What will this Annual Report tell you?

Our Annual Report is part of a suite of documents that will tell you about our organisation, the services and care we provide and what we do to plan, deliver and improve healthcare for you. It provides information about how we have performed in 2016/17, what we have achieved, and how we plan to continue to improve next year. This report also explains how important it is for us to work with you and listen to your views in order to deliver better services that meet your needs as close to your home as possible.

Our priorities are shaped by our Integrated Medium Term Plan (IMTP) which sets out our objectives and plans for the next three years. You can read the plan and find out more about our Health Board at: http://www.wales.nhs.uk/sitesplus/866/page/88054/

Our Annual Report for 2016/17 includes:

- Our **Performance Report** which details how we have performed against our targets and the actions planned to maintain or improve our performance.
- Our **Accountability Report** (separate document) which details our key accountability requirements providing information about how we manage and control our resources, identify and respond to our risks, and comply with our own Governance arrangements. This can be found at http://www.wales.nhs.uk/sitesplus/866/page/62034
- Our **Financial Statement and Annual Accounts** (separate document) which details how we have spent our money and met our obligations. This can be found at: http://www.wales.nhs.uk/sitesplus/866/page/62034
- The Health Board also produces an **Annual Quality Statement** (separate document) which provides details on actions we have taken to improve the quality of our services. It is available here: http://www.wales.nhs.uk/sitesplus/866/page/62034/

Contact us
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Welcome from the Chair and Chief Executive

We are delighted to introduce the Aneurin Bevan University Health Board’s Annual Report for 2016/17.

During the year we have continued to deliver progress on our Clinical Futures Strategy and the re-design of services, including moving more of our services into our communities and closer to the people who need to use them. As you read through this report we hope you will gain an understanding of the work we have been undertaking and the progress we have made.

During this year, we were delighted that Vaughan Gething AM, Cabinet Secretary for Health, Wellbeing and Sport, announced that the Welsh Government will invest around £350 million in our new Specialist and Critical Care Centre (SCCC). This new hospital will be a centre of excellence for specialist and critical care. The hospital, which will be based at Llanfrechfa, Cwmbran is an important part of our Clinical Futures Strategy and is the culmination of more than 10 years of planning. The approval of the SCCC is a real endorsement of our Clinical Futures Strategy, which has stood the test of time and we are now able to move further forward with our plans to provide 21st Century healthcare for the people of Gwent. These are very exciting times for patients, staff and communities as our plans become reality over the next few years.

We were also pleased that during the year our Three Year Integrated Medium Term Plan (IMTP) was approved by Welsh Government and this demonstrates their confidence in our ability to deliver and develop our services over the next three years. The other good news for us is that we achieved our statutory financial break-even target on our budget of £1.1 billion. This is a significant achievement in light of the service and financial pressures facing the organisation. We are one of the few Health Boards in Wales that have delivered financial break even in 2016/17 while also improving a range of our health services. This has only been achieved through the dedication, skill and hard work of the staff of the Health Board.

There continues to be increased demand for the services we provide. For example, during the year we performed more than 55,000 operations, had 123,047 attendances at our Accident and Emergency departments in Newport and Abergavenny, nearly 35,000 ambulances brought patients into our A&E departments and 86,752 people called our GP Out-of-Hours service. Despite the pressures we face, we are committed to treat every
patient we care for with respect and kindness, providing services of the highest safety and quality.

Our staff are our greatest resource and asset and the progress that has been made during the year is down to the commitment and hard work of all our staff and those who work with us. Our staff continue to appear on award shortlists, to win awards and to be recognised nationally and internationally for the excellent work they do.

During the year we have continued to actively engage with our local communities, patients, staff and our statutory and third sector partners in order to plan and deliver improved services, but we know there is always more that we can do to work with our patients and local people.

We are grateful for the support and feedback we receive from the communities we serve and we would love to continue to hear from you – you can find us on Facebook and Twitter, or you can come to one of our regular Board meetings which are open to the public. We also like to visit our communities to ‘talk health’ with local people, so please look out for our weekly engagement visits to one of many community locations across Gwent.

In addition to this report, our Annual Quality Statement, Annual Governance Statement and Director of Public Health Annual Report provide more detailed information about the progress we have made in key areas. All of these documents can be found on our website:  
[www.aneurinbevanhb.wales.nhs.uk](http://www.aneurinbevanhb.wales.nhs.uk)

We hope you enjoy reading this report and that it gives you a further insight into the work that we do and the progress we have made in 2016/17.

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David Jenkins  
(Chair)

Judith Paget  
(Chief Executive)
Our Organisation

Aneurin Bevan University Health Board was established in October 2009 and achieved ‘University’ status in December 2013.

We serve an estimated population of over 639,000, approximately 21% of the total Welsh population.

With a budget of £1.1 billion we deliver healthcare services to people in Blaenau Gwent, Caerphilly, Monmouthshire, Newport, Torfaen and also provide some services to the people of South Powys.

You can find out more about our financial position by reading our Accountability Report and Financial Accounts for 2016/17 (link below):
http://www.wales.nhs.uk/sitesplus/866/page/62034/

We are governed by a Board which comprises Executive Directors and Independent Members who make decisions about all services and care provided in our area. In 2016/17 the Board was chaired by David Jenkins OBE and the operational direction is provided by Judith Paget, our Chief Executive.

During 2016/17, we continued to take forward our vision and our key priorities;

- Providing services that focus on the needs of the patient
- Ensuring safety, excellence and quality in all our services at all times
- Trusting and supporting our staff to make the right decisions for patients and to improve care
- Effectively using resources to ensure we provide high quality, value for money patient care
- Improving public health by working with our partners to promote healthy lifestyles and ensure there is access to preventative services, particularly for those in areas of greatest need
The Health Board has continued to develop to ensure we operate in a patient-focused, safe, honest and prudent way. The Board sets the strategic objectives, monitors progress, agrees actions to achieve these objectives, and ensures appropriate controls are in place and working properly throughout the organisation.

A broad range of Committees and Advisory Groups also support the work of the Board. They are chaired by Independent Members of the Board; they provide scrutiny, undertake development discussions, assess key risks and monitor the performance against Health Board plans.

Until May 2017 the Health Board was chaired by David Jenkins OBE, who had led the organisation since its establishment in 2009. David retired from the Board following serving his maximum eight year term as Chair. The Health Board wishes to recognise the significant contribution that David has made to the development and performance of the organisation over this time and ensuring that the Health Board is focused on the health and well-being of the people we serve and our staff.

You can find more information on our organisation, our committees and structures in our Accountability Report and Annual Governance Statement (link below):
http://www.wales.nhs.uk/sitesplus/866/page/62034/
Health Board’s Values and Mission

As a Health Board we strive for excellence in all that we do and actively encourage a culture of support, respect, integrity and teamwork.

This is balanced with always assessing and challenging services to strive for improvement to match and exceed national standards, learning from success and identifying where improvements are required.

This ambition is also driven by a commitment to working together and engaging with patients, communities, staff, partner organisations and government.

We believe in putting people first, staff taking personal responsibility to safeguard patients, fostering a strong passion for improvement in delivery of services, and making sure that promoting pride in service delivery promotes improvements in patient experience.

Our values and plans have always had a strong focus on delivering safe and high quality services. We also strive to meet and exceed national targets in spite of the challenges associated with increasing demands on health services as populations increase and people live longer (making them more likely to need access to health services).

We are determined that our values developed over recent years are realised and sustained. We want to be open and transparent with our patients and the public we serve. We also want to listen to, and engage with our communities, patients, staff, and partners in planning and delivering services in an effective manner.

You can find more information on our engagement with the public on Pages 67-70 of this report.

Our values and mission are to:

- Work with you for a healthier community
- Care for you when you need us
- Aim for excellence in all that we do
Managing Risk
The risks that face the Health Board are continually changing. Some risks can impact on the achievement of our objectives and we need to put actions in place to mitigate them effectively.

Effectively managing the risks that affect our clinical services helps to ensure high quality and safe health care is provided to local people and that a supportive working environment is provided for our staff.

During 2016/17 we successfully delivered financial balance at the end of the year, supported by targeted investment by Welsh Government.

You can find out more about how we manage risk by reading our Accountability Report, Annual Governance Statement and Financial Accounts for 2016/17 by following the below link: http://www.wales.nhs.uk/sitesplus/866/page/62034/

Our Plan

Each year we are required to update our three year IMTP (Integrated Medium Term Plan), which sets out how we will strengthen, modernise and develop our services to better meet the health and care needs of the people in the communities we serve. This has to be done within the funding allocated to us by Welsh Government. Our first three year IMTP was published in June 2015 and subsequent plans have built upon the successes and lessons learned from our approved plans over the past two years.

You can read the full plan on our website (link below): http://www.wales.nhs.uk/sitesplus/866/document/273937

We work across many communities, systems and services; our ambition - to improve the health and wellbeing of the population we serve and to work with our partners to provide most care closer to home – will only succeed if it reflects the needs of our patients and is aligned to the plans and priorities of our partners. We welcome the enactment of the Well-being of Future Generations (Wales) Act 2015. This is a further step towards joining the agenda of all public sector organisations to deliver positive change for the communities we serve.
Our plan continues to include the next steps for our Clinical Futures Strategy. The approval of the Specialist and Critical Care Centre (SCCC) provides a key enabler for strengthening acute services and is a core component of the safe and sustainable healthcare system we aim to provide for the 600,000 people we serve.

We, like all Health Boards across Wales, are experiencing unparalleled challenges across health and social care in the form of ageing populations, rising numbers of long-term conditions, and a host of other health issues coupled to rising patient expectations, finite resources and recruitment challenges.

Irrespective of these challenges we are committed to treating every patient we care for with respect and kindness, and maintain dignity at all times.

We are confident that our plan puts the Health Board in a strong position to ensure local services are safe, effective and organised to deliver the best possible outcomes to those who use them. If we are successful we will have:

✓ Reduced health inequalities with fewer premature deaths from conditions such as cancers, heart attack and stroke;
✓ Improved the health of people of all ages in our communities;

Care Closer To Home

Over recent years we have been expanding the range of services available in communities, including realistic alternatives to going to hospital. We have been investing much more in services that support people to stay at home and keep them independent.

We have invested in our Frailty Teams and Falls Prevention, we also now have pharmacists, social workers and dieticians based in many or our GP surgeries to support the practice to provide a comprehensive service locally.

The emphasis is much more on primary care (services outside hospital) and in community services to give people improved local access for diagnosis and treatment. Our aim is to provide as much care as possible close to home.
✓ A more equal relationship between local people and healthcare professionals with individuals having more control over their conditions and share in decision making on the care that is right for them;
✓ Strengthened primary, community and social care services in each of our Neighbourhood Care Network areas, shifting from reactive to proactive care and meeting most care needs outside of traditional hospital settings;
✓ For the most part emergency assessment and treatment services will be delivered on the same day without the need for an overnight stay in hospital; and
✓ Sustained specialist services in advance of the opening of the SCCC in 2021.

We will achieve this through innovative working and by working in partnership with our staff, partners and local communities. At the same time we will deliver change that helps us consistently achieve our quality and performance standards within a financial envelope that represents best value for the public purse.

**Going forward…**

We recognise the significant challenges and risks going forward and have reflected these in our 2017/18 – 2019/20 Integrated Medium Team Plan, which is currently being considered by Welsh Government.

We will robustly monitor and scrutinise the delivery of our plans, ensuring that benefits are realised by our citizens to support change are optimised.

The following page sets out our 10 Service Change Plans (SCPs) which have been developed to help us deliver our Three Year Plan and to continue to improve the services we provide to our patients.
Our 10 Service Change Plans (SCPs)
2016 to 2019

1. Reducing Health Inequalities
2. Prevention and Improving Population Health
3. Primary Care and Community Services
4. Integration - Bringing Care Closer to Home
5. Chronic Conditions Management
6. Continuing Healthcare
7. Service Sustainability
8. Mental Health and Learning Disability
9. Urgent and Emergency Care
10. Planned Care

GIG CYMRU NHS WALES
Bwrdd Iechyd Prifysgol Aneurin Bevan
University Health Board
Significant progress has already been made over the last year within each of the 10 SCPs. However, work will continue to further develop the plans and push forward on the delivery. Examples of some of the new and exciting developments can be found later in this report.

