EVIDENCE TO THE HEALTH, SOCIAL CARE AND SPORT COMMITTEE

10 JULY 2020

1. Introduction

This written submission is made to the Health, Social Care, and Sport Committee prior to the Cwm Taf Morgannwg University Health Board evidence session on the 10th July 2020.

2. The COVID-19 Pandemic in Cwm Taf Morgannwg

2.1 Strategic Response – Command and Control Structure

An emergency planning response was established in March 2020, with a formal Command and Control structure developed within Cwm Taf Morgannwg University Health Board (CTMUHB) in partnership with Local Authority partners, with Gold (Strategic), Silver (Tactical), Bronze (Operational) functions (See Appendix One). A Gold Command Strategic Plan was quickly developed with three strategic objectives to guide the planning response to the COVID-19 pandemic in Cwm Taf Morgannwg (CTM), these strategic objectives were:

1. *To prevent deaths from COVID-19*
2. *To protect the health of people in our community*
3. *To protect the wellbeing of staff in our public services*

The emergency planning response structure was established in the face of the emerging COVID-19 pandemic across the world, in the UK, Wales and within Cwm Taf Morgannwg communities.

It came at a time when Governments were moving from the 'containment' phase of epidemic management to the 'delay' phase. This change in phase brought about a considerable change in policy and in order to be able to respond swiftly and decisively, the emergency response structure was established. It operated over a period of approximately 10 weeks starting from the 13th of March 2020.

The detail of the Gold/Silver/Bronze Command emergency planning response was set out in an Operating Protocol agreed by Gold Command on 23 March 2020. The structure included Health and Local Authority partner representation at each command level. Its purpose was to structure a framework for delivering a strategic, tactical and operational response to the COVID-19 situation. It also allowed processes to be established that facilitated the flow of information and ensured that decisions were swiftly made, communicated effectively and documented.

Strong links were made to the South Wales Local Resilience Forum emergency planning arrangements and weekly stakeholder briefings were held by the Health Board Chair and Chief Executive Officer, with Local Authority Leaders and Chief Executives, MPs, Members of the Senedd (MSs) and staff side representatives.

2.2 Phases of Work

Once the formal emergency planning response was established, three broad phases of work were observed, with further information included as Appendix Three.

- The first phase related to establishing the capacity and workforce to deal with an agreed worst case scenario of COVID-19 cases. This included significant work associated with the bed modelling, and developing capital, estate, equipment, workforce and operational plans required for building additional Intensive Therapy Unit (ITU) and general hospital bed capacity into the system. The former required the potential establishment of 3 field hospitals based in Bridgend, Hensol and Abercynon, to provide additional capacity. This planning work was against a backdrop of a UK-wide 'lockdown' strategy imposed by the UK Government with devolved Governments' support. Following Welsh Government guidance, routine services were subsequently stood down to enable redeployment of capacity and staff to provide COVID-19 care preparation and delivery. Additionally, staff testing units for health and social care staff were established.

- The second phase related to the further roll out of testing, including to further categories of key workers and on testing patients being discharged from hospital into certain community settings such as care homes. The 'discharge to care/residential homes and step down to in designated NHS facility' protocol was agreed with the three Locality Authorities and approved on 30th April, in line with the WG policy position. There was also a major focus on staff resilience and support, including the introduction of several interventions by way of advice and support across the Health Board. Towards the end of the second phase, where the reasonable worst case scenario had thankfully not been realised due to the positive impact of 'lockdown', this saw the planned bed capacity had not been required in full. Work began to focus on enhanced focus on non-COVID-19 work across the Health Board. This resulted in starting to plan for 'resetting to a 'new normal', given that COVID-19 will remain with us for some time to come, so that both care for COVID-19 patients and, in particular, all essential services care for other conditions are provided concurrently.

- The third phase required an understanding of the impact of deferred services on communities and individuals and the commencement of implementing the Public Health Protection and Response Plan. This latter plan was released by the Welsh Government during the week commencing 11th May 2020. The ongoing arrangements for this work are vested in a CTM Regional Oversight Group, led by the Director of Public Health. CTMUHB also prepared its quarter 1 response plan for resetting to a 'new normal' and submitted this to the Welsh Government

on 18 May 2020 (see section 6). This plan recognises that our current health and care system is now significantly out of balance with respect to ability to meet demand for health and wellbeing care. This being a result of necessarily reducing non-essential services across NHW Wales in order to redeploy capacity and staff to prepare for and deliver a COVID-19 emergency response. It set out plans to understand the impact of what has taken place, to evaluate, and to develop plans to begin to restore rebalance to the system as we move into 2020 quarter two.

During the response to COVID-19 Quality Impact Assessments (QIAs) were carried out under the leadership of the Clinical Executives and formed part of the formal decision making framework. Any QIAs with an impact score over 20 were referred to Gold Command for a decision relating to COVID-19 service changes.

Corporate governance arrangements in CTMUHB were adapted during the response to COVID-19, and the detail can be seen as Appendix One. Further governance changes have been made within CTMUHB since moving out of the Command and Control phase, taking learning to support robust, but agile decision-making and these can be seen as Appendix Two.

3. Initial Response and Planning for COVID-19

To accommodate the required focus on responding to the COVID-19 pandemic, decisions and actions were taken to:

- Enable staff time for planning, remodelling pathways and training
- Step down, redesign or divert planned activity in a phased manner (Including use of technology and private facilities)
- Step up discharge of medically fit patients working closely with partners
- Expand critical care capacity
- Create acute care capacity to accommodate predicted oxygen requirements
- Expand step down capacity working with partners (including consideration of field hospitals)
- Creating the required workforce through recruitment (including retired and returning, students, volunteers), redeployment of staff and training and development.
- Adapt our governance arrangements to support effective and timely decision making and assurance.
- Procure the equipment and train CTM staff so that we were prepared and able to maximise the retention of core services through alternative ways of working wherever possible, recognising the working practices and shift patterns to do this would be dependent on COVID-19.

