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Bwrdd Iechyd Prifysgol  
Aneurin Bevan  
University Health Board

Our Ref: RH/ses

12 February 2021

Dr Dai Lloyd, AM  
Chair, Health, Social Care & Sport Committee  
National Assembly for Wales  
Cardiff Bay  
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Dear Dr Lloyd

Thank you for your letter dated 20<sup>th</sup> January 2021 regarding your inquiry into the impact of COVID-19 on health and social care in Wales. Please find the Health Board's responses to the questions raised.

**1. What are the main areas of pressure, and what plans do you have in place to deal with these?**

The Health Board is proud of the way in which its staff, and partner organisations, have come together to collectively respond to the COVID-19 pandemic.

To provide some context regarding the pressures that have been faced, during the first peak (April / May 2020) the number of patients with COVID-19 in our hospitals totalled over 280, with the number of patients (COVID-19 and non-COVID-19) totalling less than 1,000. Patients being cared for in ICU totalled 49 at its peak, of which 37 were patients with COVID-19.

The demands on services during the winter have been even greater and more sustained. As part of its Q3/4 operational plan, the Health Board brought forward the opening of the Grange University Hospital (GUH), to November 2020, recognising the likely impact of COVID-19 and the anticipated seasonal demand on healthcare services.

Whilst the number of patients, with COVID-19, in local hospitals is currently falling, this is from a peak in early January 2021, of over 490, down to the

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current level which is still over 200 patients. Alongside caring for COVID-19 suspected, positive and recovering patients, the Health Board is caring for an increased number of non-COVID-19 patients, currently almost 1,000. In total, there are currently over 1,500 patients in hospitals across the Health Board.

During the winter period, the Health Board has also successfully implemented a mass COVID-19 vaccination programme for its population and worked with its partners to deliver an effective Test, Trace and Protect (TTP) service across Gwent.

Moving through the next phase, there are a number of factors that the Health Board is managing as part of recovery and implementing sustainable services going forward, which will feature in the Annual Plan for the 2021/22 financial year.

• ***Population health and addressing health inequalities***

The Health Board has always been aware of the challenge faced in improving the health of its population, prior to the COVID-19 pandemic, including addressing the health inequality that exists across its communities.

An analysis undertaken of deaths associated with COVID-19, by deprivation fifth across Wales, shows the most deprived fifth of the population had the highest mortality rate. It is reasonable to conclude, from what is known at this stage of the pandemic, that direct harm from COVID-19 is likely to widen health inequalities across local communities.

It is also expected that the broader health, economic and social impact of the pandemic will be profound in terms of scale and longevity. The consequences of additional demand on healthcare services is hard to quantify, but is likely to present at some stage.

Therefore, the Health Board's Annual Plan will have an increased focus on considering the health needs of its population, and addressing the health inequalities, across its communities.

• ***Workforce***

The response from staff during the pandemic has been tremendous. They have displayed dedication, professionalism and compassion throughout this period. The demand for staff – both registered and non-registered – has increased significantly as the Health Board has not only responded to the demands placed on existing healthcare services but implemented new and additional services in response to COVID-19 – such as COVID-19 surge capacity, Test, Trace and Protect and mass vaccination programmes. As services have been flexed to respond to those areas of greatest priority, many staff have worked additional hours and been redeployed to support those services.

The impact of COVID-19 has resulted in higher than normal staff absence. Across the Health Board, absence levels are currently at 9.58%, which equates to 1,181 WTE. This includes high levels of absence for Registered Nurses (10.35%), Health Care Support Workers – HCSW (14.72%) and Facilities staff (16.14%).

Whilst absence related to COVID-19 infections is currently reducing and non-related COVID-19 absence is lower, compared to January 2020, the impact of staff shielding or self-isolating is contributing to an additional 300 WTE staff absent from the workplace.

In terms of workforce plans, these have included an overseas nursing recruitment campaign, which was restarted as travel restrictions were lifted in September 2020. The Health Board has recruited 160 WTE, of which 106 WTE have already joined and the remaining nurses are expected to join by the end of March 2021. In addition, the Health Board has recruited 145 WTE HCSWs, of which 103 WTE have commenced in role.

