AGENDA ITEM
6.5

CTM BOARD

IMPACT OF THE OPENING OF THE GRANGE UNIVERSITY HOSPITAL ON CWM TAF MORGANNWG UHB

Date of meeting	26/11/2020
FOI Status	Open/Public
If closed please indicate reason	Not Applicable - Public Report
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Approving Executive Sponsors	Executive Director of Planning & Performance; Executive Director of Operations
Report purpose	FOR DISCUSSION / REVIEW

Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/group)		
Committee/Group/Individuals	**Date**	**Outcome**
Management Board	18/11/2020	Noted and Reviewed

ACRONYMS	
SCCC	Specialist Critical Care Centre
WAST	Welsh Ambulance Service Trust
A&E	Accident and Emergency

AB UHB	Aneurin Bevan University Health Board
GUH	Grange University Hospital
LTA	Long Term Agreement
CT	Cwm Taf
CTM	Cwm Taf Morgannwg University Health Board
ILG	Integrated Locality Group
PTHB	Powys Teaching Health Board
PCH	Prince Charles Hospital
ITU	Intensive Therapy Unit
CPAP	Continuous Positive Airway Pressure
YCC	Ysbyty Cwm Cynon
ED	Emergency Department
MIU	Minor Injuries Unit
SDEC	Same Day Emergency Care

1. SITUATION/BACKGROUND

1.1 The Grange University Hospital (GUH), formerly known as Specialist Critical Care Centre (SCCC), has been developed over a number of years and forms part of two major remodelling work streams, the Clinical Futures Programme and the South Wales Programme.

Clinical Futures

1.2 Aneurin Bevan University Health Board (AB UHB) undertook engagement and consultation on a new service model in 2005, almost a decade before the South Wales Programme. 'Clinical Futures' was launched in 2007 and set out a vision for "the development of sustainable services that can deliver appropriate access and excellent standards of care". This new model included the building of a new SCCC in Cwmbran. It also included associated changes across services, pathways and other AB UHB hospital sites to form a network of local general hospitals. These include Neville Hall Hospital, the Royal Gwent Hospital and Ysbyty Ystrad Fawr.

South Wales Programme

1.3 Following the Clinical Futures work, the five Health Boards in South Wales and Welsh Ambulance Service Trust (WAST) consulted on and approved in 2014 a service reconfiguration for:

- Consultant led maternity and neonatal care;
- Inpatient children's services; and
- Emergency medicine (A&E) for South Wales and South Powys.

1.4 At the time it was recognised, and noted in the consultation process, that Prince Charles Hospital (PCH) in Merthyr Tydfil was of strategic importance for South Powys, offering the nearest District General Hospital (DGH) for the majority of the South Powys population.

The Grange University Hospital

1.5 The plan to develop the GUH allowed AB UHB to centralise all emergency and specialist care in a single new hospital for the Health Board. This would result in a range of services no longer being provided on sites such as Neville Hall and Royal Gwent Hospital. The outline of the model for Neville Hall was to provide a range of outpatient, diagnostic, admission and day case surgical services.

1.6 Whilst the plan was that GUH would open in late spring 2021, as part of AB UHBs response to Covid-19, approval was given by Welsh Government to fast-track the development of the Grange rather than build a field hospital. The Welsh Government approval to accelerate the pace was based on the AB UHB positon, rather than a system wide readiness assessment. AB UHBs Board approval was given on the 27 August 2020 to bring forward the GUH opening to the 17 November 2020.

1.7 In line with the early opening of the GUH, the proposed changes to Neville Hall Hospital have also been brought forward. These changes, and the level of services that will no longer be available at Neville Hall, will inevitably impact on acute and emergency demand at Prince Charles Hospital, as it will become the nearest DGH for a wide range of residents of South Powys and the area covered by North AB UHB. A summary of the AB UHB service model is in **Appendix 1**.

Communication/Clinical and Operational Dialogue

1.8 Intermittent communication has been ongoing for a number of years at an executive level between AB UHB, Powys Teaching Health Board (PTHB) and the former CT (latterly CTM) UHB in relation to the plans and commissioning assumptions around the GUH. No specific collaborative planning was undertaken during the first COVID-19 wave however commissioning and operational discussions have become more focussed since July. Clinical conversations have flowed however there remains pathway work to complete.