CTMUHB made changes to how some services are delivered, expanded beds available in acute and community settings, made adaptations to current services and in some instances paused services in-line with national guidance. Direction in relation to these actions has been provided by Welsh Government and Royal Colleges.

All changes to CTMUHB services have been logged, with patient information for each service, and included on the Health Board website:

https://cwmtafmorgannwg.wales/latest-information-on-novel-coronavirus-covid-19/service-changes-for-covid19/4

This information has been reviewed by the CTM Community Health Council (CHC) and appropriate links between the CHC and Health Board websites made to keep patients informed of changes.

Ongoing engagement has taken place with the CTM Community Health Council (CHC) via a jointly agreed protocol to ensure that service changes made in respect to COVID-19 are shared with the CHC as appropriate.

A summary of the services (clinics and specialities) that have transferred from one CTM hospital site to another facility, to increase capacity for emergency care can be seen below:

Prince Charles Hospital to Ysbyty Cwm Cynon

- Gynaecology – Outpatient Clinic
- Cardiology – Heart Failure Nurse Outpatient Clinic
- Neurology Outpatient Clinic
- Diabetic Retinopathy Outpatient Clinic
- General Surgery – Surgical Outpatient Clinics
- Dermatology Outpatient Clinic
- Rheumatology Outpatient Clinic
- DMARD Outpatient Clinic
- Biopsy Clinic
- Urology Outpatient Clinic
- Gastroenterology – Outpatient Clinic/ Irritable Bowel Disease – Clinical Nurse Specialist
- Trauma & Orthopaedics – MSK Clinic

Royal Glamorgan Hospital to Ysbyty Cwm Rhondda

- Obstetrics – Antenatal Outpatient Department
- Cardiology – Outpatient Clinics
- Dermatology – Outpatient Clinics
- Respiratory Outpatient Clinics
- ENT Outpatient Clinics
- General Surgery Outpatient Clinics
- Gynaecology Outpatients

Princess of Wales Hospital to Maesteg Hospital

- Ophthalmology
- Biologics, Gastro and Respiratory

Princess of Wales Hospital to New Surgery Pencoed

- Dermatology
- Phlebotomy

Additional detail on the work to plan and respond to COVID-19 can be seen as Appendix Three.