A significant feature of the plans included staff engagement and consultation, particularly ahead of the early opening of the GUH in November 2020. The Health Board is very much aware that staff are physically and mentally tired and will need to take annual leave which they may not have had the opportunity to take for rest and recuperation. Likewise, many staff will need well-being support to recover. The Health Board has increased its resources to support the well-being of its staff. This includes a peer support phone line and additional psychological support. Occupational Health services continue to offer advice and support to managers and all staff, with a particular focus on those with underlying health conditions.

- ***COVID-19 services***

Whilst COVID-19 infection rates and related hospital admissions are falling, the Health Board will still need to plan for a level of COVID-19 demand and provision of services during the next financial year, including the consequences of safely maintaining COVID-19 and non-COVID-19 care pathways.

The Health Board continues to review and update its plans to deliver a mass vaccination programme and is working collaboratively, with its partners, to provide an ongoing TTP service.

- ***Non-COVID-19 services***

The Health Board resumed some services following the first peak and throughout the summer. This included some routine services where these could be re-started safely. In addition, endoscopy services have increased to levels prior to the pandemic with a focus on timely access for suspected cancer and urgent patients. The Health Board also has recovery plans in place with regard to other diagnostic services such as CT, MR and non-MSK ultrasound. The impact of these plans can be evidenced by the improving position against the 8 week diagnostic target, from a high point in August 2020 and with a month on month reduction up to end December 2020.

Embedding services effectively across the GUH and the Health Board's enhanced local general hospitals (e-LGHs) will be a critical part of resuming some routine services and implementing alternative pathways.

## ***2. How will you prioritise the delivery of non-COVID-19 services to target reductions in waiting times?***

The Health Board has developed and implemented its operational plans, throughout the pandemic, applying the guidance provided by Welsh Government on Maintaining Essential Services. It has followed guidance on risk stratifying patients within each stage of their pathway and prioritised patients with suspected cancers or waiting urgent review. This has involved reorganising capacity to comply with COVID-19 safe socially distanced environments and has resulted in some services operating at lower levels than normal.

As the number of COVID-19 patients in hospital reduces, the Health Board is reviewing the opportunities to safely resume routine elective care, taking advice from its Nosocomial Transmission Group in implementing safe, elective care pathways. Making facilities available to deliver more outpatient, diagnostic and treatment capacity remains a priority in the organisation.

Work has already been in place to implement the single cancer pathway and there has been a regular focus on improving timely access to diagnosis and treatments available.

An important part of the Health Board's operational plans have included using the independent hospital sector for a range of outpatient, diagnostic, therapy and treatment facilities.

## ***3. How will you communicate with patients about what they can expect in terms of length of wait, prioritisation, and any management of their condition whilst waiting?***

The Health Board regularly updates its local communities on the effects of the COVID-19 pandemic on services, including the restarting of our services. This is provided through a variety of methods and channels, including web pages and articles, social media updates and engagement with patients, answering email enquiries, weekly and monthly stakeholder newsletters, through the local media, updates at partnership meetings, and through the popular live Q&A sessions.

Discussions with patients are taking place using video and telephone consultations ("Attend Anywhere") about their condition and the Health Board has used mass text conversations to inform patients and to undertake two way conversations about their individual care.

The Health Board has launched a dedicated webpage, entitled 'Restarting our Services during the COVID-19 Pandemic', to offer updates and information on how services are impacted by COVID-19. Each service within the Health Board will continue to provide weekly updates for patients through this webpage. Patients will proactively and reactively be encouraged to refer to the webpage for updates on the particular service(s) in which they have a particular interest.

**4. What estimates or projections have you made of the time needed to return to the pre-pandemic position?**

There are a number of factors involved in estimating, with some certainty, the timescales for returning to the pre-pandemic position. Some of these have been identified in responding to Question 1. As a result, this makes implementing these plans extremely complex.

Nevertheless, the Health Board has developed three planning scenarios which consider the course of the pandemic. These are broadly based on R values of 1.5, 1 and 0.8, as well as factoring in assumptions around hospital lengths of stay, staff absence and availability and an understanding of potential non-COVID-19 demand.

