Resetting Cwm Taf Morgannwg

Operating Framework 2020/21

May 2020

DRAFT v0.7

GIG CYMRU NHS WALES
Bwrdd Iechyd Prifysgol
Cwm Taf Morgannwg
University Health Board

Resetting Cwm Taf Morgannwg

Mission: *Building healthy communities together*

Vision: Across every community, people begin, live and end life well, feeling involved in their health and care choices.

Framework for 'New Normal'

RESETTING principles:

- **PAUSE** work specific to emergency response, but
- **AMPLIFY** the new ways of working which show promise.
- **LET GO** of ways of working which are unfit for purpose, but
- **RESTART and REFRAME** work which now needs to continue.

REDUCE HARM: Harms from Covid itself; Harms from overwhelmed NHS and social care system; Harm from reduction in non-COVID activity; Harm from wider societal actions/ lockdown.

Strategic Well-being Objectives and Delivery Workstreams:

- Work with communities and partners to reduce inequality, promote well-being and prevent ill-health;
  1. COVID19 public health protection, through contact tracing and case management, surveillance and sampling and testing,
  2. Communication and community involvement and engagement, targeted where required,
  3. Actively engage in growing community resilience, social prescribing and the wellbeing offer,
- Provide high quality, evidence based, accessible care;
  4. Develop whole system pathways with primary care professionals, local authority and third sector partners, ensuring care close to home,
  5. Using flexible capacity, enable care and minimise harm through a balanced approach to delivering COVID19, essential and routine services,
- Ensure sustainability in all that we do, economically, environmentally and socially; and
  6. Fully utilise the data and information available to provide health intelligence and insight which informs service management, improvement and transformation,
  7. New ways of working: agile, flexible, digital, clinical practice, staffing skills, partnerships,
- Co-create with staff and partners a learning and growing culture.
  8. Through leadership and culture protect staff physical and emotional well-being,
  9. Learning into action, developing the skills and leadership for improvement

Draft Values

Listen and Taken Action
Respect Each Other
Teamwork with Everyone

GIG CYMRU NHS WALES
Bwrdd Iechyd Prifysgol Cwm Taf Morgannwg University Health Board

1. INTRODUCTION

1.1 PUBLIC, PARTNER AND STAFF COMMITMENT

The first months of 2020 have been unprecedented for Cwm Taf Morgannwg University Health Board (UHB), for health and care in Wales, for the four nations of the UK and the world.

The community of Cwm Taf Morgannwg, those who work in partner organisations and our staff have faced the challenge of the COVID19 global pandemic with dignity, commitment and professionalism. The staff of Cwm Taf Morgannwg UHB have proved to be its greatest asset.

1.2 RESETTING CWM TAF MORGANNWG

This operating framework, entitled 'Resetting Cwm Taf Morgannwg', sets out the steps which University Health Board (UHB), will take in the coming weeks and months to balance the response to COVID19 with the clear need to deliver essential health and care services for our population; all the while, protecting the health and well-being of staff.

Our current health and care system is significantly out of balance. Across NHS Wales, we necessarily reduced non-essential work in order to free capacity and staff to prepare for a COVID19 emergency response. The coming weeks will require us to understand the dramatic impact of what has taken place, to evaluate, and to develop plans to rebalance the system as we move into 2020 quarter two.

The remainder of 2020/21 is likely to be characterised by peaks and troughs in COVID19 demand, balanced with delivery of essential and routine health and care services. Through short, agile planning cycles, Health Board delivery within this framework, will seek to amplify recent positive working whilst minimising harm to our population and staff; and rebalancing the system.

The Health Board approved the Cwm Taf Morgannwg UHB, Integrated Medium Term Plan 2020-23 (IMTP) in March 2020. At the point of approval, it was acknowledged that "In the coming weeks and months, the test will be how we flex and adapt this Plan while remaining true to our values and vision."

Whist the COVID19 pandemic has tested the resolve of the Health Board and its staff; our mission, vision, values and strategic well-being objectives remain valid. Indeed, given our experience of COVID19 infection rates and deaths, has never been more necessary:

Mission: *Building healthier communities together*

Vision: *Across ev*ery community people begin, live and end life well, feeling *involved in their health and care choices*

Draft Values: Listen and take action; Respect each other; Teamwork with everyone

Prior to the COVID19 global pandemic the Health Board had set out within the IMTP 2020-23, a clear 10 point improvement journey. The requirement to continue this journey remains and the actions to delivery our improvement are now interwoven within 'Resetting Cwm Taf Morgannwg'.

Our new Cwm Taf Morgannwg operating model is embedding across the organisation and the resulting clinical and community leadership will ensure we deliver robust, simplified and safe decision making; learning through quality improvements and will strengthening involvement of patients, staff and partners in service redesign. All these traits have been in evidence during our COVID19 emergency response and will be amplified in 'Resetting Cwm Taf Morgannwg'.

1.2.1 Summary COVID19 Activity Impact on Cwm Taf Morgannwg

By May 2020 the impact COVID19 was visible in the following activity headlines:

COVID19 Key Metrics

Table 1 COVID19 Metrics	**Cwm Taf Morgannwg Infection Rates** (16 May 2020)	
	Current infection rates/100,000	Confirmed positives
Infection Rates	493.3	2196

Table 2 COVID19 Metrics	**Cwm Taf Morgannwg Death Rates**	
	Deaths cumulative (hospital and care home)	Deaths/100,000 (crude rate)
Deaths include lab-confirmed Covid deaths reported to PHW including in hospital and care homes (16 May 2020)	251	56.4
ONS Reported Deaths (including confirmed and suspected covid deaths based on deaths certificate and including all settings) (1 May 2020)	315	70.8

Table 3 COVID19 Metrics	**Cwm Taf Morgannwg COVID19 Discharge** (25 April – 15 May)
	208

Reasonable Worst Case 40%Compliance Model Forecast Demand

Table 4 40%Compliance Demand	**1st Peak Forecast Bed Demand**			
	Ventilated	CPAP / Oxygen	Non Oxygen	Total
COVID19	148	324	150	622
Non -COVID19	6	376	200	582
Total	154	700	350	1204

New Ways of Working

Table 5 Communication and Engagement	**Non Face to Face Consultations**	
	Current	**PreCOVID19**
Average Monthly Internet	193,500 hits	72,500 hits
Average Monthly SharePoint Intranet	770,000 hits	155,000 hits
Average Monthly Facebook Reach	2,138,623	1,967,243
Twitter Followers	13,400	11,500
Staff Facebook Group	7,250	Set Up in Response to COVID19

Table 6 Consultations	**Non Face to Face Consultations**	
	New	**Follow-Up**
Pre-Covid Weekly Average (~6weeks)	144	827
Maximum Weekly Number (post-23 March)	411	4292
Current Weekly Number (10 May)	302	2765
Current (Bank Holiday adjustment)	386	3503

Non COVID19 Metrics

Table 7 A&E Attendances	**Total A&E Attendances**		**Paediatric A&E Attendances**	
	Attends	**Compliance with WG Target**	**Attends**	**Compliance with WG Target**
Weekly leading up to Covid (~6weeks)	3420	77.4%	617	94.6%
Maximum (post 23 March) % Reduction	50.4%	88.6%	64.7%	100%
Current (10 May) % Reduction	26.8%	90.2%	51.4%	99%

Table 8 A&E Presentations	**Presentations in A&E**		**A&E Presentations Admitted**	
	Cardiac	**Stroke**	**Cardiac**	**Stroke**
Weekly leading up to Covid (~6weeks)	158	30	35	18
Maximum (post 23 March) % Reduction	49%	33%	66%	39%

Current (10 May) % Reduction	6%	-17% (-% indicates increase)	0%	-66% (-% indicates increase)

N.B. Cardiac & Stroke are those patients where the presenting complaint is [AF, Chest Pain, MI, Palpitations] or [Stroke, Syncope, TIA].

Table 9 Referrals	**Outpatients Referrals**	**Urgent Suspect Cancer Referrals**
Weekly leading up to Covid (~6weeks)	6597	431
Maximum (post 23 March) % Reduction	79.5%	75.6%
Current (10 May) % Reduction	71.5% (65% without Bank Holiday)	54.3% (47% without Bank Holiday)

Table 10 CAMHS	**p-CAMHS Referrals**	**CAMHS Referrals (CTM & SB)**
Pre-Covid Weekly Average (~6weeks)	20 accepted (84% of referrals)	93 accepted (49% of referrals)
Weekly (post 23 March) Average	3 accepted (83% of referrals)	11 accepted (34% of referrals)

1.2.2 Welsh Government Context

On 6 May 2020, Welsh Government, issued "NHS Wales Covid-19 Operating Framework, Quarter 1". The framework recognisees the impact of both Welsh Government 'Framework for Recovery' (https://gov.wales/leading-wales-out-coronavirus-pandemic) and the NHS Wales 'Public Health Protection Response Plan'. Importantly, it reflects the need to consider 4 types of harm, and to addressing all of them in a balanced way.

