Resetting Cwm Taf Morgannwg

Operating Framework Quarter 3/4 2020/21

October 2020

Final Draft

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

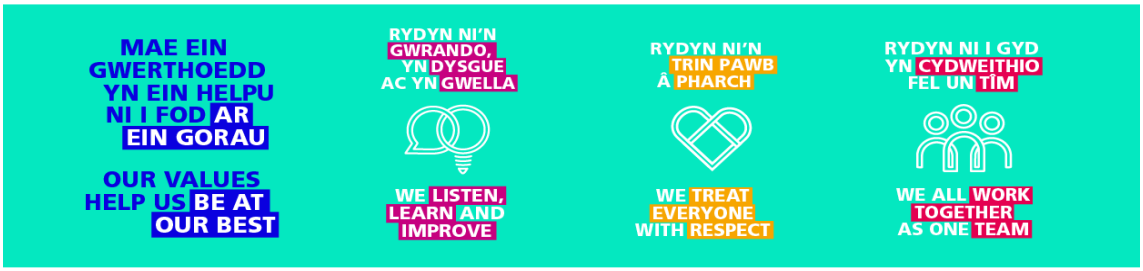
1.1 RESETTING CWM TAF MORGANNWG

'Resetting Cwm Taf Morgannwg', has provided the framework for the Cwm Taf Morgannwg University Health Board (UHB), 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.

Our mission, vision and strategic well-being objectives remain at the forefront of our operating framework:

Mission: *Building healthy communities together*

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



The Cwm Taf Morgannwg operating model has embedded well into the organisation in Q1and Q2 and has provided the structure to respond to the new ways of working we now find ourselves in.

The work undertaken in Q1 focused on extensive modelling of demand and capacity for COVID-19 and non COVID-19 services, planning to expand service provision and creating safe environments. Q2 saw us planning and delivering a wider range of services including in green islands within our District General Hospitals (DGH). Towards the end of Q2, the hospitals expanded their green capacity, creating red islands to manage the very small number of COVID-19 patients.

As we move into Q3 with a rising number of COVID-19 cases in our population, our hospitals are planning to revert to creating green islands to protect those essential services that need to be provided on site and looking to maximise the opportunity of offsite facilities for others where clinically appropriate and where critical care services are not required. We will looking to maximise the opportunities of the Nuffield Vale and Bay facilities as well as the Neath Port Talbot Hospital site.

Our Clinicians have been prioritising our patients, to ensure patients' needs are met within the constraints of guidelines; ensuring patient safety at all times. We have

used the Royal College of Surgeons (RCS) guidelines for the categorisation of patients using grouping into 1a, 1b, 2, 3 and 4. This has enabled us to identify all patients that require urgent treatment and treatment within 3 months. The ambition for Q3/4 is to ensure all patients that fall within the categories 1 to 3, that is those requiring treatment under 3 months are treated before 31 March 2021.

Similarly Q2 has seen a wider range of services provided in primary and community care. Staff displaced to alternative roles during the height of the pandemic in Q1 returned to their normal roles by the end of Q2, which allowed us to progress our resetting work.

Q2 saw a major rollout of virtual outpatients' capacity across the organisation, which will allow our outpatient services to be more resilient in Q3/4. Similarly for diagnostics, we plan to utilise facilities at the Nuffield Cardiff Bay facility to support off site MRI and Breast services (including mammography), to minimise patient risk.

Our Test Trace and Protect (TTP) Service has embedded well in Q2 and now has robust plans in place to support test and trace with our partners as well as developing a mass vaccination plan for a COVID-19 vaccine as and when it becomes available.

Staff wellbeing remains a key priority for the UHB, with both additional well-being services continuing to be made available to staff as well as an extensive communication strategy rolled out to ensure all staff remain connected during this challenging time. We anticipate Q3/Q4 to be a challenging time as we balance a rise in COVID 19, along with the expected increase in winter pressures, whilst retaining urgent and essential services for our population. In Q2 we encouraged our staff to take well-earned breaks and supported a lot of annual leave to ensure our staff were well rested as we enter Q3/4.

We have put the learning from our experiences of Q1 and Q2 together with our ongoing planning. and As we become more resilient to these new ways of working, we will be embedding our resetting work into normal business through the governance of our Management Board and the Health Board. The ethos of short planning cycles of 6 weeks remains in place to ensure we are agile enough to manage any changes in COVID-19 demand or unscheduled care.

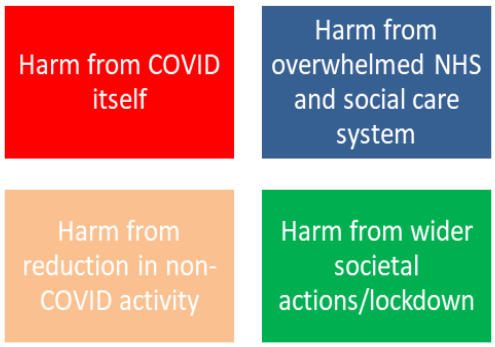


Figure 1: 4 Quadrants of Harm

As we move into the winter months we recognise that the volatility in demand for both COVID-19 and unscheduled care will impact on the levels of elective work we will be able to undertake. This will require difficult decisions to be taken at different times depending on the scenario that plays out, but any decisions we do make will be based on balancing the four harms as all times. A summary of our Q2 delivery and ambition for Q3/Q4 is set out below:

	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	
	✓ 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 ✓ Completed further CTM COVID-19 community Survey Report by August	⇒ 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 WG and PHW. ⇒ Supporting partner organisations and business across CTM to deal with any clusters, incidents or outbreaks, in line with national policy and building in learning constantly from the 'lived experience' as events develop. ⇒ Providing further support and advice to our BAME communities via risk assessments as employers, providing outreach workers and promoting the national helpline.
2.	Communication and community involvement and engagement, targeted where required	
	✓ 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	⇒ 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.
3.	Actively engage in growing community resilience, social prescribing and the wellbeing offer	
	✓ Forum established via the TTP RCCE and Protect work streams ✓ Conducted rapid evidence and stakeholder review of how the role	⇒ Engaging with the Regional Partnership Board, 3rd sector organisations and the wider

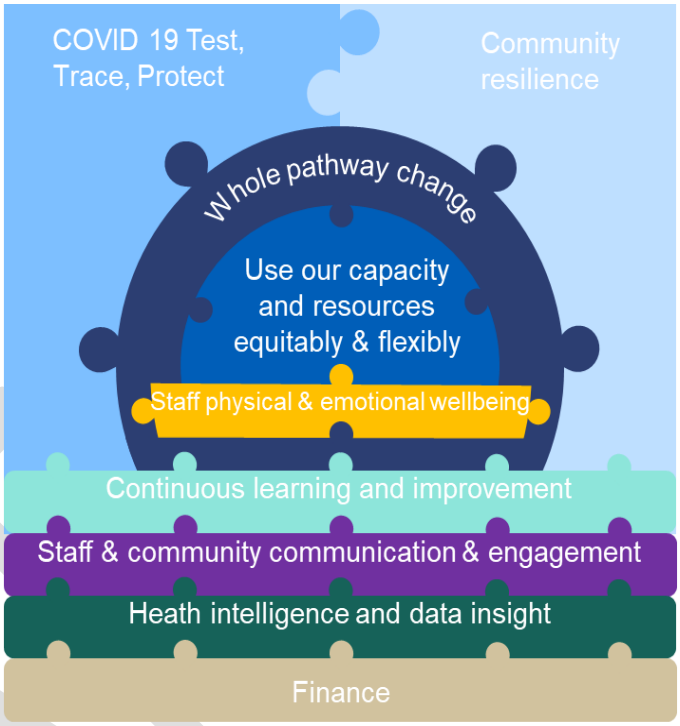
	of social prescribing has adapted since COVID-19 and how these changes may be sustained. ✓ Mapped community support mechanisms across CTM (as part of PROTECT) work by end of September	community in delivering the 'Resetting CTM' Operating Framework ⇒ Continue to revise Social Prescribing Project Plan for 2020/21 in partnership with 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	
	✓ 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 RPB Transformation evaluation to inform service sustainability.	⇒ 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	
	✓ 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	⇒ 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	
	✓ 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	⇒ 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

	✓ Embed revised Performance Management Framework	⇒ 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	
	✓ 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	⇒ 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	
	✓ 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)	⇒ 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	
	✓ Developed Quality Governance Framework implementation plan ✓ Drafted a Standard Operating Plan for concerns and serious incidents ✓ Established hosted governance arrangements ✓ Develop a learning for improvement framework	⇒ Quality Governance Framework implementation plan to be approved and embedded across UHB ⇒ Standard Operating Plan for concerns and serious incidents to be rolled out ⇒ Embed learning principles through organisation

2. PLANNING FOR QUARTER 3 AND 4

2.1 UNDERPINNING PLANNING ASSUMPTIONS

As Resetting Cwm Taf Morgannwg' has evolved, the 9 workstreams of the strategic delivery programme have become more closely aligned and the interdependencies between them more clearly defined. Figure 1, demonstrates how the complex picture fits together, all the while taking decisions to balance the 4 quadrates of harm.



In preparing for Winter 20/21, the UHB has considered numerous scenarios for the spread and impact of Covid-19 on health and care services. For the purposes of the Q3/4 plan, the scenario which has been used as the premise for our whole system planning, from surveillance and the TTP programme to delivery of core elective services is scenario based on current community infections levels and allows for a 14 day national lock down.

In addition, we have also modelled the requirements to enable us to put in place the capacity to enable Wales to respond to the most serious of circumstances, as described in the letter from Welsh Government in June 2020. This requires the UHB to have 760 (709 acute and 59 critical care) beds available for Covid-19 patients, and to be able to continue to provide the anticipated levels of capacity to deliver non–elective and maternity services safely.

Our planning assumptions include the following:

TTP & COVID-19 Vaccination

⇒ Reduce the risk of transmission and infection of COVID-19 in Wales.
⇒ Develop testing plans to ensure the capacity meets demand.
⇒ Put in place appropriate systems & capacities to ensure that following the easing of lockdown measures we do not see a rapid increase in illness & deaths in communities due to COVID-19 infection.
⇒ Put in place the capability to deliver a COVID-19 vaccination.

Staff Well-Being:

⇒ To ensure the health and well-being is maximised
⇒ Maximising availability of our people

Learning Principles

⇒ Take the learning from Q1 and Q2 and build into Q3 and Q4.

⇒ Leaders with expert improvement capabilities will continually learn through incidents and excellence, embedding a culture of structured empowerment through a shared governance approach.

Communications

⇒ Staff, our communities and partners are fully engaged, informed and listen to, supporting constructive behaviours to minimise rate of infection

Primary Care and Community

⇒ We will provide the essential and high value services in primary and community care (including TTP, immunisation, vaccination, screening, prevention services) and will provide the required capacity to do so.

⇒ The focus will be equally on prevention as it is on treatment and rehabilitation.

