care in hospitals.

This team responded to a 37% increase in urgent referrals, with 95% of patients assessed with 2 days despite significant staff shortages.

Service delivery was sustained across the 4 acute hospital sites, with a nurse led service at RGH, with medical support provided virtually through Supportive Care UK.

End of Life Companions

We recruited and trained 40 End of Life Companions. These volunteers provide company for patients, and also give relatives a break, secure in the knowledge that their loved one will not be alone.

Care After Death Service

The Care After Death (CAD) team was established in October 2020 and expanded this year.

The service provides a single point of access for relatives and staff for practical advice and support following the death of a patient in one of our hospitals.

The team:-

- ensures that the deceased person is treated with dignity and respect when they are resting within the mortuaries at our sites.
- supports families when viewing their loved one within the mortuaries at our sites and signpost bereaved relatives to other services
- Provides memory boxes, takes hand prints and a lock of hair of young people under the age of 25yrs and suicide victims upon families request
- liaises with professionals to progress documentation such as the death certificate and cremation forms
- transfers the deceased person to the care of the funeral directors
- provides support and practical advice to staff following the death of a patient

FOUNDATIONS FOR CHANGE

Partnership: One positive side effect of the COVID-19 crisis has been a renewed energy, purpose and commitment to partnership working across local government, public sector partners, charities, the voluntary sector and community groups.

- Throughout the pandemic collaborative working delivered Test Trace Protect, supported the safe discharge of patients, the Local Resilience Forum delivered joint responses to mitigate the impact of Covid-19 on our local communities.
- Looking to the future, the Regional Partnership Board has an agreed set of strategic programmes to create a more sustainable and resilient health and care system .
- Collectively, we have committed to become a Marmot Region, focusing initially on early years. We are challenging traditional practices, aligning our resources to promote early family-centred interventions , public education and improved long-term outcomes for all children.

Experience, Quality & Safety: the Quality and Patient Safety Team support services to maintain the high quality care and best outcomes for patients. Patient Quality, Safety and Outcomes Committee regularly monitored performance, and set out priorities areas for action. Our Reducing Nosocomial Transmission Group (RNTG) enabled us to respond to the changing requirements of national guidance and outbreak management. Visiting was maintained over successive pandemic wave through testing and PPE protocols.
Looking to the future, our focus has been on creating a patient safety culture one that minimises harm, improves experience and outcomes, and eliminates variation and waste systematically across our system. We are becoming a learning organisation with integrated decision making (clinicians and with the patient); creating a just culture where wider systemic issues are considered when things go wrong; and driven by data to truly understand the quality of care provision which guides activities that improve patient experience and outcomes.

Workforce: Our staff remain our greatest asset it is only through their efforts that we have coped with the enormous demands placed on our services. This year we have focused heavily on the Health and Wellbeing of staff expanding psychological support, creating staff networks ,regularly checking in with staff through wellbeing surveys and saying 'Thank You' to each and every one of the 15,763 people who work for us.
We strengthened our workforce through intensive recruitment campaigns for clinicians. Launched the Aneurin Bevan Apprenticeship and DWP Kickstart Programmes attracting local people to join our team. We have optimised our workforce through the adoption of new roles, extended scope of practice and new ways (and places) of working.
We have set down solid foundations that we will build upon as we support our workforce to build back, better, more resilient and sustainable health and care services.

Urgent Care System: Attendances to our emergency departments have been affected by the pandemic (started March 2020), with sharp falls in attendances in the following spring and winter months, coinciding with waves of the pandemic. Pre-pandemic there were between 350 and 590 attendances/day, in the six months following the easing of restrictions (April 21) there were between 370 and 700 attendances/day. Our new system for Urgent and Emergency Care has core components including Contact First/Think 111 (with access to remote GP support), Urgent Primary Care Centres, Ambulatory Care Services, Integrated Front Door, SDEC (Same Day Emergency Care) and a Flow Center that were being implemented as part of the new model enabled by the opening of the Grange University Hospital. Our challenge now ensure that these components work seamlessly to deliver the right capacity, in the right place, at the right time to meet the urgent and emergency care needs of our communities.
Moving forward, the urgent care system transformation delivery will be supported through our Clinical Futures Programme Management Team, where a rigorous and systematic programme management approach will be adopted.

FOUNDATIONS FOR CHANGE

Data and Intelligence : working with data partners we have adopted a dynamic planning approach to understand potential demand and capacity requirements of our system and any risks that impact on our ability to deliver. In times of uncertainty, where Covid-19 has impacted significantly on how people access or delay accessing health care, it has never been more crucial to understand what our system can realistically deliver. We have a responsibility to be open and transparent with our staff and our communities as we face the legacy of the pandemic . This includes unmet demand that has accumulated over the last 24 months, increasing health needs and finite resources to meet these challenges.