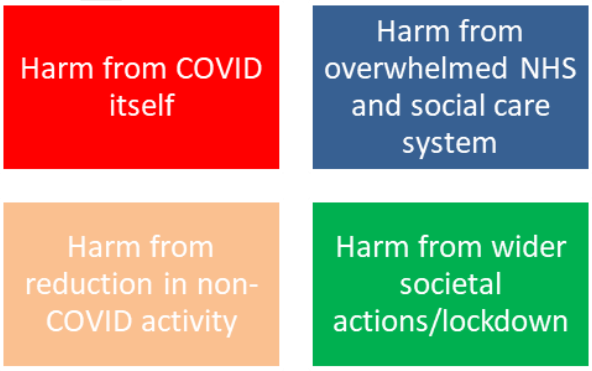


Figure 1: Welsh Government Types of Harm

2. RESETTING CWM TAF MORGANNWG MODEL

2.1 RESET PRINCIPLES

As we move out of a period of COVID19 emergency response, our work and the ways we work, need to be tested against the four principles below.

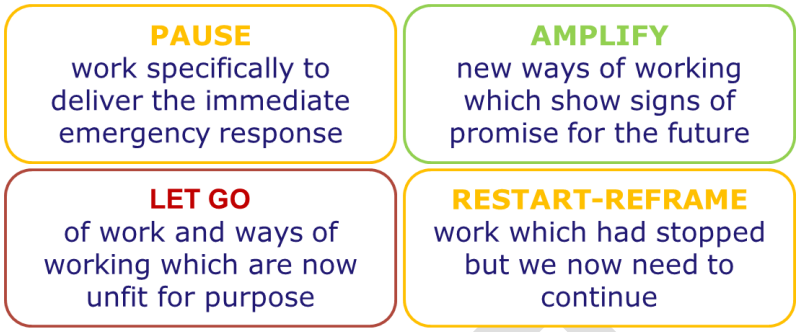


Figure 2: Reset Principles

Whilst we need to pause the work we have undertaken specific to deliver our COVID19 emergency response, we must learn the lessons, improve and be vigilant to the need to reinstate our command and control structure, constantly balancing the risks of restarting the right things. In amplifying work and new ways of working that show promise, and letting go of those which are now unfit for purpose, we must rapidly evaluate before we embed.

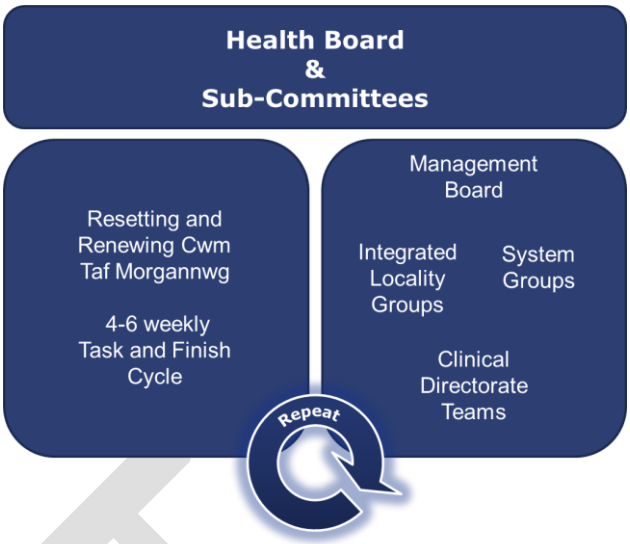
As described in the IMTP, and still valid as plans develop, we must triangulated against quality, resource (finance, people, capital, estates, ICT) and outcome.

Figure 3: IMTP Balanced Planning

2.2 OPERATING MODEL

The world is still in the early stages of learning about COVID19. As a result the coming weeks and months will bring with it uncertainty in demand for health and care services and how we provide these across the whole system. As part of the Health Board response to COVID19 staff, equipment and bed capacity has been increased; alongside staff support resources. Our operating model will need to retain the flexibility to deploy this capacity in response to future COVID19 peaks, whilst seeking to maintain essential services and restarting routine services; paying attention to quality, clinical risks and emerging guidance.

Set out in the IMTP, the Health Board has established three Integrated Locality Groups to deliver services on behalf of the Cwm Taf Morgannwg population. These are complemented by four Systems Groups who, adopting value based healthcare principles, will establish consistent clinical standards and outcomes across the Health Board. As we reset the operating model will work through these clinically led structures, which whilst only established on 1 April 2020, is developing rapidly.



Daily and weekly performance dashboards have been established to ensure intelligence is received regularly to help inform decision making to respond to COVID19. Consideration is being given to how this agile approach to governance and decision making can be incorporated into how we adapt our accountability, governance and performance management frameworks.

2.2.1 Patient Streaming and Capacity Zoning

Across the whole health and care system: social care, primary, community and acute services; the streaming of care based on COVID19 risk, is currently underway. In the coming weeks, with sizable and responsive testing, the streaming and cohorting of individuals will become more sophisticated. This will identify individuals who are COVID19 positive, either symptomatic or asymptomatic and COVID19 negative allowing their appropriate pathway and care setting to be identified.

In Figure 4 below, it is evident that COVID19 demand will, in the immediate future, strongly influence the availability of capacity for essential and routine services. The actual size of this available capacity will be determined though application of National and Royal College guidance, alongside local Public Health Practice, Infection Prevention and Control (IPC) and testing policies.

Based on anticipated COVID19 demand, a target COVID19 operating bed capacity will need to be reviewed every 4-6 weeks, with rolling plans to deliver services as a consequence. The modelling and forecasting requirements to enable this are significant and Health Board is making increased use of the insight this provides. As a result, the available operating bed capacity across acute, community and non-core, can be appropriately divided between zones for COVID19, unscheduled and planned care pathways.

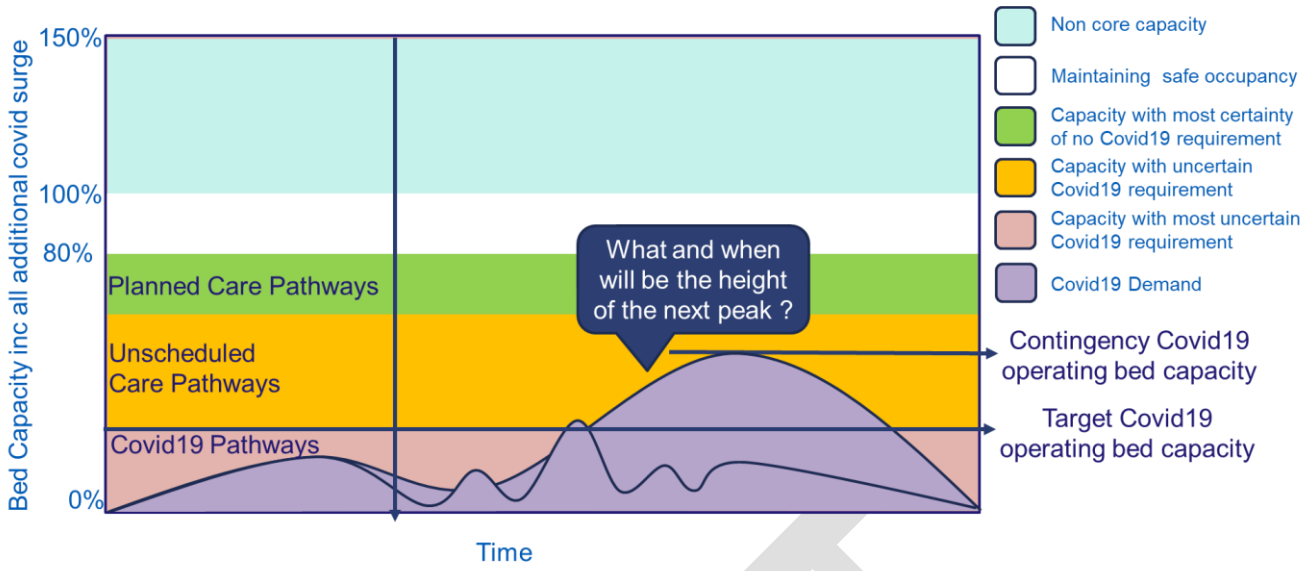


Figure 4: Cwm Taf Morgannwg UHB Quality Operating Capacity

The basis of the current Cwm Taf Morgannwg target COVID19 operating bed capacity is current short term Cwm Taf Morgannwg UHB COVID19 bed demand forecast based on consistent policy and behaviours, Figure 5. Further detail is contained in section 4.3.1.

