



AGENDA ITEM

3.3.1

CTM BOARD MEETING

**RESETTING CWM TAF MORGANNWG UNIVERSITY HEALTH BOARD
OPERATING FRAMEWORK 2020/21 QUARTER 3&4**

Date of meeting	29/10/2020
FOI Status	Open/Public
If closed please indicate reason	Not Applicable - Public Report
Prepared by	Julie Keegan, Assistant Director of Commissioning
Presented by	Clare Williams, Director of Planning & Performance
Approving Executive Sponsor	Executive Director of Planning & Performance; Executive Director of Workforce & Organisational Development; Executive Director of Finance;
Report purpose	FOR APPROVAL

Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/group)

Committee/Group/Individuals	Date	Outcome
Planning, Performance and Finance Committee	20/10/2020	NOTED
Management Board	22/10/2020	APPROVED

ACRONYMS

Q1	Quarter 1
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Q2	Quarter 2
Q3/4	Quarter 3/4
CTM	Cwm Taf Morgannwg University Health Board
ILGs	Integrated Locality Groups
CTM Q3/4 Framework	Resetting Cwm Taf Morgannwg Operating Framework 2020/21, Quarter 3/4

1. SITUATION/BACKGROUND

1.1 The purpose of this report is to seek endorsement for Health Board approval of the 'Resetting Cwm Taf Morgannwg Operating Framework 2020/21, Quarter 3/4' (**Appendix 1**).

1.2 In line with requirements set out by Welsh Government in the 'NHS Wales COVID19 Operating Framework, Quarter 2', the Health Board approved the 'Resetting Cwm Taf Morgannwg' Operating Framework 2020/21' in July 2020. On 24 September 2020, Welsh Government issued the 'NHS Wales COVID19 Operating Framework, Quarter 3/4'. Unlike Q1/Q2, there was significant guidance and requirements of what was to be included.

Harm from COVID itself

Harm from overwhelmed NHS and social care system

Harm from reduction in non-COVID activity

Harm from wider societal actions/lockdown

1.3 Building on the themes and principles of Quarter 1 & Quarter 2 (Q1 & Q2), the 'NHS Wales COVID19 Operating Framework, Quarter 3/4' continues to require the four types of harm to be addressed in a balanced way, and focus on:

- Test, Trace and Protect Plans;
- Progress on compliance with Essential Services and key quality and safety issues;
- Progress on implementation of guidance on infection prevention and control, including environmental factors and social distancing;
- Refreshed surge capacity plans based on updated modelling assumptions – to include NHS surge as well as ongoing requirements for field hospitals and independent sector facilities;
- Update on unscheduled care and planning for winter preparedness;
- Progress regarding routine services, including paediatrics;
- Workforce plans including use of additional temporary workforce;
- Support plans for care homes and social care interface;

- Financial implications;
 - Risks to delivery and mitigations; and
 - Mechanisms for stakeholder engagement, including staff side and Community Health Councils.
- 1.4 The outbreak of hospital acquired Covid-19 infections at the Royal Glamorgan Hospital has impacted on our ability to meet the Welsh Government submission deadline. We had to revisit and adjust a number of assumptions made in relation to our bed capacity and delivery of elective activity in order to reflect to the best of our ability, our forecast demand and capacity for the Q3/Q4 period.
- 1.5 Welsh Government have approved the extension to the deadline of the draft submission from 19 October to 23 October 2020. As originally timetabled the 'Resetting Cwm Taf Morgannwg Operating Framework 2020/21, Quarter 3/4' is being submitted for approval at the CTM Board meeting on 29 October.
- 1.6 The Welsh Government requires the submission of a minimum data set to accompany the CTM Q3/4 Framework Q3/4. This detailed series of spreadsheets allows the Welsh Government to further understand the impact of Covid-19 on delivering activity.
- 1.7 An outline of what was achieved in Q2 and what is planned for Q3/4, in line with our resetting objectives is as follows:

WHAT WE ACHIEVED IN Q2		WHAT WE WILL DELIVER IN Q3/4
Work With Communities Partners To Reduce Inequality, Promote Well-Being And Prevent Ill-Health		
1.	Covid-19 public health protection, through contact tracing and case management, surveillance and sampling and testing	
	<ul style="list-style-type: none"> ✓ Developed a sustainable, programme workforce and finance plan in July ✓ Established a 5th protect work stream, building on work carried out to date ✓ Built in new serology data reporting by early July ✓ Prepared contact tracing for symptomatic cases in care homes / educational settings as required by July 	<ul style="list-style-type: none"> ⇒ Further development of our contact tracing, enforcement, sampling and testing services, with expansion currently underway ⇒ Refining our Covid-19 mass vaccination plan as planning assumptions become clearer, closely linked in with the work of Welsh Government (WG) and Public Health Wales (PHW). ⇒ Supporting partner organisations and business across CTM to deal with any

	<ul style="list-style-type: none"> ✓ Completed further CTM COVID-19 community Survey Report by August 	<p>clusters, incidents or outbreaks, in line with national policy and building in learning constantly from the 'lived experience' as events develop.</p> <p>⇒ Providing further support and advice to our Black, Asian and Minority Ethnic (BAME) communities via risk assessments as employers, providing outreach workers and promoting the national helpline.</p>
<p>2. Communication and community involvement and engagement, targeted where required</p>		
	<ul style="list-style-type: none"> ✓ Developed a communications plan for new ways of accessing services, including digital solutions ✓ Built on joint working across CTM to ensure there is strong partnership working and sharing of resources and messages by mid-August ✓ Tested new ways of engaging with our staff via a range of digital tools ✓ Looked at best practice for engagement with the public that is safe, effective and reaches a range of audiences ✓ Strengthened communication for our communities about the resetting framework 	<ul style="list-style-type: none"> ⇒ Continually evaluate communications and engagement strategy and utilise learning ⇒ Continue to look at best practice for engagement with the public that is safe, effective and reaches a range of audiences.
<p>3. Actively engage in growing community resilience, social prescribing and the wellbeing offer</p>		
	<ul style="list-style-type: none"> ✓ Forum established via the TTP RCCE and Protect work streams ✓ Conducted rapid evidence and stakeholder review of how the role of social prescribing has adapted since COVID-19 and how these changes may be sustained. ✓ Mapped community support mechanisms across CTM (as part of PROTECT) work by end of September 	<ul style="list-style-type: none"> ⇒ Engaging with the Regional Partnership Board, 3rd sector organisations and the wider community in delivering the 'Resetting CTM' Operating Framework ⇒ Continue to revise Social Prescribing Project Plan for 2020/21 in partnership with Local Authorities (LA's), CVCs and Third Sector ⇒ Development of hubs for integrated support ⇒ Development of a digital on-line feedback tool