We have also undertaken a range of service reconfiguration activities during the year to better deliver services around patient needs. You can read about some of these activities in the following section of this report entitled ‘Caring For You’.

We believe that there has been evidence of improvement across a range of our services. Even so, we realise that there are still real challenges to meet the demand for services, especially for unscheduled care/emergency services.

**Caring for You**

During 2016/17 there were many developments within the Health Board to improve our services. These improvements have a direct impact on the high standard of care we provide to our patients and their families.

Below are some examples of the improvements we have made:

**April 2016**

**New eye testing service brings Glaucoma treatment closer to home**

Thousands of Gwent-based residents experiencing symptoms of the sight-threatening condition glaucoma are set to benefit from a pioneering new NHS service that provides access to eye care centres in the community. The eye care centres being delivered by Specsavers (Friars, Newport), Julian Davies Opticians (Newport) and Phillips Opticians (Blaenavon, Torfaen), in conjunction with the Health Board, seeks to reduce waiting times for outpatient assessments. The new clinics within high street...
opticians mean patients will be able to access specialist eye care close to their homes, without having to travel to hospitals.

The scheme, which has been running in pilot form since 2014, is now being rolled out to allow the accredited opticians to perform a series of tests that would have previously been done in hospital to assess if an individual is at risk. Based on the success of the pilot, the Health Board has secured further funding to develop an additional three eye care centres in Blaenau Gwent, Caerphilly and Monmouthshire. This means that from October 2016 at least one eye care centre is situated in each local authority area in Gwent.

May 2016

Living Well Living Longer
The Living Well Living Longer programme celebrated undertaking more than 3,000 cardiovascular disease health checks across six GP practices in areas of Blaenau Gwent and Caerphilly.

Six Healthcare Support Workers were recruited to help roll out a comprehensive competency training programme. The service provides in-depth support to those individuals identified as being at increased risk of cardiovascular disease and in need of changes to improve their health and to reduce the potential for future statin medication. This service also provides a blood pressure monitoring service to those citizens identified with blood pressure issues to identify those requiring clinical referral back to their GP.

This Health Board programme is providing support to the development of a national programme, supporting other Health Boards across Wales to develop and implement similar population based screening programmes.
June 2016

Health Board help for teenagers with body image issues
The success of a support group for young people who struggle with their body image was celebrated in a BBC documentary called '#welshteens: My Perfect Body'.

Daune Green, an Advanced Practitioner for Eating Disorders, runs the body image group for children and adolescents in the Health Board area. Young people are bombarded daily by digital images of 'perfect' bodies and lifestyles on social media, in magazines and on TV. Illnesses like anorexia and body dysmorphia are on the rise and more teenagers than ever before need support for mental health problems.

“'The group we run educates these young people about what body image is and we explore their own values and ideas about their body image. We try to get them to appreciate who they are and not what they look like.’

Daune Green, Advanced Practitioner for Eating Disorders

July 2016

Specialist lung cancer diagnosis service now available in Gwent
A state-of-the-art procedure to check for lung cancer was carried out in Gwent for the first time.

The Health Board launched a new Endobronchial Ultrasound Guided Biopsy (EBUS) service to benefit patients.

New equipment worth £300,000 was purchased by the Health Board to enable the new procedure to be carried out at Nevill Hall Hospital in Abergavenny. Following scans of the chest, clinicians can then decide to use the EBUS procedure to gather
small amounts of tissue from lymph nodes for analysis. The new equipment collects samples with accuracy thanks to a tiny ultrasound probe which enables clinicians to identify lymph nodes on a screen and guide the needle with precision.

An estimated 400 patients from around Gwent will benefit from the new service each year. Previously Gwent residents travelled to Cardiff to undergo the procedure, which meant increased waiting times, inconvenience and uncertainty for patients.

August 2016

First of its kind specialist eye centre launches in Newport

A pioneering Ophthalmic Diagnostic Treatment Centre (ODTC) for people in Gwent suffering from an age-related eye condition was introduced to reduce waiting times for assessment, diagnosis and treatment.

The centre is the first of its kind in the UK to see a high street opticians provide initial screening and referrals for people with symptoms of Wet Age-related Macular Degeneration (Wet AMD), and for NHS staff to deliver treatment for the condition from the same high street location.

With funding from the Welsh Government, the new ODTC centre has been developed through a collaboration between the Health Board and Specsavers on Austin Friars in Newport city centre.

Gwent residents with wet AMD are now treated at the new centre at Specsavers, which also provides assessments and referrals. Wet AMD affects the macula at the back of a person’s eye and, if left untreated, can cause vision to deteriorate within days.
September 2016

**Exercising and Educating in the Community**
The Health Board worked with local partners to bring Pulmonary Rehabilitation closer to patients in the community.

For people living with a lung condition exercise and education can make a significant difference to their life and a new six-week course was designed to exercise and educate people living with long-term lung conditions in Gwent.

The programme, which began running in six areas across Gwent (Ebbw Vale, Bargoed, Abergavenny, Chepstow, Newport and Cwmbran), combines physical exercise sessions with advice and discussions on lung health.

Patients are referred by their GP/Practice Nurse or the Chest Clinic and attend two sessions per week. Each session includes one hour of exercise with a fitness professional and one hour of education, facilitated by a healthcare professional and is designed to help understand the importance of health and fitness and managing the symptoms of their condition.

October 2016

**New app launched to help children and young people with autism**
A new electronic mobile phone and tablet app was launched to improve information sharing and support for children and young people with autism.

The ‘About Me’ app was created in response to feedback from young people with autism and will make it easier for people with autism to access, hold and share information about their condition with professionals. The conversion to an electronic form was done in response to popular demand from the young people themselves.

The app aims to put the child at the centre of clinical practice and will provide a low cost solution to information sharing.
Research carried out in the Health Board area highlighted that there was a need for improvement both during and after the diagnostic assessment of autism, particularly around the sharing of information which often resulted in the need to repeat an individual’s history at appointments.

Eye Clinic Liaison Officers helping people with visual impairments
The Health Board provided funding for an Eye Clinic Liaison Officer post (ECLO), in partnership with charity Sight Cymru.

The ECLO role provides support to patients in hospitals in the area, as well as at a new community-led unit in Specsavers, Newport. ECLOs are specially trained to provide a wide range of support to people with newly diagnosed visual impairment. This includes providing further information about sight conditions, discussing the impact of conditions with patients, helping patients to complete paperwork to register their condition, and early and accurate signposting to services provided by statutory and voluntary agencies.

“When a person loses their sight, the support and information they receive from an ECLO is absolutely vital. Despite the excellent treatments that we can offer to maintain and sometimes improve sight, in an aging population there are still people whose sight will deteriorate and they will need support through this difficult time.”

Lissa Gomer, Eye Clinic Liaison Officer

November 2016

New Birthing Unit Opened
A new Midwifery Led unit at Nevill Hall Hospital was opened with Midwives from all over Gwent coming together to view the “home-from-home” environment.

The Abergavenny Birthing Unit has been set up to offer women with low risk pregnancy a home from home environment to birth in. The suites have
a birthing pool and a number of birth aids that allow women to take control of their environment and do what comes naturally to them during labour.

Midwifery-led units like this, situated alongside obstetric units, are now widely available across the UK and support national campaigns to reduce caesarean section rates. The Health Board already has a successful midwifery-led unit at the Royal Gwent Hospital and a free standing midwifery-led unit at Ysbyty Ystrad Fawr.

**December 2016**

**New Minor Injuries Unit and Cath Lab in Newport**

A new Minor Injuries Unit was opened at the Royal Gwent Hospital in Newport.

Funded by the Welsh Government, the £2.9 million extension to the hospital’s emergency department helps improve links between the A&E and Minor Injuries units.

The new unit for the treatment of minor injuries and illnesses provides 21st Century surroundings for staff and patients.

A new Cath Lab, supported by £1.8 million of Welsh Government funding, was also opened to improve services for cardiac patients.

A Catheterisation Laboratory, or Cath Lab, is an examination room with diagnostic imaging equipment used to visualise the arteries of the heart and the chambers of the heart.
New video – ‘Can You Tell How To Choose Well?’
The Health Board produced a new video to help people choose the best health service for their needs when they are unwell.

The two-minute film is the fourth in the series of ‘Dr Olivia’ videos which involve Wales’s youngest doctor educating the public on how to choose whether to visit a pharmacy, optician, dentist, GP, or call NHS Direct. This time Dr Olivia, a nine-year-old pupil at St Julians Primary School, whisks people away from an over-crowded GP surgery to take part in a quiz show called ‘Can You Tell How To Choose Well?’

The video was produced in-house by Health Board staff and their family members, who directed, produced and acted alongside the young Doctor. In support of the national ‘Choose Well’ campaign, the Health Board urged people to view and share the new video through their Facebook, Twitter and YouTube social media pages.

January 2017

Dedicated team helping older people with mental health conditions
A ground breaking service to help older people with mental health conditions is ‘making a huge difference’ to services at Nevill Hall Hospital.

RAID (Rapid Assessment, Interface and Discharge) is a specialised multi-disciplinary mental health team working in hospitals in the Aneurin Bevan University Health Board area. The team provides psychiatric assessment, advice and support to patients aged 65 and over with mental health problems. Patients are identified quickly, and the RAID team are able to spend more time with the patient giving a personal approach and a familiar face to interact throughout their stay.
RAID aims to help patients leave hospital more quickly and ensures they continue to be supported by the correct health and social services once the patient has been discharged home.

The RAID team is made up of healthcare professionals including nurses, psychiatrists, occupational therapists, social workers and assistant psychologists.

**Volunteers Tackle Loneliness**
The Health Board launched a new initiative to tackle loneliness called ‘Ffrind i Mi/Friend of Mine’.

Ffrind i Mi was set up to try and make sure that anyone who feels lonely or isolated is supported to reconnect with their communities. Since the service launched, 152 people have come forward to volunteer to be involved in the service by befriending a lonely person and more than 150 referrals have been made to the service.

A website has been produced which people can use to refer themselves or others and the Health Board has been working with many partner agencies to help set up support groups and holding befriending events across our communities.

“Loneliness is insidious. It’s a very secret thing. It’s an epidemic and as a society we should be working together to support those who are vulnerable.”

*Joan Watkins, a resident from Caerleon*
February 2017

Cabinet Secretary officially opens South Wales’ first Extremity MRI Scanner

The Health Board unveiled a new Peripheral MRI Scanner at Ysbyty Ystrad Fawr.

The Peripheral Scanner (also known as an extremity MRI scanner) allows for patients’ arms or legs to be scanned, rather than their whole body entering a scanner.

This provides for a better patient experience, particularly for patients that feel claustrophobic in a standard MRI. It also enables children to have their limbs scanned without the need for sedation.

The Extremity Scanner purchase was funded by the Welsh Government and is only the second scanner of its type in Wales, but the first in South Wales.

March 2017

Dedicated service for elderly fallers helps more than 200 patients

A dedicated service for elderly patients who have fallen in the Aneurin Bevan Health Board area has helped more than 200 people to get back on their feet.

The Falls Response Service, which is being run jointly by the Welsh Ambulance Service and the Health Board, aims to provide a timely response for elderly patients who have suffered a fall in the community and are either uninjured or have a minor injury.
The team, which consists of a registered paramedic and a therapist on a specialist vehicle, provides patients with a full medical and social assessment. They will also signpost them to the most appropriate care pathway for their needs and in the majority of cases are able to prevent an unnecessary visit to the Emergency Department.

The six-month trial was launched in October 2016 and by March 2017 the team has assisted 229 patients who have accessed the 999 system, 183 of whom were able to be treated at home.

Gwent smokers supported to quit on No Smoking Day 2017
Smokers in the Health Board area were offered support to give up smoking for good on No Smoking Day - Wednesday 8th March.

This annual campaign encourages hundreds of thousands of smokers to make a quit attempt on No Smoking Day.