⇒ Further development of our contact tracing, enforcement, sampling and testing services, with expansion currently underway

⇒ With partners we will invest and develop community and primary services so that they expand to meet expected need 12 hours a day 7 days a week. In Partnership, these will be the main body of our Winter Plan.

⇒ We will support Care Homes with their COVID-19 response.

Unscheduled Care

⇒ Safely meet and manage the demand that presents (based on 19/20 demand)

⇒ Look at how we work with our partners to maximise the transformation

⇒ Optimise care, maximising digital solutions

⇒ Build in the strategic impact of the Grange University Hospital opening and potential change in flows to Prince Charles Hospital for trauma and emergency care.

⇒ Develop a 'Contact First' philosophy and service for unscheduled care.

COVID-19 Inpatients

⇒ We will have plans to meet COVID-19 demand based on our anticipated 'CTM Most Likely' scenario and robust contingency arrangements to meet the WG 'Worst Case' scenario.

⇒ COVID Intensive Care Unit (ITU) requirements will be in addition to typical winter ITU requirements.

⇒ Our Field Hospital will support COVID-19 step down.

Elective

⇒ Elective work will be prioritised using the RCS priority categorises

⇒ Plan to have capacity equal to demand for the categories 1a/1b/2 and 3's and be meeting the 'waiting time standards' treated by 31 March 2021. Clinical assessment of the risk and benefit for each patients will be undertaken at the time of surgery.

⇒ Develop options to deliver enough capacity including potential for standalone elective treatment centre (short term Q3/4 and medium term 21/22).

⇒ Harm reviews to be undertaken for all patients waiting 6 months if category 2-3, and 52 weeks for routines.
⇒ Any cancer patient waiting over 104 days will be reviewed via the respective MDT.
⇒ Using the prioritisation and harm review outputs, maximise elective capacity through 3 list days and 6 day working.
⇒ Develop alternative non-surgical pathways and treatment options where surgery is no longer reasonable in the current time.
⇒ Ensure virtual outpatients are maximised.
⇒ Prioritise outpatient waiting list using similar categories as surgery.

Systems Thinking

⇒ New ways of working: agile, flexible, digital, clinical practice, staffing skills, partnerships.
⇒ Develop whole system pathways with primary care professionals, local authority and third sector partners, ensuring care close to home, to deliver end to end improvement to demand and improved patient outcomes.

Data and Insight

⇒ An organisation which has access to the right data and insight to make informed decisions which help improve health outcomes across our population.
⇒ People with improved access to information to do their jobs.
⇒ Support our community to look after their own well-being and further develop and embed learning and behavioural changes.

Enabling Workforce and Finance Plans

⇒ Develop a robust work force plan to deliver against known demand and capacity constraints
⇒ Using the demand and capacity plans to develop a Personal Protective Equipment (PPE) plan and Capital requirements
⇒ Using the outputs above develop costed plans for Q3 and Q4

We recognise that our planning assumptions are likely to be tested as we progress through the winter months and infection levels change but agility will be at the heart of operational model with the ability to forecast demand a fortnight in advance, to ensure we can flex our capacity and minimise harm.

The model has already been tested as we enter Q3/Q4 with higher than expected levels of infection in our community and hospitals, earlier than expected, which has meant we have had to flex the model and look to utilise our available capacity in a way that meets the clinical presentation of patients.

2.2 LOCAL PREVENTION AND RESPONSE PLANS, INCLUDING TEST, TRACE AND PROTECT

The Cwm Taf Morgannwg (CTM) Prevention and Response Plan builds on Welsh Government (WG) and Public Health Wales (PHW) guidance and incorporates the former, approved CTM TTP strategic plan, providing an over-arching strategic plan setting out CTM partners' approach to prevention and response to the current Covid-19 health pandemic.

Quarter 1 and 2 saw a particular focus on establishing a testing and contact tracing service as a key part of the response. Surveillance mechanisms were established, providing daily updates on latest developments, together with a structured approach to risk communication and engagement with our local communities, which as well as messaging, provides important soft intelligence into the work of the programme. The important element of 'protect' in terms of offering community support has also been a focus, with a baseline exercise completed. A preliminary COVID-19 mass vaccination plan was also drafted, reviewed by WG and PHW, and remains under development, as we near the potential of final vaccines being agreed for distribution.

Following the first peak of COVID-19 cases in Spring 2020, a number of lessons were learnt which have been included in our plan and respective partner plans. For example, the incident at the Kepak factory in Merthyr Tydfil provided useful learning on the establishment and running of an Incident Management Team in the COVID-19 context; ensuring good links are developed with the South Wales Local Resilience Forum and how to respond to the surge capacity requirement for swift mass staff testing.

In terms of Q3/4, as we move unfortunately towards a second peak, our priorities in the TTP programme include:

- ⇒ Further development of our contact tracing, enforcement, sampling and testing services, with expansion currently underway in close association with the Delivery Unit and WG in terms of what support can also be offered nationally. This expansion work also includes ensuring surge capacity is available during times of peak activity, building on recent lessons learnt.
- ⇒ Refining our COVID-19 mass vaccination plan as planning assumptions become clearer, closely linked in with the work of WG and PHW.
- ⇒ Supporting partner organisations and business across CTM to deal with any clusters, incidents or outbreaks, in line with national policy and building in learning constantly from the 'lived experience' as events develop.
- ⇒ Providing further support and advice to our BAME communities via risk assessments as employers, providing outreach workers and promoting the national helpline.
- ⇒ Working closely with the South Wales Local Resilience Forum and recently re-established Strategic Co-ordination Group to ensure maximum benefit is

achieved from close partnership working across our communities, particularly in the context of emergency planning and civil contingencies required.

Risks include:

- The need for our communities to work closely with us and support prevention requirements such as wearing face masks, ensuring appropriate social distancing and following local and national restrictions.
- Availability of workforce for so many expanding areas including contact tracing, sampling and testing, COVID-19 and seasonal flu vaccination.
- The danger of staff burn-out and challenges to individual and team health and well-being, with the constant pressures of delivering the response required, particularly as we move into the Winter months which are normally challenging anyway.

2.3 ESSENTIAL SERVICES

The Health Board continues to maintain core essential services whilst meeting the returning and growing demand arising from COVID-19 impacting on both our acute and primary and community resources. During Quarters 3 and 4 we will continue to work on how we can deliver our unscheduled care services whilst optimising safe elective care for priority patients and increasing our elective care beyond essential services.

The Red Amber Green (RAG) rated self-assessment **Appendix 2.3** 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 but recognises that a small number assessed as amber need to undertake further work in order to increase their capacity to meet the urgent demand.

The key areas showing as amber and requiring further work include:

Urgent surgery including access to urgent diagnostics and related rehabilitation:	Plans are being developed to ensure urgent surgery can be undertaken at Royal Glamorgan Hospital (RGH) as soon as circumstances allow. Integrated Locality Groups (ILG) are working together to ensure there is equity of access to surgery through weekly review meetings.
Rheumatology:	DEXA Scanning remains suspended as Cardiff and Vale UHB are still unable to release staff to the outreach service. A consultant clinical review of all patients on the waiting list is being undertaken. Plans are now being put into place to outsource the DEXA Service in the interim to the University of South Wales (USW), until a longer term plan can be put into place.

Urgent Cancer Treatments:	Urgent Cancer Surgery will remain reduced whilst services are limited due to COVID-19 outbreaks on hospital sites. Delivering the most complex cancer, requiring intensive care, remains a challenge at times of high levels of COVID-19 on the district general hospital sites (DGH). Sessions to provide CT guided biopsies in lung cancer pathways have been increased to twice weekly however capacity is restricted to account for cleaning downtime post procedure. Similarly, bronchoscopy capacity reduced due to extended turnaround times.
Gastroenterology inc. diagnostic endoscopy	Endoscopy services whilst resumed are at reduced capacity, with priority being given to Urgent Suspected Cancer and surveillance patients. Medium term options to increase capacity are be developed however; in Q3/Q4 opportunities to run additional evening and weekend lists and outsource and insource will be taken.
Diabetic care	For some clinics, the lack of clinical space combined with the social distancing regulations is restricting the return to normal working. Alternative plans are being developed.
Paediatric specialist services	Further assurance required from WHSSC who commission Paediatric specialist services on our behalf, that the capability of services being delivered from the Children's Hospital of Wales are being sustained and maximised.

Elective Urgent Care:

Whilst our planning assumption is to treat all patients who require urgent treatment, (categorised as 1-3 in accordance with the Royal College of Surgeons guidelines) by 31 March 2021, the impact of our likely unscheduled care and COVID-19 demand and capacity modelling, see section 3.3, means we only be able stabilise our waiting list position, chart 1 and 2. Our ambition remains to improve this position through urgent work in Q3/Q4, including exploring further collaborative working with neighbouring health boards.

Whilst there may be an opportunity to treat some routine patients if the level of COVID-19 were to be lower than the model predicts, unfortunately, this will mean that many of our routine patients will not be treated in Q3/4 and have their waiting times extended.

In order to minimise harm to this patient group, these patients will be reviewed once they breach a 52 week pathway and a formal harm review will be undertaken and will have their case re-prioritised if reversible harm is identified.

Outpatients

Our plan is to meet expected demand through a combination of face to face and virtual clinics, maximising video and telephone consultations where possible. We

have made extensive investment in virtual consultation capability through Q2, which will continue into Q3, supported by a further investment in IT enablers if the capital cost within the finance plan is supported. Similarly, all patients waiting a follow up appointment will also have a harm review if their wait exceeds their scheduled waiting time.

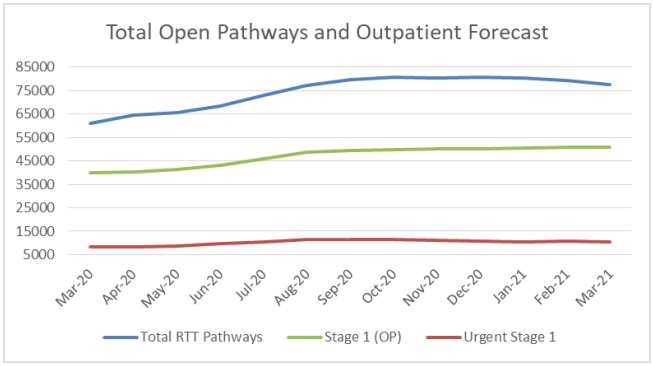


Chart 1

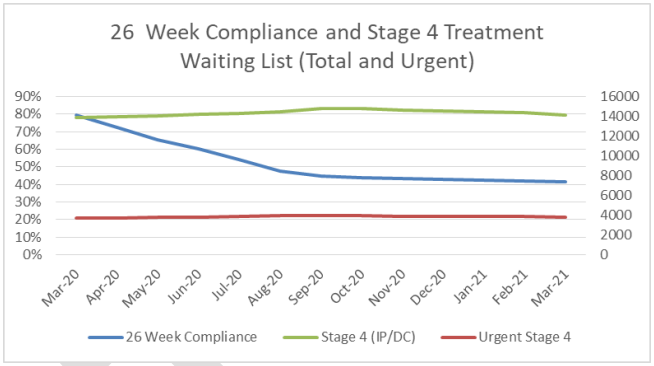


Chart 2

Cancer Patients

For cancer patients with a 104 day breach, a harm review is conducted through MDTs and as part of the prioritisation process for surgery. Chart 3.