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	
	<ul style="list-style-type: none"> ✓ Embedding of Systems Groups role and function including terms of reference and leadership model to inform identification of work programme ✓ Continued work with Dr Doctor to on Heart Failure and Acute Coronary Syndrome exploring opportunities of Patient Reported Outcome Measures and Patient Reported Experience Measures ✓ Completed Regional Partnerships Board (RPB) Transformation evaluation to inform service sustainability. 	<ul style="list-style-type: none"> ⇒ Finalise pathways to increase capacity in essential services rated as amber ⇒ Continued work with Dr Doctor to on Heart Failure and Acute Coronary Syndrome exploring opportunities of Patient Reported Outcome Measures and Patient Reported Experience Measures ⇒ Implementation of the recommendations of the RPB Transformation evaluation
5.	Using flexible capacity, enable care and minimise harm through a balanced approach to delivering covid-19, essential and routine services	
	<ul style="list-style-type: none"> ✓ Build COVID-19 gearing into unscheduled care status ✓ Winter Bed Plan modelling refinement and planning completed ✓ Option Appraisal on medium term GREEN sites conducted ✓ Jointly reviewed with Swansea Bay UHB the use Neath Port Talbot Hospital for less complex surgery ✓ Restarted overseas recruitment 	<ul style="list-style-type: none"> ⇒ Continued work to develop an action plan aligned to the Option Appraisal on medium term GREEN sites ⇒ Continue to review with neighbouring Health Boards the regional opportunities to work together during Covid and winter plans ⇒ Oversee nurse recruitment has been reinstated with 27 nurses landed in August 2020.
Ensure Sustainability In All That We Do, Economically, Environmentally And Socially		
6.	Fully utilise the data and information available to provide health intelligence and insight which informs service management, improvement and transformation	
	<ul style="list-style-type: none"> ✓ Approved the tactical and operational COVID-19 and non-COVID-19 measures ✓ Put in place principles to systematise the short, medium and long term COVID-19 forecasting ✓ Embed revised Performance Management Framework 	<ul style="list-style-type: none"> ⇒ Continue to embed mechanisms to systematise the short, medium and long term COVID-19 forecasting ⇒ Continued evolutions of the revised Performance Management Framework to meet the organisational needs

		⇒ Maintain information systems and data linkages to enable timely presentation of data and information
7.	New ways of working: agile, flexible, digital, clinical practice, staffing skills, partnerships	
	<ul style="list-style-type: none"> ✓ Rapidly rolling out of Attend Anywhere, Consultant Connect and 70% roll-out of Welsh Patient Referral System as a stretch target ✓ Full implementation of Microsoft 365 phase 2 (migration of outlook mailboxes to the Cloud) ✓ ILGs to formulate a phased plan for the application of Patient Initiated Follow Up and See On Symptom principles on a specialty by specialty basis as an alternative to routine follow up in line with national priorities ✓ Explored the potential expansion of use of Patient Know Best platform in the Bridgend Locality 	<ul style="list-style-type: none"> ⇒ Deploy a tested WRPS system across the Rhondda and Merthyr ILGs (Integrated Locality Groups) during Q3 before a wider roll out to specialities over a longer more incremental timescale. ⇒ Support the All Wales roll out of the Consultant Connect programme for 2020-21 ⇒ Complete the rollout and deploy Attend Anywhere into 54 specialities by end of Q3.
Co-Create With Staff And Partners A Learning And Growing Culture		
8.	Through leadership and culture protect staff physical and emotional well-being	
	<ul style="list-style-type: none"> ✓ Procedures for testing all staff has been rolled out across the HB ✓ Continue to iterate the workforce plan to support re-setting ✓ A Stepped Care Model for Wellbeing has been introduced which includes an overview of measures and outcomes. ✓ Values and Behaviours approved by Board and an implementation and roll out plan is in progress ✓ Developed measurement and indicators to support workstream (with clear link across to TI maturity matrix) 	<ul style="list-style-type: none"> ⇒ Continued Delivery of our testing approach for staff to enable workforce availability ⇒ Continue to iterate the workforce plan to support re-setting embedding actions through ILG Business Partners ⇒ Continue to re-set and reframe partnership working arrangements, and enhance ILG partnership arrangements to adapt ways of working in an agile way
9.	Learning into action, developing the skills and leadership for improvement	
	<ul style="list-style-type: none"> ✓ Developed Quality Governance Framework implementation plan 	⇒ Quality Governance Framework implementation plan to be approved and embedded across UHB

<ul style="list-style-type: none"> ✓ Drafted a Standard Operating Plan for concerns and serious incidents ✓ Established hosted governance arrangements ✓ Develop a learning for improvement framework 	<ul style="list-style-type: none"> ⇒ Standard Operating Plan for concerns and serious incidents to be rolled out ⇒ Embed learning principles through organisation
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2. SPECIFIC MATTERS FOR CONSIDERATION BY THIS MEETING (ASSESSMENT)

2.1 'Resetting Cwm Taf Morgannwg', has provided the framework for the Health Board, to balance its response to COVID-19 with its commitment to deliver urgent care as well as essential health and care services for our population; all the while, protecting the health and well-being of staff. The Q3/4 plan builds on the organisational learning from Q1 & Q2 as the Health Board increases its capability to undertake agile planning based on an ever-changing situation.