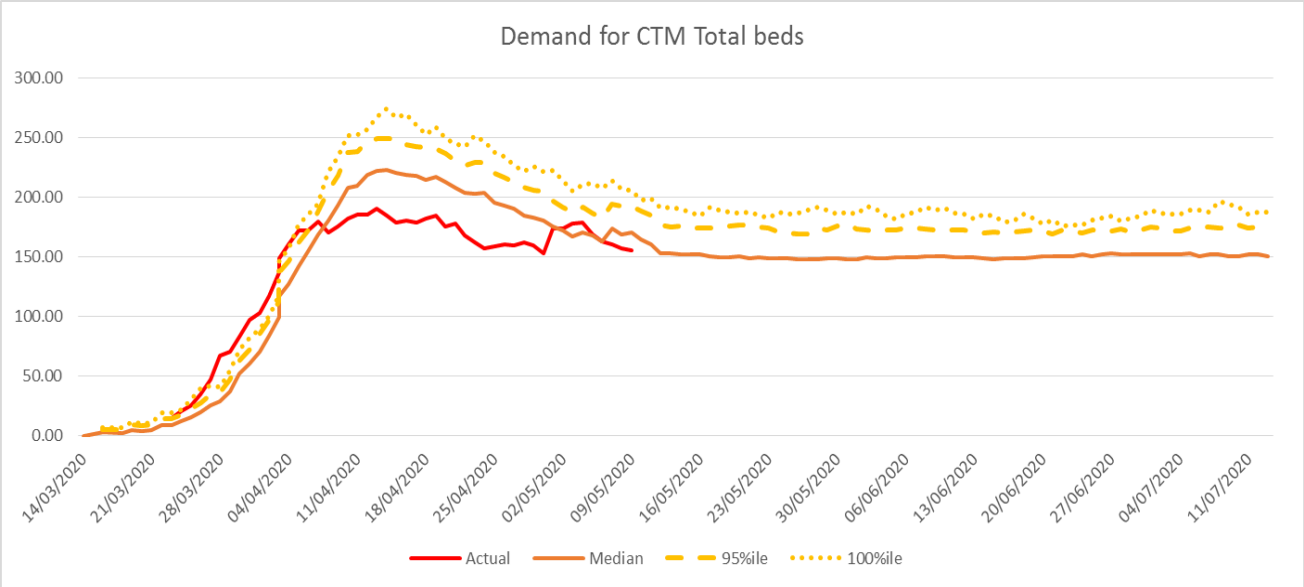


Figure 5: Cwm Taf Morgannwg UHB COVID19 bed demand forecast based on consistent policy and behaviours (15 May 20120),

Flexibly deploying capacity, through appropriate gearing and escalation to enable COVID19, essential and routine services is described in more detail in sections *4.2.1, Develop whole system pathways with primary care professionals, local authority and third sector partners, ensuring care close to home,* and *4.2.2, Using flexible capacity, enable care and minimise harm through a balanced approach to delivering COVID19, essential and routine services.*

Guiding the re-introduction of all essential and routine services will be the following considerations:

- New ways of working have been embedded as far as possible – for example in relation to remote and virtual service delivery;
- There is capacity to separate known COVID patients from other patient cohorts, supported by testing as appropriate;
- Safe occupancy levels of no more than 80% can be maintained;
- The need to minimise impact on critical care services where they remain at high occupancy levels;
- Availability of Personal Protective Equipment and other key supplies including medicines and blood products can be maintained; and
- Restrictions on throughput due to social distancing and infection prevention and control have been taken into account.

2.2.2 Re-establishing COVID19 Emergency Response

As already described, 2020/21 is likely to be characterised by peaks and troughs in COVID19 demand and as a result, as defined points are reached, the COVID19 emergency command structure need to be established. The strategic aims of the COVID19 emergency response are:

- Strategic Aim No 1 – Protect the health of people in our communities;
- Strategic Aim No 2 – Prevent deaths from COVID19; and
- Strategic Aim No 3 – Protect the health and well-being of staff in our public services.

The contingency plan with the longest critical path is the 14 days to establish a field hospital. This will enable delivery of the contingency operating capacity, set at the Reasonable Worst Case 40%Compliance Model Forecast Demand, or provided the structure to develop plans for a higher peak if required.

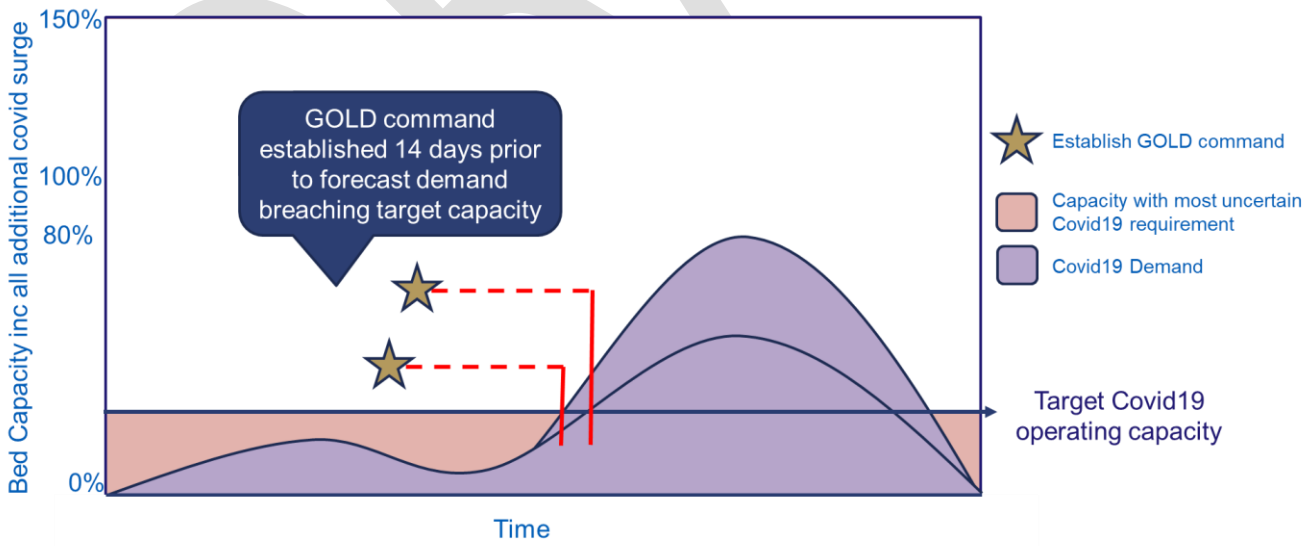


Figure 6: Re-establishing Cwm Taf Morgannwg UHB COVID19 Emergency Response

3. QUALITY GOVERNANCE

3.1 ETHICAL FRAMEWORK AND QUALITY IMPACT

Our plans for maintaining healthcare services will be considered within the overriding ethical principles as articulated in the Welsh Government's 'Coronavirus: ethical values and principles for healthcare delivery framework' (https://gov.wales/coronavirus-ethical-values-and-principles-healthcare-delivery-framework-html):

- Everyone matters;
- Everyone matters equally – but this does not mean that everyone is treated the same;
- The interests of each person are the concern of all of us, and of society;
- The harm that might be suffered by every person matters, and so minimising the harm that a pandemic might cause is a central concern.

3.1.1 Quality Impact Assessments.

The six domains of quality are:

- Safe - avoid harm;
- Effective - evidence based and appropriate;
- Patient-centred - respectful and responsive to individual needs and wishes;
- Timely – at the right time;
- Efficient - avoid waste; and
- Equitable – an equal chance of the same outcome regardless of geography, socioeconomic status etc

The Health Board policy for undertaking Quality Impact Assessment (QIA), was streamlined and applied as part of the COVID19 emergency response. Under the leadership of the three Clinical Executives, both positive and adverse potential impacts in relation to quality (safety, patient centred experience and effectiveness) were developed. Any QIAs with a score over 20 were received by Gold Command so the quality impact of COVID19 related changes could be assessed. Examples of QIA's undertaken and to be reviewed as we reset include: increasing bed capacity, overarching cancellation of services, urgent cancer care, end of life care, termination of pregnancy and a change in theatre for fractured neck of femur. This approach is being reviewed, with learning adopted through the reintroduction of the policy.

3.2 RISK MANAGEMENT

The approach we are taking to risk and the tolerance afforded to the risks we are managing has changed and is materially different to the environment pre-COVID19. Ensuring the health and safety of our staff, whilst responding to the prevention, intervention and hospitalisation of our communities affected directly by COVID19 and by the consequences of COVID19 results in a newly configured environment and clinical landscape.

Decisions on service delivery during the period will be assessed on risk, ensuring quality, safety and resources (capacity) are balanced. Risks will be proactively managed to balance consideration of the risks relating to responding to COVID,

risks relating to essential service delivery and risks relating to routine service delivery.

Achieving the right balance of protecting the health and safety of our staff and minimising transmission between the workforce and to our patients remains a priority. This includes the aim to reduce the wider risk of asymptomatic transmission when intervention to treat the infected will be required over a sustained period of time and will need continual review.

Constant review of feedback from staff to effectively respond to concerns on their health, safety and wellbeing will support the stability of workforce capacity during inevitable fluctuations in demand for services.

4. RESETTING WORKSTREAMS

4.1 WORK WITH COMMUNITIES PARTNERS TO REDUCE INEQUALITY, PROMOTE WELL-BEING AND PREVENT ILL-HEALTH

4.1.1 COVID19 public health protection, through contact tracing and case management, surveillance and sampling and testing

Executive Lead: Kelechi Nnoaham, Executive Director of Public Health

The Welsh Government published their Test, Track, Protect Strategy on 13 May 2020. The Strategy assumes that transmission of COVID19 will continue until mass vaccination is available or there is enough acquired immunity in our population and therefore there is a requirement for an enhanced multiagency health protection response. The strategy draws heavily on Public Health Wales' Public Health Protection Response Plan, which provides more detailed guidance on requirements and the tiered approach to the response.

The local response to the Strategy builds on the GOLD approved, Cwm Taf Morgannwg UHB Testing Strategy, ensuring by working with Local Authority partners, a complete plan across the Health Board footprint for:

- *Preventing the spread of disease through case management and contact tracing.* Locally managed and coordinated regionally on the Health Board footprint, teams will use a national framework and infrastructure to identify suspected cases of COVID19 and their contact and provide isolation advice in order to prevent the risk of others becoming infected and spreading the infection in our communities.
- *Population surveillance*. A system to trace and help us understand the nature and spread of COVID19 within our hospitals, care homes and communities. This will involve utilising new technologies sourced nationally and combining data from this and local sources to provide responsive action. In addition data routinely collected will inform triggers for reactivating Health Board emergency response measures and provide intelligence that will help plan for future demands. See section 4.3.1 for further detail.
- *Sampling and testing different people in Wales.* By deploying: National testing capacity and local resources such as antigen PCR, Menarini rapid PCR

and University of South Wales LAMP testing for active infection and serology testing for previous COVID19 infection and ongoing immunity. The Health Board testing strategy aims to:

- Consolidate reductions in transmission of COVID19;
- Protect vulnerable people both within closed settings and in the community; and
- Enable key workers to return to work as quickly as possible.