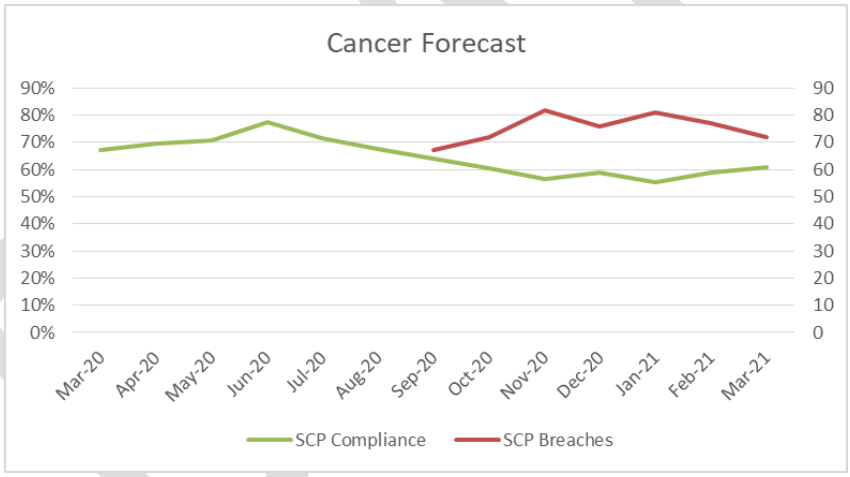


Chart 3

Diagnostics

Ensuring safe access to diagnostics for elective care was a challenge in Q2 and resulted in a backlog in demand. To address this backlog and maintain safe access, additional capacity has been secured through a combination of:

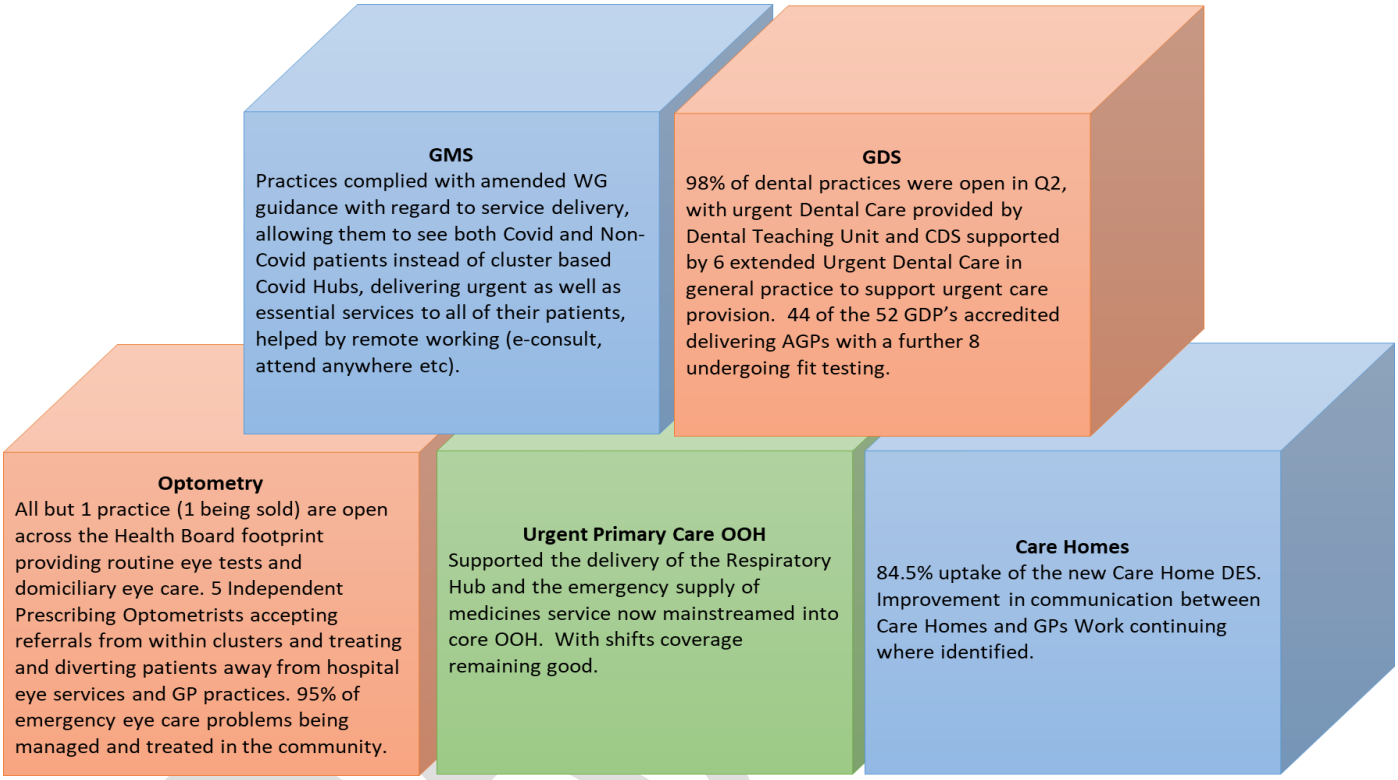
- Mobile CT scanner
- Use of MRI at Nuffield Bay Clinic
- Additional weekend sessions

In addition, plans are being developed to expand capacity for endoscopy including using the available capacity at the Nuffield Cardiff Bay Clinic.

2.4 PRIMARY AND COMMUNITY CARE

During Quarters 1 and 2 Primary Care responded well to the emergence of COVID-19 and adapted their practice in line with WG and national guidance for the safe delivery of primary care services.

In summary by the end of Q2:



As we move into Q3/4 Primary Care services remain at the core of our service delivery to patients. Whilst there are robust plans in place in Primary care, these plans are dependent on the availability of our workforce, which may be adversely affected with high levels of COVID-19 infection in our community. Work will continue to ensure plans are in place to mitigate the service impact such an eventuality may have as much as possible. Our key priorities for the coming months include:

General Medical Services

- Prioritise proactive monitoring and reactive intervention for patients with conditions that frequently decompensate resulting in admission to hospital – explore urgent primary care centres to enable GPs to do this during the busy winter months.
- Prioritise residents of care homes for essential care – focus on encouraging more practices to deliver the Care Home Directed Enhanced Service (DES).
- Delivery of childhood immunisation scheme, pertussis immunisation for pregnant and rubella and for post-natal women and oral anti coagulation – maintain uptake rates. Seasonal flu immunisation has commenced, with vaccine

supplies likely to be insufficient to meet the demand as supplies are based on pre COVID-19 levels.

Care Homes Directed Enhanced Service

- Following the establishment of the new the COVID-19 Care Homes Scheme Directed Enhanced Service in June 2020, which resulted in 36 out of 52 GP practices taking it up. This has covered 1,827 care home residents. Work will continue to expand the roll out of the DES and ensure that in partnership with the Primary Care Clusters the remaining Care Homes with partial or no cover, receive cover, so by the end of Q3 there will be 100% cover across all Care Homes in the CTM footprint.

Community Pharmacy

- Community pharmacy services will continue to deliver dispensing medication service and emergency contraception. In addition they will provide advice and treatment for common ailments, supervised consumption, discharge medicine reviews, needle and syringe service, smoking cessation and end of life care.

Dental services

- To ensure that there is sufficient access for patients who require emergency dental care but who do not have a regular dentist.
- Resume minor oral surgery within the Dental Teaching Unit.
- Explore opportunities to provide bariatric facilities in Primary Care (currently not available) to avoid CTM residents experiencing delay in accessing treatment outside the Health Board.

Optometry Services

To maximise delivery of urgent and emergency care in accordance with the Wales Eye Care Services Legislation Directions (Wales) regulations 2015 with specific focus on optometry services that prevent loss of sight or irreversible damage i.e. diagnosis of glaucoma and macular patients requiring intravitreal injection therapies. This will be achieved through:

- To maintain the Independent Prescribing service to prevent the onward referrals to GPs or Hospital Eye Services and has resulted, with further funding required to support it.
- Implementation of the Glaucoma Services – 2 practices starting delivery in Bridgend and further 3 planned to come on board November/December in the former Cwm Taf area.

Urgent Primary Care OOH

- Plans being developed for GP Out of Hours Overnight Clinical Service – Planned expansion of the current GP Out of Hours overnight service in RCT and Merthyr County Boroughs to ensure timely call back responses, improved patient experience and avoid potential ED attendances/999 calls whilst awaiting a call back.
- Work to continue to integrate the Bridgend and Merthyr & RCT Primary Care Out of Hours services.
- Work will be ongoing to develop 'Contact First' new local flow centre that will receive calls from 111 that require patients to be appointed to the correct

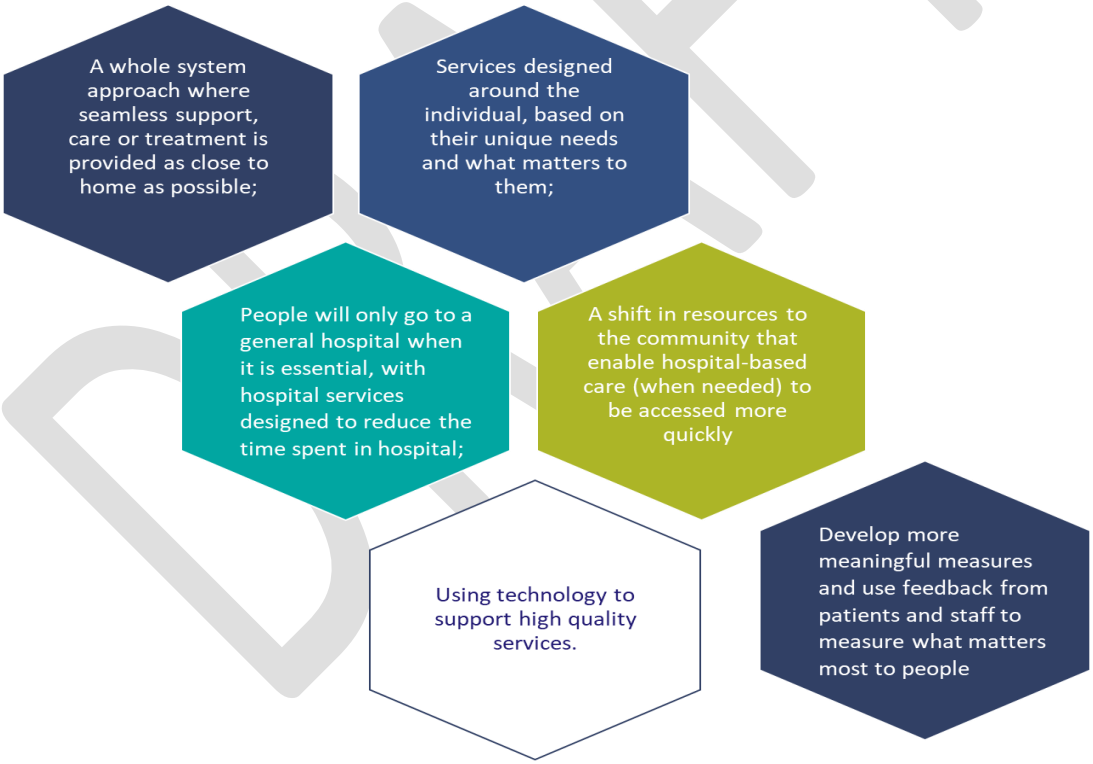
emergency/urgent care pathway. The CTM flow centre will provide clinical oversight of patients going through the new system, improve the patient experience by reducing waiting times and will help to reduce congestion in emergency/urgent care departments in light of COVID-19 and the requirement for social distancing.