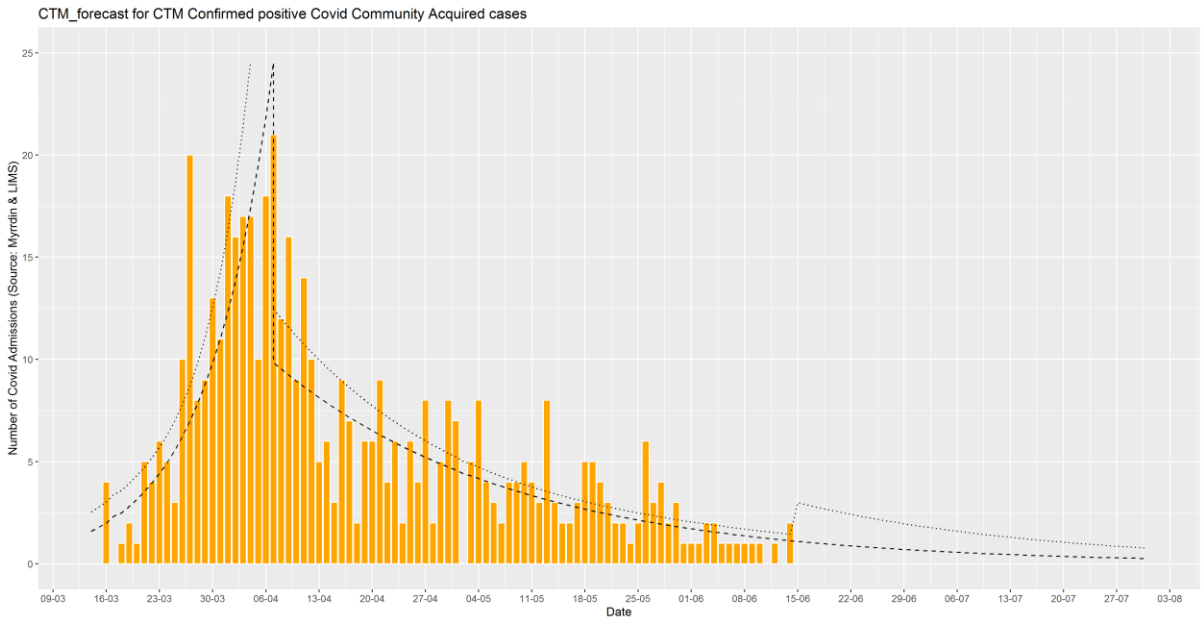
4. COVID-19 Impact on CTMUHB

4.1 Confirmed Cases

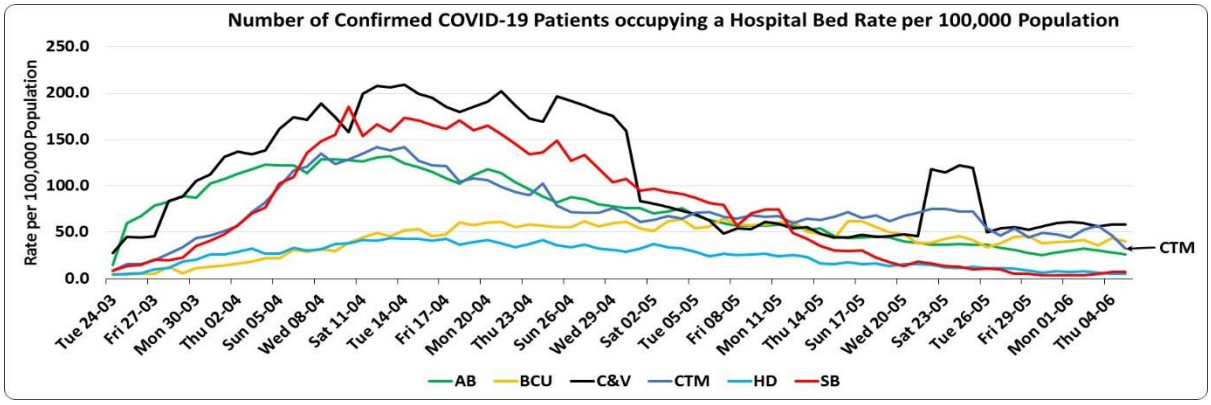
As at the 30th June 2812 CTM residents have tested positive for COVID-19 and 29,136 tests have been undertaken. These include over 5,000 care home staff and residents, 12,000 key workers and 6000 hospital inpatients or Emergency Unit attendees. Of those tested, 185 care home staff and residents, 1,200 key workers and 950 hospital patients have tested positive.

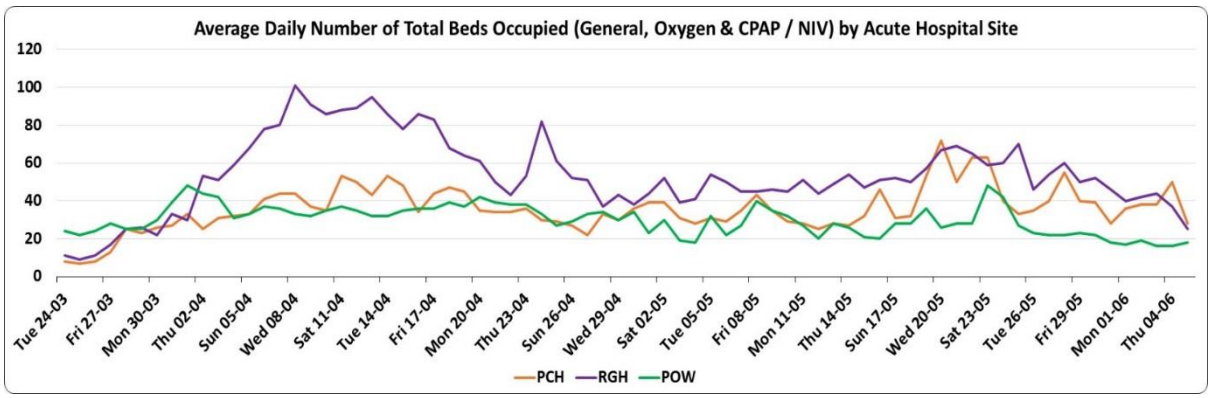
These numbers understate the actual numbers who have had COVID-19, due to community testing being paused in March.

To understand transmission in the community, the UHB monitors community acquired infections who are admitted to hospital, as this tends to be consistent, and not affected by changes in testing approaches. As per the chart below, admissions peaked around the 7th April, 2 weeks after lockdown commenced. As the time from infection to admission is considered to be circa 11 days this would support the theory that lockdown had a significant and immediate impact on suppressing the transmission and thus harm of the virus to CTM communities.



The data shown in the first chart below details the confirmed cases occupying an acute hospital bed since the onset of the pandemic. The second chart highlights that more beds have been occupied by COVID-19 related patients in RGH than any other CTM hospital.





