Meeting Date	**28 May 2020**	**Agenda Item**	**2.2**
Report Title	**Quarter One Operational Plan 2020/21**		
Report Author	Siân Harrop-Griffiths Director of Strategy		
Report Sponsor	Siân Harrop-Griffiths, Director of Strategy		
Presented by	Siân Harrop-Griffiths, Director of Strategy		
Freedom of Information	Open		
Purpose of the Report	The Health Board has been required to submit a Quarter One Operational Plan to Welsh Government. The draft was required to be submitted on 18th May 2020, subject to ratification at the May Health Board meeting.		
Key Issues	The Health Board prepared a one year plan within a three year context, which was considered and agreed at the Board in March 2020 as a baseline position. Since then, the Health Board has been fully involved in delivering services to support the COVID-19 pandemic. Welsh Government has requested a Q1 Operational Plan setting out what has been delivered since the start of the financial year, and the Health Board's response to the Welsh Government Operating Framework which was published earlier this month.		
Specific Action Required ***(please choose one only)***	**Information**	**Discussion**	**Assurance**	**Approval**
	☐	☐	☒	☐
Recommendations	Members are asked to: • **CONSIDER** the draft Quarter 1 Operational Plan for 2020/21; • **RATIFY** the draft Plan for final submission to Welsh Government			

SWANSEA BAY UHB QUARTER ONE OPERATIONAL PLAN 2020/21

1. INTRODUCTION

This Report and Appendices sets out the Health Board's draft Operational Plan for Quarter 1 2020/21.

2. BACKGROUND

The Health Board developed an Annual Plan within a three-year context before the impact of the COVID-19 pandemic was understood. The Plan provided a baseline position at a point in time, but due to the outbreak, has not been used as the basis of planning for Quarter1 of 2020/21. This pandemic has brought both of the Health Board's responsibilities in equal measure into the public eye and the approach is focused on ensuring that resources are apportioned, with partners, to delivering against each of these aims.

Since the outbreak of the pandemic the Health Board has been wholly focussed on responding to COVID-19 using Emergency Planning and Preparedness arrangements. However, as the first peak appears to have passed, there has been increasing emphasis on ensuring all organisations are delivering essential services as set out by Welsh Government, and also starting to consider the opportunities for bringing further services back into operation.

3. QUARTER 1 OPERATIONAL PLAN 2022/21

On 6th May 2020 Welsh Government issued the NHS Wales COVID 19 Operating Framework – Quarter 1 (Attached at Annex 1). The purpose of this Framework was to provide the NHS with an Operating Framework for Quarter 1 of 2020/21 which reflects the continued need to respond to COVID 19 and the potential for future peaks in COVID 19 demand. It acknowledged that there is agreement across the system that the NHS in Wales needs to ensure that it is able to deliver essential health services for the population and where possible recommence more routine care. However, it also recognised that this needs to be done progressively, and with caution, through short planning cycles that maintain the flexibility and agility that have been demonstrated over recent months.

The Framework sets out that NHS organisations need to develop local operational plans for Quarter1 that include:

- A specific focus on Essential Services, any risks and regional solutions
- A summary of new ways of working and plans for evaluation
- Clear roles and activity plans for independent sector facilities and field hospitals
- Progressive implementation of routine activity
- A reflection of local discussions with partners about social care resilience
- Workforce plans including use of additional temporary workforce.
- Financial implications
- Risks to delivery

The Operating Framework also addressed the following areas, which are included in the draft Plan:

- New ways of working
- Managing COVID 19
- “Essential” services
- Critical Care
- “Routine” Services
- Surge capacity
- Workforce wellbeing
- Primary Care
- Social Care Interface
- Communication

Draft local COVID 19 Operational Plans for Quarter1 were required to be submitted to Welsh Government by 18th May 2020 recognising that they would need to be formally agreed through Board and Committee structures and in line with the agreed governance principles.

The draft Q1 Operational Plan, and associated Appendices are attached at Annex 2.

The draft Plan demonstrates the exceptional amount of activity that has been undertaken across the Health Board during the first half of the first quarter, including in the: response to COVID-19; implementing new ways of working – which are enabling rapid implementation of the Clinical Services Plan; continuing to deliver essential and urgent care; rapid digital implementation of new technologies; recruiting significant additional numbers of staff, and supporting staff well-being; and working well with partners.