Actions

• Lead a Regional Response Team that oversees contact tracing and cluster management with local authorities and other partners, commencing 18 May • Support the development of surveillance capacity utilising new national technologies by 8 June • Finalise for approval, the triggers for reactivating COVID19 emergency response by 8 June • Growing testing capability and widen testing offer in line with relevant strategies by 31 May	Steps towards Resetting
• Maintain a responsive trace, test and protect capacity • Maintain active population surveillance • Maintain active and responsive testing capability	Resetting (pre COVID19 vaccination)
• Deploy COVID19 vaccination programme when available • Maintain appropriate level of testing capability • Improve using learning from public health response	Resetting (post COVID19 vaccination)

4.1.2 Communication and community involvement and engagement, targeted where required

Executive Lead: Georgina Galletly, Director of Corporate Services (Interim)

It is vital that our communities understand how the Health Board is working to respond to COVID19, how they will receive care and treatment and access the services required in both the short-term and the long-term in a safe way that meets their needs. Our communities will also need to understand the asks of them so they can work with us during this time. This includes social distancing, using services wisely or differently, looking after their health and wellbeing and abiding by Welsh Government and public health guidelines. We will also need their support as we move to test, trace and protect as part of the national response in managing COVID19. Our communities will need:

- Explanation of new ways of working which mean people will access services differently;
- Assurances about social distancing measures and infection prevention and control in health care settings;
- Importance of seeking advice and support in relation to Essential Services – with a particular focus on older people and vulnerable groups;
- Options for self help and advice;
- Clarification of Wales approach to avoid confusion with other parts of UK;
- Clear and simple messaging around the behavioural asks of them; and
- Targeted communications and engagement using a range of tools and methods to meet their needs and reach as many people as people.

Our approach to communications will draw from our existing COVID19 communications strategy, the organisation's new approach to communications and engagement which had been developed and matured through learning over the last year and the risk communications and engagement strategy which is being developed with partners for the implementation of the Test, Trace and Protect work.

Our communications and engagement will:

- Inform staff, partners and the public about our plans and work in a timely and transparent manner;
- Build trust and confidence in our organisation's approach to this work and be an official and credible source of information;
- Provide clear, consistent, frequent and timely information in range of ways so it accessible and has maximum impact;
- Provide resources to give staff information and skills to undertake their role safely;
- Work with partners to ensure consistent messaging which has impact and inspires communities to take action to prevent transmission;
- Deliver strong and effective calls to action around using services appropriately and following public health guidance;
- Provide clear information, guidance and reassurance on how we will work in with both COVID and non-COVID activity;
- Consider different and changing needs of audiences and tailor activities to those ends;
- Be as proactive as possible, while accepting the need for an agile reactive approach to respond to changing needs and decision making;
- Demonstrate the corporate and clinical leadership and reassurance we are making the best decisions on behalf of our communities;
- Provide reassurance so people feel safe within their community;
- Identify key community networks to share messaging and content with, allowing further reach of key messaging especially for hard to reach population;
- Effectively tailor messages utilising a behavioural insights approach.

The effectiveness of our communications and engagement will be continually evaluated and our approach reviewed and adapted to respond to any changing needs and ensure learning and continual improvements are made to deliver best practice.

Actions

• Establish key public health risk messages, in collaboration with Public Health Wales • Engage with staff, partners and our communities on the development of the 'Resetting CTM' Operating Framework • Revise communications and engagement strategy to reflect lockdown easement and 'Resetting CTM' Operating Framework • Launch 'Resetting CTM' Operating Framework	Steps towards Resetting

	• Continually evaluate communications and engagement strategy and continual develop practice	Resetting (pre COVID19 vaccination)
	• Continually evaluate communications and engagement strategy and continual develop practice	Resetting (post COVID19 vaccination)

4.1.3 Actively engage in growing community resilience, social prescribing and the wellbeing offer

Executive Lead: Liz Wilkinson, Executive Director of Therapies

The well-being of the population has been a focus of concern and extensive media coverage throughout the pandemic. Services previously available to support well-being have ceased and need to be re-established rapidly but in a way that is safe and respects requirements for social distancing, infection control and in line with WG guidelines. This will initially require a change of focus away from direct delivery in groups, to other media such as written, remote and virtual platforms.

The local response to developing greater community resilience will require engagement through the Regional Partnership Board, with third sector organisations and the wider population to gain a consensus, to understand varying needs, accessibility and acceptability of new technology platforms.

Social prescribing will be initially directed to online resources to support self-management and well-being. Reliable sites and resources will need to be communicated to the population. Social prescribing is a systematic mechanism for linking people with wellbeing services.

As the coronavirus pandemic swept across the world, it has induced a considerable degree of fear, worry and concern in the population and among certain groups in particular, older adults, care providers and people with underlying health conditions.

In public mental health terms, the main psychological impact to date is elevated rates of stress or anxiety. But, as new measures were introduced – especially social distancing, its effects on many people's usual activities, routines or livelihoods, levels of loneliness, depression, harmful alcohol and drug use, and self-harm are also expected to rise. As part of its public health response, WHO has worked with partners to develop a set of new materials on the mental health and psychosocial support aspects of COVID-19.

There is increasing acceptance that sources of support in local communities have an important role to play alongside clinical care or even as an alternative in improving someone's individual health and wellbeing outcomes. Wellbeing services offer people a wide range of sources of support within the community, improving emotional and physical wellbeing and reducing social isolation. The services are often provided by people working and volunteering in the third sector or independent sector, complementing the role played by statutory organisations.

Actions

• Engaging with the Regional Partnership Board, 3rd sector organisations and the wider community in delivering the 'Resetting CTM' Operating Framework • Accessing local, national and international on-line resources to enable and support self-management • Remote and Virtual platforms ('Attend anywhere')	Steps towards Resetting'
• Extensive use of virtual platforms • Development of hubs for integrated support • Develop a digital on-line feedback tool • Development of 'Time banking' to capitalise on community loyalty and build on current goodwill, exhibited during the pandemic.	Resetting (pre COVID19 vaccination)
• Resume social support mechanisms- Dementia cafes, men's sheds etc. • Remote and virtual platforms become 'business as usual' • Face-to-face, day centre and support group meetings, will resume. • Hubs for integrated support	Resetting (post COVID19 vaccination)

4.2 PROVIDE HIGH QUALITY, EVIDENCE BASED, ACCESSIBLE CARE

4.2.1 Develop whole system pathways with primary care professionals, local authority and third sector partners, ensuring care close to home

Executive Lead: Nick Lyons, Executive Medical Director

Within our IMTP 2020-23, we set out our emerging strategic service model based on population need. The requirement for this approach has been brought into sharp focus as a result of the COVID19 global pandemic. In the coming months we must reflect on how we address the underlying physical and mental health of the Cwm Taf Morgannwg population, and their wider determinates, which have resulted in our communities being at greater risk from COVID19.

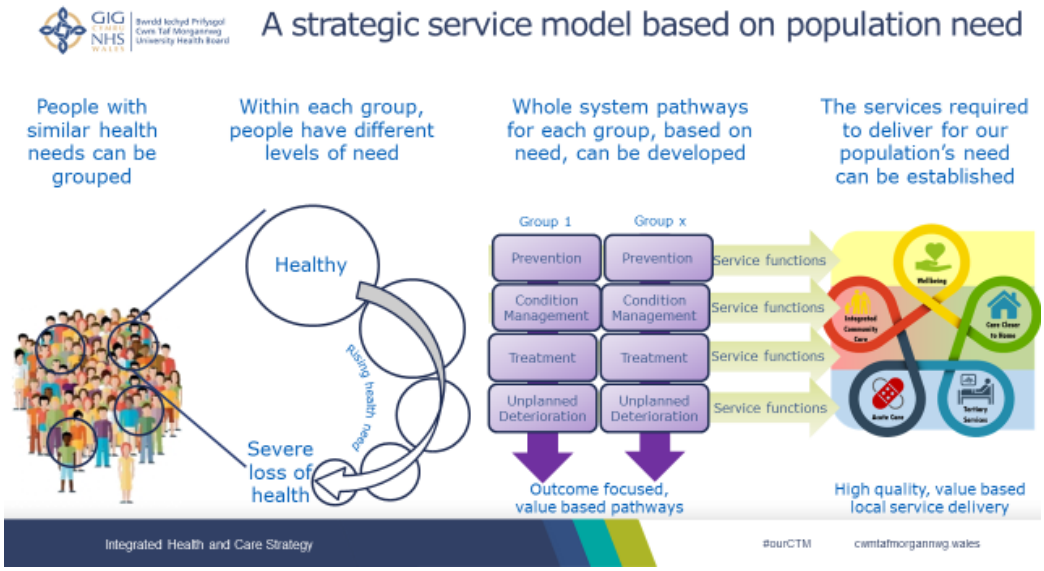


Figure 7: Cwm Taf Morgannwg UHB Strategic Service Model

4.2.1.1 Essential Service Assessment

Essential services are those which should be maintained at all times throughout the pandemic, and any future peaks. This cuts across our whole health and care system and services deemed essential are broadly defined as services that are life-saving or life impacting i.e. where harm would be significant and irreversible, without a timely intervention.