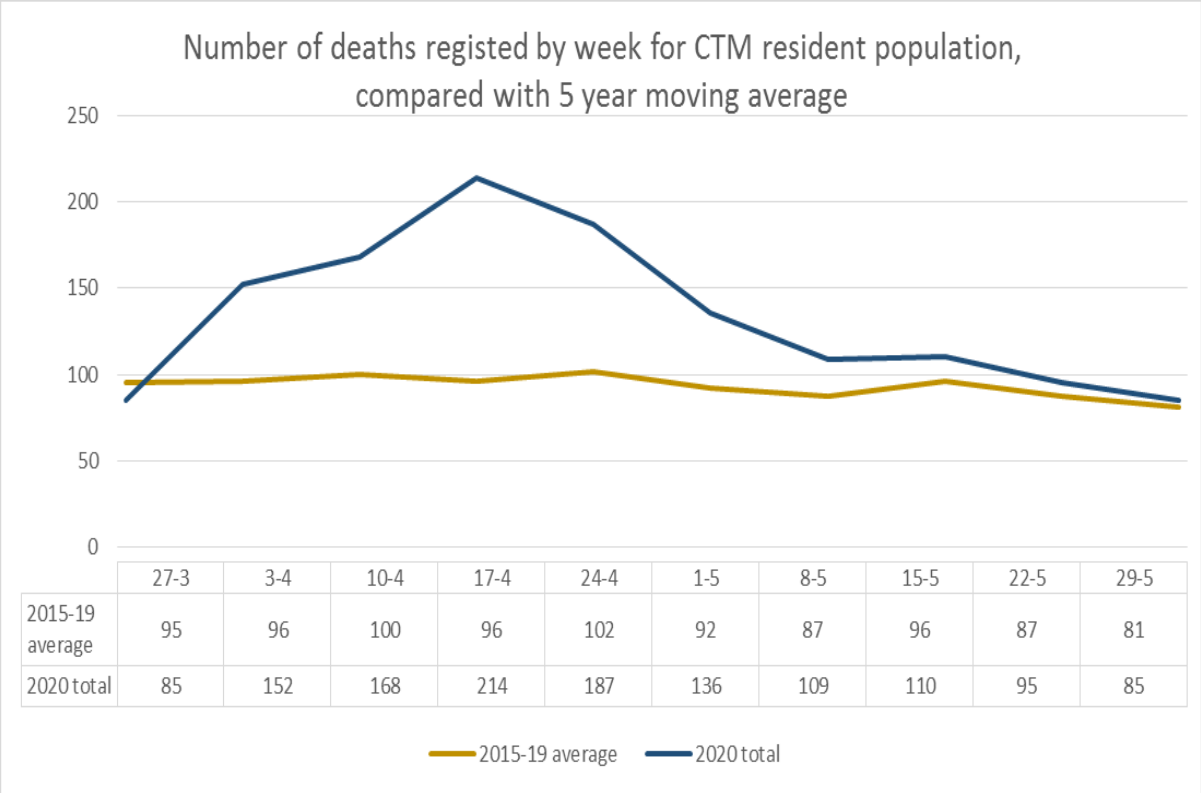
Between 23 March and 10 June, 1,845 COVID-19 related patients have been admitted to CTM hospitals (PCH, POW, RGH), with 2,619 positive tests carried out between 14 March and 10 June.

4.2 COVID-19 Deaths

Tragically, CTMUHB has seen 307 confirmed COVID-19 deaths reported by Public Health Wales between 19 March and 9 June, this number increases to 458 deaths when using ONS (Office of National Statistics) /MPI (Master Patient index) data showing deaths related to COVID-19.

The PHW reported deaths relate to patients who have had a confirmed positive test for COVID-19, whereas other statistics derived either through the ONS, or indeed a combination of ONS and MPI data report a death where there has been any mention of COVID-19, whether it has been recorded as the primary cause of death or a related factor.

The number of deaths registered by week for the CTM resident population compared to the 5 year moving average per week for the period 27th March – 29 May can be seen below.



	27-3	3-4	10-4	17-4	24-4	1-5	8-5	15-5	22-5	29-5
2015-19 average	95	96	100	96	102	92	87	96	87	81
2020 total	85	152	168	214	187	136	109	110	95	85

5. Impact on Non COVID-19 Services

5.1 Referral to Treatment Times (RTT)

Following Welsh Government guidance non-elective surgery has been on hold as a result of the COVID-19 pandemic since the 17th of March 2020. The confirmed position for the end of April 2020 was 7,078 patients waiting over 36 weeks, of whom 2,043 patients were waiting over 52 weeks.

The provisional position for the end of May is 10,385 patients waiting over 36 weeks, of whom 2,600 are waiting over 52 weeks.

It is likely that by the end of June 2020 there will be in excess of 14,500 patients waiting over 36 weeks.

5.2 Diagnostics

The number of patients waiting over 8 weeks for diagnostic services has been impacted by COVID-19. The provisional position for May is 10,301 patients waiting over 8 weeks for diagnostic services. This is a considerable deterioration from the March position of 1810 and 3963 more than April 6,338, with COVID-19 restrictions having a big impact on diagnostic services.

5.3 A&E Attendances

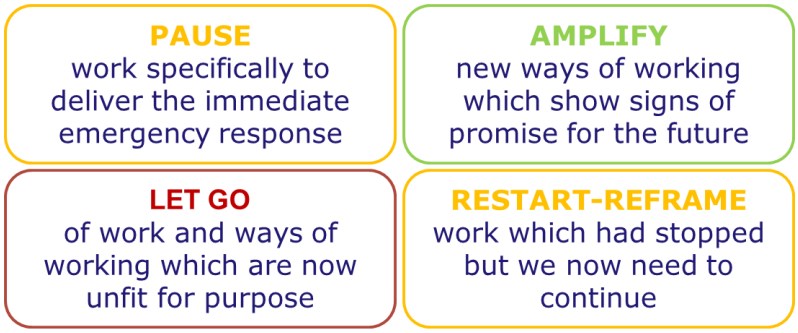
A reduction in attendances has been observed since mid-March 2020 across all CTM Emergency Departments, and continued throughout April. During May attendances have risen, but in comparison to the same period last year total attendances are 30.5% lower.

6. Re-setting Cwm Taf Morgannwg UHB

Since standing down the Command and Control structure, following the final Gold Command meeting on the 21st May 2020, the focus within CTM has been working on how to balance COVID-19 and non-COVID-19 work to enable flexibility and responsiveness given that we do not know how the pandemic curve will behave going forward. We are working on how to achieve a non COVID-19 environment in the absence of a vaccine. We are seeking to maximise the use of all of our resources in providing this important balance.

Resetting CTM Operating Framework sets out how we intend to move out of the current period of COVID-19 emergency response and reset our operating model. In support of this, a set of principles have been developed to guide CTMUHB in letting go of ways of working which are now unfit for

purpose, whilst restarting and reframing the work which urgently needs to continue.



Whist the COVID-19 pandemic has tested the resolve of the Health Board and its staff; our mission, vision, values and strategic well-being objectives remain valid. The CTM Mission being to 'Building healthier communities together'. The CTM Vision: 'Across every community people begin, live and end life well, feeling involved in their health and care choices'.