Studies show that two-thirds of smokers want to quit. Nearly 20% of adults in the Health Board area continue to smoke. Aneurin Bevan Gwent Public Health Team promoted the health benefits of quitting smoking on No Smoking Day through their local Help 2 Quit campaign which asks smokers to ‘find your reason to quit smoking’.

The Help 2 Quit campaign has a website, Facebook, Twitter and Instagram pages, which have been designed to help people in Gwent to easily find the most appropriate free NHS stop smoking service for them.
Specialist and Critical Care Centre Approved

Vaughan Gething AM, Cabinet Secretary for Health, Well-being and Sport announced the approval for the £350m Specialist and Critical Care Centre (SCCC) at Llanfrechfa Grange, Cwmbran.

The 560-bed purpose built hospital forms a key part of our Clinical Futures strategy, launched in 2004, to modernise health services in Gwent. The SCCC will create a highly specialised environment to support the treatment of patients who need complex and acute emergency care in our region.

“The approval of the SCCC is a real endorsement of our Clinical Futures Strategy. This strategy has stood the test of time and we are now able to move forward with our plans to provide 21st Century healthcare in a state-of-the-art hospital for the people of Gwent.”

Joan Watkins, a resident from Caerleon

Timeline

2004/5 Clinical Futures Strategy for Gwent proposes three new hospitals, including Specialist and Critical Care Centre (SCCC).
2008 Smaller hospitals in Ebbw Vale and Ystrad Mynach get go-ahead.
2012 First designs for the Llanfrechfa Grange site revealed.
2013 Outline business case approved. SCCC identified as a 'fixed point' in the South Wales Programme.
2014 Planning permission granted.
2015 Approval for demolition of old buildings on site.
2016 Vaughan Gething, Cabinet Secretary for Health, Well-being and Sport, gives construction the go-ahead.
2017 Building work begins on the new hospital.

Construction will start on site in the summer of 2017, with completion in the summer of 2021. The hospital is scheduled to open to patients in Autumn 2021.
What services will be offered at the SCCC?
The new hospital will deal with all major emergencies, and will treat and care for those needing complex, specialist or critical care.

It will include a 24-hour emergency department and assessment unit, dealing with emergencies and resuscitation cases, and will have a broad range of diagnostic services, operating theatres, and a consultant-led obstetric unit.

The hospital will have a dedicated children’s assessment unit which will manage all paediatric emergencies, and it will be a base for neonatal intensive care.

Pathology, pharmacy, and radiology, including MRI and CT scanners, will be available at the Centre. There will also be a helipad on the site, to enable emergency cases to be transferred quickly.

The SCCC will serve a population of around 600,000 across Gwent and South Powys. The majority of services will be transferred to the new hospital from the Royal Gwent Hospital and Nevill Hall Hospital.

Our Clinical Futures Strategy sets out new roles for both the Royal Gwent, including St Woolos, and Nevill Hall Hospitals following the opening of the SCCC. The aim is that these will join Ysbyty Ystrad Fawr, Ysbyty Aneurin Bevan, Chepstow and County Hospitals to provide a network of hospitals able to provide the majority of care for their local communities.
Here are 10 things you need to know about the SCCC...

1. Your Specialist and Critical Care Centre (SCCC) is a new state-of-the-art hospital

2. Building work begins in the summer of 2017

3. It will be built at the Llanfrechfa Grange site, near Cwmbran

4. Welsh Government approved up to £345m funding to build it

5. There will be 560 beds for patients

6. The hospital will open its doors to patients in 2021

7. There will be a helicopter pad for air ambulances

8. There will be more than 40 different specialist services at the SCCC

9. Specialists will work together under one roof to create a centre of excellence

10. There will be no outpatient clinics at the new hospital - they will remain in our existing hospitals
Global Health Links
The Health Board has a long history of organisational support for Global Health Links projects. This started with support for Southern Ethiopia Gwent Link, which ran for 16 years with support from the Health Board. This link has now stopped as the projects have become self-sufficient. One part of the program continues through the Midwives@Ethiopia link.

Midwives@Ethiopia
This team of UK midwives share knowledge and skills in Ethiopia. Funding from Hub Cymru Grant was used to further support this work during 2016/17.

We have a Global Health Links Committee, which has been led by David Jenkins, Chair of the Health Board. We also have a Global Health Links Clinical Lead, Dr Tei Sheraton.

We are signatories to the International Health Coordination Centre’s ‘Charter for International Health Partnerships’, give support to staff through The All Wales Special Leave Policy and our Occupational Health department offer free vaccinations, advice and follow-up appointments to all staff who go on approved visits to developing countries. We support the IHCC charter implementation work and the work of Wales for Africa Health Links Network.

Sight 20:20 Malawi
Led by the Health Board’s Eye Surgeon Andrew Feyi-Waboso since 2001, the aims of the project are to fight and treat preventable causes of blindness in Malawi.

In 2015/16 the Health Board’s Executive Team formalised their support for the project following a visit from the Malawi team, signing a Memorandum of Understanding.
**Wales For Africa**

We encourage our employees to contribute to the ‘Wales for Africa’ programme that brings benefits back to the Health Board.

The programme, in collaboration with Academi Wales, offers a unique opportunity for NHS staff to work on development projects and enhance leadership skills, which we value and are keen to develop further.

**SAFE Anaesthesia**

Health Board anaesthetists have supported delivery of training courses and development of new courses in collaboration with the AAGBI (Association of Anaesthetists of Great Britain and Ireland), WFSA (World Federation of Society of Anaesthesiologists), and RCS (Eng) (Royal College of Surgeons).

They have also worked with RCoA (Royal College of Anaesthetists) to update an e learning resource for developing countries.

“*The Health Board aims to promote, support and protect the international health link activities undertaken by members of our staff. We have been hugely impressed with the work that has been undertaken to date and we want to encourage more staff to engage with and support these initiatives. Our international health links are delivering real benefits to all involved. These links are also providing clear evidence of our values as an organisation, values of which we should all be proud.*”

**Mr David Jenkins, Chair of the Health Board**
Staff Achievements

Celebrating Our Staff
Our sixth Staff Recognition Awards Ceremony was held in December at the Christchurch Centre, Newport.

More than 300 members of staff attended the event that celebrated the achievements of staff from across the Health Board. The event was hosted by Judith Paget, Chief Executive, and David Jenkins, Chair of the Health Board.

The awards recognised staff and teams from across the organisation who had delivered services and shown leadership of the highest standard.
The award winners were:

- **Health and Wellbeing** – Living Well Living Longer Team
- **Improving Patient Experience** – Joint winners – Cedar Park Team, Ysbyty’r Tri Chwm, and the Structured Diabetes Team
- **Leadership** – Dr Alun Edwards
- **Partnership Working** – Palliative Care Team and Ward 3.2 from Ysbyty Ystrad Fawr
- **Quality, Sustainability and Efficiency** – Multidisciplinary Vascular Team
- **Team of the Year** – Car Parking Team at the Royal Gwent and Nevill Hall Hospitals
- **Going the Extra Mile** – Bargoed Ward, Ysbyty Ystrad Fawr
- **Education, Research and Innovation** – Joint winners – Emergency Department, Royal Gwent Hospital
- **The Chairman’s Award** – Rhiannon Davies, Welsh Language Officer
- **The Chief Executive’s Award** – Jackie Austin, Consultant Nurse for Heart Failure and Cardiac Rehabilitation Services and The Stroke Team
- **The Aneurin Bevan Community Health Council Award** – Denise Llewellyn, retired Nurse Director
- **Living Our Values** – Kerry Jeffries, (Secretary, Maternity Services); Yvonne James (Porter, Royal Gwent Hospital Post Room); Ian Morris (Assistant Director of Planning); Michelle Donovan (Nurse Practitioner, Trevethin Nurse Led Clinic); Joanne Williams (Healthcare Support Worker, Trevethin Nurse Led Clinic); Lynda Fletcher (Administrator, South Powys Psychology Service); and Karen Newman (Head of Communications).

Congratulations to all!
During the year staff and services of the Health Board were also recognised locally and nationally through a series of awards...

Point of Light Award
Lara Cowpe, one of the Health Board’s Occupational Therapists, was presented with a Point of Light award by the Prime Minister for personally raising over £85,000 for Teenage Cancer Trust.

Top Presentation Award
Dr Michelle Oliver, SRH trainee, won the prize for best oral presentation at the Annual Scientific Meeting of the Faculty of Sexual and Reproductive Health.

Michelle presented her work on immediate post partum contraception provision in the Royal Gwent Hospital.

National Continence Care Awards
The Health Board’s School Health Nursing Service Enuresis Team received an award at the House of Commons for their winning entry for ‘Promoting Continence in Primary and Community Care’ at the National Continence Care Awards. This is the new Enuresis pathway and service for children in Gwent

Community Award for fun run founder
Paul Mason, Performance & IT Manager for our GP Out-of-hours service, received a Civic Award for his work in founding a fun run to raise funds for Coed Eva Primary School in Cwmbran.
Queen’s Birthday Honours - June 2016

The following staff members received royal recognition for their work in the Queen’s Birthday Honours list...

Professor Helen Houston *(pictured left)*, former independent member of the Health Board, a professor of general practice at Cardiff University, was honoured with an MBE for services to medical education and health services in South Wales.

Jane Hart *(pictured right)*, Macmillan lead cancer nurse for the Health Board, was recognised with an MBE for her services to the improvement of cancer care in south east Wales.

Tanya Strange *(pictured left)*, a divisional nurse in primary care for the Health Board, was given a MBE for her services to nursing care in south east Wales.

Caroline Bovey *(pictured right)* the lead Public Health Dietitian with the Health Board and Chair of the Health Board’s Lesbian, Gay, Bisexual and Transgender Advisory Group, was awarded with a BEM for services to Equality in the NHS in Wales.

Queen’s Nurse Award

Community Nurse Alison Magor *(pictured left)* was given the prestigious title of ‘Queen’s Nurse’ (QN) due to her high standards of practice and patient-centred care.

Alison, who is a District Nurse manager at Bryn Hyfryd Clinic in Croesyceiliog, Cwmbran, was given the title by community nursing charity The Queen’s Nursing Institute (QNI). The title is not an award for past service, but indicates a commitment to high standards of patient care, learning and leadership.

All Wales Continuous Improvement Community (AWCIC) Awards

Aneurin Bevan Continuous Improvement (ABCi), *(pictured right)* were successful in winning the Leadership category.
Association of Healthcare Cleaning (AHCP) Awards

AHCP is the largest and most influential professional association for healthcare cleaning in the UK and at their 2016 annual Awards, Domestic Supervisor Sue Shorney, *(pictured far left)* and her Domestic Team took the ‘Supervisor Team of the Year’ Award.

Healthcare People Management Association Welsh Awards

Congratulations to Sue Ball *(pictured far left)* and Jill Evans for winning the Welsh HPMA Award for Partnership & Engagement - Living the Values.

NHS Wales Awards

The Health Board won (jointly with Velindre NHS Trust and Digital Legacy Association) the ‘Improving Quality Using Improving Quality Together Methodology’ award at the NHS Wales Awards.

RCN Wales Nurse of the Year Awards

Our nurses once again took centre stage at the Royal College of Nursing in Wales Nurse of the Year Awards. Our Health Board nurses not only took away seven awards *(see below)*, but our very own Sian Thomas *(pictured middle)*, a Consultant Nurse in Child Health, took away the ultimate accolade of the evening, Wales Nurse of the Year.

*The other winners from the Health Board were:*

- Lifetime Achievement Award – Karen Logan OBE
- Humanitarian Nursing Award – Donna Hornby, Practice Nurse
Health Care Support Worker Award – Mike Mallett, Health Care Support Worker, Specialist Needle and Pharmacy Exchange Coordinator

Mental Health and Learning Disabilities Award – Jeffrey Davies, Clinics Manager

Children and Midwifery Award – Sian Thomas, Consultant Nurse

Chief Nursing Officer for Wales Award – Tom Grace, Senior Nurse/Head of Deprivation of Liberty Safeguards

Fellowship for Alison

Alison Williams, our Professional Lead for Early Years Children’s Speech and Language Therapy Services, was awarded a Fellowship of the Royal College of Speech and Language Therapists in the honours ceremony at Church House, Westminster.