Utilising essential services clinical guidance for NHS Wales published on a dedicated section of the HOWIS site at http://howis.wales.nhs.uk/sitesplus/407/home, Integrated Locality Groups have completed an assessment of essential service status. Initial analysis indicates many essential services have been maintained through combination of:

- Pathway adaption (coordinated through the Medical Director's office): examples include; urgent cancer, early terminations and end of life care; and
- Policy adaption (database held by Director of Nursing, Midwifery and Patient Care's office): examples include; visiting policy, uniform policy and end of life care.

Whilst a large proportion of services are running, the following are priority areas for increasing service access:

- Cancer – ASA 1, 2 and some 3s, have been accommodated at the Nuffield Hospital, however more complex surgery, some ASA 3 and all 4s, cannot be accommodated there and consequently not all surgery has been able to be accommodated on our acute sites. Likewise not all cancer patients have been able to receive their full diagnostics. In both cases, this is due to the high risk nature of these patients combined with the Covid-19 risk.
- Endoscopy – in line with guidance, the range of endoscopy work is severely curtailed, with no routine or surveillance work being undertaken.
- Cardiology / Cardiac Surgery – Only lifesaving cardiac surgery is being undertaken ad diagnostic work through the Cath Lab has been curtailed and may present increased risk for these patients.
- CAMHS – Any patients detained under section 3 of the mental health act have been advised to shield for 12 weeks however this is challenging to achieve on a ward environment.
- Community Paediatrics - Whilst child protection/safe-guarding rotas have been implemented with enhanced community roles to reduce hospital workload, cover is only for daytime/ weekday hours with no out of hour's provision.
- Ophthalmology – sight saving interventions are currently being undertaken but with reduced throughput due to social distancing requirements.

Developing pathways will seek to minimise, as far as is practicable, harm from COVID19 and may require interim development of regional approaches for acute, specialist and rehabilitation services. The Health Board has strong regional partnership arrangement in place with structures in place to support working with:

- Cwm Taf Morgannwg Regional Partnership Board;
- South Central and East Wales Delivery Forum;
- Swansea Bay UHB through the Joint Executive Group arrangements; and
- Cardiff and Vale UHB through the Joint Executive Group arrangements.

Whilst a number of these arrangements were suspended, these are now being revived to support co-ordination of our planning. For example, high-level discussions are underway with Swansea Bay UHB regarding the use of facilities at Neath Port Talbot Hospital, currently governed by a range of Service Level Agreements (SLAs) following the Bridgend Boundary change.

4.2.1.2 Primary and Community Care

All GP surgeries across the Cwm Taf Morgannwg are open but are delivering services in a different way in order to protect the safety of staff and patients. In the first instance GP's are 'triaging patients' via the telephone before streaming patients based on COVID19 risk.

Community Pharmacies have maintained direct public access and continue to provide all NHS commissioned essential services and are providing a number of advanced and enhanced commissioned services with adjustments to enable remote consultations. Pharmacies are continuing to experience a significant increase in patients requiring home delivery of medicines, this need is being met through use of the WG volunteer delivery service or an in-house/local solution.

Adhering to social distancing requirements through physical measures and the significant roll out of Attend Anywhere remote consultation, key services are being maintained and re-established:

- Urgent Primary Care Out of Hours Services;
- Active management of chronic conditions;
- Responsive urgent care with access to diagnosis and management of acute problems;
- Timely diagnosis of new problems with access to appropriate consultation type, access to diagnostics eg imaging and endoscopy;
- Proactive management of vulnerable groups including shielded patients, care home residents, palliative care; and
- Essential prevention work including childhood immunisations;
- NHS commissioned Community Pharmacy essential services, emergency medicines supply and a number of advanced and enhanced commissioned services.

Community Dental and Optometry provision has reduced, with all routine/non urgent dental appointments cancelled to protect patients and the dental / optometry teams from risk of infection. Only urgent advice and treatment is being provided. Re-establishing services will be undertaken through a phased risk-based approach to meet the needs of the population.

4.2.1.3 Systems Groups

A key element of the Cwm Taf Morgannwg Operating Model as set out in the IMTP 2020-23 was the establishing of Systems Groups, to ensure: collaboration across the health and care system to design ideal prevention, wellness and care pathways; consistent clinical standards and practice across the Health Board and ensure resource is allocated to patient need in the design of better solutions. Appointment

to these Groups had been paused as a result of the COVID19 pandemic, however, once established these Groups will be vital in 'Resetting Cwm Taf Morgannwg'.

Actions

- Validate and quantify essential services assessment and finalise gap analysis by 22 May
- Finalise pathways to deliver gaps in essential services 22 May
- Prioritise through appropriate selection criteria and harm review protocol those patients to be treated within the current 'Reset' Cycle by 22 May
- Re-establish partnership arrangements
- Establish Health Board Systems Groups by end June 2020.

Steps towards Resetting

- Review clinical guidance and pathways developing as required
- Implement and action learning from mortality reviews

Resetting (pre COVID19 vaccination)

- Evaluate and action learning through finalising the Integrated Health and Care Strategy

Resetting (post COVID19 vaccination)

4.2.2 Using flexible capacity, enable care and minimise harm through a balanced approach to delivering COVID19, essential and routine services

Executive Lead: Alan Lawrie, Executive Director of Operations

We created a significant amount of additional surge capacity in preparation for the anticipated peak in COVID 19 demand. This included physical space as well as workforce. As set out in section 2.2, whilst operation teams continue to deploy capacity flexibly, each planning cycle has a target capacity for COVID and non-COVID activity. This is to enable both unscheduled and planned care, initially essential, with a gradual risk based approach to routine services. For the current planning and delivery cycle, the target capacity is:

Table 11 Target Capacity for COVI19	**Cwm Taf Morgannwg UHB COVID19 bed demand forecast based on consistent policy and behaviours**			
	Ventilated	CPAP / Oxygen	Non Oxygen	Total
COVID19	27	110	100	237

The fluctuating and exponential nature of COVID19 demand will, as part of contingency plans to delivery increased COVID19 capacity, necessitate the maintenance of safe occupancy levels at 80% capacity. The current analysis of unscheduled care activity to inform planning capacity, indicates demand through quarter 1 of 75% of normal activity.

To enable operational management within target capacity and to understand when escalation is required, an approach to COVID19 gearing is being developed. This will utilise the existing unscheduled care escalation levels, with the addition of the following categories to inform the overarching status of each hospital:

- COVID19 daily attendances;

- COVID19 daily admissions;
- COVID19 patients in hospital; and
- COVID19 patients in Critical Care.

The zoning of capacity for COVID19 (treatment and recovery), unscheduled (non-COVID19) and non-COVID19 planned care will, based on escalation level, minimise potential harm to staff and patients as services are provided.

Each Integrated Locality Group has identified a zone within their hospitals which include separate access, facilities, processes and staffing. These facilities will provid the capacity to support non-COVID19 planned care, with essential services such as ophthalmology and complex cancers (ASA3 and 4) being identified as priority areas.

Currently the Health Board is utilising the Nuffield Vale Hospital, the Centre for Reproduction and Gynaecology Wales (CRGW) and the Wound Innovation Centre (WIC) to support essential service delivery. The Health Board will be required to vacant CRGW by mid-July and plans for alternative provision of Chemotherapy are under development. Use of the Nuffield Vale Hospital, with the rapid implementation of non-COVID19 zones in Bridgend and Merthyr Cynon Localities, will in the short term, provided 6 theatres and associated ward space.
Whilst the exact details of the theatre and ward provision are being reviewed, the implications of enhanced theatre cleaning between cases and the requirement to increase the spacing of ward beds is expected to mean significant reductions in effective capacity relative to the pre-Covid baseline. A non-COVID19 zone in Rhondda and Taff Ely Locality, will take longer to establish and consequently, use of the Nuffield Vale Hospital may need to be retained into August 2020.

Having developed our plans to meet the first peak of COVID19 demand, we will maintain our ability step our contingency plans up within 7 days for acute hospitals, however the critical path is to establish a field Hospital. The Vale Field Hospital can currently be stood up with 14 days' notice and is available until mid- June, with the Bridgend Field Hospital available (capacity 250) on a longer lease from 4 June 2020. Options for use of the Bridgend Field Hospital are being finalised however they include pre-hab and step down facilities. The Bridgend Field Hospital could, if fitted out (at additional cost beyond the current financial forecast), accommodate a capacity of 500 patients, it therefore provides the possibility of a regional Field Hospital.

Additionally, step down capacity has been created in March House and Abergawr Manor and are key features of our capacity plans. These facilities have been and will continue to be key enablers in the the COVID 19 Hospital Discharge Process in https://gov.wales/hospital-discharge-service-requirements-covid-19, which is essential in ensuring effective management of COVID 19 in closed care settings and in maintaining timely flow out of hospitals.

4.2.2.1 Workforce

A different approach has been and will continue to be required as the weeks and months progress in terms of flexing and deploying the workforce. Significant work

has already been undertaken to overlay workforce requirements with plans for increased levels of demand.