Underpinning Planning Assumptions for Resetting Cwm Taf Morgannwg' Operating Framework 2020/21, Quarter 3/4'

2.2 The 'Resetting Cwm Taf Morgannwg Operating Framework 2020/21, Quarter 3/4' (CTM Q3/4 Framework) (**Appendix 1**) outlines a series of key planning assumptions that have underpinned our work and ambition and cover all areas of our resetting programme. These combine (Fig 1) to ensure continued alignment to the Health Board's strategic objectives.

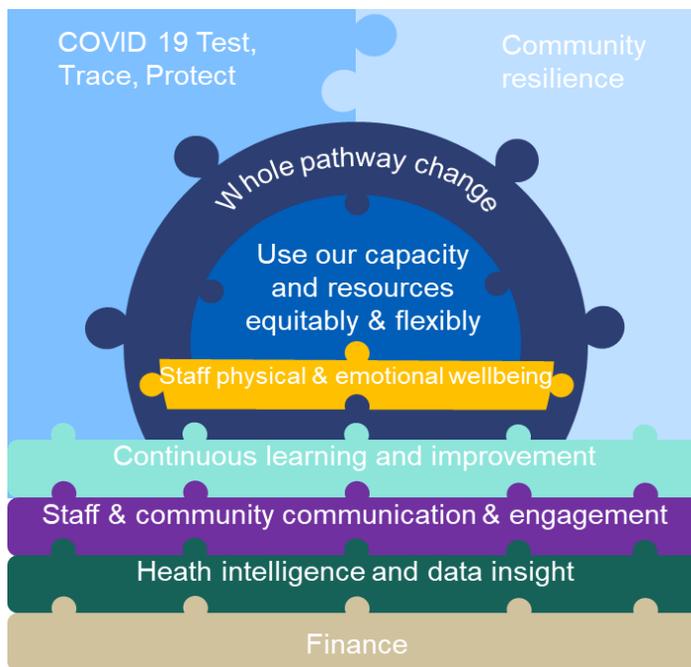


Fig1



Demand and Capacity Plan

2.8 Whilst a number of COVID scenarios have been modelled, the demand and capacity plan set out below is based on current community infections levels and allows for a 14 day lock down. Our expected scenario outlines the required capacity to meet a COVID 19 peak requirement of 168 in January 2021. The wider planning assumptions include provision for winter, and the opening the Grange University Hospital. The detailed learning from Wave 1 has been built into the Q3/Q4 modelling as is set out in the table below.

Monthly bed dem cap position		Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21
Demand	Non-elective (CTM)	957	968	973	972	963	941
	Ambulatory & Assessment	74	74	74	74	74	74
	Recurrent urgent elective	37	37	37	37	37	37
	Backlog urgent elective		48			48	48
	Covid-19 CAI only	83	104	156	168	121	107
	GUH/NHH impact	0	19	37	37	37	37
	Response of patient & clinical behaviour to high COVID admissions, supported by Transformation and Winter Plan Initiatives	-100	-100	-100	-100	-100	-100
Total Demand		1051	1150	1177	1188	1180	1144
Acute Capacity (incl PON capacity- POW has 54 for PON, RGH 37 for		1166	1166	1166	1166	1166	1166
Capacity lost due to outbreak (COVID and other) management		-80	-40	-20	-20	-20	-20
Capacity reduction for IPC purposes (screens at RGH)		-20	-20	-20	-20	-20	-20
Net posn pre Winter initiatives		15	-44	-51	-62	-54	-18
	Field hospital Zone A	36	72	72	72	72	36
	Field Hospital Zone B			0	0	0	0
	Maesteg		18	18	18	18	18
	Vale Nuffield	10	10	10	10	10	10
	Care Homes		15	15	15	15	15
	NPT (elective ortho IP)	6	5	4	5	6	6
	NPT (Daycases)		1	1	1	1	1
	Cardiff Bay (Amb DC/ Endoscopy)		1	1	1	1	1
Total Addnal Capacity		52	122	120	121	122	87
Total planned capacity		1118	1228	1246	1247	1248	1213
Net Posn (all Winter Plan)=		67	77	70	59	68	69