Medicines Home Delivery

Continued operation of the Medicines Home Delivery Service to ensure patients have timely access to palliative care medication and prevent admission through timely and effective pain management to reduce distress which can often cause care givers concern that triggers an emergency call and transfer to hospital.

2.5 PREPARING URGENT AND EMERGENCY CARE SERVICES FOR WINTER

Our winter plan has been developed with our partners both in the Local Authorities and Third Sector. The plan is in line with A Healthier Wales commitments and looks to ensure that the programme of work undertaken as part of the Transformation Programme in the Region is maximised. It follow those clear design principles of:



It is anticipated that we will see an increase in pressure on health and social care services as the population contends with both the global pandemic of COVID-19 and the usual seasonal activity. As set out in section 3.3, the impact upon health services in our DGH and Community Hospitals has for the first time been modelled by month, and by Hospital, and accounts for the bed capacity need to accommodate our elective programme and the potential impact of the opening of the Grange University Hospital with the consequent changes in flow from this.

The 2020/21 winter plan is underpinned by reference to the 6 goals of urgent and emergency care recently published through Welsh Government and with a very clear emphasis on:

- Contact Ahead and introduction of 111;
- Creation of a 24/7 urgent primary care model in at least one Cluster and the ongoing enhancement of our out of hours urgent primary care across CTM;
- Enhancing the capacity and capability of the Ambulatory Emergency Care / Same Day Emergency Care (AEC/SDEC) offer in each of our Integrated Locality Groups (ILG)s; and
- Ensuring the delivery of the four discharge to recover then assess pathways.

Plans are also well advanced in regard to Mass Vaccination for COVID-19 as vaccine becomes available and there is both a comprehensive staff immunisation programme for influenza as well as a robust primary care delivery set up. This will accommodate those previously entitle to a 'flu jab' as well as the new cohort of over 50 (as and when vaccine supply becomes available).

The Regional Partnership Board (RPB) has created multiagency plans that go down to locality level. These plans will incorporate the discharge to recovery pathways as well as a strong emphasis on supporting care homes. They will have a very clear focus on work that we intend to fund from the Third sector on isolation, volunteering and building digital confidence. They cover all aspects from integrated community care, enhanced primary care, additionality in mental health services and enhanced capacity in: Emergency Departments; Ambulatory Care settings; and the wider community admissions avoidance and rapid discharge services.

These three integrated plans will along with TTP and the vaccination programmes form the basis of the Cwm Taf RPB Winter Protection Plan which is due for submission in draft form to WG on 30 October.

In overall terms the Health Board and partners will look to deploy £11.2m towards winter protection excluding bed capacity increases, TTP and Mass Vaccination.

This will look to cover the following;

- Enhanced Capacity and Capability on Ambulatory Care 3.800m
- Contact Ahead and NHS 111 0.755m
- Primary Care Capacity 0.750m
- 24/7 Urgent Primary Care (subject to discussion) 0.450m
- Capacity and Capability in each ILG 2.950m
  (final decision based upon concluded impact analysis)
- Discharge to Assess Pathways & Care Home support 2.000m
- Community Resources and Third Sector Support 0.500m

A submission outlining the AEC/SDEC proposals has been submitted to WG colleagues as required, as has the Contact Ahead and Urgent Primary Care proposals. The proposals in regard to Discharge to Recover and Access (D2RA) and integrated community resource are being further developed thought the RPB

Regional Commissioning Unit in readiness for the RPB Winter Protection Plan. These proposals will augment that which is outlined above as a whole system approach.

The Capacity and Capability at ILG level relates to a host of schemes that cover enhanced staffing in community hospitals and across our community services. They are targeted at palliative care, faster access to assessment to Mental Health as well as hospital wards and the Emergency Departments (ED). Building on the learning of the 1st COVID-19 wave further schemes designed around the community respiratory hub, are planned including in reach to care homes.

Each ILG is currently completing an 'impact and do-ability' matrix which will ensure that the Capacity and Capability that is invested in, will and can deliver.

Further detail is contained in section 3.2.2.

3. UNDERPINNING WORKSTREAMS

3.1 INFECTION CONTROL

With COVID-19 likely to be a continued presence and risk for the foreseeable future and infection rates expected to fluctuate, the Health Board has adopted new ways of working to allow the continuation of services whilst mitigating the risk posed by COVID-19. To support this approach the Health Board has developed a standard Operating Procedure (SOP) for Infection Control based on UK wide guidelines for Infection Control and Prevention, NICE guidelines and guidance produced by both PHW and WG.

This SOP outlines the UHB's plans to reduce, and mitigate, the risks to patients and individuals we care for in all our healthcare settings, however the main focus is on the three acute hospitals. Despite these steps no hospital can entirely remove the risk, as we have found in recent weeks.

Patients will be informed of any increased risk they may face and reassured that we are striving to do all we can to eliminate any risks, they can make an informed shared decision based upon these discussions.

The SOP applies to all patients needing emergency, elective or urgent planned care being cared for within the UHB. It also applies to all healthcare professionals employed by or working within the UHB including bank, agency and locum staff and those with honorary contracts.

The SOP allows all patients to be stratified into low (green) / mod (amber) and high (red) risk categories. The categories follow set pathways and allows for adaptions if community risk is high or low when we can operate relatively normally. It:

- Allows for the safe management of patients attending for urgent and planned care;

- Clearly identifies roles and responsibilities of all staff involved in the patient pathway;
- Supports weekly review of potential cases within ILGs; and
- Allows cohorting of patients with similar risks / COVID-19 status.

Local community prevalence rates, from Public Health Wales together with incidence and rates of COVID-19 positive patients into acute sites will be monitored closely on a daily and weekly basis (as needed). This data will determine the level of risk in our localities and will affect the precautions and intervention that may be needed. Planned activities within the health board may be determined by level of community rates. The distinction between a low, moderate and high community level of risk has been agreed as:

- Low risk when <20 cases per 100,000 population
- Moderate risk when 20-50 cases per 100,000 population
- High risk when >50 cases per 100,000 population

Also represented by percentage of positive tests conducted:

- Low risk <2.5%
- Moderate 2.5-5%
- High >5%

Due to the geography of CTM and populations we care for there may be variations in level of risk across our Health Board.

To further support our staff, those in an at risk group, including those who have been shielded and those including Black, Asian and Minority Ethnic (BAME) staff, have been asked to undertake a risk assessment. Those colleagues scoring over a certain level will be advised to have no patient contact.

3.2 WORKING WITH PARTNERS

Working with our partners has been key during Quarter 1 and 2 and remains a pivotal cornerstone of our working arrangements going forward, be it working with our neighbouring Health Boards, our local authority colleagues or Public Health Colleagues, to name a few. Partnership remains a key principle of our way of working.

3.2.1 Working with Neighbouring Health Boards

Developing pathways will seek to minimise, as far as is practicable, harm from COVID-19 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 to support partnership working, including:

Swansea Bay UHB (SBUHB)

The formal meetings between the two Health Boards have restarted in order to explore the regional opportunities and to manage the dual track aims set out in the Quarter 3/4 Operating Framework. Contracting and Commissioning meetings are being held regularly to deal with the legacy of the Bridgend boundary transfer. Both organisations have undertaken a provider assessment of the essential services the findings of this will be shared to provide each other with assurance that the needs of their populations are being met.

The two Health Boards have restarted elective surgery at Neath Port Talbot Hospital on 7 September, in the light of the Essential Services guidance. Discussions are also ongoing about the medium-term service model and the alignment with the Acute Medical Redesign in SBUHB and the overall surgical model for CTM UHB, as well as on the longer term surgical model, especially for orthopaedics. Both organisations are mindful of the need to collaborate together to reduce urgent waiting times whilst recognising the longer term strategic change.

The two Health Boards are also reviewing the regional opportunities to work together during COVID-19 and winter plans recognising the requirement to maximise capacity in what will be a difficult winter.

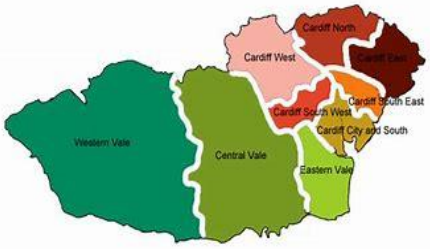
Aneurin Bevan UHB

CTM has always provided a range of services for the North Rhymney catchment population of Aneurin Bevan. The recent decision to bring forward the opening of the new Grange University Hospital (GUH) in November 2020, has resulted in extensive patient flow modelling in the later part of Quarter 2. This has identified an expected increase in patient flow to Prince Charles Hospital (PCH) for Quarter 3 and 4, especially in the realms of emergency medicine. Work is ongoing to confirm those flows and agree pathways to minimise the impact and reduce the risks associated with these flows. This change as we enter winter will be challenging to CTM UHB and the expected numbers coming to CTM have been factored into our planning assumptions.

Powys University Health Board

CTM has always supported Powys UHB and as the GUH opens, we are developing a new commissioning model with Powys for the South Powys population. PCH will become the nearest DGH when the service model at Neville Hall Hospital changes when in November 2020. The expectation is that all emergency WAST transfers (red through to Green) will come to PCH, along with maternity services. Work is still continuing to model the potential impact for emergency walk in, GP admissions and elective work, as a result of the new medical assessment model at Neville Hall Hospital. Bringing forward this additional flow of patients into PCH will put increased pressure into an already challenging system as we balance winter pressures, rising COVID-19 and maintaining essential and urgent services.

Cardiff and Vale UHB



Cardiff and Vale and CTM UHBs have recently commissioned work to look at the potential opportunities for greater collaboration around services, which will involve a formal meeting structure to provide leadership and governance. The work is expected to progress through Quarter3 and 4 with the aim of producing options for this collaboration.

WAST

WAST have shared their plans for Q3/4 and we have noted and support therefore the 3 scenarios they have planned for. In particular:

- Increasing capacity by maximising hours produced (up to and beyond 100% of rosters) and minimising hours lost;
- Taking action to reduce demand;
- Enabling and supporting system wide operational efficiency and delivery.