The Health Board has been able to recruit up to 300 fixed-term healthcare support workers (HCSWs), but has had very limited success with registered staff (as would be expected given pre-COVID19 limitations in attracting registered nurses in particular). This group of HCSWs will be a key part of the workforce over the coming months in enabling flex up and down, and deployment to key priority areas. Alongside this, the Health Board has been able to attract approximately 700 'bank' HCSWs, which will provide additional support and, with weekly pay now available for bank staff via the Collaborative Bank, this will also be a key component of our plan.

The Health Board continues to monitor key workforce indicators such as sickness absence. Data is a challenge, and the Health Board is rolling out the Health Roster system to all clinical areas to support live monitoring of data, and improve data-quality. Intelligence tells us that current levels of sickness are underreported, and are around 11-13%. Modelling assumptions have been built-in for times of peak demand at a higher rate of sickness (20-25%), which will sit alongside revised nurse staffing ratios, signed off by the Quality and Safety Committee (and in-line with Chief Nurse Officer and professional body guidance), as well as careful management of annual leave. This will enable the maximum level of agility to respond to any future peaks. Professional boundaries have also been flexed, with pharmacy and therapies staff working closely with nursing and medical colleagues to maximise the available workforce.

'Normal' levels of turnover will return as the weeks progress, and so the Health Board will need to predict what will be required in terms of recruitment to manage retention in the context of its workforce assumptions. This will include re-starting overseas recruitment, through which the Health Board had planned to recruit between 100 and 150 registered nurses in the first half of 2020/21, but was only able to bring through approximately 30 nurses. This will be considered in line with international travel guidance in light of COVID19.

Actions

• Build in COVID19 gearing into unscheduled care status level by 31 May. • Finalise IPC strategy 22 May • Phased establishment of zoning capacity within each Integrated Locality Group • Establish an approach to the re-introduction of routine services • Revised Performance Management Framework	Steps towards Resetting
• Actively manage demand and capacity for COVID19, essential and routine	Resetting (pre COVID19 vaccination)
• Restart overseas recruitment • Evaluate and action learning through finalising the Integrated Health and Care Strategy	Resetting (post COVID19 vaccination)

4.3 ENSURE SUSTAINABILITY IN ALL THAT WE DO, ECONOMICALLY, ENVIRONMENTALLY AND SOCIALLY

4.3.1 Fully utilise the data and information available to provide health intelligence and insight which informs service management, improvement and transformation

Executive Lead: Clare Williams, Executive Director of Planning and Performance (Interim)

Identified within the IMTP 2020-23, was the requirement to 'Develop staff capability and capacity for improvement, transformation and make best use of health intelligence in becoming a digitally enabled UHB'. In response to the COVID19 pandemic the use of health intelligence and digital solutions to inform decision making and enable new ways of working has hugely accelerated.

In order to further improve on our preparation and response to any changes in infection, hospitalisation and presentation rates, both in respect of COVID19 and non-COVID19, the Health Board will continue to collaborate with other NHS Wales organisations and Welsh Government, acquiring and linking both data and intelligence to develop early warning systems. This builds on the informatics and digital infrastructure already in place to support delivery of our IMTP, and is complemented and informed by intelligence from the national Public Health Wales surveillance team.

Regular modelling, forecasting and measurement has enabled agile planning in response to the crisis. As we move into reset we will need to embed this approach at the following levels:

- Strategic – surveillance information for early warning, including: the output of the Test, Track and Protect Strategy; Infection (R) rates; public mobility (Google); confirmed cases; and mortality rates.
- Tactical – Modelling and forecasting to improve preparation and response: Welsh Government models; and local models and scenarios.
- Operational – Key performance metrics, including: Primary Care Out of Hours; A&E attendances; admissions; ITU occupancy; length of stay; bed occupancy; PPE status; medicines status.

4.3.1.1 Surveillance

The enhanced surveillance system being further developed by Public Health Wales and set out in the Public Health Protection Response Plan, section 4.1.1, will continue to provide, and be supported by the UHB to provide, the key objectives of our surveillance programme in regards to COVID19. These are:

- Monitor the intensity, geographic spread and severity of COVID19 in the population in order to estimate the burden of disease, assess the direction of recent time trends, and inform appropriate mitigation measures.
- Monitor viral changes to inform drug and vaccine development, and to identify markers of severe infection.

- Monitor changes in which risk groups are most affected in order to better target prevention efforts.
- Monitor the epidemic's impact on the healthcare system to predict the trajectory of the epidemic curve and inform resource allocation and mobilisation of surge capacity as well as external emergency support.
- Monitor the impact of any mitigation measures to inform authorities so they can adjust the choice of measures, as well as their timing and intensity
- Detect and contain nosocomial outbreaks to protect healthcare workers and patients.
- Detect and contain outbreaks in long-term care facilities and other closed communities to protect those most at risk of severe disease and poor outcomes.

4.3.1.2 Modelling and Forecasting

The region has a range of models providing forecasts and scenario planning in place, which alongside daily monitoring, continue to be updated to support our tactical and operational decision making in respect of both managing any further outbreaks and most aspects of our hospital and health care capacity. These are provided both at an Integrated Locality Group and a Health Board wide level, supporting our ambition to have effective decisions made around the needs of local communities and individual patients.

Aimed at strengthening our existing tracking and forecasting tools, which provide 7 – 90 day prospective forecasts, key capabilities the Health Board has collaborated on and has shared nationally include:

- The use of staffing rostering data to predict Emergency department attendances and admissions;
- Operational research techniques to model and forecast capacity requirements for COVID19 and non-COVID19 across our Localities under a range of scenarios over the next 1—90 days; and
- The application of statistical change point detection approaches to provide early warning of outbreaks and changes to demand patterns and to improve the accuracy of our service planning.

4.3.1.3 Current Forecasting

The basis of the current Cwm Taf Morgannwg target COVID19 operating bed capacity is current short term Cwm Taf Morgannwg UHB COVID19 bed demand forecast based on consistent policy and behaviors.

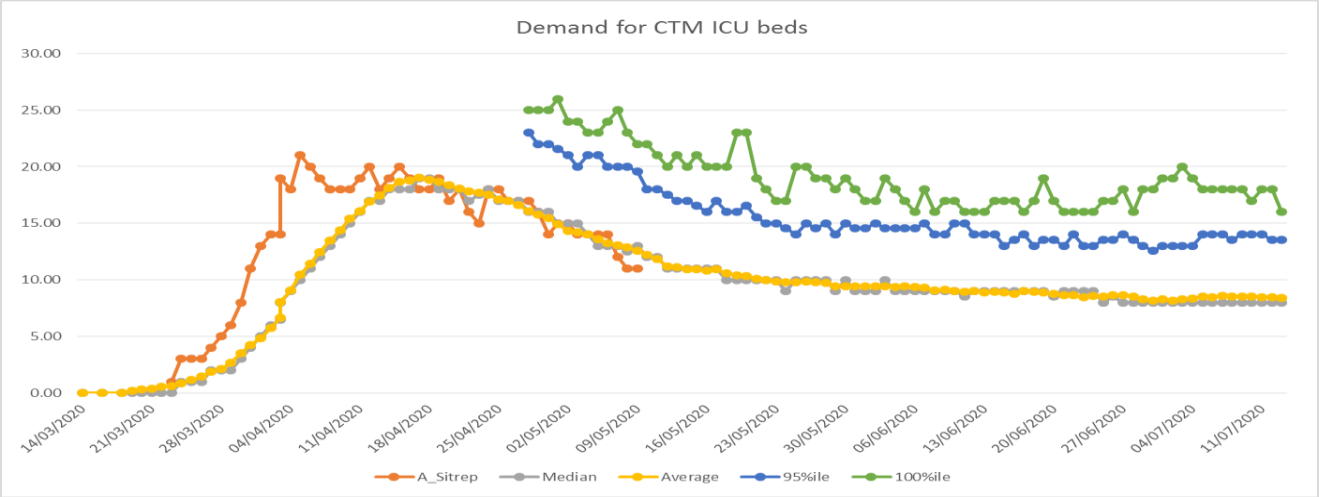


Figure 8: Cwm Taf Morgannwg UHB COVID19 ICU bed demand forecast based on consistent policy and behaviours (15 May 20120),

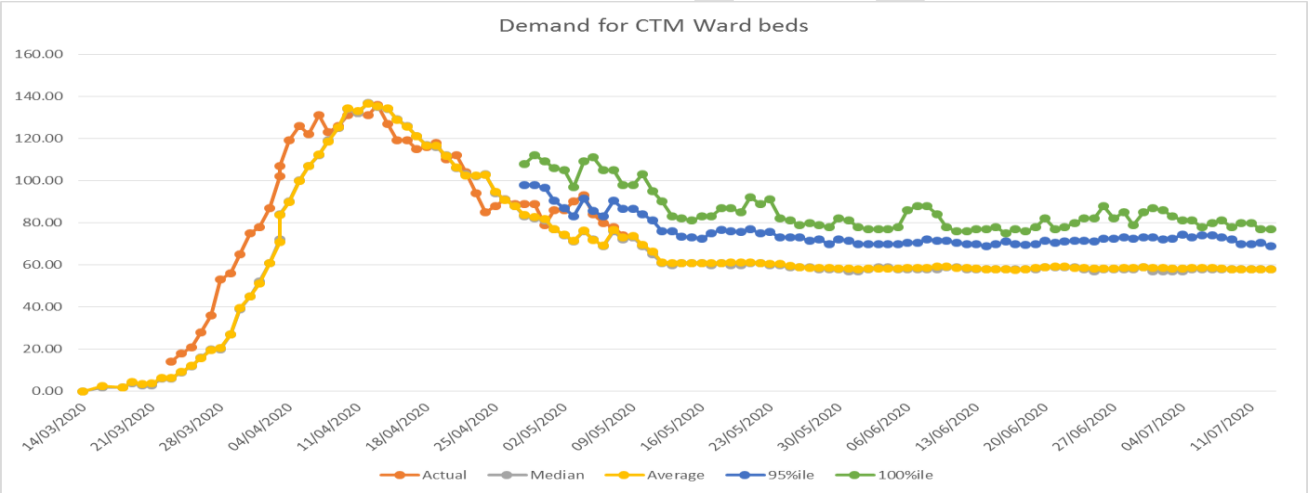


Figure 9: Cwm Taf Morgannwg UHB COVID19 Ward bed demand forecast based on consistent policy and behaviours (15 May 20120),