Core Elective Capacity

- 2.3 The COVID 19 pandemic has had a significant impact on the activity which the Health Board has been able to deliver. The Health Board has undertaken a considerable amount of work to draw together different information sources for the completion of the minimum data set (MDS) required by Welsh Government. This provides the organisation with one collated set of activity metrics and recognises the impact of COVID 19, and unscheduled care will have on our ability to meet all our elective demand to the levels we have previously.
- 2.4 A key element of the CTM Q3/4 Framework, is that elective capacity, is prioritised to treat patients in the priority groups 1 – 3 (in line with Royal College of Surgeons definition), where they need to be treated urgently under three months. In doing so, the CTM Q3/4 Framework, recognises that routine (priority group four) patients will consequently wait for treatment longer than they or the Board would wish.
- 2.5 The CTM Q3/4 Framework is also committing that those patients in the priority group four will be reviewed and those over 52 weeks will have a harm review. Also those cancer patients breaching 104 days will have a harm review and where harm is identified, this is appropriately recorded and escalated. There is a commitment to develop appropriate alternative pathways for these priority group four patients.
- 2.6 The impact of our likely unscheduled care and COVID-19 demand and capacity modelling, means we are only forecasting to stabilise our waiting list position through Q3/Q4, chart 1, 2 and 3. Our ambition however remains to improve this position through focused work in Q3/Q4, including exploring further collaborative working with neighbouring health boards.