3.2.1 Working with our Community Health Councils

We continue to work closely with our local Community Health Councils and building on quarter 1 and 2, will continue in quarter 3 and 4 to keep the Community Health Council informed of our plans, service changes etc. We will continue to provide our service change tracker to enable the CHC to understand where we have to change services/ locations arising from COVID-19.

3.2.2 Regional Partnership Board

The Regional Partnership Board (RPB) Transformation Programme continues to support the emergency response to COVID-19 and is integral in the development of the winter plan. Towards the end of Q2 the RPB refocused on its core work

programme and Q3/4 will see the RPB take forward the 8 Work-streams of their Transformation Programme to support the implementation of the A Healthier Wales plan.

Cwm Taf Foot Print Workstreams	Bridgend Foot Print Workstreams
Scaling up the Population Segmentation & Risk Stratification pilot to tailor interventions to specific populations and to support targeted and anticipatory care.	Ambition 1: Providing 7-day access to community health and social care services – "Every Day Is Tuesday", delivering extended alternative service options to hospital and long-term care
Building on the Assistive Technology service to include a mobile responder service that will operate 24 hours a day, 365 days a year responding to triggered alarms and establishing/deploying the most appropriate response.	Ambition 2: Having a primary & community care MDT approach, delivering a one team approach around people, co-ordinating primary care and community services cluster responses.
Scaling up cluster focused MDTs with a 'virtual ward' approach to reduce demand on general practice both in and out of hours and on A&E.	Ambition 3: Developing and delivering resilient coordinated communities; with key organisations, their partners and the communities they serve developing benefits, by working collaboratively to apply preventative approaches that enhance the wellbeing of the population of Bridgend.
Extending the SW@H hospital model to give community professionals an alternative to hospital care and support, providing access to social care, community equipment and @home nursing services 7 days a week, 8.30a.m. to 8.00p.m.	
Developing a service to deliver urgent primary care out-of-hours, with new roles and an MDT approach.	

As a result of the COVID-19 pandemic response, all of the 8 Work-streams implementation plans have been affected. By July 2019 the projects had not had sufficient time or capacity to deliver on the models proposed, or to collect sufficient data to show impact and outcomes. However guidance issued during the COVID-19 pandemic such as the Rehabilitation Framework published in late May 2020 has only strengthened the need for CTM to deliver wellbeing pathways that break the traditional boundaries between Health and Social Care.

Continuous learning and evaluation has been a strong feature of the RPB Transformation Programme. The recent Institute for Public Care (Oxford Brookes University) led 'Deep Dive' has demonstrated that all 8 projects within the Transformation Programme align well with both national and local policy and despite some delays with recruitment and the subsequent impact of the COVID-19 pandemic, the projects are well positioned to impact positively on future outcomes.

Due to delay delays in implementation and re-direction of services that have occurred because of the COVID-19 pandemic, there remains work to do to evidence the financial sustainability plan which underpins the RPB commitment to 'mainstream' schemes. With a further years funding, the Programme will have the necessary time to start to demonstrate greater impact and analysis on reducing demand on services. The evidence so far and from examples elsewhere is that all of them have the potential to help effect cost savings in the system as well as delivering seamless health and social care services. The financial plan reflects the request to carry forward £4.5m transformation funding to 2021/22 to supplement the extension of some WG funding, and support the embedding of the new models and demonstration of impact.

3.3 CAPACITY PLANS

Our Demand and Capacity model is based on Community Acquired Infections growing at 3% for 21 days from 16 Oct, 14 day circuit breaker (5%p.d. decline), 3% growth. It assumes that at times of COVID-19, peoples' behaviours in accessing both elective and unscheduled care change as do clinical practice and decisions.

Underlying demand modelling assumptions built into Table 1 include:

- 2019/20 forms the basis of our prediction unscheduled care demand.
- The impact of Healthcare Acquired infection (HAI) is on capacity not demand.
- To meet urgent recurrent category 1-3 demand we need to provide 37 beds each month.
- Treating the urgent category 1-3 patients on our waiting lists now will require the equivalent of 24 beds for 6 months, 48 beds for 3 months etc
- We assume that our transformation and winter schemes will enable unscheduled care patients to be provided with enhanced care at home. During the 1st wave this impact saw a 2:1 reduction in ED attendances COVID-19 rose, however it is assumed that during winter this ratio would be less. This combination of changed patient and clinician behaviour supported by winter schemes and RPB transformation plans, will reduce demand unscheduled care demand by 100 beds.
- COVID-19 Critical Care demand over the winter is in addition to any typical winter demand (this could be a worst case scenario and is being further analysed).

The capacity model set out in Table 1, requires partial use of the Phase A of the Ysbyty'r Seren (CTM Field Hospital), requiring up to 72 of the available 115 beds, as well as an expansion of 18 beds at Maesteg Hospital and 15 extra beds in the community. It also assumes continued access to elective capacity at the Nuffield Hospital and their Cardiff Bay facility.

During Q2 we restarted services at NPT hospital and the plan assumes a further expansion in Q3/4.

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 addmissions, 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 F		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

Table 1

To enable a further surge in capacity to the WG Worst Case Scenario demand of 709 acute and 51 critical beds for COVID-19 our planned response is set out in Table 2:

	General beds	ITU beds	Total beds
Covid demand assumed within the Q3/4 plan	138	30	168
Covid demand in the WG extreme worst case	709	51	760
Increase to be provided for	571	21	592
Planned response to this contingency			
Surplus already built into Q3/4 plan at peak demand	59		59
Open all further beds within Ysbyty Sren Area B	43		43
Open all further beds within Ysbyty Sren Area A	58		58
Fit out and open Ysbyty Seren Area C	60		60
Re-open Abergarw	60		60
Cease elective cases	37		37
Re-allocation of physical bed capacity to critical care	-21	21	0
Expected reduction of unscheduled care admissions back towards levels experienced in the first peak in this extreme scenario (which reflects Covid at several multiples of the first Covid peak)	275		275
Re-consider use of acute hospital areas in line with proposals from ILGs in preparation for the first peak	?		?
Potential use of the Bay Field Hospital	?		?
Total	571	21	592

Table 2

In the scenario of such exceptionally high levels of demand for COVID-19 beds, our elective work would cease and free up capacity, as well as further behavioural change in reduced demand for unscheduled care.

Given the reduction in beds available in the Ysbyty Seren Field Hospital to meet IPC requirements, following advice from Public Health Wales when they visited the Field Hospital, we are now working with Swansea Bay UHB to determine the potential role of the Bay Field Hospital in supporting a regional approach to capacity if required. The details of this will be worked through imminently, including operational details and impacts.

We would also re-consider the ILG proposals made in planning for the first COVID-19 peak to use other acute hospital areas in extremis, such as outpatients and therapy, given the greater ability to staff areas on hospital sites.

Our staffing model as outlined in section 3.4, builds in a suite of options to deliver our plans, which will allow our expected bed plan model to be met through our recruitment plans and increased hours but recognising that to meet the surge capacity would require redeployment of staff and changes in ward acuity/ staffing ratios.

3.4 WORKFORCE PLANS

For the Q3/Q4 plan the bottom up approach to workforce planning was strengthened with overarching workforce planning assumptions on absence rates issued to each ILG for the workforce, finance and planning business partners to develop a joined up workforce plan, **Appendix 3.4**.

Demand

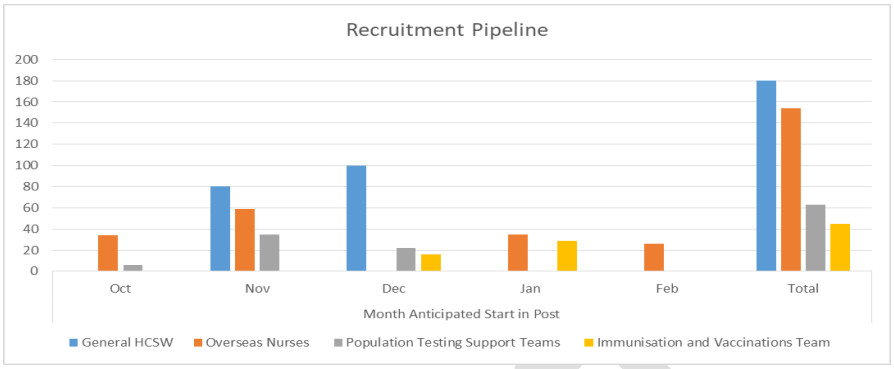
Our workforce challenges are likely to be significant due to the second COVID-19 peak during the winter period, at the same time as a much higher level of unscheduled care compared to the first peak, while also trying to maintaining elective care for the well-being of the local population. In addition to regular seasonal illness, we are expecting to experience additional staff absence due to:

- COVID-19 illness;
- Seasonal illnesses;
- Winter pressures and normal recruitment risks;
- Childcare challenges due to class / school isolation requirements;
- Bereavement;
- Self-isolation;
- Stress and anxiety; and
- Staff not attending work due to low-level symptoms which require them to undertake a COVID-19 test.

We have a detailed schedule of workforce demands reflecting both the service plans for Q3/4 and the projected increase in staff absence due to COVID-19 and Winter.

Supply

In order to meet the increasing workforce demand the Health Board has put in a place a number of recruitment initiatives to increase the workforce headcount. The below graph summarises the impact from October to March.



The Health Care Support Worker (HCSW) (Band 2) advertisement in April resulted in 67 additional HCSWs in post, with numbers reducing significantly from original numbers due to the dynamism of the local employment position. In addition, the Health Board undertook a second recruitment drive in September 2020. Currently the Health Board is on boarding 147 new recruits with further interviews having taken place in early October. This is in addition to the Population Testing Support Teams recruitment and the positive response the Health Board has had to the recruitment for Registered Nurses and HCSWs (Band 3) for the Immunisation and Vaccinations Team specifically.

The Overseas Nurse Recruitment Project restarted in August 2020, with 27 nurses arriving in September 2020 and then undertaking a 14 day isolation period. They are currently undertaking the OSCE training and due to sit exams in November 2020. A further 33 nurses arrived on 19th October, and further arrivals are scheduled for November 2020 (34) and December 2020 (35) and January 2021 (26). This pipeline will deliver a total of 216 nurses over the duration of the project. Work is currently progressing to reassess the nurse vacancy position, with a view to seeking to extend the project into 2021, aiming for a zero vacancy position.

Demand for temporary registered nurses remains high, with the majority of additional shifts being filled through agencies. The Health Board continues to achieve a successful bank fill rate for Health Care Support Workers.

Plans to Address Unmet Demand

Following considerable workforce analysis, modelled solutions to increase supply were presented to the Executive Team and it was agreed that the Health Board should take a prioritised approach. The plan comprises of three prioritised solutions. Based on the modelling undertaken, solutions 1 and 2 would address the planned increased capacity, solutions 3a and 3b would be required to address surge capacity if needed.