The remainder of 2020/21 is likely to be characterised by peaks and troughs in COVID-19 demand, balanced with delivery of essential and routine health and care services. Framed by the Resetting CTM Operating Framework 2020/21, short, agile planning cycles, will seek to amplify recent positive working whilst minimising harm to our population and staff; and rebalancing the system.

7. NHS Wales COVID-19 Operating Framework

On the 6th May 2020, Welsh Government issued the 'NHS Wales COVID-19 Operating Framework' which recognised the continued need to respond to COVID-19 and the potential future peaks in COVID-19 demand. Contained within the operating framework was an 'Essential Services Framework' which set out those services deemed as essential that must continue during the COVID-19 pandemic and is designed to support clinical decision making in relation to the assessment and treatment of individual patients, with the ultimate aim that harm is minimised from a reduction in non-COVID-19 activity. CTMUHB has made every effort to minimise the impact on routine service delivery as a result of the outbreak, whilst maintaining essential services, as far as possible.

8. Cwm Taf Morgannwg Essential Services Provision

The Health Board undertook an assessment of the maintenance of essential services during the pandemic in order to understand service availability and equity of access across the Health Board.

Services deemed essential are broadly defined as services that are life-saving or life impacting i.e. where harm would be significant and irreversible, without a timely intervention. Irreversible for purposes of palliative and end of life care includes anything that will not realistically improve within the remaining life span.

A service status has been assigned to each of the service areas in line with the Welsh Government categories:

Service status	**Code**
Do not provide or commission this service	**0**
Essential services unable to be maintained	**1**
Essential services maintained (in line with guidance)	**2**
Intermediate services able to be delivered	**3**
Normal services continuing	**4**

This assessment informed the Health Board Quarter 1 COVID-19 Operating Framework submission to Welsh Government on in May 2020 and detailed the services available, highlighting gaps in essential services that could not be maintained.

The assessment submitted to Welsh Government has been refreshed in to a Quarter 2 submission in line with the guidance and framework supplied by Welsh Government. This was submitted to Welsh Government on the 3rd July 2020.

The Health Board has undertaken an updated assessment of the maintenance of essential services to inform the Health Board Quarter 2 submission in line with the NHS Wales COVID-19 Operating Framework. Further detail is included as Appendix Three.

Many of the essential services have been maintained through a combination of pathway adaptation (for example urgent cancer) and policy adaptation (for example visitor's policy, end of life care).

Essential Services Assessment Score	**Total Number of Services Assessed at that Score**	
	Quarter 1	Quarter 2
0 – do not provide	4	4
1 – Essential services unable to be maintained	5	0

2 – Essential services maintained (in line with guidance)	29	33
3 – Intermediate services able to be delivered	17	18
4 – normal services provided	3	3

Whilst a large proportion of services are running, the Health Board has identified five areas where essential services were unable to be maintained in quarter one:

- Lower GI Cancer
- Upper GI Cancer
- Thyroid Cancer
- Endoscopy
- Pain Services

The Health Board has developed plans to minimise, as far as is practicable, harm from COVID-19 as a result of essential services that have been unable to be maintained during the period of the pandemic. Further detail is provided below on the five areas that were unable to be provided during Quarter 1 2020/21, and changes made to resume service delivering in Quarter 2 2020/21.

Lower GI Cancer

All aspects of the pathway have changed as a result of COVID-19;

- Waiting lists for first appointment/diagnostics and surgery reviewed by Consultants proceeding to telephone review to re-assess priority, advice and possible discharge or attendance at clinic.
- Endoscopy restarted booking of elective USC activity on the 1st June 2020. All patients that were on the USC waiting list have now either had their procedure, have a date in the next two weeks or have been contacted and declined to have the procedure undertaken at this time.
- Virtual clinics and telephone triage in place.
- Plan is in place to re-instate surgery for colorectal scheduled cancer cases from 16th July.
- Rehabilitation – OT, Physiotherapy, dietetics, CNS provision all provided to patients as pre COVID-19.

Quality Impact Assessment including Risk assessment has been completed and an Equality Impact Assessment is in place.

Upper GI Cancer

All aspects of the pathway have changed as a result of COVID-19;

- Virtual clinics are undertaken for both new and follow up. Some USC/complex patients will be seen in YCR/YCC.
- Diagnostics: Endoscopy service now re-instated with regards to all cases.
- Treatment: High risk surgery, patients treated with Chemo/RT as curative modality as alternative to surgery. Palliative Chemotherapy limited due to associated complications during COVID-19 pandemic.
- Rehabilitation - OT, Physiotherapy, dietetics, CNS provision all provided to patients as pre COVID-19.

Quality Impact Assessment including Risk assessment has been completed and an Equality Impact Assessment is in place.

Thyroid Cancer

All aspects of the pathway have changed as a result of COVID-19;

- Any new USC or Urgent referrals are triaged by Consultant
- If any urgent treatment is required patient will be asked to attend a Ward to have a fact to face consultation with Consultant
- In the event of any life threatening surgery needs to be undertaken this will be arranged through the Emergency CEPOD theatre session.
- Cancer follow up patients receive a telephone follow up

Quality Impact Assessment including Risk assessment has been completed and an Equality Impact Assessment is in place.