Workforce availability will be critical. The Health Board has redeployed a significant number of staff to support existing COVID-19 services in hospital as well as prioritising the vaccination programme. The impact of the pandemic on staff well-being and availability is hard to quantify but cannot be underestimated when it comes to implementing plans.

In addition, the level of latent demand in communities is unknown, when looking at the existing backlog of patients currently on waiting lists. When and to what extent unmet demand may surface is a significant variable in being able to provide reliable estimates. In practice, the Health Board believes a graduated approach to implementing plans, to address waiting times for elective care, is a realistic one.

**5. Are you using or considering any new or different approaches to providing care in order to help reduce waiting times, including the use of new technologies, new care pathways, or of capacity elsewhere?**

During the first peak of the pandemic, the Health Board implemented some alternative ways of providing care. Significant use has been made of virtual consultations with patients and between April and September 2020, the Health Board undertook over 19,000 consultations across its range of services. Where appropriate and safe to do so, clinicians are discharging patients onto "see on symptoms" or patient initiated follow up pathways. This allows patients to take greater ownership of their care, whilst allowing outpatient consultations to be re-prioritised.

The Health Board has been applying value based healthcare principles to the delivery of care for its patients - understanding what matters most to patients - and re-designing services to achieve this. Whilst the changes have been incremental, they have been important in re-prioritising the way care is delivered.

Given the scale of backlog that exists for some routine elective care and the availability of appropriate elective capacity, applying these principles at scale will be critical in providing patients with appropriate alternative pathways, addressing timely access to care and improving health outcomes.

**6. What factors may affect your plans for tackling waiting times (e.g. further spikes in COVID-19 rates, issues with the workforce or physical capacity), and what plans you have in place to manage these?**

It will be important that COVID-19 infection rates, and the impact on admissions to hospital, continue to fall. Any further rises may impact on the ability to implement plans to resume greater levels of non-COVID-19 services, particularly routine services. A number of the factors will affect plans to tackle waiting times and many of these have been identified in response to some of the previous questions.

It should be emphasised that the Health Board is acutely aware of the importance of having available a healthy and appropriately skilled workforce, as it faces the various challenges involved in successfully coming out of the pandemic, maintaining new and additional services – such as TTP and mass vaccination programme – resuming routine services. The welfare of staff, which has been outlined previously, will be key to achieving this.

In the short-term, some staff have been redeployed or are working additional hours, to work in mass vaccination centres or care for COVID-19 patients in hospital. These include medical staff, registered nurses, therapists and pharmacists as well as health care support workers and administrative staff. Many of these staff will be important in resuming some routine services. Therefore, the Health Board is developing plans which consider a phased return to some services and alternative models of care, which take account of the workforce required to achieve this.

The use of the independent hospital sector has been key during the pandemic. Going forward it is likely to be an important element of delivering additional healthcare capacity.

**7. What information have you received on your allocation from the £30m additional funding for waiting times, and how you intend to use the funding?**

The Health Board received funding from £30m funding allocated non-recurrently as part of delivering the Winter Protection Plan during 2020/21. This has enabled the Health Board, in collaboration with the partners, to implement the following services:

- Accelerate and further enhance the use of 111 and Contact First services – to provide medical advice remotely and refer people to appropriate services including GP, pharmacies and other community services.
- Increased ambulatory and same day emergency care provision,
- Urgent Primary Care Centre Pathfinder programme, to enhance the existing Urgent Primary Care Out of Hours and provide an Urgent Primary Care Centre on a 24/7 basis - providing care for patients in the right place first time, and
- Four discharge to recover then assess pathways.

Evaluation has been built into some of the work described and will be key to determining the appropriate service models moving forward.

Thank you for the opportunity to respond to your questions in support of your inquiry into the impact of COVID-19-19 on health and social care in Wales.

I hope these responses fully answer your questions, but if you require any further information please let me know.

Yours sincerely

A handwritten signature in black ink that reads "Judith Paget". The signature is written in a cursive, flowing style.

**Judith Paget**  
**Prif Weithredwr/ Chief Executive**