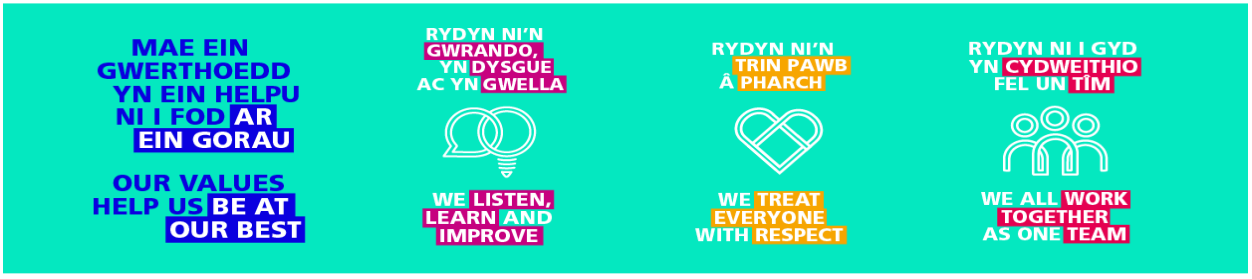
1. Continued efforts to increase supply through recruitment and bank;

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)

Values and Behaviours

The creation of Cwm Taf Morgannwg University Health Board on 1 April 2019 provided an opportunity to bring together the best of the former Cwm Taf and Bridgend areas. We continue to build on the strong similarities of purpose, sharing strengths, creating a compelling vision and cultural narrative with a set of powerful and engaging values and associated behaviours.

Extensive research using both qualitative and quantitative approaches took place across the UHB during 2019 / 2020, to engage with staff, patients and service users to co-create a clear and compelling set of values and behaviours for the UHB. Our values are set out below, and have an associated framework of behaviours. These were launched via a Teams Event to 2,100 colleagues on World Values Day on 15th October. Prof. Michael West joined the launch to describe the clear link between the Health Board's values and compassionate leadership principles.

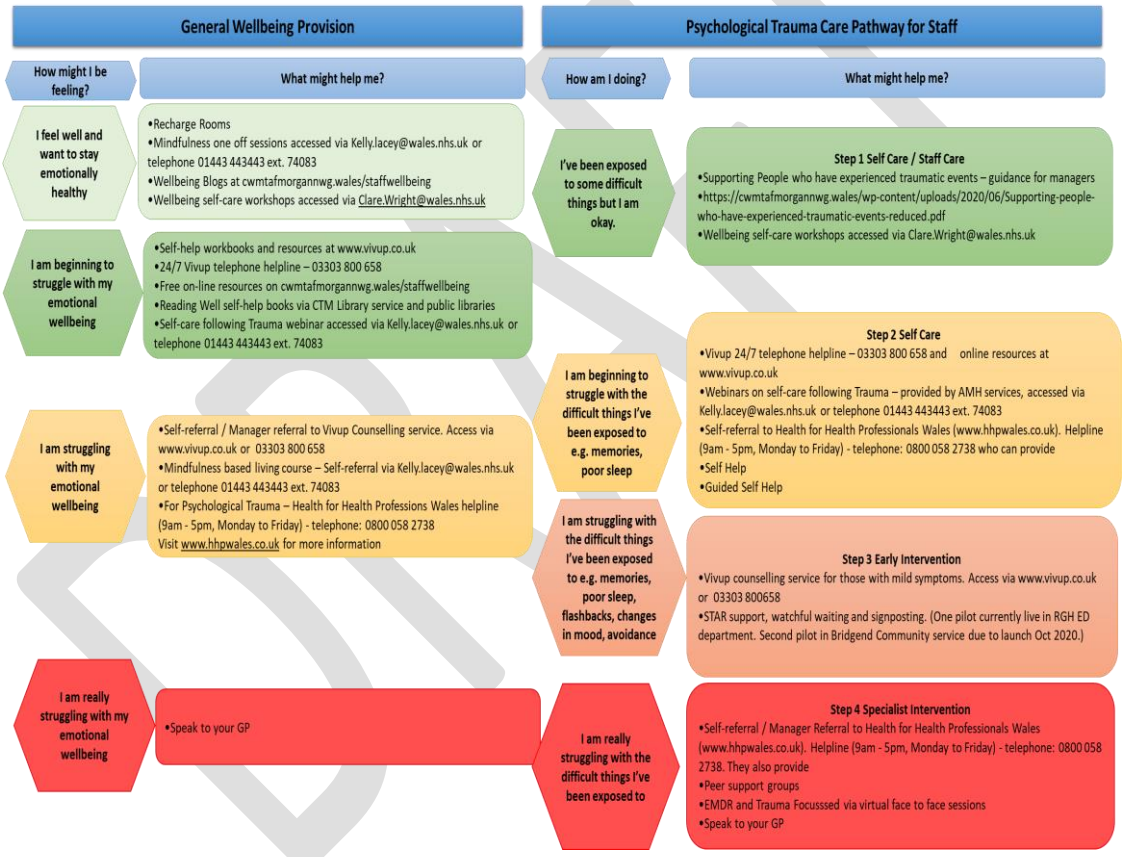


Our next significant plan of work takes forward the process of really embedding our values and behaviours across the UHB and into everything we do.

Well-being

The UHB Well-being Service offers a stepped-care approach to individual well-being. Stepped care is an evidence-based, staged approach to the delivery of mental health services, comprising a hierarchy of interventions, matched to the individual's needs. Staff are encouraged to think about their emotional well-being and take ownership of their own self-care, promoting a shift in emphasis away from counselling towards earlier, less intensive "help seeking behaviours". A clear care pathway is in place and additional online resources are provided by our Employee Assistance Programme provided via Vivup.

Staff continue to access the Well-being Hubs and Recharge Rooms created during the first peak of COVID-19. The purpose of these facilities is to provide staff with an area where they can rest and recuperate to support their emotional resilience during this challenging time.



Diversity and Inclusion

The current Strategic Equality Plan (SEP) for the UHB was agreed and published in March 2020, in accordance with the Public Sector Equality Duty which supports the Equality Act 2010. As a result of the impact and progression of COVID-19 and at the request of the Equality Commissioner, the current SEP has been revisited to take account of lessons learnt through the first COVID-19 peak. During Q 1/ 2 the UHB developed a BAME Staff Network Group. The UHB employs approximately 800 BAME people and to date, 15% of BAME colleagues have joined this very active group and virtual community. Membership is continuing to grow as our BAME colleagues are positively promoting the benefits of being part of this network group.

3.5 FINANCE PLANS

Summary of the plan is shown in the table 3 below:-

	Changes from initial financial plan
Welsh Government allocations	£m
General Covid allocation	56.2
Other allocations previously confirmed(incl £9.1m programme allocations)	19.1
Additional Programme allocations	16.0
Assumed funding from proposals from UEC funds	4.8
Confirmed funding for Winter Partnership schemes	1.5
Bridging funding deferral	-5.0
Request deferral of £1.7m TI funding	-1.7
Carry forward request - Transformation Funds	-4.5
Total	**86.3**
Projected expenditure over base budgets	
Forecast excluding Winter/Covid & Prog costs	35.0
Forecast WG funded programme costs	25.1
Winter schemes(NHS costs excluding beds)	8.7
Winter schemes (LA and 3rd sector costs)	2.5
Additional bed capacity(Winter and Covid)	7.2
Other Covid costs(e.g. absence & medical rotas)	3.6
Costs to meet AB flows	0.4
Planned care backlog /recovery	1.1
Slippage/inability to deliver schemes @ 5%	-1.2
Total expenditure before non-recurring items	**82.3**
Non-recurring items	
Slippage in transformation funds	-4.5
Balance sheet review(over 20/21 plan)	-5.8
Non-recurring revenue investment	6.2
Revenue to capital proposals	3.1
I2S - bring forward repayments & delay grants	5.0
Total non-recurring items	**4.0**
Total expenditure	**86.3**
Surplus/(deficit)	**0.0**

Table 3

A recurrent deficit of £24.9m is projected, but this only reflects recurrent savings shortfalls. The full recurrent deficit including COVID-19 and resetting costs has not yet been properly assessed

The key assumptions and drivers for the plan are outlined below.

3.5.1 Welsh Government Allocations

The following additional WG allocations have been assumed in the plan

- The general COVID-19 allocation of £56.2m based on the plan guidance and £1.5m partnership funding announced subsequently.

- An estimate of a further £16.0m funding for programmes indicated in the planning guidance to be funded by WG. These match the planned expenditure on the programmes, and both planned expenditure and the resulted further allocations assumed are shown in the table below, with explanatory comments where there is any material change on earlier forecasts.
- An estimate of £4.8m allocation in response to CTMs proposals for urgent and emergency care services over Q3/4. This is based on the proposals submitted to the Welsh Government.
- Proposed deferral to 2021/22 of all bridging funding (£5.0m). The over-riding focus on COVID-19 has essentially resulted in the transitional year which drove the requirement for bridging funding, slipping back to 2021/22. For the same reason, elements of the programme of work around Transformation (£4.5m) and the response to TI (£1.7m) have also slipped to 2021/22.

The summary of planned expenditure on Welsh Government funded programmes of spend and the matching allocations referred to above is shown in Table 4 below.

	Planned expenditure £m	
Field hospital set up & decommissioning	5.8	As earlier forecasts plus further IPC requested isolation rooms
TTP - Antigen Testing	2.9	Slippage in recruitment has reduced previously projected costs
TTP - Antibody Testing	0.8	Slippage in recruitment has reduced previously projected costs
TTP - Hospital Testing	1.2	Planned PHW hot labs has reduced planned costs
TTP - Contact Tracing	3.4	Slippage in recruitment has reduced costs
Care home support(April to September)	3.4	Provides for Q1/2. Increase for Q3/4 anticipated but not yet included
PPE	2.8	
Use of private hospital capacity	1.5	Assumes CTM meets costs in Q4
Flu age extension	1.2	
Mass Vaccination	2.1	In year cost of mass vaccination plan already provided to WG
Forecast costs	**25.1**	
WG allocations already agreed/made	- 9.1	
Assumed additional WG allocations	- 16.0	
Forecast income	**- 25.1**	

Table 4

3.5.2 Planned Expenditure

Projected Expenditure Before Q3/4 Plan Actions

Projected expenditure prior to factoring in Q3/4 changes such as winter plans and COVID-19 response plans around the second peak is £35.0m, which is similar to previous forecasts. Key factors behind this £35m include:-

- A levelling off of pay spend reflecting stabilisation after the first peak (but before Winter and the second peak), but still over pre- COVID-19 levels.
- Continuing loss of Bridgend clinic private patient income, and dental income.
- An increase in clinical drugs and consumables costs as we undertake more planned care (but again before considering Winter and second COVID-19 peak).
- Continuation of the increased level of primary care prescribing seen over Q1 and Q2, driven by a faster move to new drugs requiring less clinical intervention and also supply issues driving higher unit prices.

- Existing plans around use of running costs of field hospitals and nursing homes, students, and HCSW recruitment.
- Projected savings of £6.7m.

Planned Changes - Winter Schemes

These are shown in the table 5 below.