1.9 In February 2020 PTHB set up the South Powys Programme Board to prepare for the changes and invited all parties to join their South Powys Programme Board to support this process. The first meeting of this Board met just prior to the first Covid-19 peak, was stood down during the first wave of Covid-19 and resumed in July 2020. This Programme Board had executive representation from CTM UHB which was subsequently extended to include ILG representation in August 2020. Initially the Programme Board was working toward the GUH opening in spring 2021.

1.10 Discussions within the commissioning and contracting agenda sought to clarify the potential impact on population flows. Planning assumptions have ranged from 'all AB UHB patients would flow to GUH' to 'WAST would convey to the nearest DGH' with limited detailed information available to CTM UHB. AB UHB were working on their model and planning assumptions up until September/October 2020. On 12 November 2020 CTM UHB received formal communication from AB UHB confirming its commissioning intention **(Appendix 2).** CTM UHB has not yet received commissioning intentions from PTHB however the expected patient flows are set out in **Appendix 3**

1.11 Following the Ministerial announcement at the end of August 2020 confirming the early opening of the GUH, the following communications/dialogue has commenced:

- The creation of the South Powys Operational Group to include CTM UHB operational and clinical leads;
- The development of clinically led adult and paediatric planning groups by Merthyr Cynon ILG. These groups have met weekly since the announcement and for most, if not all clinical and operational representatives, this has provided the first opportunity to identify potential risks and plans to mitigate them;
- CTM UHB and PTHB clinical conversations have taken place and have produced positive development; and
- Despite the best endeavours of CTM UHB the first joint AB UHB and CTM operational and clinical leads meeting is taking place on Friday 13 November 2020, some four days before the opening of GUH.

2. SPECIFIC MATTERS FOR CONSIDERATION BY THIS MEETING (ASSESSMENT)

Changed AB UHB Service Models

2.1 Details of the range of services to be provided from the Grange and Neville Hall are summarised in **Appendix 1**. In summary, the core changes likely to impact on PCH site are:

- Neville Hall will no longer have a 24/7 consultant led (majors and resus) A&E department;
- There will be no emergency surgical services available at Neville Hall;
- There will be no paediatric emergency or inpatient services at Neville Hall; and
- There will be no consultant led obstetric service at Neville Hall; there will be a midwifery-led service with the expectation that mums requiring a consultant-led service would go to the GUH.

2.2 The above changes will have an impact on emergency demand for Prince Charles Hospital (PCH) site associated with South Powys patients (WAST conveyances, self-presenting patients ('walk-ins') and GP admissions) and also for North AB UHB patients as WAST have confirmed they will convey 'time critical' patients to the nearest DGH.

2.3 In addition there is recognition that given the geographical location of Blaenau Gwent, and the distance to PCH and the GUH there will be a flow of self-presenting 'majors' patients to PCH.

Detailed Modelling

2.4 Detailed modelling of work has been undertaken by CTM UHB based on the AB UHB service model and discussions with WAST in relation to the nearest DGH protocol for WAST 'Red' and 'Amber 1' patients. Additionally the modelling considers the potential (based on residency) for a change in flow to PCH as a result of self-presenters. Whilst it is acknowledged that the actual impact of the GUH and changes on PCH will not be known for some time, the tables below illustrate the potential impact on PCH with around 6,700 additional ED attendances per annum and the potential for an additional 4,600 admissions per annum.

Emergency Department

2.5 In 2019 Neville Hall Hospital managed 48,100 Emergency Department (ED) attendances. In applying the AB service model described we would anticipate that 4800 (10%) of these attendances will in future flow into PCH, of which 2300 would be WAST conveyances and 2500 self-presenters.

2.6 The separation by Health Board of residence is c.2300 from AB and c.2350 from Powys with 70 attendances from elsewhere in the world. (Table 1). However, it is worth appreciating that there are a further 1900 (4%) ED attendances of AB residents in to NHH each year who have been conveyed by WAST with Amber 1 prioritisation where the nearest appropriate and open hospital would by PCH (Total c.6700pa)

Table 1: summarising the additional number of ED attendances per annum which would flow to PCH if applying the AB service model

		HB of residence				
		AB	**Powys**	**CTM**	**Other**	**Grand Total**
Conveyor	Self	1958	489	16	28	2491
	WAST	384	1860	11	22	2277
	Grand Total	**2342**	**2349**	**27**	**50**	**4768**

Emergency Admissions

2.7 The anticipated number of additional admissions into PCH as a result of the application of the AB service model and the Powys Health Board commissioning intentions is estimated to be c.2700 per annum.