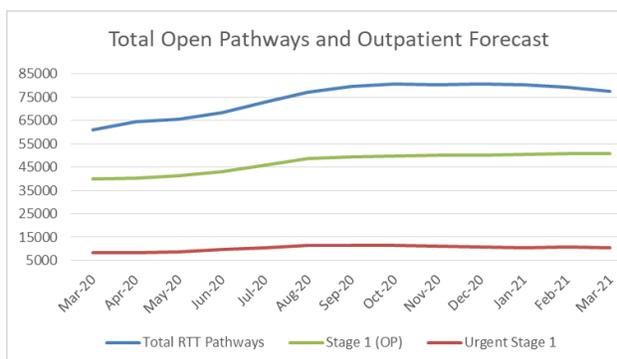


Chart 1

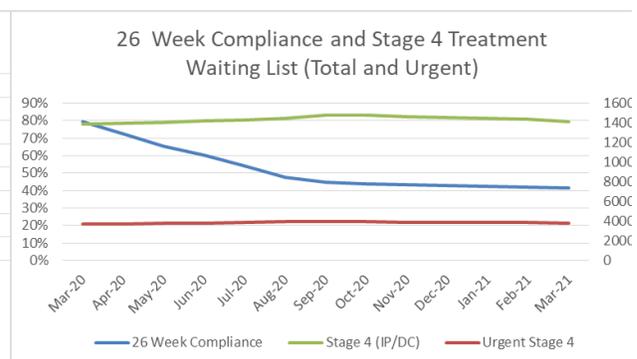


Chart 2

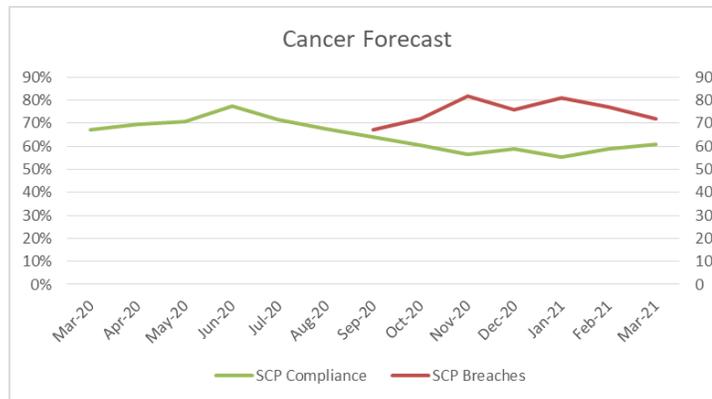


Chart 3

Essential Services

- 2.7 In addition to the minimum data set a key element of the CTM Q3/4 Framework is the self-assessment against the guidelines for delivering essential services. The Red, Amber, Green (RAG) rated self-assessment undertaken against the guidelines for delivering essential services has shown that the Health Board is providing all essential services across primary, community and secondary care. For a small number of amber areas, there is a need to undertake further work in order to increase their capacity to meet the urgent demand. Appendix 2.3 of the Q3/4 Framework outlines the Health Board's current provision of essential services as set out in Welsh Government's 'Maintaining Essential Health Services during the Covid Pandemic – summary of services deemed essential'.

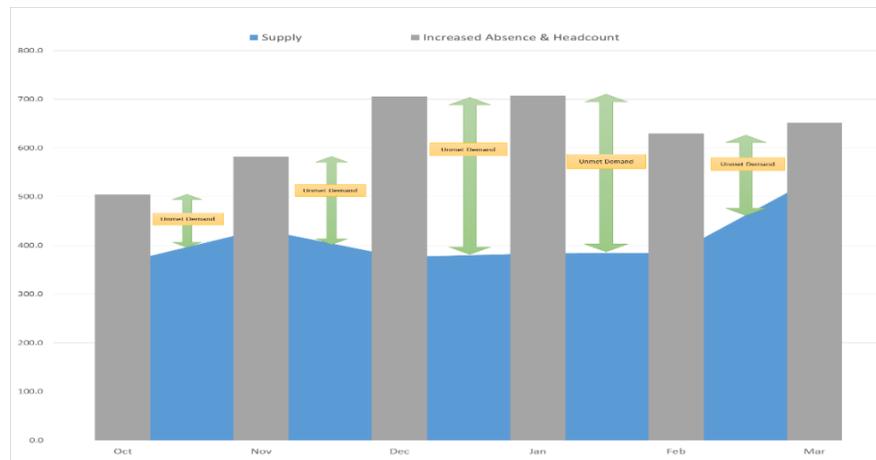
Workforce Plan

- 2.9 The workforce plan, detail in Appendix 3.4 of the Q3/4 Framework is based on considerable workforce analysis and modelled solutions to increase supply to meet the peak of demand. A prioritised approach to workforce solutions is being adopted, with the plan comprising of three solutions. Based on the modelling undertaken, solutions one and two would address the planned increased capacity, solutions 3a and 3b would be required to address surge capacity if needed.

1. Continued efforts to increase supply through recruitment and bank
2. Staff to work Increased Hours through overtime supported by a communication drive to increase uptake
- 3a. Redeployment of staff from areas likely to have reduced activity e.g. clinics and outpatients



- 3b. Iterative workforce planning at ward level based on changing acuity of wards (in-line with Chief Nurse Officer and professional body guidance)



Finance Plan

- 2.9 The Finance Plan is a balanced plan for Q3/4 and for the financial year 2020/21 as a whole. The key aspects of the plan are as follows:

- Additional allocations from the Welsh Government for COVID19 and Winter in line with the guidance issued to Health Boards.
- Expenditure plans for Q3 and Q4 which reflect the cost of the additional measures being taken over Q3/Q4 which are described through this plan, including Test, Trace, Protect (TTP), Winter protection plans, increased bed capacity and other measures required for the second Covid peak, as well as actions to increase diagnostic and planned care capacity where possible.