She received the fellowship for her work on influencing and policy impact.

Health Service Journal Award

Our 'Living Well Living Longer team' picked up a prestigious Health Service Journal (HSJ) Award at an event in London in November 2016.

The programme, launched last year, and the first of its kind in Wales, took the HSJ Award for 'Improving Outcomes Through Learning and Development.'
New Year Honours

The following staff members received royal recognition for their work in the Queen’s Birthday Honours list...

Wendy Warren (pictured left), our Head of Planning and Civil Contingencies, received an MBE – for services to emergency planning and health protection.

Theresa Thomas (pictured right), a Medical Assessment Unit Staff Nurse, received a BEM for services to nursing care in Gwent.

BEST Awards

Claire Curtin (pictured left with Cabinet Secretary Vaughan Gething AM), a registrar in Special Care Dentistry, won the Award for ‘Outstanding contribution to raising the profile of their specialty in Wales’ at the BEST Awards 2017.

Claire also won the overall BEST Trainee award presented to her by the Cabinet Secretary for Health.

Dr Rachel Lee (pictured right), a trainee in obstetrics and gynaecology was given an award for her “Outstanding Contribution to the Training Programme” at the BEST Awards.
Performance Report
How we performed in 2016/17...

This section of the Annual Report gives you information on how we are performing in relation to our own standards and ambitions, as well as against a range of national targets which the Welsh Government sets for all the Health Boards in Wales.

We have used the seven categories from the Balanced Scorecard as headings to present this information. These are:

- Staying Healthy
- Safe Care
- Dignified Care
- Effective Care
- Timely Care
- Individual Care
- Our Staff and Resources

The Balanced Scorecard (below) is a tool provided by Welsh Government which gives NHS Wales a framework against which to monitor performance.
Staying Healthy

**Flu vaccinations**
Influenza, more commonly known as the flu, is a respiratory illness which affects the lungs and airways. Anyone can get flu and the flu virus is easily passed from person to person. Flu can spread rapidly, especially in closed communities such as residential homes. Most people who are fit and well recover fully from a bout of flu, but complications can occur (particularly in the very young, the elderly, those who are pregnant, and people with certain medical conditions). This can result in serious illness or even death. Because of this increased vulnerability we target these groups and encourage them to take up the offer of a free vaccination.

Each year we review the effectiveness of vaccination campaigns by looking at the percentage of eligible people who were vaccinated. During the winter months, when flu is most common, we look at some of these percentages on a weekly basis. Members of our staff are also encouraged to take up the offer of free vaccination. This is because front line staff members are more likely to be exposed to flu and, if large numbers of our staff are off sick, there would be a severe impact on the services we provide.

In 2016/17 the uptake of influenza vaccination in groups that are at particular risk following infection increased slightly, but the percentage of our staff who were vaccinated increased significantly and, following validation is likely to exceed the 50% target level.

**Uptake of the national influenza vaccination (2016/2017 figures are estimated, subject to validation and will almost certainly increase)**
### Monthly Performance Comparison March 2016 to 2017

<table>
<thead>
<tr>
<th>WG Measure No.</th>
<th>Performance Measure</th>
<th>Target</th>
<th>Mar 16</th>
<th>Mar 17</th>
<th>Did We Improve or Sustain?</th>
</tr>
</thead>
<tbody>
<tr>
<td>16</td>
<td>Rate of laboratory confirmed clostridium difficile cases per 100k population (Number of cases shown)</td>
<td>28</td>
<td>44.75</td>
<td>27.6</td>
<td>✓</td>
</tr>
<tr>
<td>31/32</td>
<td>Delayed Transfers of Care</td>
<td>Improve</td>
<td>85</td>
<td>72</td>
<td>✓</td>
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<tr>
<td>56</td>
<td>Patients waiting less than 26 weeks for treatment (RTT)</td>
<td>95%</td>
<td>88.2%</td>
<td>90.5%</td>
<td>✓</td>
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<tr>
<td>57</td>
<td>Patients waiting more than 36 weeks for treatment (RTT)</td>
<td>0</td>
<td>2,682</td>
<td>975</td>
<td>✓</td>
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<tr>
<td>58</td>
<td>Patients waiting less than 8 weeks for a specified diagnostic intervention</td>
<td>0</td>
<td>3,484</td>
<td>2,491</td>
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<td>59</td>
<td>Patients waiting for a follow-up delayed past their target date</td>
<td>Reduce</td>
<td>24,938</td>
<td>22,960</td>
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<tr>
<td>64</td>
<td>% of patients waiting &lt; 4 hours in all A&amp;E Facilities until transfer, admission or discharge</td>
<td>95%</td>
<td>76.8%</td>
<td>79%</td>
<td>✓</td>
</tr>
<tr>
<td>65</td>
<td>% of emergency ambulance response times to category red calls up to and including 8 minutes.</td>
<td>65%</td>
<td>62.6%</td>
<td>78.9%</td>
<td>✓</td>
</tr>
<tr>
<td>66</td>
<td>Number of ambulance handovers over one hour</td>
<td>0</td>
<td>483</td>
<td>151</td>
<td>✓</td>
</tr>
</tbody>
</table>
**Chronic conditions**
Large numbers of people in Gwent live with chronic conditions such as heart disease, epilepsy, diabetes and chest disease. Sometimes these conditions get worse and people may then need to be admitted to hospital for emergency care. These admissions are disruptive for people and their families and may lead to lengthy stays in hospital.

However, if people are provided with the information and resources that they need to manage their condition and they also have access to good support in the community from their GP, nursing teams, voluntary agencies and many other services, they may be able to avoid a possible worsening of their condition and the frequency of these emergency admissions can be reduced.

We monitor these admissions and readmissions to provide an indication of how well we are doing in our provision of community and other support for this group of people.

Despite an aging population, in 2016/17 the rate of emergency hospital admissions and readmissions within a year for 8 chronic conditions has remained largely stable.

**Admissions & Readmissions for 8 Chronic Conditions (per 100,000 people)**

[source – NHS Wales executive board papers]
**Smoking**

Smoking is the major avoidable contributor to a wide range of diseases. Stopping smoking makes a significant and measurable difference to a person’s health.

We monitor the number of people using our smoking cessation services as a percentage of our population who are smokers. A simple breath test, measuring carbon monoxide levels, provides a simple, objective measure of smoking status. We have also consolidated our “Making Every Contact Count” initiative with the aim of mobilizing our greatest asset - our workforce - to deliver simple and timely advice on matters such as smoking to the patients they come into contact with on a daily basis.

The percentage of the estimated smoking population in Gwent who were treated by NHS stop smoking services increased significantly, but will be below the target of 5% in 2016/2017.

% of smoking population treated by NHS stop smoking services

![Graph showing percentage of smoking population treated by NHS stop smoking services from Q1-3 2015/2016 to Q1-3 2016/2017.](source-NHS Wales executive board papers)

Figures for quarter 4 of 2016/17 were not available at the time this report was published. The above graph compares performance over quarters 1 to 3 to illustrate the year-on-year trend.

The percentage of smokers treated by NHS stop smoking services who passed a breath test to confirm they had stopped smoking went up and was above the target of 40%.
% of smokers treated by NHS stop smoking services who have given up successfully

source - NHS Wales executive board papers

Figures for quarter 4 of 2016/17 were not available at the time this report was published. The above graph compares performance over quarters 1 to 3 to illustrate the year-on-year trend.

Childhood vaccinations
The Health Board has robust reminder processes in place to try to promote the uptake of a wide range of childhood vaccinations. We also promote and participate in advertising and public awareness initiatives and campaigns.

Achievement of uptake at or above a level of 95% amongst the relevant groups of children is the required level to ensure that communities are protected from outbreaks. In previous years, the uptake rate for a range of vaccinations in children aged 1 and 2 was used as the overall indicator and we achieved the target in most quarters. Welsh Government now uses the uptake rates for the routine vaccinations at 4 years old as the overall indicator and, as can be seen in the chart, we are yet to consistently achieve the optimal rates for uptake.

In 2017/18, the focus will be on working with partners in primary care Neighbourhood Care Network to improve the uptake of all primary childhood immunisations in the most disadvantaged areas of the Health Board in order to meet the 95% uptake standard.
Quarterly uptake of scheduled children’s immunisations for children aged 4

<table>
<thead>
<tr>
<th></th>
<th>4_in_1_pre_school_booster</th>
<th>hib/menc_booster</th>
<th>second_MMR_dose</th>
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<td>75%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>80%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>85%</td>
<td></td>
<td></td>
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<td>90%</td>
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<tr>
<td>95%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>100%</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

source – Public Health Wales – Cover Report

**Safe Care**

**Patient Infection Rates**

We take the safety of our patients very seriously. That means doing everything we can to reduce the risk of anyone acquiring an infection while they are in our care both in hospital and at home.

Infection prevention is regarded as everyone’s business and the Health Board is committed to supporting staff in preventing infections. The Health Board maintains a zero-tolerance approach to infections picked up in our hospitals and all individual cases are fully investigated and any required actions taken.

In 2016/2017 we achieved the reduction target agreed with Welsh Government for Clostridium Difficile but not for Staph Aureus bacteraemia cases. However, our Staph Aureus bacteraemia rates were the lowest in Wales.
Patient safety alerts and notices
The Welsh Government has established Patient Safety Solutions at a national level to issue Alerts and Notices to the NHS in Wales.

**ALERT:** This requires prompt action with a specified implementation date to address high risks/significant safety problems that have been identified.

**NOTICE:** This is issued to ensure that organisations and all relevant healthcare staff are made aware of potential patient safety issues at the earliest opportunity.

We are committed to implementing the recommendations from Patient Safety Solutions Wales within the identified timescales and keep track of any failures to achieve this aim.

Actions to resolve patient safety alerts and notices are often complex. For example, solutions often require us making major changes to our buildings which cannot be done quickly. For this reason, many of the missed safety alerts and notices are common across all Health Boards in Wales. Even so, we are taking a number of actions to ensure compliance is achieved.
Number of safety alerts and notices where the deadline was missed

source - NHS Wales executive board papers and WG "balanced scorecards"

*Please note that the above graph bars relate to a total of three notices and one alert - they do not represent new alerts and notices.

Serious Incidents and Never Events
All serious incidents and never events (serious incidents that are wholly preventable) are brought to the attention of our Chief Executive, or an Executive Director, and reported to Welsh Government within 24 hours. A full investigation is made and actions identified to avoid any reoccurrence. A plan to introduce any required change is developed and implemented. These plans always include very demanding timescales and, as a result, we may take slightly longer than planned to achieve all required changes but we monitor and report our compliance with these deadlines and, as can be seen in the chart below, we are working to increase our compliance rates.

Of the Serious Incidents due for assurance within the month, the % which were assured within the agreed timescale

source - NHS Wales executive board paper
Number of new Never Events:

source - NHS Wales executive board papers

Dignified Care

The cancellation of an operation, especially at short notice, causes great inconvenience for a patient and may prolong a period of anxiety and discomfort.

We try hard to avoid cancellations, but if circumstances (such as very high levels of demand for emergency care and treatments) make them unavoidable we try to re-book as soon as possible.

We monitor our performance in rebooking following a cancellation and report it to Welsh Government.

In 2016/2017, over the winter months when there was increased pressure from emergency demand, our performance against this measure decreased slightly but has started to recover and to carry on the overall upward trend.
% patients who had their procedure postponed on more than one occasion and had their procedure within 14 days or at the patient’s earliest convenience

source - NHS Wales executive board papers

Effective Care

Delayed transfer of care
We recognise that we have high rates of patients who experience a delay in their discharge or transfer to a different care environment.

This is a problem that is common across the UK. Considerable effort is going into reducing the numbers and lengths of delays that can be attributed to health and social care. However, a major reason for delays is patient choice and family-related issues with selecting a nursing or residential home, or the wait for a vacancy.

We have a Choice of Accommodation Policy to better support patients and their families in making decisions about their future care and consequently reducing delays. We are working closely with local authorities to address the problems of delays due to the lack of suitable accommodation.