We have robust foundations in place and will continue to further develop and incorporate primary, community and mental health data to provide a system wide tool. Through our dynamic planning we are able to identify specific areas where we need to make concerted efforts to change, with a clear line of sight on the potential impact of the choices we make on optimising capacity, improving outcomes, experience and minimising harm.

Estate: The opening of the Grange University Hospital consolidating specialist and critical care services and has enables us to begin the process of reconfiguring the Royal Gwent and Nevill Hall Hospitals into their new local general hospital roles. RGH has played a crucial role in maintaining elective surgery, with the development of an onsite Post Operative Care Unit Enabling a greater level of surgery to be performed on the site. The new women's ambulatory care unit in NHH as is unique in Wales and has continued to evolve despite covid and it now delivers a range of procedures that would have normally happened in theatre.

Our commitment to Environmental Sustainability was demonstrated through further reductions in energy (gas -7.6%, electricity - 5.6%) and water consumption (-3.3%)), investment in EV charging; LED lighting and progress with our sustainable travel plans.

Looking forward; there is significant Welsh Government capital investment committed to delivering a Unified Breast Care Centre at Ysbyty Ystrad Fawr and the development of a Satellite Radiotherapy Centre at NHH. In addition, plans are progressing to establish a Regional Eye Care Unit at NHH, and the expansion of endoscopy at RGH.

Digital : The Covid-19 pandemic demonstrated the fundamental role that digital technology plays in 21st century health care. This year we have continued to respond to increased demand for and accelerated the pace of digital transformation across our healthcare system. We are continuing to implement our Transformation through Digital Strategy and are focused on strengthening informatics to be able to provide real time data to support service delivery.

Moving forward, we have further work to do to refresh our infrastructure and ensure that our core digital platform that supports clinical services is robust and fit for purpose.

We continue to support the development and delivery of digital systems and applications that support our staff and service users. Some of these will be within the Health Board, others progressed in collaboration across Wales. **To be an intelligence led organisation we need quality input of data (on our digital platforms), effective standards of information and the ability to turn data into real-time performance information so that our services are well directed and focused to best meet the needs of our population. We are renewing our Data Warehouse to achieve this ambition.**

Regional Solutions: NHS Wales requires NHS organisations to work collaboratively to improve the physical and mental health of their local populations, focussing on wellbeing and reducing inequalities in outcomes. This year we have made great strides in designing and preparing for a new hub and spoke model for major vascular surgery. We have also made significant progress planning regional arrangements for ophthalmology, focusing on expanding capacity for cataract surgery in the short term to meet the substantial backlog in the wake of the pandemic. Acute Oncology Services are also benefitting from the regional programme, where substantial investment has been committed to firming up local services to meet the needs of acutely ill patients presenting to our emergency system.

Looking forward: we will continue to develop and deliver plans for ophthalmology; thoracic surgery, precision medicine, robotics, community diagnostic hubs and sexual assault referral services.

CLINICAL FUTURES THE NEXT STEPS

These key priorities, based on our understanding of our system, will deliver the biggest impact and improve the sustainability of our services as we rise to the challenges that have been worsened and compounded by Covid-19.

- Public Health Protection and Population Health Improvement, capacity to be prepared for outbreaks and protecting the most vulnerable
- Accelerated Cluster Development, place based care that promotes the wellbeing of people and communities
- Transforming Mental Health Services, whole person, whole system
- Planned Care Recovery, looking to make systemic changes to deal with the scale of the backlogs created throughout the pandemic
- Transforming Cancer Services, continuation of our plans to deliver our Cancer Strategy and to deal with the backlogs created by Covid-19
- Urgent Care Transformation, looking to make systematic changes and deliver the collective benefits of the component parts of our new Urgent and Emergency Care model.
- Redesigning Services for Older People, evidence based interventions, responding to need, in context of what matters to them, and focused on minimizing dependency now and later in life.
- Enhanced Local General Hospital Network, protecting planned care capacity (diagnosis and interventions/episodes of care) and integrated front door for urgent care
- Net Zero – Decarbonisation, broadening horizons beyond estates and travel to a systematic approach and a cultural of sustainability

SUMMARY

Over the last 12 months the Health Board has shown continued commitment to caring for our communities. Although we continue to face unprecedented and challenging operational pressures we are still able to demonstrate that we deliver a quality service. There has been a continued drive to develop approaches that address health inequalities together with a move toward a data and intelligence driven system, that enables us to target available resources at those in greatest clinical need.

At the forefront of all service delivery is patient care. We remains committed to further improving patient related experience and outcomes.

THANK YOU

We would like to **thank** all the **patients,** their families , **clinicians, managers, local authorities, third sector** partners, **health boards** and **trusts** and others who have helped in delivering **care** across **Gwent** in **21-22**

This report has been produced by Aneurin Bevan University Health Board