As a Health Board, a progressively cautious approach has deliberately been taken to bringing further services back into operation to ensure that patient and staff safety is the top priority. The principles underpinning this approach are set out in the draft Plan, and are sufficiently flexible for us to enable change to the approach if further waves of COVID-19 emerge.

This approach will be built on for the remainder of Quarter 1, and the implementation of the Test, Trace and Protect Programme nationally and locally will be fundamental to being able to deliver more care safely.

Planning for Quarter 2 is already underway, and will build on this draft Plan and experience as during the remainder of this quarter.

4. GOVERNANCE AND RISK ISSUES

Due to the short timescales required for the development and submission of this draft Plan it has not been possible to consider it through any Committee arrangements prior to submission to Welsh Government or the Board. The risks associated with the delivery of the draft Plan are set out in the draft.

5. FINANCIAL IMPLICATIONS

There are potentially significant financial implications associated with this report, as set out in the draft Plan. All costs associated with COVID-19 are captured using blend of specific financial codes and revised budget baselines. Welsh Government has been fully appraised of the additional costs and detailed monitoring is in place.

6. RECOMMENDATIONS

Members are asked to:

- **CONSIDER** the draft Quarter 1 Operational Plan for 2020/21;
- **RATIFY** the draft Plan for final submission to Welsh Government

Governance and Assurance		
Link to Enabling Objectives ***(please choose)***	**Supporting better health and wellbeing by actively promoting and empowering people to live well in resilient communities**	
	Partnerships for Improving Health and Wellbeing	☒
	Co-Production and Health Literacy	☐
	Digitally Enabled Health and Wellbeing	☐
	Deliver better care through excellent health and care services achieving the outcomes that matter most to people	
	Best Value Outcomes and High Quality Care	☒
	Partnerships for Care	☒
	Excellent Staff	☒
	Digitally Enabled Care	☒
	Outstanding Research, Innovation, Education and Learning	☐
Health and Care Standards		
(please choose)	Staying Healthy	☒
	Safe Care	☒
	Effective Care	☒
	Dignified Care	☐
	Timely Care	☐
	Individual Care	☐
	Staff and Resources	☒
Quality, Safety and Patient Experience		
Quality, Safety and Patient Experience underpin all the services that we are delivering during COVID-19		
Financial Implications		
There are potentially significant financial implications of this report as set out in the draft Plan		
Legal Implications (including equality and diversity assessment)		
Staffing Implications		
There are significant staffing implications of this paper.		
Long Term Implications (including the impact of the Well-being of Future Generations (Wales) Act 2015)		
It is not possible at this point to evaluate the impact of the long term implications of COVID-19		

Report History	None.
Appendices	Appendix 1. Operational Framework Appendix 2. Q1 Operational Plan Q1 Appendix 3. Golf COVID Programme Plan Appendix 4. Non COVID recovery

NHS WALES COVID 19 OPERATING FRAMEWORK - QUARTER 1

1. PURPOSE

To provide the NHS with an Operating Framework for Quarter 1 of 2020/21 which reflects the continued need to respond to COVID 19 and the potential for future peaks in COVID 19 demand. There is agreement across the system that we need to ensure that we are able to deliver essential health services for our population and where possible recommence more routine care. However we need to do this progressively, and with caution, through short planning cycles that maintain the flexibility and agility we have demonstrated over recent months.

2. CONTEXT

The NHS in Wales has already delivered a remarkable response to the COVID 19 health emergency since receiving the first coronavirus patients in early March.

Our staff have stepped forward with huge commitment and professionalism to deal with the challenges of this pandemic and have demonstrated once again that they are our most important asset. This includes our new staff such as our health professional students and health professionals returning to service, keen to be part of the NHS response. As ever it has been important to continue to work closely with staff organisations and professional bodies in a spirit of social partnership through regular briefings and discussions.

The speed and flexibility of our response has been dependent upon excellent partnership working - with local government, the military, the voluntary sector, hospices, education providers, regulators and the private sector. Of particular note has been the close cooperation between the NHS and social care, through statutory services and the wider care sector, reflecting the critical connections that need to be in place to support patient pathways.

We have also had overwhelming support from the public and patients in complying with lock down measures to save lives and protect the NHS, and in cooperating with us as we have introduced new ways of working into the NHS.