In 2016/17 the trend in the monthly rate for patients with mental health problems was level but for patients with physical problems delayed transfer of care it decreased slightly.
**Monthly rates per 10,000 of the Gwent population experiencing a delayed transfer of care (mental health = all ages, non-mental health = patients aged 75 and older)**

**Mortality rates**
Although death at the end of a hospital stay is sometimes inevitable, it is crucial that we monitor and openly report rates to ensure that the risk of avoidable deaths is minimised for all patients.

The ‘crude mortality rate’ is the percentage of our patients who die following admission to one of our hospitals. We monitor these rates for all patients but, nationally, the measure is the rate for patients under the age of 75.

In 2015/17 the crude mortality rate for these patients (rolling 12 months) in the Health Board remained stable and was consistently lower than the average for the other health boards in Wales.
Crude mortality rate in patients <75 years of age

Principle Diagnosis Code

The detailed information that makes up the narrative and content of the clinical record of a patient’s stay in hospital is essential in managing and optimising the care that the patient receives during that and any future stays in hospital. However, if this information is to be used for analysis, planning and reporting, it must be categorised and recorded as clinical codes.

It is important that this is done as soon as possible after the end of a patient’s stay in hospital so that this information is available for a wide range of uses, such as the planning and costing of services. For this reason, we closely monitor and report the timeliness of coding.

Previously the target was that 95% of patients would have their diagnosis coded within 3 months following their discharge but this period has been shortened to 1 month following discharge.

In 2016/17 the percentage of valid principle diagnosis code 1 month after the episode end date decreased.
% valid principle diagnosis code 1 month after episode (target = 95%)

Research Studies
Research is essential for the improvement of the care that we provide for patients and the outcome of their care and treatments. The Health Board actively participates in a broad range of research activity.

The number of Health and Care Research Wales portfolio studies has increased in steadily and significantly over the past five years.

Number of Health & Care Research Wales Clinical Research Portfolio Studies

Figures for quarter 4 2016/2017 extrapolated from quarters 1-3
**Timely Care**

**Access to GPs**
Access to a GP appointment at a convenient time may be difficult, especially for people working full time, or with demanding family or other commitments. Extended opening hours improves this access.

The percentage of GP practices open within 1 hour of the daily core hours increased in 2016 and is nearly at 100%.

**Percentage of GP practices open during daily core hours or within 1 hour of daily core hours**

![Bar chart showing percentage of GP practices open during core hours](source - NHS Wales executive board papers)

In previous years, the percentage of GP practices offering appointments between 5pm and 6.30pm at least 2 nights per week remained stable at 100%.

The target has been reset to the percentage of GP practices offering appointments between 5pm and 6.30pm at least 5 nights per week. Performance in 2016 was very close to target achievement.
The ‘My Health Online’ service enables people to book appointments and order repeat prescriptions (for example, booking a doctor’s appointment when the surgery is closed). This online service offers greater convenience for patients.

The percentages of GP practices that are offering appointment bookings and repeat prescriptions through ‘My Health Online’ have steadily increased.

% who are offering appointment bookings and % offering repeat prescriptions (of practices set up to use ‘My Health Online’)

(source - NHS Wales executive board papers)
Dental Care
Access to NHS dentistry is an important facet of the services we provide. The percentage of the Gwent population treated by an NHS dentist in the last 24 months remains stable at around 56-57%.

Patients treated by an NHS dentist in the last 24 months as a % of the LHB population

source - NHS Wales executive board papers
Figures for October 2016 to March 2017 were not available at the time this report was published. The above graph shows the year-on-year trend.

GP referral waiting times
The wait between referral by a GP and access to an outpatient appointment, investigation and treatment may create anxiety and uncertainty. We monitor and report the time that patients wait and we try to minimise waiting times.

% of patients waiting less than 26 weeks for treatment (RTT)
Although in 2016/17 the percentage of patients waiting less than 26 weeks for treatment (RTT) did not reach the goal of 95%, performance was consistently above the amber (has to be within 10% of the goal so = 81%) target.

Further improving this performance is a key concern for the Health Board.
Percentage of patients with a referral to treatment time less than 26 weeks

![Graph showing percentage of patients with referral to treatment time less than 26 weeks.](image)

Source: Monthly data submitted to Welsh Government

Number of RTT 36 week breaches

The numbers of patients waiting longer than 36 weeks for treatment remained largely static throughout most of 2016/2017 but they have significantly reduced in the last 2 months of the fiscal year.

Number of patients who have been waiting longer than 36 weeks for treatment

![Graph showing number of patients waiting longer than 36 weeks.](image)

Source: Stats Wales
% of patients waiting less than 8 weeks for specified diagnostic tests.

The percentage of patients waiting less than 8 weeks for specified diagnostic tests reduced in 2015/16:

Numbers of people waiting for diagnostic tests by time band and % waiting less than 8 weeks

Follow-up appointments

Previously, the main focus for outpatient waiting time reductions was waits for new or first appointments. We are now equally focused on avoiding long waits for patients requiring a follow-up appointment.

Prior to October 2016 we were only able to monitor figures for patients who were still waiting for an appointment to be sent to them (not booked) but, from October 2016 onwards, we have included patients who have been given an appointment but who have not yet been seen in outpatients (not-booked plus booked).

In October 2016, 42,436 people were waiting and this number has fallen significantly to 32,545 (-23%) in March 2017.
Number of follow-up appointments delayed past their target date

Stroke care
The Welsh Government has amended the quality improvement standards that we follow in delivering acute services for patients who have suffered a stroke. The standards describe the things that should take place within fixed time periods.

4 hours: Direct admission to a specialist Acute Stroke Unit and Screening to make sure that patients have a swallow reflex and will not choke if given food and fluids

12 hours: A computerised tomography (CT) Scan

24 hours: Assessment by a Stroke Consultant; Assessment by a Stroke Nurse; Assessment by a Therapist

72 hours: Formal swallow assessment; Occupational Therapy assessment; Physiotherapy assessment; Speech and Language Therapy communication assessment

Towards the end of 2015, as part of a redesign of the care pathway for patients who have had a stroke, we concentrated our emergency stroke services within a new Hyper-acute Stroke Unit at the Royal Gwent Hospital, which opened in January 2016. The resultant significant improvements in our performance can be seen on the graph below.
% compliance with the quality improvement measures for people who have suffered a stroke

Emergency care
The efficiency and effectiveness of all emergency services are closely related. If ambulance crews have to wait for a long time to hand over their patient at A&E because of congestion and patients waiting a long time, they are not available to answer emergency calls.

People are still waiting for lengthy periods in our A&E departments before they are discharged, admitted or transferred. This service is an area of concern for the Health Board.

% of new patients spending no longer than 4 hours in A&E (target 95% - amber performance >90%)

source – ISD reportal
Numbers of patients spending 12 hours or more in A&E:

source – ISD reportal

% of ambulance red call responses within 8 minutes (target 65%)

source – StatsWales

Number of over 1 hour A&E ambulance handovers

source – daily figures published by WAST and WG “balanced scorecard”
Cancer care
We maintain a strong commitment to the provision of excellent care for cancer patients and an important aspect of this care is timely access to cancer services. There will continue to be a focus on maintaining and improving performance over the next twelve months in the area of cancer waiting times.

For patients referred to us with suspected cancer, we aim to reach a diagnosis and start their treatment within 62 days. The national target is to achieve this for at least 95% of patients. Performance at the start of the year was unacceptably low and significant effort has gone into reducing the time that these patients wait. This work has helped secure a steady and significant increase, over the last 4 months of 2016/2017, in the percentage of patients starting treatment within 62 days.

% of patients referred as urgent suspected cancer seen within 62 days (target 95%)

Some patients who are referred to us for other reasons are subsequently diagnosed with cancer. When this happens we try to start their treatment within 31 days of the diagnosis being made.

The national target is to achieve this for 98% of patients. We failed to achieve this for most of the months in 2016/2017 but performance has improved at year end and the target was achieved.
% of patients referred as non-urgent suspected cancer seen within 31 days (target 98%)

source – Stats Wales

Mental Health
The care we provide for citizens with mental health problems is just as important as the care we provide regarding physical health.

Whilst we continue to provide hospital based services for people with mental health difficulties we have moved services to primary and community care settings.

In 2016/17, there has been an increase in the percentage of assessments by the Local Primary Mental Health Support Services (LPMHSS) undertaken within 28 days from the date of referral.

There has also been an increase in the percentage of therapeutic interventions started within 56/28 days following assessment.

In March 2017, the Health Board achieved target levels for both measures.
% of assessments by the LPMHSS undertaken within 28 days from the date of referral AND the % of therapeutic interventions started within 28 days following assessment by the LPMHSS:

source - NHS Wales executive board papers

**Individual Care**

**Number of calls to national helplines (C.A.L.L/Dementia/DAN)**
Although we do not directly manage these services, we receive information about the numbers of people in Gwent who have called these national helplines. This information helps in decision making about the targeting of services to ensure that they are tailored to the needs of our local population.

The helplines we receive figures for are:

- **C.A.L.L. – Community Advice & Listening Line** (Offers emotional support and information/literature on Mental Health and related matters to the people of Wales)
- **Wales Dementia Helpline** (offers emotional support to anyone, of any age, who is caring for someone with dementia as well as other family members or friends. The service will also help and support those who have been diagnosed with dementia)
- **DAN 247** (the drug and alcohol helpline for Wales)
Mental Health

The care we provide for citizens with mental health problems is just as important as the care we provide to achieve and maintain physical health.

Individualised services with people involved in deciding and documenting the care they will receive are crucial in achieving the highest standards of care.

Throughout the year, the percentage of patients (all ages) who had a valid Care and Treatment Plan (CTP) completed at the end of each month was above the target of 90%.

In most months of 2016/17, 100% of patients were sent their outcome assessment report within 10 working days after their assessment.

Throughout 2016/17, all of our hospitals had arrangements in place to ensure advocacy available to all qualifying patients (target 100%).
% of patients (all ages) to have a valid Care and Treatment Plan completed at the end of each month (target 90%)

source - NHS Wales executive board papers

% of patients who have been sent their outcome assessment report within 10 working days after their assessment (target 100%)

source - NHS Wales executive board papers
% of our hospitals with arrangements in place to ensure advocacy available to all qualifying patients (target 100%)

source - NHS Wales executive board papers

Our Staff and Resources

Missed Appointments
When people fail to turn up for an outpatient appointment without letting us know, it wastes an outpatient slot that could have been used for another person. We have introduced a text reminder system and this is being rolled out across our services. The decrease in the percentage of our patients not turning up for appointments that was seen towards the end of 2015/16 has been maintained and lowered even more in 2016/2017.

New and Follow up appointment DNA rates for selected specialties

source – ISD report
Performance appraisals
We are committed to a performance appraisal and development review (PADR) for every member of staff every year. Although the target of 85% is yet to be achieved, compliance in March was the highest it has been in 2 years.

% of staff who have had a PADR in previous 12 months – all divisions and services

source – internal reports and weekly figures

Staff Sickness
We are committed to offering all the support required to ensure that we have a fit and health workforce.

This is important because we have a responsibility for the people who work for us, but it is equally important for the smooth running of the services we provide to the people we care for.

In 2015/16 the percentage of staff absences attributed to sickness has been above our target of 4.99%, but has been below the amber target level of 5.49% with the exception of January and February 2017. These are months when we often see peaks in staff absence due to sickness.
Engagement and Partnership Working

In 2016/17 we have strengthened our engagement activities and these are described below.

**Working with Local Authorities:** We have continued to further develop well established arrangements with the five Local Authorities in our area, along with Powys. The Health Board has engagement arrangements with local Town and Community Councils on a range of service changes and developments. Health Board representatives play active roles in Local Service Boards, attend Local Authority scrutiny arrangements and we have also put in place a series of engagement meetings with the Full Council or Scrutiny Committees of each Local Authority to provide update presentations and openly discuss any key issues or plans for the future. The Health Board is also working as a key partner in the Greater Gwent Partnership in implementing the Social Services and Well Being Act. We have established in partnership a Partnership Forum and also a Leadership Group, supported by a range of programmes of work and supporting and advisory mechanisms.