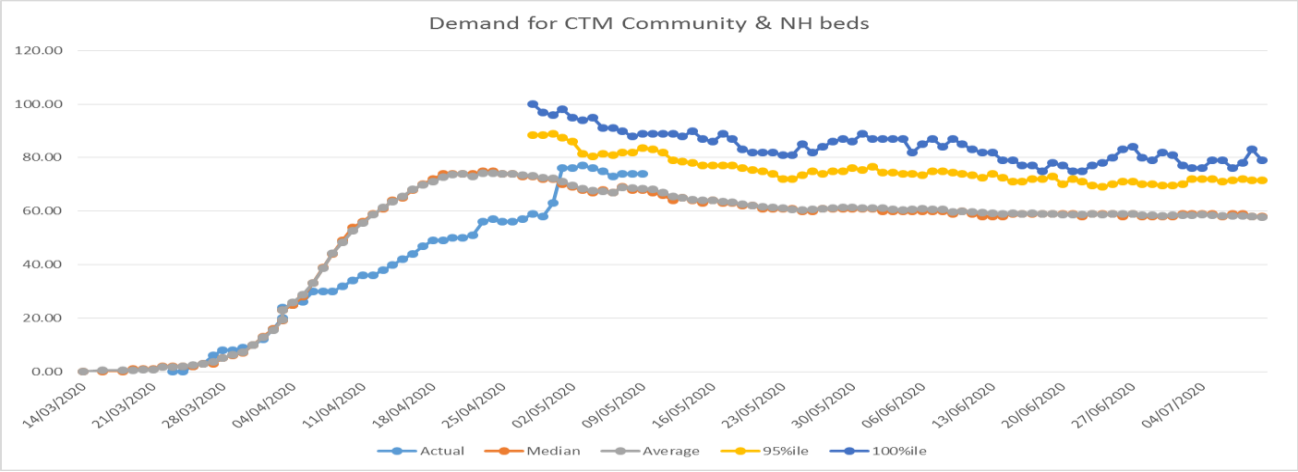


Figure 10: Cwm Taf Morgannwg UHB COVID19 Community bed demand forecast based on consistent policy and behaviours (15 May 20120),

4.3.1.4 Scenario Planning

The Health Board has developed scenario modelling based on developing an understanding of our actual experience, Figure 11.

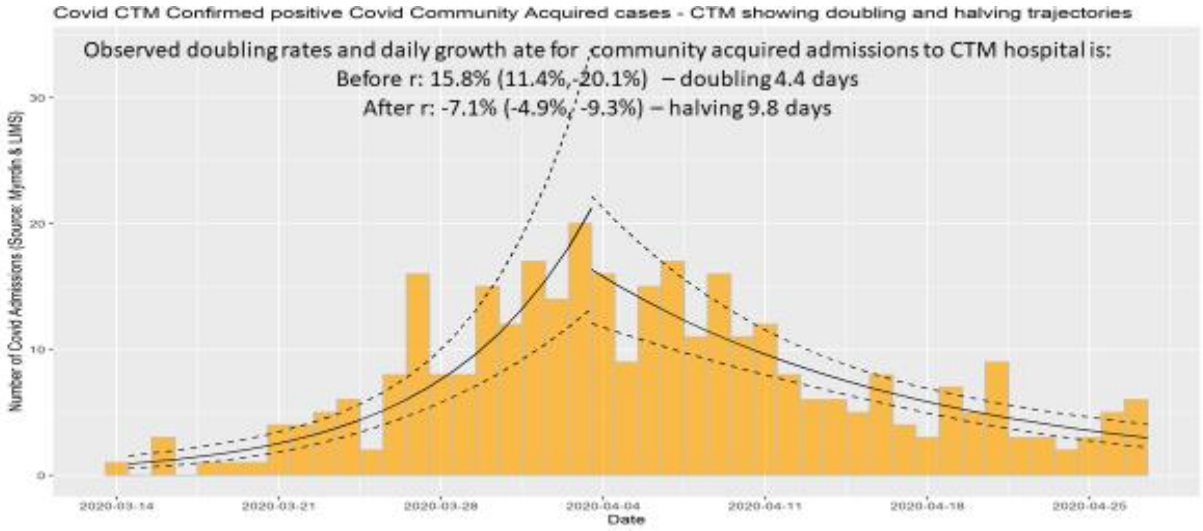


Figure 11: Cwm Taf Morgannwg observed doubling rates and daily growth for community acquired admissions,

During the initial peak, the Health Board observed c14-21 days of exponential growth at 15.8%. As a result modelling has been undertaken based on scenarios for lockdown easement with resultant exponential growth of 15%, 10%, 5% and 2.5%, for 15 or 21 days.

Actions

• Approve the strategic, tactical and operational COVID19 and non-COVID19 measures • Systematise the short, medium and long term COVID19 forecasting • Revised Performance Management Framework	Steps towards Resetting
• Maintain information systems and data linkages to enable timely presentation of data and information • Provide insight to inform service management, improvement and transformation based on short, medium and long term forecasts	Resetting (pre COVID19 vaccination)
• Evaluate and action learning through a revised performance management framework	Resetting (post COVID19 vaccination)

4.3.2 New ways of working: agile, flexible, digital, clinical practice, staffing skills, partnerships

Executive Lead: Steve Webster, Executive Finance Director

As we move forward we aim to build on the new ways of working developed as part of the Health Boards response to COVID19. Whilst many of these ways were always seen as ways we were developing or had aspirations to develop. COVID19 required the health board to quickly embed these into new ways of working. The results of which have been generally positive but require some refinement, mainly in the technological support they require.

The key aspects of these new ways of working include:

Staff Wellbeing: A significant amount of additional resource has been put into place around ensuring there were additional services to support and value our staff, including additional counselling services and appropriate rest facilities. These have been valued by our staff and we would wish to build on this going forward.

Communication and Engagement: We have also increased our communication during COVID19, both internally and externally and there has been a new relationship developed with staff, the public and the media through this period that we would wish to build on for the future.

Home and Virtual Working: Working from home has become the norm rather than the exception during COVID19 and has proved to be a very positive experience for both the staff and the organisation. We believe that this is something we need to build on and develop into our new operational model, albeit with a mix of office and home working. This should allow us to minimise our physical office requirements and support our aim of using a hot-desk system in most administration accommodation to support the growth required post Bridgend transfer.

Clinical Consultations: This is a key area where COVID19 hastened the introduction of virtual consultations. Whilst it was used in a very small area of work, this new way of working became more the norm than the exception during these difficult times. We have already recognised the value that the new platforms of 'Attend Anywhere' and 'Consultant Connect' and intend to rapidly roll these out across the organisation to support new ways of dealing with outpatient consultations, supported by new clinical pathways minimising the number of patient interfaces.

Digital Infrastructure: A key area for development is to develop a new digital strategy building on the experiences gained through COVID19. This will include agreement on our digital platforms as well as digital infrastructure, both hardware and software. Virtual working is now seen as a key platform for working going forward.

Actions

• A new and revised Digital Strategy to support both clinical and administration virtual working • Revised HR policies on virtual working, including hot desking etc. • Revised governance and decision making strategy to take account of new ways of working, especially around virtual decision making	Steps towards Resetting
• Improve and develop new ways of working through agile PDAS cycles	Resetting (pre COVID19 vaccination)
• Evaluate new ways of working and action learning through a revised pathways and protocols	Resetting (post COVID19 vaccination)

4.4 CO-CREATE WITH STAFF AND PARTNERS A LEARNING AND GROWING CULTURE

4.4.1 Through leadership and culture protect staff physical and emotional well-being

Executive Lead: Hywel Daniel, Executive Director of Workforce and OD (Interim)

The well-being of our staff is a key priority for us, and our focus on this key area has sharpened as we find ourselves living with COVID-19, given the evident impact on the well-being of our staff.

We have significantly scaled-up our well-being services for staff over recent weeks in response to the crisis-situation, and our staff will continue to have access to:-

- Clinical Occupational Psychology support;
- Enhanced, on-site counselling support;
- An Employee Assistance Programme, including a 24/7 helpline for staff;
- Well-being Hubs and Recharge Rooms on each of our district general hospital sites, with roll out planned for community hospitals;
- Increased online well-being resources;
- Guidance for managers on how to support the physical and psychological well-being of staff during COVID-19.