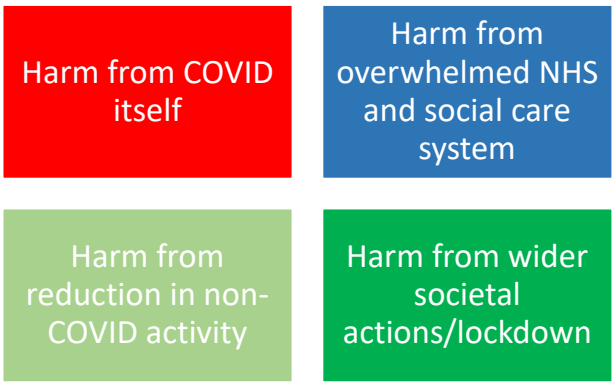
The initial NHS planning and preparation for COVID 19 was supported by the Minister's Written Statement on 13th March setting out a framework of actions. These included a reduction in non-essential work in order to free up capacity and staff to prepare, and these actions have been critical in ensuring that we were able to respond effectively to the needs of coronavirus patients in Wales.

This initial planning had indicated a difficult 8-12 week period managing to a peak. Whilst this has been mitigated during April, there remain significant numbers of COVID-19 patients across our systems and we need to plan recognising that our system will be responding to COVID-19 demands for some months to come, particularly as we monitor the impact of moving out of lockdown arrangements.

This requires a different framework to move forward, which retains flexibility to adjust depending on outcomes and any change in community transmission rates of COVID19.

This new framework builds upon guidance that has already been issued to the NHS with a particular focus on maintaining essential services, for example in relation to cancer and mental health services.

The new framework also reflects the need to consider 4 types of harm, and do our best to address all of them in a balanced way:



We are still learning about Coronavirus and its progress is difficult to determine. Whilst we have navigated the first peak successfully from an NHS perspective, there are still significant pressures in care homes and we do not have certainty about the future profile of COVID 19 demand.

This profile is also affected by external factors including the Welsh Government Framework for Recovery (https://gov.wales/leading-wales-out-coronavirus-pandemic)and implementation of its Testing Strategy. In addition the Cabinet has agreed to establish an economic and social recovery programme that will be led by Ministers and informed by an Expert Group to bring regular challenge and fresh thinking. An internal Portfolio Board for Continuity and Recovery has also been established to work in parallel with the Expert Group, chaired by the Counsel General. A comprehensive work plan will be developed that will include creating a set of scenarios to act as cross-government assumptions for recovery planning.

The harm caused from COVID itself is more visible and understood, both in terms of its impact on individual patients and their underlying conditions, but also the potential for transmission to other patients and staff. The management of individual patients in this context requires effective decision making and management of clinical risk, in order to balance harm from COVID and other health problems.

It is important to retain the ability to respond effectively and with maximum agility to a potential increase in COVID 19 patients and to ensure that any future peaks do not overwhelm the service. The operating framework needs to reflect that and will be subject to regular review.

We are aware that access to essential non COVID services has reduced in recent weeks, a trend that has also been experienced in other countries. In Wales we have seen for example a 48% reduction Emergency Department attendances and a 30% reduction in emergency admissions since prior to the COVID 19 pandemic. The reasons for this will include delivery of health care through alternative models,

reduction in incidence of some health problems such as major trauma and road traffic accidents; and changes in judgements and behaviour by both clinicians and patients in view of additional COVID risk.

However, we need to assure ourselves going forward that patients are accessing essential services appropriately and understand that these services continue to be open for business during any future peaks. We also need to have a framework that can be developed towards an ultimate aim for restoration of normal and routine activities over time, even if this is done progressively and with appropriate assessment of impact on the NHS. It will be important to continue to set NHS delivery in the context of an integrated health and care system.

3. OPERATING FRAMEWORK

The Operating Framework is set out under the following themes:

New ways of working

Staff have created and embraced new ways of working rapidly to respond to the COVID19 challenge, in particular to comply with social distancing and essential travel guidance. A number of these new ways of working offer benefits in terms of safety and quality to both staff and patients. They have also contributed to reduced congestion in primary care and hospital settings. Locally and nationally we must focus on embedding the new ways of working so that they become sustainable approaches for the future. Building confidence in these new approaches, supported through formal evaluation to demonstrate that they are safe and effective, means we can go even further. We encourage individuals, teams and organisations to continue to innovate and transform our services to deliver on the collective commitments in **A Healthier Wales,** our long term plan for health and social care in Wales. Requirements for these will also be embedded in future updates on the Operating Framework.