2.8 AB UHB are investing heavily in ambulances to support their ability to provide AB UHB residents with their care in the AB UHB area. However, there is the potential that patients living so much nearer to PCH than GUH will be referred to PCH by their GPs. There is also the potential that WAST will seek to convey a proportion of their Amber 1 calls to an acute hospital 20 minutes closer than the next nearest appropriate hospital. Analysis would suggest that if WAST were to convey Amber 1 calls to the nearest hospital, the admissions may increase to c.3400 p.a. and if GPs in AB were to refer 'non-electively' to the nearest appropriate hospital, the total number of additional admissions into PCH would be around 4600, with 4300 of these being emergencies. As such it is apparent that the realised additional demand on PCH is going to be highly dependent on the effectiveness of operational delivery of the AB UHB service model by AB UHB and WAST.

Table 2: a breakdown of the 'expected' number of additional admissions by specialty and admission method when applying the AB UHB service model (lowest case scenario)

		HB of residence				
		AB	**Powys**	**CTM**	**Other**	**Grand Total**
Admission method	**Elective**	**134**	**42**	**12**	**9**	**197**
	Medicine	97	21	12	9	139
	O&G	1				1
	Paeds	22	6			28
	Surgical	14	15			29
	Emergency	**1286**	**1180**	**9**	**12**	**2487**
	Medicine	235	540	2	4	781
	O&G	42	16			58
	Paeds	708	311	4	3	1026
	Surgical	301	313	3	5	622
	Grand Total	**1420**	**1222**	**21**	**21**	**2684**

Additional Bed Days

2.9 Using NHH observed activity data for 2019, managing the lowest potential admission of c.2700 admissions would require c.10,000 bed

days – the equivalent of 28 beds at 100% compliance. Again for sensitivity analysis – running the alternative scenarios suggests that if Amber 1 calls from the AB area were to also flow to the nearest hospital, then a total of 34 beds would be required and if GPs were to refer non electively to their nearest hospital up to 48 beds would be required.

Table 3: breakdown of the bed days per specialty.

		HB of residence					
		AB	**Powys**	**CTM**	**Other**	**Total beddays**	**Total beddays / 365**
Admission method	**Elective**	**467**	**183**	**12**	**9**	**671**	1.8
	Medicine	362	113	12	9	496	1.4
	O&G	0				0	0.0
	Paeds	103	32			135	0.4
	Surgical	2	38			40	0.1
	Emergency	**3733**	**5790**	**48**	**24**	**9595**	26.3
	Medicine	1028	3028	24	3	4083	11.2
	O&G	80	62			142	0.4
	Paeds	498	227	4	0	729	2.0
	Surgical	2127	2473	20	21	4641	12.7
	Grand Total	**4200**	**5973**	**60**	**33**	**10266**	**28.1**

2.10 It should be noted that in addition to the modelled potential impact on ED attendances, admissions and bed days there is anticipated to be a significant increase in demand on:

- Critical care demand – Intensive Therapy Unit (ITU) and High Dependency Unit (HDU);
- Additional Emergency (CEPOD) and Trauma theatre lists;
- Support services such as radiology, facilities and pharmacy;
- Discharge to asses and discharge liaison services; and
- Non-emergency patient transport (NEPTs) to support discharge.

2.11 The anticipated casemix of additional conveyances to PCH ED is reasonably anticipated to be skewed toward the more unwell patients, reflecting the 'time critical' nature of WAST conveyances to PCH as the nearest DGH.

3. KEY RISKS/MATTERS FOR ESCALATION TO BOARD/COMMITTEE

Pre-Covid 19 PCH Escalation Level

3.1 Flow on the PCH site has been an area of risk for some time with an independent review being undertaken by the Delivery Unit for Wales, issued in September 2019 (remit just acute site) to establish the causes of the deterioration in flow. Some high level recommendations were summarised as:

- Centralisation of stroke services to PCH. The actual numbers including stroke mimics being higher than modelled and the ability to repatriate stroke mimics and step down being less;
- Centralisation of gynaecology services to PCH in April 2019 without any receiving plan or increase in capacity or staff;

- The change of Ward 7 to a "Green" discharge ward without adequate resource to support timely transfer/discharge resulting in an increase in length of stay;
- The absence of any acute frailty model resulting in increased length of stay for these patients;
- Significant nursing vacancies at the time – c. 63 RNs;
- Requirement to implement "SAFER" bundle on all wards to support timely discharge and reduce length of stay; and
- Requirement to expand/maximise ambulatory care and develop robust Same Day Emergency Care (SDEC) models to reduce avoidable admissions.