**Working with Assembly Members (AMs) and Members of Parliament (MPs):** A priority for the Health Board throughout the past year has been to work pro-actively with AMs and MPs to ensure that they are kept up to date and aware of the Health Board’s key approaches and developments. The Health Board has initiated a regular AM and MP briefing,
which provides a concise update on areas of interest and development from the Health Board’s programme of work. Regular one to one meetings are also held with AMs with the Chief Executive. The Health Board’s Chair and Chief Executive also meet with AMs on a regular basis. In 2016/17 the Health Board responded to 354 written enquiries from AMs.

**Working with Gwent Police and the Police and Crime Commissioner (PCC)**

The Health Board is working positively with the Police and Crime Commissioner and Gwent Police. The provision of a multi-agency hub to co-ordinate support for the victims of crime (Connect Gwent) covers the following areas:

- Developing a Gwent approach to ‘street triage’.
- Implementation of protocols for welfare checks and patients who have gone missing from hospitals.
- Reviewing Section 135 arrangements.
- Developing a proposal with the five Local Authorities for dedicated transport for mental health patients/service users.
- Working together to develop a Multi-Agency Safeguarding Hubs (MASH).
- Joint Bravery Awards presentation.
- A review of the role and policies that underpin nursing practice in custody suites.
- Working in collaboration to meet the PREVENT duty and respond to the CONTEST strategy.

**Working with the Third Sector:** Well established mechanisms with the third sector exist in our area, particularly through the Gwent Association of Voluntary Organisations and the Torfaen Voluntary Alliance. These groups play an invaluable part in supporting our engagement agenda and play an active role in the Health Board Stakeholder Reference Group. The Health Board delivers a range of projects in partnership with the third sector and volunteers. Some examples include:

- Age Cymru Gwent Red Robins Befriending Service at St Woolos (SWH)
and the Royal Gwent Hospitals (RGH), Newport.

- **GAVO Sunflower Volunteers** - Offering befriending, group activities and hairdressing in conjunction with local colleges at Ysbyty Aneurin Bevan, Ysbyty Ystrad Fawr and Rhymney Resource Centre.

- **C.H.A.a.T. (Care Home Ask and Talk)** - Volunteers are members of the Gwent NHS Retirement Fellowship. As former employees of the NHS they have a real passion towards improving care for people living in nursing homes. During 2016 the CHAAT volunteers spoke to over 1,600 residents and 350 relatives. Listening to feedback, an engagement event with older people, relatives and care homes will be held in April to consider more meaningful activity.

- **Hospital C.H.A.a.T. pilot** - The CHAat Volunteers will be supporting a pilot on hospital wards to support older people and their relatives at the point of transition. Referral systems, patient information leaflets and feedback to the ward processes have been agreed. In partnership with the Older Adult Mental Health Directorate an initiative where CHAaT Volunteers speak to older people with mental health issues on wards about their experiences of care is underway. Further discussions are being held around the volunteers speaking to patients living with dementia and their relatives.

- **Ffrind i Mi** – a successful collaborative bid to the Health Technology Challenge Wales ‘ideas’ page to develop befriending services for the socially isolated/lonely. This is a partnership initiative involving the Health Board, local authorities, voluntary organisations, Coleg Gwent, Public Health Wales, SEWAHSP, NARPO, Housing Associations, Age Cymru, SSAFA and the Veterans Forum. Already this has seen a collective social movement aimed at developing compassionate communities.

- **Dementia Support Workers** - in partnership with the Alzheimer’s Society, 6 Dementia Support Workers (DSWs) have been appointed to work across NCN areas. Closely aligned to the Memory Assessment Service, the DSW’s will support people from the point of diagnosis. A multi-agency Project Board has been established and an action plan agreed through the Dementia Board.

- **Serennu Children’s Centre and Sparkle** - wide range of volunteer roles
at Serennu Children’s Centre, High Cross, Newport.

- Llanfrechfa Grange Walled Garden Community, Cwmbran as part of the Specialist and Critical Care Centre (SCCC) programme.

**Working with the Community Health Council:**
We work closely with Aneurin Bevan Community Health Council (CHC), an independent statutory organisation that acts as a voice for patients and the public. It is also an NHS watchdog for all aspects of care and services.

The Aneurin Bevan Community Health Council has continued to offer constructive challenge where appropriate, and has also provided excellent support on key service change issues throughout 2016/17. We regularly take advice from the Community Health Council with regard to appropriate patient and public engagement. The Health Board meets regularly with the Executive and Full Council of the Community Health Council and also participates in a Joint Planning Committee arrangement. The Community Health Council also provides a report to each of the Public Meetings of the Board.

For further information, please contact:
Aneurin Bevan Community Health Council, Raglan House, 6-8 William Brown Close, Llantarnam Business Park, Cwmbran, NP44 3AB
Telephone: 01633 838516 (there is a 24-hour answering service)

Email: enquiries.aneurinbevanchc@waleschc.org.uk

**Social Media and Digital Communications**
The Health Board has continued to lead on the use of social media and digital communications. During the last year, we have doubled our Facebook and Twitter followers.

We have undertaken a series of high profile social media campaigns through our Communications Team, but also in partnership with other NHS bodies in Wales and wider community partners e.g. Local Authorities and Third Sector bodies. These have included a particular focus this year on mental health and primary care themes.
Our ‘digital first’ communications approach has continued to develop significantly in the last year. In past years the Health Board has given out information, whereas now we actively engage and interact with our patients, the public and stakeholders through social media. This is done in real time, through patient and public questions on services, their current experience of our services and the quality of their care. The Communications Team has invested significant time in co-ordinating and responding to patient and public approaches on a day to day basis.

What has proved really successful this year has been our use of video stories and also video clips to support our media releases. In terms of our video clips, these have proved particularly successful with our staff and patients/public on social media. For example, one of our video films about work on one of our Dementia Wards was viewed by nearly 40,000 individuals and shared over 110,000 times – with over 100 positive comments posted on Facebook alone. This approach provides the Health Board with a reach that we could not achieve through traditional means and media.

**Winter Plan Communications**
The Communications Team also continued to promote important messages to the public through our ‘Be Winter Wise’ campaign to reduce unnecessary demand on the Health Board’s services during the winter months. Regular press articles and social media messages have been circulated to emphasise the campaign and to support the Welsh Government’s ‘Choose Well’ campaign. The Health Board delivered the fourth of its ‘Dr Olivia’ videos – this focusing on choosing well in primary care. Again, this received a high profile on social media.

The team has also worked closely with the Health Board’s Engagement Team to ensure that these important messages are discussed with people during engagement sessions around the Health Board area. Also, all NHS organisations in Wales during the month of January 2017 collaborated to manage the winter messages and also the media during this key month. This resulted in high profile coverage that was consistent across Wales.
**Welsh Language**
We have continued to actively respond to ‘More Than Just Words’ - the strategic framework for Welsh language services in health, social services and social care. During the year we have also continued preparing for the Forthcoming Welsh Language Standards which will be introduced by the Welsh Language Commissioner next year.

**Putting Things Right**

In line with the ‘Principles of Remedy’ the Health Board manages complaints under regulations called ‘Putting Things Right’.

The underlying principle of Putting Things Right is that whenever concerns are raised about treatment and care, whether through a complaint, claim or clinical incident, those involved can expect to be dealt with openly and honestly, receive a thorough and appropriate investigation and a prompt acknowledgement and a response about how the matter will be taken forward.

Where injustice or hardship has occurred the Health Board aims, where at all possible to return the complainant to the position they would have been in if the poor service or maladministration had not occurred. To support this a Redress panel has been established. In addition senior members of staff offer to meet with complainants to provide an explanation, apology and remedial actions where possible.

It is important to resolve a complaint as quickly as possible and this year we have worked hard to resolve almost 1,900 complaints, 52% of which were able to be resolved informally, and 48% formally. The aim is to resolve all formal complaints within 30 working days, and informal complaints with 2 to 5 days.

Following feedback or a complaint it is vital that the complainant is listened to and perhaps more importantly that steps are taken to improve the service to prevent further complaints. Within the Health Board we encourage a learning culture where improvement is not an extra job but is part of everyday work.
Thank You for Providing Great Care

It is important to note that our staff across the Health Board area receive hundreds of messages of appreciation each year. Some of these are posted on our staff intranet site and on our website, which has a dedicated wall of thanks for members of the public to share experiences, compliments and thanks.

Here’s some examples of messages we received in 2016/17:

I had an appointment with the Gastroenterology Department at the Royal Gwent Hospital.

In an era of NHS 'bashing', I would like to pay compliment to the service I received in a very busy hospital department. The registrar was a lady called Alison. She and her support staff are a credit to their profession and to the NHS. My consultation was thorough, informative and reassuring. She and her staff were friendly, pleasant and extremely professional in all aspects.

I can genuinely say that in my 70 years, I have had many hospital visits and this stands out as the best. I think that service like this deserves high praise and I hope you can pass my message on to the staff involved and indeed the managers that they work for. Thanks for a pleasant experience.

John Bache - February 2017

I have recently been to Nevill Hall Hospital as an outpatient for diagnostic imaging and treatment.

The service and care I received was without doubt the best I have known - every staff member, from porters to consultants, was so kind and caring. I have been to many healthcare providers in my work over 40 years. Nevill Hall shines as a beacon – it is so good.

Michael Head - September 2016
In November 2016 we came into your A&E department after growing concerns about our 3-year-old daughter's sudden decline in health that day.

Words cannot express our gratitude and thanks to you all that evening; you saved our little girl's life. You are all truly amazing and we wish we could thank you all personally. We have never witnessed anything so traumatic and you all did everything you could to save our girl that night. It was truly unbelievable. Without you all that night we wouldn't have our girl back home with her little brother. There truly are no words to thank you enough.

You helped me to be there with Megan to sing her favourite songs. Thank you for somehow getting me through a parent's worst nightmare.

Megan went on to spend five days in intensive care in Noah's Ark hospital who were also incredible doctors and nurses who continued to look after Megan who luckily survived this horrendous infection. Megan made an excellent recovery and was back home in time for Christmas. Without your quick reaction and impeccable response to this infection things may have been different.

You will all forever hold a special place in our hearts. Thank you.

Lauren, John, Megan & Jaxon - February 2017

I recently had an operation at Ysbyty Ystrad Fawr. What an amazing pleasant experience I had from the moment I arrived till the moment I left. I have had treatment and operations throughout my life at hospitals all over Britain as a result of accidents and illnesses, but at no time in any other hospital have I been treated so well from arrival to departure.

The staff attitude – from trainee nurses through to the theatre staff and the surgeon – was outstanding. Everyone appeared to take a genuine interest in my comfort and wellbeing in every way.

Incidentally, I am not easily impressed; at 68 years old I have had time to see and experience many hospitals, both as a visitor and as a patient. At Ysbyty Ystrad Fawr I was made to feel like a welcome guest at all times.

Mike Barton - May 2016
Engaging with the public

During 2016/17, our work to engage communities across Gwent has been further strengthened. Our Engagement Team, have been present in communities across Blaenau Gwent, Caerphilly, Monmouthshire, Newport and Torfaen to hear peoples experiences, thoughts and ideas about health services in their area. Since their establishment in Autumn of 2015, the team have spoken with 12,681 people, 5,147 of these have been within the 2016/17 year. These numbers do not include those involved with formal service redesign, (these are recorded separately under the service redesign section of this report). The following offers an insight to the approach.

- **Engage4change**

The Engagement Team have committed to be in areas of high footfall in one of the 5 areas of Gwent every week. As such there is a rolling programme underway of Health Board presence in neutral public spaces such as supermarkets, market halls, one stop shops and Leisure Centres, offering the opportunity to reach into communities to hear their thoughts and views in a neutral environment.