- 2.10 In addition, there is a degree of non-recurrent financial headroom within the plan. This partly arises from the review of the balance sheet which is being undertaken, and partly from the Health Board receiving Welsh Government COVID19 funding on a population share basis while it has managed its COVID19 response cost-effectively at a slightly lower cost. This is planned to be utilised to enhance the COVID19 response and to take some steps to improve future sustainability

Governance Framework

- 2.11 The work of Q3/4, as in Q1 & Q2, will be underpinned by good quality governance, including quality impact assessments and harm reviews. We have used the Royal College of Surgeons guidelines for the

categorisation of patients using 1a, 1b, 2, 3 and 4 label. This has enabled us to identify patients that require urgent treatment within three months. The aim for Q3/4 is to ensure all patients that fall within the categories 1 to 3, are treated before 31st March 2021.

- 2.12 The delivery structure for Q3/4 has been streamlined from Q2 to focus on how the organisation is preparing for what will be a challenging winter period as COVID-19 infection rates increase. The ethos of short planning cycles of six weeks remains in place to ensure we remain agile enough to manage any changes in COVID-19 demand or unscheduled care. Whilst the Resetting Programme Board has been stood down at the end of Q2, and a closure report produced, the work has now been mainstreamed through the Management Board. This is now meeting more frequently on a fortnightly basis to allow sufficient time for the work to be managed through it.

3 KEY RISKS/MATTERS FOR ESCALATION TO BOARD/COMMITTEE

- 3.1 As we move in to Q3/4, the main risk to the Health Board is the uncertainty around COVID19 and the potential impact on service provision, capacity and resources. These risks, their consequences and mitigations are being managed through the Health Board risk register where we have registered the potential for impacting on the ability to deliver elective services including essential and urgent elective work.
- 3.2 For the remainder of 2020/21, the Health Board will continue to balance the provision of services to prevent, diagnose, isolate and treat COVID19 patients with the delivery of essential and routine health and care services. This is likely to have an adverse impact on routine services with patients categorised as priority four (RCS Definitions), growing in number and experiencing longer waiting times. Work will be required in Q3 to explore alternative options for this patient group, including working with partners for a potential regional solution.
- 3.3 The plan is based on the best available knowledge we have, recognising the volatility in demand we are likely to see over the coming winter months. The capacity model and bed plan is the foundation of our plan and is based on national modelling as well as utilising the data we have from our experience to date. The workforce and financial plans are based on this foundation, as well as the plans we have developed with our partners in the Regional Partnership Board for our Winter Plan. Modelling and predictions are by their nature what is expected and we will be constantly monitoring what actually happens against our modelling and adjust our predictions accordingly, usually two weeks ahead of any expected change in the demand curve.



3.4 The CTM Q3/4 Framework provides a sound basis on which the Health Board can move forward into the winter months. Assurance not just against delivery of the plan but also on what more can be achieved will continuously be sort. This is vitally important in order for the Board to informed decisions as they seek to balance the four quadrants of harm.

4 IMPACT ASSESSMENT

Quality/Safety/Patient Experience implications	Yes (Please see detail below)
	This report relates to all three domains.
Related Health and Care standard(s)	Choose an item.
	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)
	Costs associated with the provision of COVID19 and non-COVID19 services are being assessed alongside the service delivery plans.
Link to Main Strategic Well-being Objective	Linked to all

5 RECOMMENDATION

5.1 **APPROVE** the 'Resetting Cwm Taf Morgannwg' Operating Framework 2020/21, Quarter 3/4 - Appendix 1