3.2 In November 2019 work commenced on developing an action plan to address the core recommendations. This work was not progressed as quickly as desired due to core leads having to be appointed, winter demands and subsequently the impact of Covid-19. Whilst flow on the site was sustained during the first Covid-19 peak this was primarily due to the highest Covid-19 inpatient numbers reaching 43 (average 20-23) at any one time and the non Covid-19 demand significantly reducing.

Current PCH Escalation Level (pre GUH opening)

3.3 The escalation level and associated clinical risk has reached "critical tipping points" over the past 5 weeks, with headlines below. The reasons for this are multi-faceted and include (in addition to the known areas referred to in the Delivery Unit report):

- Increased Covid-19 positive patients. Currently 114 positive patients (compared to highest 43 in the first peak) with no direct obvious reduction in non-Covid demand and total bed occupancy running at 110%;
- Increased demand on PCH associated with AB UHB Covid-19 plan and WAST implementing its nearest DGH protocol for South Powys and North ABUHB trauma from July (no prior dialogue with AB UHB);
- Royal Glamorgan Hospital closing to admissions for just over two weeks and diverting part of the take to PCH from September 2016 (resulting in additional 15 patients presenting to PCH some days) and long term legacy impact associated with discharging/repatriating these patients;
- The National "28 day rule" for care homes and residential homes following an outbreak;
- Current exit block in Ysbyty Cwm Cynon (YCC) associated with 49 patients currently awaiting packages of care/care home placement (with 21 on the transfer list from PCH);
- To date no patients being suitable for transfer to Ysbyty Seren due to the Covid-19 acuity and criteria (confirmed by the Ysbyty

Seren medical team following site visit to PCH 10 November 2020);
- Significant staffing capacity risk across all disciplines but especially nursing with 63 RN vacancies and increased sickness associated with Covid-19;
- Backlog in cancer/clinical urgent elective activity resulting in full theatre lists running (and diagnostics such as endoscopy) solely relating to cancers/clinically urgent patients and thus an inability to reduce elective activity to free bed and staffing capacity to support emergency flow.

3.4 As a result PCH site has consistently reported Level 4 Risk Score 20 since the third week of September 2020 with de-escalation only occurring on a few occasions and for limited hours of the day. The impact is thus:
- Continuous use of ED corridor up to 8 patients;
- Continuous use of treatment rooms in PCH and YCC as core capacity;
- The new ED short stay unit breached to be used as GP assessment area;
- A significant increase in ambulance handover delays – up to 15 hours in some cases;
- Cancellation of all elective surgery with the exception of urgent suspected cancer;
- The cancellation of 18 cancer cases over the past four weeks associated with Covid-19 positive patients on the amber wards;
- Breaching of Surgical Short Stay Unit to accommodate emergency surgery patients (reducing capacity for 'amber pathway' cancer cases);
- Limited Covid-19 ITU capacity due to staffing gaps (short term enhanced rates has helped); and
- Limited Continuous Positive Airway Pressure (CPAP) capacity due to staffing gaps (enhanced rates in ITU and transfer of CPAP to additional Covid-19 ITU capacity mitigating risk).

Predicted Impact (pre mitigation)

3.5 It is anticipated that the opening of the GUH will result in further adverse impact on patients with poor patient outcomes and experience for Merthyr Cynon residents and also South Powys and North AB UHB residents as a result of:
- Access to patients' records and history (different systems in the three UHBs);
- Delays in WAST response to the community as a result of delayed ambulance handover in PCH and thus community response times;
- Long waits on ambulances and in ED corridor;
- Risk associated with access to limited resus capacity;
- Risk associated with access to critical care capacity;

- Delays in emergency surgery as a result of theatre capacity, staffing and bed availability;
- Ongoing cancellation of elective (non-cancer) elective activity for Merthyr Cynon residents;
- Increased cancellation of cancers/clinically urgent elective activity for Merthyr Cynon residents;
- Increased length of stay as a result of flow challenges;
- Delayed discharges/transfers and discharge planning (will be working with six Local Authorities moving forward) and potential de-conditioning of patients and impact on rehabilitation;
- Impact on fundamentals of care with increased demand and congestion and significant staffing constraints; and
- Challenge to effective management of HCAI Covid-19 and other infections with the level of congestion on the site.