Since their establishment, the team have been present in 157 differing community venues, 72 of these have been within 2016/17. They have engaged with the public on a variety of issues including

<table>
<thead>
<tr>
<th>Choose Well</th>
<th>Save A&amp;E for when you need it</th>
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<tbody>
<tr>
<td>My Health on-line</td>
<td>GP Out of hours</td>
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<tr>
<td>Pharmacy – medicines management</td>
<td>Stop Smoking</td>
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<tr>
<td>Stress Control/‘Activate your life</td>
<td>Clinical Futures</td>
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<tr>
<td>Flu Vaccination</td>
<td>Be Winter Wise</td>
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<tr>
<td>Antibiotics awareness and</td>
<td>Byw Nawr</td>
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<tr>
<td>Antibiotics guardian</td>
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<tr>
<td>Cross Border Referrals</td>
<td>GP Access</td>
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</tbody>
</table>

People who are interested in having an on-going conversation with the Health Board about Health services have the opportunity to join the Health Boards Peoples Network. This has almost 120 people on it.
Following the positive announcement about the Specialist Critical Care Centre in October 2016, there has been a concerted effort to speak with people about this exciting new development, with 2,259 people, seeing the visuals and already having been engaged in some level of discussion... and with many questions being raised and answered.

- **Better2gether**

During the year, the Health Board has become much more established with its engagement activities in communities across Gwent, and as such, there has been less reliance on other organisations for entry into their networks. Despite this, relationships continue to be built with partners in communities with our network of networks now holding information for 209 different networks, offering reach into many communities and partner organisations such as the voluntary sector, Housing Associations and Local Authority citizen panels. Many of these share information on our behalf and support Health Board activities.

Of particular note in the past 6 month reporting period has been:

**Presence at the National Eisteddfod for Wales** - The Engagement Team supported the NHS Wales stand at the National Eisteddfod for Wales, engaging individuals through the medium of welsh on what they believed contributed to their well-being. A well-being tree was developed to aid this activity enabling people to interact with a visual contribution. Attendance at the Eisteddfod was an effective means to enable this conversation, and to pilot the Well-being tool.

**Supporting Well-Being of Future Generations work** - Building on the effectiveness of the Well-being work and use of the Well-being tree in the Eisteddfod. We continued to use this method to elicit information from people across Gwent on what they believed was contributory to their well-being. The tree was used in the following arenas:

<table>
<thead>
<tr>
<th>National Eisteddfod for Wales</th>
<th>Blaenau Gwent Well-being event</th>
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<tbody>
<tr>
<td>Mosques</td>
<td>Newport 50 + event</td>
</tr>
<tr>
<td>Aneurin Bevan University Health Board Annual General Meeting</td>
<td>Therapies Showcase event</td>
</tr>
</tbody>
</table>


Community Connects

The Health Boards activities in certain geographic and common interest communities has strengthened in the past year. Of particular note are the following:

Town Councils – There are 73 Town Councils in Gwent. 29 of these have been visited in the past reporting year. These visits are extremely important regarding the on-going connection of the Health Board with communities across Gwent and offer excellent insight to the issues that really matter to different communities, enabling a very localised Health discussion.

Black and Ethnic Minority groups – Strong relationships have been built with 4 of the Mosques in Newport, with regular visits made following Friday prayers. Discussions have taken place with Muslim men about well-being and service developments across Gwent. Good connections have also been made with the AGE Alive BME 50+ Forum within the year. Here are some of the members talking about the Specialist Critical Care Centre.

Children and Young People – Within the year, good connections have been made with the colleges across Gwent, with a number of ‘well-being festivals’ being organised and attended.

Service Redesign and Development

During the year, a number of engagement/consultation events have been undertaken regarding service changes across the Health Board. These have included

- Unification of Breast Services in Gwent on to a single site
- Redesign of older adult mental health services in Gwent
- The growth of community based out of hours services and a resultant reduction of overnight provision at one of the Health Boards bases.
All sessions were managed through the availability of written briefs, community engagement sessions, staff engagement sessions and a dedicated e-mail address. These sessions have seen a further 316 people engaged with.

National and regional work within the year has included contribution to discussions on the Major Trauma Network and National Out-patients work.

**Staff Engagement**

In 2016/17 we continued to develop our engagement with our staff through a number of methods, including:

- A weekly news round-up bulletin for staff;
- Reminding managers at all levels to share news and updates with their staff;
- An online forum to ask any question to our Chief Executive;
- Increased social media initiatives to celebrate and thank our staff (eg. International Nurses month, Thank Your Porter Day);
- Monthly drop-in sessions for staff to meet our Chief Executive at a variety of Health Board premises;
- An initiative where teams can invite Executive leaders to work with them for a day;
- Senior Leaders briefing events;
- Our annual health fayre for staff to share their work with other staff and the public;
- A number of conferences for staff to share their work, increase learning, and celebrate achievements;
- Our Staff and Volunteer Recognition events; and
- The NHS Staff Survey has enabled us to collect a range of views from staff which we can learn from and act upon.

Our Communications and Workforce teams are committed to further developing the Health Board’s engagement with staff, particular with regard to our Clinical Futures Strategy, which is changing the way our health services are provided.
Research and Development (R&D) within the Organisation

“There is an association between the engagement of individuals and healthcare organisations in research and improvements in healthcare performance.

The role of the R&D department is to enable access to the latest innovations, treatments and interventions for the benefit of our patients and staff. Research, Development and Innovation is becoming embedded across all clinical and non clinical areas. This provides patients with opportunities to participate in clinical trials as part of their routine clinical care and also provides staff with opportunities to engage with research as part of their working lives. Our R&D department is very much outward facing with strong partnerships with Universities and Industry, providing a vibrant and welcoming environment for research to be conducted.

As a University Health Board Aneurin Bevan has a strong culture of research, where research is a core activity. This has resulted in an increase in:

- Meeting Welsh Government targets for research, where the number of participants rose from 1,101 to 1,963 in 75 different studies. A further 98 studies have patients being followed up.
- The Health Board’s research governance approval rates consistently run at between 95-100%.
- The number of clinical specialty areas undertaking research.
- The appointment of more clinical academics to build on our success of the last 3 years.
- Increase in grant income with 3 Research for Patient and Public Benefit (RfPPB) award of £300k: 1 NIHR £500k award; 1 and NIHR for £300k.
- Our first success in gaining two HCRW Research Specialty Leads.

“Research and research activity directly impact on patients’ outcomes, quality and experience.” (Boaz et al, 2015).
Our first success at the HCRW funded Research Capacity Building Collaboration (RCBC) funding research sessions for two staff.


For the first time secured two all-Wales, Welsh Government funded Research Specialty Lead posts (part-time):
- Welsh Specialty Lead for Stroke.

Establishing of the first Research Nurse Bank in Wales, recruiting and training nurses who are then able to support clinical trials where resource was not previously available. This innovative initiative has provided a more sustainable solution to supporting clinical trials in the Health Board.

Enabling access for our university partners into the Health Board so that more research projects are available.

Working in partnership with the South East Wales Academic Health Science Partnership (SEWAHSP), a collaboration between Universities, UHB and Trusts in South East Wales. This has resulted in a further European Union grant awards for 30 projects with Industry, Universities and the Health Board. Departments include Health care Sciences, Psychology and Mathematics.

Performance against Targets
Overall performance against the Welsh Government Key Performance Indicators for 2016-2017 was good.

- Achieved 100% target for approval of non-commercial research projects.
- Achieved 100% target for approval of commercial research projects.
- Achieved 90% target for the number of portfolio studies open and recruiting.
- Achieved 100% target to increase the number of trial participants into both non-commercial and also commercial trials.
### Key Indicators

<table>
<thead>
<tr>
<th>Key Indicators</th>
<th>Target</th>
<th>Performance</th>
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<tbody>
<tr>
<td>A1 Research data tabled at NHS Board Meetings</td>
<td>Twice a year</td>
<td>Met</td>
</tr>
<tr>
<td>A2 R&amp;D representation at Board Meeting</td>
<td>Confirmation of board member representing R&amp;D</td>
<td>Met</td>
</tr>
<tr>
<td>A3 Up to date R&amp;D strategy</td>
<td>Confirmation it is up to date</td>
<td>Met</td>
</tr>
<tr>
<td>A4 Inclusion of research in the organization annual report</td>
<td>Confirmation that it is included</td>
<td>Met</td>
</tr>
<tr>
<td>B2 Appropriate use of R&amp;D allocation</td>
<td>All expenditure reported in annual returns</td>
<td>Met</td>
</tr>
<tr>
<td>B3 Timely and accurate reporting of finances</td>
<td>Submission of all returns by deadlines requested</td>
<td>Met</td>
</tr>
<tr>
<td>B4 Implementation of ACCORD</td>
<td>Demonstrated in accurate attribution in annual returns</td>
<td>Met</td>
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**Aneurin Bevan Continuous Improvement (ABCi)**

**Aneurin Bevan Continuous Improvement (ABCi)**

ABCi is the Health Board’s continuous improvement team. It is recognised across Wales and further afield for its leadership and innovative approaches to supporting transformation in Healthcare. In the last 12 months it has won the All Wales Continuous Improvement Community Award for Leadership (AWCIC), and was runner up at the Institute of Continuous Improvement Practitioners in Public Service (ICIPs) awards. Its aim is to support the:

- Creation of innovative practice within the Health Board
- Build capability for Quality Improvement, leadership and Mathematical Modelling
- Delivery of larger transformational programmes that supports the Integrated Medium Term Plan (IMTP)
Creating innovative practise within the Health Board

Since its creation ABCi has been committed to supporting the development of innovations within the Health Board. Over the last 12 months we have continued to support this through:

- Ongoing delivery of the Gold network events, continuing to support the creation of an innovation network within the Health Board
- Supporting individuals and teams to build skills and capabilities enabling them to test out innovations in practice. Examples include:
  - Support for on-going falls improvement projects
  - The development of innovative ways to create reliable Advanced Care Plans within nursing homes

Our support of innovation within the Health Board has resulted in 46 NHS Wales Awards being submitted, with seven being shortlisted. ABCi is proud to be a Bevan Commission Innovation hub with its central theme as developing and embedding mathematical modelling within Health Boards.

Building Capability

The ABCi team continue to dedicate a considerable amount of its time and resource to building organisational capability for Quality Improvement (QI) and, through partnership working, training leadership skills as well as mathematical modelling techniques.

Delivering transformational programmes

Through ABCi’s capability building programmes we now have over 4,000 members trained in Quality Improvement tools and techniques. This represents a considerable resource to support organisational transformation if focused appropriately. ABCi has subsequently developed a framework for delivering improvement collaboratives, enabling the support of larger programmes of improvement from a relatively small team, continuing to build improvement capability and demonstrating impact at a larger scale. Over the next twelve months ABCi intends to create a number of improvement collaborative in partnership with divisions and directorates.
These include:

**Unscheduled care collaborative**
The aim of the collaborative is to deliver a patient centred unscheduled care service that meets the needs of patients and staff. The perceived best practice from Royal Colleges and professional bodies is that we aim to have the right patient in the right place at the right time. To ensure sustainable system level improvement our approach will be through a multi professional partnership where improvement will be based on best practice and evidence from other areas. There is a plethora of examples of processes that improve patient flow through the acute process and this will be used to develop the change package for the teams to implement. This will be used to drive changes that improve patient experience of our service. To date the collaborative has been running since December 2016, with evidence of improvement in discharge, length of stay and bed turnover. Given the success of the collaborative the next steps that are planned over the coming 6-12 months include:

- Scaling up to all wards within RGH, and then adding NHH
- Commencing work with community hospitals with pre-training planned for July

**Outpatient Improvement**
The outpatient improvement programme is currently in pilot phase with the Ear, Nose and Throat (ENT) Directorate are embarking on an improvement programme in partnership with the ABCi team in order to improve their outpatient services.

The specific aim of the ENT OPD Improvement Programme is to ensure that patients with ENT symptoms have timely access to the information and treatment they require. This means that patients have timely diagnosis and treatment by the most appropriate person and place along the patient pathway, whether this falls within primary or secondary care.

The ENT Transformation Programme will run for 6-12 months and will use learning sets and action periods to build skills, highlight areas for improvement, test changes using PDSA cycles, share learning, monitor
improvement and keep momentum. The learning gained from this work will begin inform a wider ABUHB OPD Transformation Collaborative which will start in September 2017.

Medical Education – Gwent Clinical School

2016/17 was a particularly important year for Aneurin Bevan University Health Board as we successfully retained our University Health Board status.