Endoscopy

Actions to deliver essential services

- A service recovery document has been released by BSG (17/4/2020) to provide a tool kit for endoscopy services during COVID-19. It provides a framework for services to follow in order to plan their recovery.
- The National Endoscopy Programme (NEP) has considered and endorsed this service recovery document & asks Health Boards to use them alongside the guidance in the document to plan the recovery phase of their service.
- A Task and Finish Group was set up to take the recovery plan forward. Endoscopy service now re-instated with regards to all cases in line with BSG guidelines.
- Nursing staff will carry out the pre assessment approximately 14 days before appointment date. COVID-19 screening questions asked and contraindications to procedure identified.

Quality Impact Assessment including Risk assessment has been completed and an Equality Impact Assessment is in place.

Pain

Actions to deliver essential services

- Nurses have been released from COVID-19 roles and are now back seeing acute patients on the wards. All aspects of the acute pain workload is being covered.
- The team (consultants & nurses) will continue to review follow up patients via telephone and attend anywhere video consultation, again there may be need to bring in specific patients for a face to face review.

Quality Impact Assessment including Risk assessment has been completed and an Equality Impact Assessment is in place.

In addition to the essential services set out above being re-started and within the context of the NHS Wales COVID-19 Operating Framework and the 'Resetting CTM Operating Framework 2020/21', the Health Board is undertaking further work to restart the provision of additional services above the essential services in line with clinical need.

9. Future Service Provision

The Health Board is in the process of developing delivery plans to re-start routine services, as part of the Resetting agenda, exploiting opportunities for new ways of working. In developing these plans, a series of design principles have been agreed across the Health Board for the re-start of routine outpatient appointments; diagnostics; cancer and elective surgery from Quarter two.

9.1 Creating Safe COVID-19 Lite Areas

Work has been undertaken on each CTM hospital site to review the guidance and checklists for ensuring COVID-19 guidance to develop a clear action plan to ensure compliance with guidance and Health and Safety measures associated with developing COVID-19 secure environments, taking into account social distancing requirements.

9.2 Urgent Elective Surgery

In Quarter 1 across the Health Board each site had emergency theatre slots for very urgent and life threatening surgical cases on a daily basis. These were only used in very challenging urgent cases.

Over Quarter 1 each CTM hospital site has identified areas within their footprint that could be used to deliver urgent cancer and elective care that cannot be provided in the Vale hospital (Nuffield Health).

Across CTM live capture of the demand for services is broken down by inpatient, day case, outpatient and diagnostics. This demand matrix will be used to help prioritise surgical activity by site, with Outpatient appointments that require face to face appointments to commence imminently.

Access to the Vale Hospital has allowed urgent cancer surgery in Breast, Urology and Gynaecology to progress, this facility will continue to be utilised in the short term.

9.3 Continued use of the Vale Hospital

Given the need to have continued access to a clean site for in patient, day case, outpatient and diagnostics facilities in the short term, and the need for an ability to plan over a continuous 6 to 8 week cycle, the Health Board plan to extend the existing contract by 2 months. This will enable the Health Board to have a clearer view on what the Health Board will be able to deliver in our own hospital sites.

9.4 Primary Care Plans

During the COVID-19 pandemic CTMUHB along with all other Health Boards took action to protect primary care services in line with All Wales guidance. Dental and Optometry services were provided only for urgent emergencies through hubs across the CTM region and Community Pharmacy was supported to be able to provide vital medicines services to local communities under restrictions that had to be applied. GP services continued in the main to be provided by each practice rather than through Hubs and there was cluster support. Contingency planning was also put in place to be able to deal with a worsening scenario and as with much of the rest of Wales the majority of GP consultations took place by virtually and by telephone consultation.

Work has commenced, following Welsh Government guidance to implement a roadmap for recovery or Primary Care services.

The Urgent Primary Care OOHs Service has continued to function well over Q1 and will do so into Q2. They have further maximised the numbers of patients that are dealt with at the triage stage, have delivered the Attend Anywhere platform rapidly and effectively.

9.5 Mental Health Services Plans

Mental health services have continued to be provided. Longer term plans and approaches that CTM intend to take to immediately increase transitional services, as well as enhancing the new innovative ways of working are being developed preparing for the CTM area to ease out of

lockdown, and prepare for potentially increased demand. A raft of exceptional work has already been undertaken by local third sector organisations and will be built upon for future planning and delivery on a partnership basis.

10. Next Steps

The COVID-19 pandemic will demand that we continue to review the emerging evidence and lived experience to inform our direction and will need to remain flexible and responsive as the pandemic progresses.

The Health Board have and will continue to develop service delivery plans to address those areas where essential services are currently unable to be maintained and to re-start routine services with:

- Agreed clinical criteria being consistently applied across the Health Board to ensure that harm to the population we serve is minimised and that we ensure equity of access to services based on clinical need and risk.
- Patients only to attend hospitals where clinically necessary (and who are asymptomatic having isolated 14 days prior to attendance/admission) with services actively pursuing new ways of working.
- Services to be delivered whilst maintaining social distancing requirements.
- Assessment of demand and capacity and impact (e.g. clinical risks and waiting times if demand exceeds capacity).
- Patients requiring surgical intervention to be prioritised according to the Royal College of Surgeons framework and for treatments that are clinically necessary.
- Services planning to offer surgical interventions must detail specific interdependencies (e.g. workforce, equipment, radiology etc.).
- In undertaking any non-COVID-19 and non-essential activity, this should not adversely impact on the ability of the Health Board to respond to COVID-19 with adequate precautions being taken to avoid exposing patients and staff to unnecessary risk.
- Equality Impact Assessment (EQIA) to be completed in accordance with section 149 of the Equality Act 2010.
- Liaison with the Community Health Council (CHC) in accordance with the CHC protocol for dealing with local NHS service changes.