Plans and Mitigation

3.6 As stated above work is required within PCH and across the system to improve flow and thus patient outcomes and experiences across emergency and elective domains. It is fully acknowledged that this programme of work was required prior to the Covid-19 pandemic and without the anticipated impact of the GUH opening.

3.7 It is further recognised that the South Wales Programme always assumed the South Powys flow to PCH on the opening of the GUH. However, three fundamental issues have affected the readiness of PCH site and thus CTM UHB to meet the increased demand associated with the opening of the GUH:

- The impact of the Covid-19 pandemic;
- The AB UHB decision at the end of August to bring the opening of the GUH forward by 6 months; and
- The change in planning assumption by AB UHB associated with North AB UHB residents, confirmation by WAST that they will convey time-critical patients to PCH and reasonable anticipation that self-presenters from North AB UHB will present to PCH.

3.8 Nevertheless, it is imperative that clinical and operational leads work with PTHB and AB UHB to identify risks to its residents and take all relevant actions available to mitigate these risks.

3.9 A series of clinical and operational meetings have taken place, since the Ministerial announcement, within Merthyr Cynon ILG and with PTHB. The first meeting with AB UHB operational/clinical leads will take place on Friday 13 November 2020 and thus whilst only limited assurance can be provided of no adverse impact on residents from the 17 November 2020, there is an absolute commitment to continue to identify and mitigate risks moving forward working in partnership with PTHB and AB UHB. Current status is as follows:

- MC ILG Governance structure to ensure clinical/operational involvement in identification of risks and development and implementation of plans to mitigate risks as far as possible;
- Agreed pathways in place and communication undertaken in relation to South Powys flows;
- A full risk assessment undertaken by each specialty within MC ILG in relation to AB UHB service model and changes;
- Each specialty developing action plans to identify short, medium and long term plans to mitigate risks (to be considered by CSG, ILG and if required Executive Team/Board);
- The appointment of a clinical Head of Operations to consistently manage flow on the PCH site (working across MC ILG system) to oversee timely handover, ED and site flow and discharge (working with six Local Authorities moving forward);
- The development of a data toolkit by the CTM UHB information team to quantify, weekly, the impact of South Powys and North AB UHB demand;
- The development of winter plan schemes to "test" a number of initiatives, utilising this non-recurring funding to evaluate the impact on patient flow with a view to developing business cases to continue i.e. YCC GP Step up model/ambulatory, acute Care of the Elderly model and front door frailty model, and Same Day Emergency Care (SDEC);
- Demand & Capacity work has commenced to determine how much ITU/HDU capacity is required to meet the non-Covid-19 demand moving forward, to ensure the increased capacity developed through Covid-19 is not later reduced to the pre-Covid 19 levels without assurance that this will meet the demand;
- SBARs have been developed to increase ED and ITU nurse workforce to meet increased demand;
- SBAR to develop ENP led Minor Injuries Unit (MIU) model to support timely flow through the ED, improve patient care and improve 4 hour MIU performance. This will also release medical staff to support majors activity to improve flow, quality of patient care and 4 hour performance of majors activity.
- Commencement of an appointment process for two additional ED consultants; and
- Ongoing partnership working with Local Authority Partners to improve POC/care home flow.

3.10 Further plans and mitigation for MC ILG to progress:

- Dialogue with AB UHB re: boundary change with regards North Caerphilly residents. We recognise this is not only a sensitive political environment but given its proximity to PCH it is doubtful that such a change will have significant impact on demand resulting from 'nearest DGH' protocol and self-presenters;

- Confirmation from AB UHB of repatriation policies to ensure timely discharge following emergency attendance/admission, including for rehabilitation;
- Implementation of SAFER bundle on all wards in PCH and YCC to support flow and discharge planning;
- Implementation of acute frailty model on PCH site (Subject to winter evaluation);
- Development of SDEC and maximising ambulatory care model via an increased capital footprint in spring/summer 2020 with the move of MDU to a two level porta cabin co-located with Clinical Decision Unit/ED;
- Further develop relationships with Powys and Caerphilly Local Authorities and establish new relationships with Monmouth and Blaenau Gwent Local Authorities to ensure working in partnership to support appropriate discharge planning for these residents;
- Expansion of Day Surgery Unit (space and 7 day working) to increase cancer and clinically urgent elective activity for Merthyr Cynon residents; and
- Progress plans to develop SEAL to re-introduce elective orthopaedic activity until September 2021 when this area will be required for the Ground and First Floor capital scheme.