The Health Board already considers education and training as a core business and, as part of our application to retain University Health Board status, we were required to prepare a report for the Wales Government encapsulating the extent and diversity of educational and research activity taking place within the Health Board. In addition, the links between education, research and quality improvement were made explicit, showing clearly how activity in education and research result in real improvements in patient care.

In an event hosted by the Wales Government, Health Boards from across Wales attended to share highlights and achievements and to share programmes of work which will continue to improve patient care through clinical education and research in the future.

Within medical education, ABUHB has continued to work closely with Cardiff University to provide clinical placements for undergraduate medical students following the C21 curriculum. This curriculum is now fully implemented in all five years and ABUHB continues to act as an essential partner in the delivery and ongoing improvement required to ensure that our doctors of the future are well trained and fit for purpose.

2016/17 has also seen an increased focus on governance and quality within medical education. Working with the Wales Deanery, we have implemented a comprehensive and robust quality process whereby concerns and issues raised in relation to the training of our junior doctors can be dealt with effectively. This has already resulted in many improvements being made which further enhance the educational experience of our trainee doctors as well as improve patient care and safety.
In addition, we have fully embraced the concept of professionalising and formalising the role of the Educational Supervisor in relation to trainee doctors. We were the first Health Board in Wales to fully sign up to the Educational Supervisor Tripartite Agreement which has been introduced by the Wales Deanery. This Agreement is now signed by every Educational Supervisor and outlines their roles and responsibilities in relation to training. As a Health Board, we also now ensure that all our Educational Supervisors receive appropriate training and also that sufficient time is given to them to undertake the role, thus providing improved support and guidance to our trainee doctors.

The education for both undergraduate and postgraduate medical trainees is a seamless mix of formal teaching and experiential learning with service needs and training needs often combining into educational opportunities. We have further supported this with simulation training using high-fidelity simulators to replicate emergency clinical situations. This method of ameliorating team working and clinical effectiveness has been used for some years in acute areas (for example, Accident & Emergency Departments) but we have now started to broaden access to less acute areas, thus improving team working across the Board.

**Sustainability**

**Governance Structure**
The Board has a Wellbeing of Future Generations Steering Group which covers a broad agenda including Energy, Waste, Water and Sustainability. It is co-chaired by the Director for Public Health and Board Secretary. The group is charged with taking forward the sustainability agenda of the organisation.

Environmental public health issues are dealt with in liaison with Public Health Wales Environmental Health and the Health Protection Agency in England. Environmental public health incidents reports are made to the Public Partnerships and Wellbeing Committee.
**Estate Profile**
The Health Board’s estate covers a land area of 121.82 hectares with premises having a total gross floor area of 312,426 M2 and includes:

2. General acute hospitals
3. Multi-service hospitals
4. Short term non acute hospitals
2. Long stay hospitals
1. Specialist hospital
3. Community hospitals
48. Other patient facilities
9. Other support facilities

**Performance Highlights**
The Health Board is currently working towards a challenging target for carbon reduction of 3% year on year for 5 years, which continues the previous 5 year target which out turned at a 18% reduction in overall consumption and a 14% reduction in CO2 emissions for 2016/17.

To deliver this reduction the Health Board is working towards implementing the ISO 50001 Energy Management Standard. ISO 50001 will provide a third party audited management system which will drive continual energy management improvement within the organisation.

The management system will reflect the current priorities, drivers and opportunities for the Health Board. It will examine how carbon management within the organisation could be made more effective, with best practice, technology and innovation.

A number of energy saving initiatives have been implemented during 2016/17 which include installing Photovoltaic panels (5 x 50 kW systems) across the Health Board estate. The panels generate electricity from the sun’s rays to provide clean and renewable power to the hospitals within the Health Board.
A replacement combined heat and power plant at Nevill Hall Hospital has increased the electrical generation output by 30% which reduces the requirement for importing electricity from the grid, this has resulted in an increase of onsite generation from around 2.0M kWh to 3.5M kWh with associated cost and carbon reductions.

The Health Board continues to rollout replacement energy efficient LED lights which have significantly lower energy consumption and offer an improved patient environment.

We continue to make good progress in reducing our CO2 emissions.

The 2016/2017 data show in the table below a 6.3% reduction in CO2 emissions compared with the previous year. It should be noted that in accordance with the guidance notes the CO2 emissions have been calculated over the period with the latest DEFRA published conversion factors.

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Non-Financial Indicators</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total Gross Emissions</td>
<td>30.927</td>
<td>30.167</td>
<td>28.266</td>
</tr>
<tr>
<td>Total Net Emissions</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Gross Emissions Scope 1 (Direct)</td>
<td>14.608</td>
<td>14.948</td>
<td>14.714</td>
</tr>
<tr>
<td>Gross Emissions Scope 2 &amp; 3 (Indirect)</td>
<td>16.319</td>
<td>15.219</td>
<td>13.552</td>
</tr>
<tr>
<td>Related Energy Consumption (million KWh)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Electricity: Non-renewable</td>
<td>32.878</td>
<td>30.662</td>
<td>30.349</td>
</tr>
<tr>
<td>Electricity: Renewable Gas</td>
<td>79.36</td>
<td>81.208</td>
<td>80.124</td>
</tr>
<tr>
<td>Other</td>
<td>0.855</td>
<td>1.468</td>
<td>1.961</td>
</tr>
<tr>
<td>Financial Indicators (£million)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Expenditure on Energy</td>
<td>6.4</td>
<td>5.9</td>
<td>5.807</td>
</tr>
<tr>
<td>CRC License Expenditure (2010 onwards)</td>
<td>0.545</td>
<td>0.520</td>
<td>0.508</td>
</tr>
<tr>
<td>Expenditure on accredited offsets (e.g. GCOF)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Expenditure on official business travel</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Water consumption is closely monitored with monitoring equipment fitted to all the meters in the main sites. This enables us to quickly identify unusual consumption profiles and take remedial action.
As can be seen in the table below water consumption has fallen in 2016-17 from 409,000m³ in 2015-16 to 392,000m³. The Health Board will continue to evaluate water saving opportunities and implement new technology and water system controls to ensure the most efficient use of water across the organisation.

<table>
<thead>
<tr>
<th>Finite Resource Consumption</th>
<th>2014-15</th>
<th>2015-16</th>
<th>2016-17</th>
</tr>
</thead>
<tbody>
<tr>
<td>Non-Financial Indicators (000m³)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Water Consumption (Office Estate)</td>
<td>Supplied</td>
<td>339</td>
<td>409</td>
</tr>
<tr>
<td></td>
<td>Abstracted</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Per FTW</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Water Consumption (Non-Office Estate)</td>
<td>Supplied</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Abstracted</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Financial Indicators (£ million)</td>
<td>Water Supply Costs (Office Estate)</td>
<td>1.090</td>
<td>1.112</td>
</tr>
<tr>
<td></td>
<td>Water Supply Costs (Non-Office Estate)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Sustainable Waste Management**

The Health Board continues to work towards introducing more sustainable and resource efficient methods of processing the waste generated from health care activities. Recycling facilities are embedded at all main hospital sites whereby mixed recycling is collected for onward sorting and reprocessing into new products and materials. Cardboard is separated and baled at the two main hospital sites within the Health Board and processing into mill size bales.

The Segregation of Infectious waste is continually evaluated and where possible in line with guidance and best practice items are removed and diverted into a lower cost disposal option.

The Health Board has continued to implement innovative waste management practices which includes a trial on the reprocessing and recycling of Polypropylene Wrap from theatre instrument trays and the introduction of new containers and enhanced segregation for the disposal of empty IV Fluid bags.

A Food Waste recycling system has also been introduced at Ysbyty Ystrad Fawr, whereby all food waste is sent for Anaerobic Digestion which generates Biogas and electricity
The Health Board continues to work towards implementing a zero to landfill approach. This includes exploring the options to divert residual waste to energy or a waste plant.

The Health Board has lead a ‘world first’ project on the recycling of polypropylene instrument wrap from the Hospital Sterilisation and Disinfection Unit (HSDU) for recycling.

Before the introduction of the recycling initiative all the polypropylene wrap from HSDU was being collected into Orange Hazardous Waste bags and consigned as Infectious Waste at considerable cost and environmental impact.

The Health Board can demonstrate a number of benefits in relation to the diversion of material from the clinical waste stream (currently 2 tonnes per month), while producing a commercial polymer with a commodity value.

Further plans are in process for collaboration with a major established Healthcare Supplier to use 3D printing technology to create healthcare consumables directly from the hospitals own “plastic waste”, therefore creating a closed loop recycling model which benefits the circular economy.

The Health Board has received support and funding from the Bevan Commission to further advance the project and continue to upscale the process throughout the Health Board and across the NHS in Wales.

The Health Board has received widespread publicity and recognition for this project which included featuring on a headline slot on the BBC Wales Today programme on Friday 2nd December 2016.

Building on the success the Health Board received national recognition for the project and won the ‘Innovation Category’ at the NHS Sustainability Awards 2017 at Imperial College in London.

The table below outlines the waste performance over the last three years. The Health Board continues to increase its recycling rates up from 23% in 2015-16 to 26% in 2016-17.
<table>
<thead>
<tr>
<th>Waste</th>
<th>2014-15</th>
<th>2015-16</th>
<th>2016-17</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Non- Financial Indicators</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total Waste</td>
<td>2782</td>
<td>3080</td>
<td>3055</td>
</tr>
<tr>
<td>Landfill</td>
<td>1343</td>
<td>1410</td>
<td>1418</td>
</tr>
<tr>
<td>Reused/Recycled</td>
<td>619</td>
<td>725</td>
<td>801</td>
</tr>
<tr>
<td><strong>Financial Indicators</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total Disposal Cost</td>
<td>853</td>
<td>831</td>
<td>845</td>
</tr>
<tr>
<td>Landfill</td>
<td>293</td>
<td>319</td>
<td>333</td>
</tr>
<tr>
<td>Reused/Recycled</td>
<td>104</td>
<td>72</td>
<td>64</td>
</tr>
</tbody>
</table>

*(tonnes)*

<table>
<thead>
<tr>
<th>Waste</th>
<th>2014-15</th>
<th>2015-16</th>
<th>2016-17</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Composted</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Incinerated with energy recovery</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Incinerated without energy recovery</td>
<td>820</td>
<td>825</td>
<td>836</td>
</tr>
<tr>
<td><strong>(£ 000)</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total Disposal Cost</td>
<td>853</td>
<td>831</td>
<td>845</td>
</tr>
<tr>
<td>Landfill</td>
<td>293</td>
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</tr>
<tr>
<td><strong>Composted</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Incinerated with energy recovery</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Incinerated without energy recovery</td>
<td>456</td>
<td>440</td>
<td>448</td>
</tr>
</tbody>
</table>

*Within the waste data there is a small amount of estimation in relation to wheelie bin collections from Health Centres & Clinics. This only equates to 1.7% of the total landfill tonnage.*

**Environmental Management - ISO 14001**

The Health Board continues to operate a third party certified Environmental Management System (EMS) to the international standard ISO 14001.

The EMS has developed to become the focal point for driving forward continual environmental improvement. It provides a joined up approach for the management of waste minimisation initiatives, recycling, energy and carbon management, sustainable procurement and green travel initiatives.

Certification ensures that we not only comply with legislation but go above and beyond this implementing best practice in our role as an exemplar NHS organisation in the area of healthcare waste and environmental management.

The organisation places high importance on continued certification to ISO 14001 and the assurance it provides to the board and our stakeholders.
Looking Forward
We will continue, as an organisation, to take forward our improvements and developments. We will continue to undertake our business openly and provide information publically on our performance.

Information about our services will continue to be published to provide assurance to our citizens and stakeholders that our services are efficient, effective, appropriate, and designed to meet their needs and expectations.

Useful Links
We hope that you have found this report useful and informative. Throughout the report we have referenced other documents and reports which contain more in-depth information for the year 2016/17, including:

- Annual Quality Statement 2016/17
- Performance Report 2016/17

These reports can be found by following the below link: http://www.wales.nhs.uk/sitesplus/866/page/62034/
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