Appendix One: The Cwm Taf Morgannwg UHB Governance Arrangements – During the Command and Control Structure

Corporate governance arrangements in Cwm Taf Morgannwg UHB were adapted during the response to COVID-19.

The Health Board established a governance system to ensure effective governance of Board and committee business, whilst reducing the burden on Health Board officers whose focus was on the response to COVID-19. The governance arrangements were adapted to:

- Stand down all committees, partnership committees, and advisory groups of the Board, with the exception of the Audit and Risk and Quality and Safety Committees, who would continue to meet on a bi-monthly basis to provide scrutiny, operating through quorum arrangements.
- Agree a Command and Control decision making framework for Gold/Silver/Bronze to allow timely decision making, taking into account financial and quality impacts of decisions, agreed on the 26 March Cwm Taf Morgannwg University Health Board meeting.

In addition the CTMUHB Board meeting on the 28th May:

- Approved variation to Standing Orders (reflecting change in approach for Board and Committee meetings)
- Approved approach to revised Corporate Governance Arrangements in light of COVID-19 (reflecting correspondence from the Director General for NHS Wales)
- Approved amendment to Scheme of Delegation and financial approvals process relating to COVID-19.

A session on COVID-19 modelling, planning, and decision making, in relation to use of resources and associated costs took place with the Planning, Performance and Finance Committee on the 19 May 2020 to allow Board committee scrutiny of the COVID-19 financial decision making process. Full details from this session can be seen:

https://cwmtafmorgannwg.wales/Docs/Finance%2C%20Performance%20and%20Workforce%20Committee/014%20May%202020.pdf

Appendix Two: The Cwm Taf Morgannwg Governance Arrangements – Following the Command and Control Structure

The Command and Control structure was formally disbanded following the Gold Command meeting on the 21 May 2020. The focus at this time moved to balance COVID-19 and non-COVID-19 work to enable flexibility and responsiveness given that we do not know how the pandemic curve will behave going forward.

The 'Resetting CTMUHB Operating Framework' for Quarter 1 2020/2021 was received and approved by the CTMUHB Board at its meeting on 28th May 2020 (see section 6 and 7).

The delivery of the Resetting CTMUHB Operating Framework led to proposed changes to governance arrangements to support effective and robust decision-making within Cwm Taf Morgannwg UHB whilst overseeing the Resetting agenda. On the 29 June the CTMUHB approved the revised Governance and Assurance approach in light of the Resetting CTM Operating Framework (replacing the COVID-19 Gold/Silver/Bronze framework), this included the following governance changes set out below:

- Board to meet monthly (moving from bi-monthly) as collective oversight of all aspects of the delivery of the Resetting CTMUHB Operating Framework
- Core business delivered in line with agreed programme for the year, with additional meetings scheduled in the intervening months to focus on Resetting CTM Framework
- Continue to utilise Q&S Committee and Audit & Risk Committee as key forums for scrutiny on behalf of the Board which will continue to meet bi-monthly
- Hold quarterly meetings for all other Committees with the exception of the Charitable Funds Committee which would revert to once a year until we are in a position to re-focus resources on exploring the development of the charity further.

These revised governance arrangements will be reviewed in December 2020 and again in March 2021.

Appendix Three: Additional Detail on CTMUHB Planning and Responding to COVID-19

Creating ITU and General Bed Capacity

In response to COVID-19, the following actions were taken by CTMUHB to create additional bed capacity, informed by modelling information from WG and local modelling and planning:

- Cancellation of non-urgent activities, suspending non-urgent surgical admissions and procedures.
- Introducing hospital/departmental zoning to ensure segregation of COVID-19 and non COVID-19 patients.
- Expediting discharge of vulnerable patients from acute and community hospital settings.
- Freeing up primary care contractors and hospital bed capacity, allowing staff to plan for the urgent COVID-19 response at primary and secondary care levels.
- Huge capital estates programme to ensure facilities were available and could accommodate the oxygen, beds and equipment requirements associated with providing ventilated care. Additional ITU and general bed capacity was created – including:
    - An additional 245 beds in a range of community settings.
    - Additional beds across two field hospitals based at Hensol, in the Vale Resort (255 beds) and Bridgend (220 initial phase ready by 15 June, but with capacity for over 400 beds).
- Proactive use of independent hospital sector agreed for patient categories, linked with provision of cancer services.
- 'After Death' Strategy was agreed on the 2 April 2020, together with additional mortuary capacity (including surge capacity) also created, working successfully in partnership with the South Wales Local Resilience Forum Strategic Co-ordinating Group and its Mass Fatalities Sub-Group.

Innovation, Research and Learning from Elsewhere

- Development and implementation of a Community Respiratory hub to manage COVID-19 patients in the community for those patients not admitted to hospital.
- Use of ICT to support remote working for a range of services.
- Use of ICT to support remote clinical consultations.
- In responding to COVID-19, significant collaboration and learning has taken place with other Health Boards, English Trusts, and internationally as we've learnt and shared learning ourselves with others.

Testing

- The first Staff Testing Unit was operational on the 19th March 2020.
- Five Staff Testing Units were up and running by the 27th March, supporting health and social care, together with a Gold commitment on the 6th April to extend testing to other priority key workers.
- Testing on Hospital Discharge Procedure agreed on the 30th April 2020.
- The Mass Population Testing Unit was operational on the 7th May.
- Welsh Government subsequently released their "Test, Trace, Protect" (TTP) strategy on 13 May 2020.
- The CTM response plan, referred to as the CTM TTP Programme, is being managed on a regional (CTM) footprint.