3.11 Further Health Board wide plans and mitigation to progress:

- As part of the South East and Central NHS System, monitor and evaluate flows over next few months to consider future flows post Covid-19;
- Instigate Caerphilly North redirection of WAST flow in the event that self-presenters are in greater number than planned;
- Ensure appropriate use of Ysbyty Seren to relieve pressure across the CTM UHB system;
- Review of demand, capacity and activity for emergency, diagnostics and electives (including cancer) across the UHB with a view to ensuring equity of access to all CTM residents;
- Development of a clinically-led strategy to deliver equitable services moving forward including a discussion around centralised services across the UHB;
- Feasibility study being undertaken to explore potential for an elective orthopaedic unit being developed on the YCC site to deliver a sustainable solution.

Finances

3.12 The activity/flow impacts are only now starting to become sufficiently clear to enable work on commissioning and contracting income implications to start to be assessed and considered with AB UHB, and the service costs to be assessed.

3.13 The value of the LTA income associated with the income needs a lot of further work regarding casemix and costing, and the resulting expenditure will need to be based on detailed service planning, but an initial view of the scale and the associated issues is as follows:

In 2020/21

- Long term healthcare agreements between Health Boards have to date agreed to be "blocked" at 2019/20 activity levels for Q1 and Q2. Consideration is being given to whether this block arrangement will continue in Q3-4 on a cross Wales basis; no decision has yet been made, but it is likely to remain as block. In any event, the Covid allocation to CTM means that it has sufficient resource to manage Q3-4 without an AB UHB commissioning flow.
- It is not currently clear what the scale of operational costs resulting from the flow of patients will be. It is recognised that some costs will need to be committed in advance of detailed service planning, and £0.4m has been provided for in the Q3-4 plan as a high level provision for this.

For 2021/22 onwards

- Appropriate variations to the current Long Term Agreement with AB UHB will need to be discussed and agreed with AB UHB. The tariffs in the current contract are below actual unit costs, and these variation of the agreement will need to reflect actual costs, at least initially in respect of the incremental activity.
- Further discussion with AB UHB, and work on case mix, is required to assess the income associated with the level of additional activity projected in the paper(c 2700 admissions and c 4800 ED attendances). Obviously if the additional activity was at the potential higher levels in the paper, the additional income would commensurately higher.
- A full assessment of the capacity required to deliver the additional activity will be required, which will then enable workforce requirements and pay and non-pay costs to be assessed, primarily in Merthyr Cynon ILG, but also in other ILGs and other directorates in respect of hosted services, clinical support services and corporate services.

3.14 To date no work has been undertaken on the financial impact of the changes on patients flows and the necessary amendments required to LTA's. The focus to date has been on ensuring patient safety and quality.

4. IMPACT ASSESSMENT

Quality/Safety/Patient Experience implications	Yes (Please see detail below)
	The additional flow of activity in year will place additional strain on services predominately in Prince Charles Hospital, which has the potential to impact on quality,

	safety and patient experience. Work is underway to mitigate this potential impact, by looking at either increasing capacity or dispersing flows to other part of the CTM system..
Related Health and Care standard(s)	Applies to all Health and Care Standards
Equality impact assessment completed	No (Include further detail below)
	Applies equally to all.
Legal implications / impact	There are no specific legal implications related to the activity outlined in this report.
Resource (Capital/Revenue £/Workforce) implications / Impact	Yes (Include further detail below)
	There will need to in year contract variations to take account of the additional flows of activity to come into CTM (should this be permitted given WG notification fixed this year). This will also require additional internal budget adjustments for those areas impacted with the new flows of activity. Moving forward it is anticipated additional revenue and capital funding will be required to support sustainable models to meet emergency and elective demand.
Link to Strategic Well-being Objectives	Linked to all

5. RECOMMENDATION

5.1 **NOTE** that at present Merthyr Cynon ILG can only give limited assurance that the opening of the GUH will not have an adverse impact on CTM UHB residents and also South Powys and North ABUHB residence.

5.2 **DISCUSS AND REVIEW** the progress of plans and the mitigation of risk, in the context of the AB UHB August 2020 decision to open the GUH early on 17 November 2020.