	Merthyr Cynon ILG	Rhondda Taf ILG	Bridgend ILG	Cross CTM	Primary care	Total	Comment
	£k	£k	£k	£k	£k	£k	
NHS111 top slice					167	167	£400k recurrently in 2021/22
Contact ahead					588	588	£6563k recurrently in 2021/22
24/7 primary care					450	450	Pilot in RT ILG (Rhondda)
Winter schemes (NHS)	2250	2250	2250			6750	Detailed schemes at ILG level
Primary care capacity schemes					750	750	Over and above planned use of cluster funds
Third sector schemes	128	86	127	158		500	
Local Authority schemes	281	1120	668	-69		2000	Costs are shown for LAs (MTCBC in MC, RCT in RT and BCBC in BILG)
Total	2659	3456	3045	89	1955	11205	

Table 5

Planned Changes - Increased Bed Capacity and Other COVID-19 Costs

The key areas of additional cost are phased and partial field hospital use (Ysbyty'r Seren), costs of projected increased ITU demand, re-instatement of COVID-19 medical rotas, the impact of projected increases in staff absence, and increased investment to ICT staff support. The planned costs are shown in the table 6 below.

	Merthyr Cynon ILG	Rhondda Taf ILG	Bridgend ILG	Primary care	Meds Mngmt	Corp functions	Total	Comment
	£k	£k	£k	£k	£k	£k	£k	
ITU and NIV	628	0	399			700	1727	The additional cross CTM sum is make a high level estimate of total ITU demand averaging 45 over winter(c 15 per site)
Maesteg Llynfi Ward x 4 beds			394				394	Additional beds in the bed plan
15 community or nursing home beds in bed plan			0				0	Costs included elsewhere
Cost of phased opening of YS beds					314	3913	4227	Cost of phased opening of Ysbyty Seren beds in the bed plan
Purchase of nursing home beds			260			580	840	Nursing home hire and purchase of equipment
Medical Covid rotas	384	257	367				1008	Rotas costs for projected second peak
Cover for increased Covid related absence over Q3/4						1088	1088	Increased absence cross CTM averaging 145wte over 5 months backfilled 50% of time
Further reduction in dental income linked to 2nd Spike				426			426	
Various ICT staffing						182	182	ICT enablers to support increased home and digital working
Various ICT staffing						139	139	
IPC works in RGH						300	300	
Other		60	150			240	450	Various, including well-being resource
Total	1012	317	1570	426	314	7142	10781	

Table 6

Q3/4 Planned Changes - Planned Care and Diagnostics

The key focus around planned care and diagnostics is to increase activity delivered through the existing core capacity. This is described elsewhere in the Q3/4 plan,

and mostly will not result in additional costs. The table 7 below sets out where additional costs are projected (other than the planned use of the Nuffield Facilities at the Vale and Cardiff Bay where the costs of £1.5m are included in the programme costs section).

	Merthyr Cynon ILG	Rhondda Taf ILG	Bridgend ILG	Total	Comments
	£k	£k	£k	£k	
Mobile CT scanner to clear backlog on RGH & PCH		242		242	
Potential Endoscopy mobile scanner		391		391	
Dexa scanner outsourcing to clear backlog		47		47	
Locum Consultant Ophthalmologist with special interest in Glaucoma POW (above establishment)			47	47	Suitable candidate available and ready to apply. Fragile service currently.
Locum to support non-obstetric ultrasound POW			31	31	Reduce backlog caused by sickness / restricted duties
7 day Echo service to address backlog			10	10	
Pharmacist clinics			27	27	
Radiology chaperones (US)		83		83	
CT mobile hire		200		200	
Total	0	963	115	1078	

Table 7

Q3/4 Planned Changes - Non-recurrent Sources of Funding and Planned Costs

There is non-recurrent financial headroom within the plan. This partly arises from the review of the balance sheet which is in progress, and partly from the Health Board receiving WG COVID-19 funding on a population share basis while it has managed its COVID-19 response cost-effectively at a slightly lower cost.

As well as enabling a rescheduling of Invest to Save repayments (subject to WG agreement), this enables the Health Board to invest in enablers for the COVID-19/Winter response over Q3/4, but also enablers for the medium term. This is particularly around invest to save initiatives and "catching up" with delayed replacement of equipment Table 8.

Non-recurring revenue costs	
	£m
Minor equipment	
Beds and mattresses replacement and avoid hire	0.6
Community equipment to meet demand and avoid hire	0.4
Clinical equipment(pumps, flowmeters,defibs, scopes etc etc)	0.7
Local equipment/other proposals	0.9
Estate & Environment	
Energy efficiency investment	0.5
Environmental improvements	0.5
Primary care contractor improvement grants	0.3
Lift repairs	0.1
Buy out of CHP PFI	1.1
Overseas recruitment	0.6
Other	0.5
Total	6.2

Table 8

Some of the enablers which are particularly critical require capital investment rather than revenue investment, and so a revenue to capital transfer is requested in order to facilitate this. Alternatively if the capital resource can be provided, the revenue resource can be released back to the Welsh Government. The enablers which are result in capital costs are described in the capital section 3.5.2 below.

3.5.2 Capital expenditure

The funded All Wales Capital Programme position remains on plan to deliver expenditure in line with funding. In terms of the discretionary programme all funding will be committed in line with current plans which include covering statutory, backlog, equipment purchases and replacements and supporting service change.

COVID-19 spend is subject to ongoing review and despite some changes in schemes and investment areas is still expected to spend at the previously forecast £10.332m. This sum includes all local based investments in infrastructure, equipment and ICT. In relation to delays and increased costs to approved AWCP schemes this remains under discussion with NWSSP-SES. However, the only 20/21 impact is the £0.258m requested in the capital tables; other costs will be realised in 2021/22 at final account stage.

Finally, a number of capital investments have been identified as being critical to the delivery of the Q3/4 plan and sustaining our COVID-19 response into 2021/22. These amount to £3.1m, and are included in the template return and are set out in the table 9 below. These will be discussed further with WG Capital and Estates colleagues. The Health Board is willing to release revenue funding to finance these critical investments, as flagged earlier in the finance plan.

	forecast cost £000
Critical Equipment and minor schemes	170
Winter - Surge capacity (Maesteg)	100
Winter - Paeds HDU Capacity POWH	111
ICT - Mobile devices and supporting infrastructure	1,400
Purchase of 2 further Markes Buildings	1,300
Total Forecast Additional Q3&4 Investment	**3,081**

Table 9

3.5.3 Risks and opportunities

Identified risks and opportunities are shown in the table below.

	Opps	**Risks**
Base forecast costs (excluding Winter, Covid and programme costs):	**£m**	**£m**
Savings delivery		0.7
Operational expenditure reductions in Q3/4 below forecast		1.0

Potential changes to the LTA arrangements in second half of the year	(0.5)	
Balance sheet review- forecast (- £5.8m)	(1.0)	1.0
Securing development plan funding not received in 20/21 Allocation letter		0.5
Winter and Covid plans:		
Request for a revenue to capital transfer of £3.1m not agreed	(3.1)	
Request for early repayment of I2S funding of £5.0m not agreed	(5.0)	
Securing the assumed £4.8m funding for UEC		1.0
Potential slippage on Winter plans (£11.2m), and Bed/other Covid costs (£10.9m)	(1.0)	
Covid demand and/or staff absence exceeds projections		2.0
Programme costs:		
Risk that some items incorrectly included as a programme cost		1.5
Potential variation in the estimated Programme cost of £25.1m for PPE, TTP, Mass vaccinations, Flu, Field hospitals and CHC.	(2.0)	1.0
Any variation matched by adjustment to assumed WG funding	2.0	(1.0)
Total	**(10.6)**	**7.7**

4. ENABLERS & CONSTRAINTS

4.1 RESEARCH & DEVELOPMENT

In the previous 6-12 months Research and Development, nationally and locally, has undergone significant changes. On a national level changes include the mechanisms employed by WG for the provision of NHS research funding and governance pathways. The forward plan will require that the R&D department implements and adapts to these changes, to ensure that the UHB's R&D function and activity can be maintained and further developed.

With the change in the UHB's boundary in April 2019 the R&D department have made a significant investment in the R&D infra-structure to include research officers, research nurse and research midwife to develop the research activity and provide equitable support for the Bridgend population and researchers.

The recent events and response to COVID-19 have clearly demonstrated that research is essential in providing the evidence base for informing and driving change in clinical practice, behaviours and management of such a widespread event. The R&D department are currently prioritising all Urgent Public Health (UPH) research studies as directed by the UK and WGs. This has meant that much of the non- COVID-19 research has been suspended. There is a national framework published by the NIHR providing guidance on the re-activation of suspended studies

as the pandemic resolves. This is currently being implemented by the R&D department, in addition to maintaining support for UPH studies.

The CTM R&D department has opened 3 interventional and 7 observational UPH studies, has 1 interventional and 4 observational UPH studies currently in set up. To date, 43 participants have been recruited into interventional studies and 834 included in the observational studies, contributing to the national and international dataset on the management of SARS-CoV-2. The R&D team have contributed to the sero-prevalence studies and evaluation of the new diagnostic tests being released in identifying those in the population who have had the disease (antibodies) and in the detection of the virus (antigen).

In partnership with colleagues at Health and Care Research Wales, and CTM estates, planning, clinical education, finance and procurement the UHB have submitted an application for £200K capital investment to WG for the development of a designated clinical research facility, initially to support the international vaccination trials being established and managed by the National Institute for Health Research (NIHR) Vaccination Task Force. If successful, this investment will be of considerable benefit to future research across the UHB. Regular update meetings with HCRW colleagues are in place to plan for the upcoming vaccination studies.

R&D is committed to providing support for all research across the UHB to include Primary care, Mental Health and Population Health, in support of the UHB's mission of "building healthy communities together". In 2019-2020, working in partnership with our academic partners, CTMUHB recruited 355 recruits to mental health research which was more than any other UHB. This will be maintained through quarter 3 and 4 notably as part of the research into the psychological effects of COVID-19, particularly on staff.

The researchers across CTMUHB continue to support and undertake research that has impact and has been disseminated through the medical and scientific literature, notably in sexual health, critical care, O+G, clinical biochemistry, ophthalmopathy, therapies, cancer and many other specialties. Continued monitoring and documentation of successful publications will be undertaken by the R&D team.

We will be exploring how research activity could be further enhanced by increasing capacity of the clinical researchers through designated time identified in job descriptions and job plans that can then be reviewed as part of staff appraisal and re-validation. Ensuring appropriate space for undertaking research remains a priority for the R&D department.

There has been a recognition that research can drive change during the current pandemic, helping to address the four harms described in this document. The response of all health care professionals in undertaking and contributing to the research agenda as part of the response to COVID-19 has been exceptional and it is essential that the momentum and positive cultural change is maintained across CTMUHB post pandemic.

The totality of work of the R&D team will contributed to the development of the new approach to applying to maintain University Health Board status and the delivery of "A Healthier Wales" strategic direction and priorities.

4.2 EU TRANSITION

CTMUHB remains engaged with the Welsh Confed Brexit Planning SRO Forum along with the Welsh NHS Emergency Planning Advisory Group, the Health & Social Care Contingency Group and the Local Resilience Group.