As the weeks and months progress, our focus will shift to longer-term interventions to support the well-being of our staff both physically and psychologically over the potentially prolonged period over which we will be living with Covid-19, including:-

- A clear programme of testing for staff;
- Continued efforts to maintain supplies of PPE;
- Workforce planning to ensure, to the extent possible, peaks in activity are predicted, and staff are adequately prepared and, importantly, rested (including scheduling of annual leave);
- Workforce planning to ensure maximum supply of available staff for times of peak demand;
- Sustained psychological services to support continued levels of general anxiety (including for those working from home), potential for burnout, and any potential for trauma-related issues; and
- Continued risk-assessment of vulnerable groups to ensure workplace safety (including a particular focus on BAME colleagues).

Alongside this work, close monitoring of key workforce indicators to inform workforce planning assumptions, flexing and deploying the workforce in an agile way, working in partnership with trade unions and professional organisations.

As the Health Board shifts to a new way of working, how we do things will be just as important as what we do, so the finalisation of our values and behaviours framework to clearly describe how we want to work will be as important a piece of work as ever, alongside a clear programme of leadership and management development, reviewed in the context of what we have learned over recent weeks, to continue to develop the organisation.

Actions

• Develop a clear testing approach for staff • Finalise the workforce plan to support resetting • Undertake baseline well-being assessment to inform provision of services for staff • Finalise values and behaviours work	Steps towards Resetting

	 • Maintain testing approach for staff • Continue to monitor workforce indicators and flex workforce plan • Re-start recruitment approaches to strengthen the workforce (e.g. overseas recruitment) • Maintain and review psychological well-being services for staff, enhancing in response to feedback and baseline assessment	Resetting (pre COVID19 vaccination)
	• Consider vaccination programme for staff • Maintain testing in line with public health advice • Maintain post-Covid psychological well-being services for staff (focus on repair, potential burnout / trauma services)	Resetting (post COVID19 vaccination)

4.4.2 Learning into action, developing the skills and leadership for improvement

Executive Lead: Greg Dix, Executive Nurse Director

Cwm Taf Morgannwg continues to embed its improvement plans as it establishes its new operating model based on Integrated Locality Groups (ILGs). This will develop in maturity as the ILGs implement the operational model across each of the three localities.

By moving to integrated services, the local population's needs will be better met with planning and delivery being built around high quality principles. Newly appointed leaders will be supported to develop their leadership potential and looking to the future, the Health Board will develop new and future leaders using evidence based approaches through a talent pipeline.

The Quality Governance Framework developed in 2019 is now being refreshed to articulate how the ILGs will assure through to Board that the services are based on high quality principles of care with clear quality priorities and metrics. Over time, as the ILG teams mature into their new leadership roles, delegated autonomy will be strengthened. The ILGs will also work alongside the corporate governance team to ensure local and organisational governance is aligned. By doing this, risks and assurance processes are cohesive. A recognised challenge for the Health Board is building the IT capacity and capability to achieve this.

A key to embedding high quality care lies in the Health Board becoming a fully learning organisation. This will include, cross ILG working and learning, supported by both the Clinical Executive teams and the System Groups. Advisory groups will be formed to support the spreading of learning in key areas such as patient, service user, staff experience, harm prevention and learning from incidents and complaints. It will also focus on rapid spread of good practice.

To support this approach, the Health Board has established CTM Improvement, which is working in partnership with Improvement Cymru. CTM Improvement will support ILGs as outlined in the previous paragraph to ensure learning is captured Health Board wide and for our workforce at all levels. This will be through validated, evidence based quality improvement methodology.

Actions

• Establish governance arrangements for ILGs • Confirm new quality governance arrangements for CTM • Establish new working arrangements between ILGs and CTM Improvement • Confirm the learning culture principles for the organisation	Steps towards Resetting
• Support current leaders to lead new service models • Develop pipeline for new and future leaders • Embed learning principles through organisation • Apply best evidence research in relation to leadership and learning	Resetting (pre COVID19 vaccination)
• Identify new and future leaders for leadership pipeline • Align CTM Improvement with new research • Use technology to support leadership and learning agenda	Resetting (post COVID19 vaccination)

5. FINANCE

A financial plan is required to enable delivery of the 'Resetting Cwm Taf Morgannwg' Operating Framework. Whilst a financial plan for quarter one has been approved, as a result of plans to delivery against the Framework, there are a number of key areas where revenue expenditure and income in quarter one are projected to diverge. Outlined below key drivers and projected impacts in each area.

5.1 REVENUE EXPENDITURE

Operational expenditure increases due to COVID19

- Field hospitals and nursing homes. An outline of set-up costs is included in the capital expenditure section below. It is planned to consolidate on the Bridgend field hospital by the end of quarter one, with fixed operating costs (but no staffing costs or consumables) being incurred during the quarter.
- Acute hospital ward staffing costs are higher than the plan in April, largely due to expansion of critical care capacity and increased staff absence, including self-isolation. It is expected that these staffing costs will increase in May and June, as a consequence largely of additional bed requirements from the associated increase in admissions and USC bed use resulting from increased A&E attendances (49% of COVID19 levels to mid May moving to 73% from mid May), but also due to increased patient numbers awaiting discharge while discharge testing and nursing home confidence more generally, is increased. Beds occupied by COVID19 patients are expected to similar to their current levels (c 150 included vented patients), but there is a risk of a rise during June.
- Costs of booking for and swabbing in staff testing units and the health board contribution to mass testing, together with increases in testing (both PCT platforms and POCT), will increase in May and June.
- Non-activity related costs are being incurred in the many areas, and these will be expected to continue over May and June. These areas include respiratory pathway costs, Consultant connect, free meals for staff and transport and accommodation of staff, ICT costs of home working, and cost of mortuary contracts.

Impact of COVID19 on delivery of efficiency savings:

- An assessment of the position on efficiency savings schemes, and the timing of being able to re-start work on these, is being undertaken with managers. Based on responses to date, it is assumed that no material efficiency savings will be able to be delivered in quarter one and quarter two.

Operational expenditure decreases due to COVID19:

- Reductions in clinical consumables and drugs costs have resulted from the cessation of routine elective activity. These are assumed to continue in May and June, with only very limited re-starting before the end of quarter one. The staff undertaking the activity has been re-deployed to support COVID19 work.

Slippage on planned investments/repurposing of development funding in response to COVID19:

- An assessment of what existing development funding can be slipped or re-purposed to help meet costs resulting from COVID19. A provisional assessment of this has been included in the quarter one forecast.

5.2 CAPITAL EXPENDITURE

Capital and revenue set-up costs of £12.4m have been committed in order to deliver the Covid-19 response, of which £9.1m are capital costs and £3.3m are revenue set-up costs. These costs are not currently projected to increase over the rest of quarter one, but could increase if the necessary separation of COVID19 and non-COVID19 patients as elective work is restarted requires further works expenditure, or changes to the role of field hospitals(eg regional work) requires further investment. There will also be subsequently increases due to the costs of dismantling field hospitals.

Additional costs of project delays related to COVID19 are also estimated at £3.9m. These costs largely relate to a delay in the start of the PCH Phase 1.
These costs are summarised in the table below:

	Gold Approved 13.04			Gold Approved 27.04			Latest Position		
	Works £000	Equipment £000	Total £000	Works £000	Equipment £000	Total £000	Works £000	Equipment £000	Total £000
Acute & Community Hospital Capacity	504	4,066	4,570	718	4,066	4,784	821	3,821	4,642
Oxygen Capacity	277		277	311		311	397		397
Nursing Home	50	727	777	50	727	777	100	727	827
Field Hospitals	3,250	2,104	5,354	3,250	2,104	5,354	3,250	2,104	5,354
Mental Health	270		270	274		274	329		329
ICT Costs		815	815		815	815		815	815
Sub Total Direct Covid Costs	4,351	7,712	12,063	4,602	7,712	12,314	4,897	7,467	12,364
Project Delays	1,750		1,750	3,950		3,950	3,950		3,950
Total Costs including Project Delays	6,101	7,712	13,813	8,552	7,712	16,264	8,847	7,467	16,314
Revenue	3,300		3,300	3,300		3,300	3,350		3,350
Capital	2,801	7,712	10,513	5,252	7,712	12,964	5,497	7,467	12,964

6. CONCLUSION

The global COVID19 pandemic has required the Health Board to rapidly respond in unprecedented ways in order to delivery against the following strategic aims:

- Strategic Aim No 1 – Protect the health of people in our communities;
- Strategic Aim No 2 – Prevent deaths from COVID19; and
- Strategic Aim No 3 – Protect the health and well-being of staff in our public services.

As we move out of the current period of COVID19 emergency response, our work and the ways we work, will be tested against our 'Reset' principles to ensure that we take the right next steps, in the right way, putting into action all the learning of recent months.

This Framework sets out the approach to 'Resetting Cwm Taf Morgannwg'. The detailed plans to deliver against each workstream are at different stages of development. Wide engagement with staff, partners and the public will support their further refinement and an agile programme management approach will ensure that there is clarity on what, how and when plans will deliver.

Continuing cautious progress in resetting services will be key as we manage the risks to delivery. Decisions on service delivery during the period will be assessed on risk, ensuring quality, safety and resources (capacity) are balanced; whilst protecting the safety and well-being of staff.

Finally, the mission of the Health Board has population health and well-being at its heart. As we 'Reset Cwm Taf Morgannwg' we must reflect on, and address: the underlying physical and mental health of the Cwm Taf Morgannwg population; and the wider determinates of health; which have meant that our communities have been at greater risk from COVID19.