Staff Testing Units were up and running relatively swiftly. Test result turnaround times could have been swifter initially, but this was significantly improved upon. Further testing developments since, including the introduction of Mass Testing Units and the Test, Trace and Protect programme will take this important work further, into the longer term, with the aim of continuing to protect the health of people in our communities.

Demand and Capacity Planning

Demand and capacity planning for COVID-19 changed throughout the period as a result of central advice and requirements. As did changes in clinical practice (such as use of Continuous Positive Airway Pressure (CPAP) Therapy as an alternative to ventilated care) which were incorporated into the modelling requirements, increasingly as actual data was reflected upon, together with public behavioural change as a result of social distancing. This inevitably resulted in changes to deliverables including:

- ITU and general bed numbers required.
- Mix of bed types (Oxygen/Non Oxygen).
- Community Beds required.
- Number of field hospitals and field hospital beds required
- Staffing

Workforce Planning and Response

The demand and capacity modelling has changed throughout the period, as noted above, which impacts significantly on the workforce model and requires a shift in actual and planned resources each time changes are made.

Significant action was taken to increase the staffing resource to respond to COVID-19, from new staff, to staff being re-deployed to aid the response. An extremely flexible approach to the deployment of the workforce across each site was observed.

In addition significant training and development took place to prepare and equip staff to deal with COVID-19.

Partnership and Public Involvement

The support from the public, CTM communities, local and national businesses has been remarkable, acknowledging that the COVID-19 pandemic affects every aspect of all of our business. We will continue to work hard on engagement, involvement and communication using all of the mechanisms at our disposal and in fact some of the feedback we have had on social media usage during the pandemic has been reassuring in terms of the reach we have achieved.

Appendix Four: Cwm Taf Morgannwg Essential Services

Ref No	Service	Qtr 1		Qtr 2	Score Improvement
		CTM		**CTM**	
1.2	Antenatal Services	**4**		**4**	0
1.2	Maternity Services	**3**		**3**	0
1.3	Neonatal Services	**4**		**4**	0
2.1	Hospital Paediatric Services	**2**		**2**	0
2.2.1	Patients with Neurodevelopment needs	**2**		**2**	0
2.2.2	Vulnerable Children and Families	**2.5**		**2.5**	0
2.2.3	Continuing Healthcare	**2**		**2**	0
2.2.4	Schools Vaccination programme	**3**		**3**	0
2.3	CAMHS	**2**		**2**	0
3.1.1	Breast Cancer	**3**		**3**	0
3.1.2	Lower GI Cancer	**1**		**2**	1
3.1.3	Upper GI Cancer	**1**		**2**	1
3.1.4	Head & Neck cancer	**2**		**2**	0

Ref No	Service	Qtr 1		Qtr 2	Score Improvement
		CTM		**CTM**	
3.1.5	Thyroid Cancer	**2**		**2**	1
3.1.6	Urology Cancers	**2**		**2**	0
3.1.7	Lung Cancer	**2**		**2**	0
3.1.8	Dermatology Cancers	**3**		**3**	0
3.1.9	Gynaecology cancers	**3**		**3**	0
3.2.0	Haematology	**2**		**2**	0
3.2.1	Radiotherapy	**0**		**0**	0
3.2.2	Chemotherapy	**0**		**0**	0
3.3.1	General Surgery	**2**		**2**	0
3.3.2	Vascular Surgery	**2**		**2**	0
3.3.3	Trauma & Orthopaedics	**2**		**2**	0
3.3.4	Urology	**2**		**2**	0
3.3.5	Ophthalmology	**2**		**2**	0
3.3.6	ENT	**2**		**2**	0
3.3.7	Oral & Maxillo Facial	**2**		**3**	1
3.3.8	Pain	**1**		**2**	1

Ref No	Service	Qtr 1		Qtr 2	Score Improvement
		CTM		**CTM**	
3.4.1	Cardiology	**2**		**2**	0
3.4.2	Gastroenterology	**3**		**3**	0
3.4.3	Endoscopy	**2**		**3**	1
3.4.4	Dermatology	**3**		**3**	0
3.4.5	Rheumatology	**2**		**2**	0
3.4.6	General Medicine / Care of the Elderly	**2**		**2**	0
3.4.7	Diabetes	**3**		**3**	0
3.4.8	Respiratory	**3**		**3**	0
3.4.9	Nephrology	**2**		**2**	0
3.4.10	Renal Dialysis	**0**		**0**	0
3.4.11	Blood and Transplantation Services	**0**		**0**	0
3.4.12	Pathology and Histopathology	**0**		**4**	4
3.5.1	Gynaecological Cancers	**3**		**3**	0
3.5.2	Early pregnancy complications	**3**		**3**	0

Ref No	Service	Qtr 1		Qtr 2	Score Improvement
		CTM		**CTM**	
3.5.3	Gynaecology Surgery	**2**		**2**	0
3.5.4	Termination of Pregnancies	**2**		**2**	0
3.6	Substance Misuse	**2**		**2**	0
3.7	Sexual Health	**2**		**2**	0
3.8	Urgent Diagnostics	**2**		**2**	0
4.1	Mental Health	**2**		**2**	0
4.2	Stroke Services	**3**		**3**	0
4.3	Neurological Services	**0**		**0**	0
4.4	Palliative Services	**3**		**3**	0
5.1	General Practice	**3**		**3**	0
5.2	Out of Hours Service	**3**		**2**	1
5.3	Community Pharmacy	**3**		**3**	0
5.4	Emergency and Urgent Dental Care	**2**		**2**	0
5.5	Optometry	**2**		**2**	0