Established mechanisms for reporting and receiving information will be used as Brexit planning is stepped up towards the 31 December 2020. The UHB recognises the challenge that Brexit will place on top of an already unprecedented winter we are expecting with COVID-19.

The current CTMUHB Brexit Plan is currently under review and will take account of any new risk that emerge from the forthcoming SRO meetings and other Risk Groups or forums and make the relevant adjustments to the plan and mitigating actions required. CTMUHB has a nominated SRO and Deputy to ensure that engagement is maintained and that emerging risks are addressed. Regular updates are provided to the Management Board as necessary.

The three key areas potentially to be impacted include workforce, medicines and supplies, our plans are linked into national programmes of work, in particular with the All wales procurement process.

The Workforce team have a clear understanding of the impact and the actions to be taken including future recording of data and are fully briefed on the EU Settlement Scheme. They have a plan that they have already put into place and will activate further actions when advised by the National Workforce forums. Much work has been done by the Workforce Team to make employees aware of their status and to encourage staff to complete their ESR records to complete their nationality status to assist in closure of the data gap. The latest information available as we prepare to leave the transition period, will be provided to staff on the intranet.

CTMUHB Pharmacy have previously evaluated potential issues with direct suppliers who may not be part of the UK Gov/WG planning assumptions. Contact has been previously made with these suppliers to gain assurances of their contingency plans. The Head of Medicines management maintains a situational awareness of the medicine availability and is active on the National Pharmacy Group.

The UHB will be stepping up its work in Q3 in preparedness for the 31st December 2020 and will be reviewing its plans for reporting to November Management Board.

4.3 STAKEHOLDER MANAGEMENT, COMMUNICATION AND ENGAGEMENT

An extensive range of mechanisms were put in place to communicate and engage with stakeholders in Q1/2 and we continue to build on those foundations. In Q2 we have developed a new section of our website to ensure that information around service changes linked to COVID-19 is easily accessible and clear for the public to use. We continue to use social media, our website and our links with community groups (for example older people's forums) to reach as many people as possible with key information. A weekly stakeholder brief is produced and sent to all stakeholders, including local politicians, council CEOs, and community groups. Our media updates on the COVID-19 outbreaks are also shared with these groups. We have conducted live Facebook Q&As with the public and are continuing our live Q&As on Teams for staff. Our Board meetings are live streamed and during our AGM the public were provided with an opportunity to ask questions during the session.

Staff remain provided with daily messages to update on key information and we have set up a staff Facebook group which now has more than 7,500 members.

We continue to work closely with communications and engagement colleagues in our public health team and local authorities to help use local contacts, particularly to those who might not have online access to ensure they can access key messaging, particularly around the TTP work.

We have also continued to work closely with the Save Royal Glamorgan A&E group to help share messages with their community, and in Q3 we plan to have established a Partnership Panel to look at how we further communicate and engage with our communities.

In relation to winter, we intend to use the Partnership Panel to look at how we can reduce over-reliance on EDs and make better use of services in the community. A call for expressions of interest to be part of the Partnership Panel has been made, with a closing date of October 9th.

We are in the process of planning our next phase of communications activity for Winter 20/21, with a series of key campaigns, including the We Are Here For You campaign around how services are continuing to run with COVID-19, the flu campaign and 111. We are planning to run the Choose Well / Protect the NHS campaign alongside Welsh Government and other NHS colleagues. We are proactively identifying media opportunities to promote key services in the winter and how people can access these in light of COVID-19. We will continue to work with our key stakeholders, in particular using the relationships we have built with the local authorities' communications teams, to ensure we are engaging and communicating with our messaging and service plans throughout winter, with consideration being given to a joint campaign across CTM

4.4 RISK REGISTER

A significant review of Risk is ongoing within the Health Board. During quarter 1 and 2 progress was made as outlined below:

- A revised format for presenting the risk register including improved articulation of risk in a "if, then, resulting in" approach, terminology change from 'Corporate Risk Register' to 'Organisational Risk Register';
- Alignment with the Risk Management Strategy approved by the Board in March 2020;
- Risk Management Strategy on a Page was developed to articulate the Risk Management Roadmap – Service Group to Board escalation and de-escalation;
- Significant progress has been made against the Risk Improvement Plan set by the Health Board meeting, timescales only marginally impacted by the response to COVID-19;
- Training on risk continued in a virtual format focussing on leads within the Integrated Locality Group and Service Groups as appropriate; and
- A Board Development Session was held on the 3 September 2020 to include:
    - A review of Principal Risks developed by the Management Board were supported by the Board at the session.
    - A review of the Health Board's Risk Appetite and tolerance levels
    - A review of the Health Board's Risk Domains
    - A risk refresher session for Board Members.

The Organisational Risk Register in its new format was submitted to the Health Board meeting on the 30 September 2020 capturing risks graded at 15 and above in accordance with the Risk Management Strategy. As recorded at the Board meeting on the 30 September risks in relation to COVID-19 are being reviewed in light of the recent increase in infection rates in our communities. Any updates will be reviewed at Management Board and then scrutinised by Committee and Board thereafter.

A summary of the risk themes on the Organisational Risk Register that may impact the achievement of the Quarter 3 and 4 plans are outlined below:

- Risks in relation to workforce availability e.g. failure to recruit sufficient medical, clinical and dental staff and the dependency on agency staff;
- Risk in relation to ability to flex capacity and resources (including critical care beds and equipment) to respond to the COVID-19 pandemic and the potential harm and poor experience for patients as a result of the Health Board's focus and response to the COVID-19 pandemic;
- Risks in relation to progressing planned care and treatment e.g. lack of control and capacity to accommodate all hospital follow up outpatient appointments, failure to treat patients in a timely manner resulting in avoidable harm, failure to achieve Referral to Treatment Times;
- Risk of failing to achieve the 4 and 12 hour emergency (A&E) waiting times targets;
- Risk of failing to sustain Child and Adolescent Mental Health Services;

- Risk of interruption to service sustainability, provision & destabilising the financial position re: Brexit; and
- Implementing a sustainable model for emergency medicine and inpatient paediatrics across the CTMUHB footprint

During quarter 3 and 4 the Health Board will continue to review and scrutinise its risks in accordance with its Risk Management Strategy and process.

The Risk Improvement Plan will continue to be delivered during Q3&Q4 including determining the Health Board's Principal Risks and Risk Appetite.

4.5 NEW WAYS OF WORKING

COVID-19 has provided significant challenges which has adversely impacted on the way in which organisation delivers its services. However, it has also provided a huge opportunity to accelerate the requirement for transformational change specifically focussing on the implementation of 'New ways of working' to enable sustainable change and reduce reliance on costly and unnecessary specialist referral and face to face consultation.

Against this background the Management Board approved a tactical Digital Enabler programme in June 2020, to underpin the objectives of the Outpatient Transformation Programme and enabled the rapid deployment of new ways of working to support delivery of services and improve the patient experience including:

Video Consultation

The UHB is rapidly rolling out Attend Anywhere as its video communication platform for video consultations. The platform was made available by Welsh Government, to all Health Boards in Wales during the COVID-19 pandemic, to assist healthcare services in providing a safe and secure way for patients to be seen. It aims to complete the rollout and deploy Attend Anywhere into 54 specialities by end of Q3.

Consultant Connect

The UHB is supporting the All Wales roll out of the Consultant Connect programme for 2020-21. This will support the interface between the UHB and Primary Care through the provision of a specialist advice service to Primary Care from Specialist consultants. Its aim is to reduce unnecessary referrals into secondary care and enabling patients to receive tailored appropriate specialist treatment at point of access in primary care. The UHB is aiming to deploy consultant connect into 15 Specialities for Q3.

WPRS (e-referral)

Welsh Patient Referral System (WPRS) is a core strategic solution for managing referrals from GPs to Secondary Care for all specialties offered within the Health Board. WPRS functionality is required to enhance the GP/Secondary Care paperless communication during the COVID19 recovery phase and in the future. WPRS is fully implemented in the Bridgend Locality and the aim is to roll out across the whole of CTM. The UHB is aiming to 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.

The above combination of tools are essential enablers that will provide a sustainable foundation for the resetting of the UHB as it operates in the new normal and especially over the Q3/4 winter period. In particular, they will provide:

- The opportunity to link referrers with specialist teams;
- Reduce the need for referrals, managing demand more effectively;
- Allow interaction between GP and specialists for advice and support;
- Enabling video consultations between the patient and the healthcare professionals;
- Enable a safe working environment for staff and patients during COVID-19 ;
- Increased outpatient activity;
- Reduced Waiting Lists;
- Reduced FUNB positions; and
- More effective and efficient working practices.

Home and Virtual Working

As well as the Digital enabler, the UHB has promoted and expanded it home and virtual working arrangements for staff where appropriate. Working from home has become the norm rather than the exception during Q1/2 and is expected to remain in place for Q3/4. It has proved to be a very positive experience for both the staff and the UHB. As this is expected to become more of the norm for Q3/4, the UHB is asking staff to undertake an assessment of their home working arrangements to ensure they are suitable. Where home working is not suitable, alternative and safe arrangements will be arranged.

Both the digital enabler programme and the home and remote working arrangements has involved extensive investment in additional equipment, as well as a different support infrastructure to support these digital ways of working. It is anticipated that these new ways of working will be further embedded into the organisation over Q3/4.

5. CONCLUSION

The global COVID-19 pandemic continues to require the Health Board to remain flexible and agile in its working arrangements. As recent events have shown, often the presentation of COVID-19 does not neatly follow the predicted models and requires rapid responses to flex arrangements in often unprecedented ways in order to delivery against the following strategic aims:

- Protect the health of people in our communities;
- Prevent deaths from COVID-19; and
- Protect the health and well-being of staff in our public services.

As we started to reset our agenda in Q2 the levels of COVID-19 reduced, we now find ourselves, as we enter Q3, in a position to have to respond to rapidly increasing levels of COVID-19 and re-examine our plans, learning from the experiences of Q1/2 as we prepare for a volatile period of balancing growing COVID-19 levels against the usual expected increase in emergency care, whilst retaining essential and urgent services for our population. As we move forward in balancing these differing demands, our decision making will be based on balancing the four harms of:

- Harm from COVID-19 itself
- Harm from a reduction in non COVID-19 activity
- Harm from overwhelming the NHS and social care system
- Harm from wider societal actions/lockdown.

The resetting Operating Framework has now been mainstreamed from a separate project management approach into one that is now mainstreamed into the UHBs governance structure, reporting through the UHB Management Board through to the Board.

Finally, the mission of the Health Board has population health and well-being at its heart. As we move into the Q3/4 winter period we accept that we will enter a period of unprecedented challenge, but remain committed to delivering on our strategic aims of protecting the health of our communities, preventing deaths from COVID-19 and protecting the health of our population, including our staff, who consistently go above and beyond to deliver our objectives. We recognise that many of them remain tired and challenged from the first six months of the year and will require further support of their health and well-being over the next six months.