This includes the significant shift in terms of digitally supported ways of working – including more home working, cluster models, virtual clinics, triage processes, and remote consulting. Key enablers for this have been the accelerated roll out of tools for video consultation and remote working, and increased use of the Digital Health and Care Record, on an all-Wales basis. These changes will be consolidated and extended. Where there are opportunities to support essential services as part of covid-19 response, other digital programmes and investments will be accelerated in the same way. Further support will be provided, for example, through the Digital Priorities Investment Fund.

Managing COVID 19

Whilst recognising that it is difficult to guarantee that health care settings will be “COVID free”, particularly areas such as Emergency Departments, it will be important to separate the COVID and non COVID patient flows **as far as possible**. Local plans need to take into account:

- Ongoing and consistent application of PHW/NHS Infection Prevention and Control guidance in all NHS organisations, with appropriate cohorting of known Covid patients, separate to other patients. https://www.gov.uk/government/publications/wuhan-novel-coronavirusinfection-prevention-and-control)
- Hot/cold or red/green sites, COVID cohorts/zones, and dedicated isolation facilities. The development of cold sites may require regional solutions to underpin safety for patients and staff.
- Targeted use of independent sector hospitals using the contractual arrangements in place.
- Options to use available field hospital capacity across Wales to support activity in the short term, subject to local assessment and workforce models, whilst retaining the capacity to respond to any further peaks.
- New service or specialty based triage and streaming processes in both unscheduled and planned care to support separation of flows, including any testing implications.
- Continued implementation of the Acute Pathway for COVID 19 and related rehabilitation pathways.
- Availability of sufficient physical and workforce capacity to maintain separate configurations and additional streaming processes.
- Revised activity planning and scheduling assumptions that reflect the need to maintain social distancing and infection prevention and control measures.

Much of this can be determined locally by individual organisations, including the need for regional solutions. In addition organisations will want to be cognisant of advice and guidance from professional bodies, and ensure that this is kept under review.

"Essential" services

Essential services are those which should be maintained at all times throughout the pandemic, and any future peaks. We have developed an Essential Services technical document at **Appendix A** in line with WHO guidance on high priority categories including mental health**.** This is supported by a range of published guidance from Wales and the UK including Royal Colleges and NICE.

Urgent and emergency cancer treatment is a key aspect of Essential Services and specific guidance has already been issued through the Wales Cancer Network. Organisations have been asked to provide updates on progress in implementing this guidance by 12th May.

Delivery of essential services will by definition need to be based on clinical prioritisation rather than just a time based approach. The risk associated with COVID 19 will be an additional consideration in clinical decision making about individual patients and their treatment and in ensuring informed consent. Effective clinical engagement and leadership in planning and scheduling services therefore remains critical in developing and delivering Q1 plans.

In some areas of essential services the response to COVID 19 may have led to backlogs that need to be urgently addressed, and the implications for diagnostic and therapeutic services need to be carefully considered in local plans.

Effective delivery of pathways for delivering essential services will need to protect patients from COVID 19 and may require interim development of regional approaches for acute, specialist and rehabilitation services. Organisations must identify any risks to local delivery of essential services and collaborate on regional solutions to deliver the best outcomes for patients and the safest environments for staff.

Each organisation must ensure that it is also tracking deferred procedures / appointments that are not deemed to be essential in line with WHO guidance to mitigate any potential harm to patients.

Essential services clinical guidance for NHS Wales will be published on a dedicated section of the HOWIS site at http://howis.wales.nhs.uk/sitesplus/407/home

Public facing guidance will be published on the Welsh Government website at https://gov.wales/coronavirus

Critical care

Significant effort has been made to develop surge plans to flex critical care capacity, and these have already been activated to respond to the pressures of the first COVID 19 peak.

Locally and nationally we must continue to improve our critical care surge plans to ensure they are resilient in terms of physical space, infrastructure, equipment, workforce and medicines. We must retain the ability to activate surge plans quickly if we enter into another peak. In the meantime we must ensure focus on the wellbeing of our staff who have been working in challenging and pressurised environments and ensure they have the opportunity for rest and support.

COVID 19 patients and those receiving essential services will continue to be a priority for critical care services. Any routine services that may impact on critical care including services which increase demand for medicines used in critical care settings, should therefore be re-commenced with care taking into account the availability of core critical care capacity and maintaining safe occupancy levels. Ideally critical care occupancy should be at 70% of core capacity as a trigger to restart any routine work which may require critical care support during the next few months. This needs to be kept under close review with clinical teams and the Critical Care Network to reflect local circumstances. This will also require continuation of a zero tolerance approach to delayed transfers of care in critical care settings.

A significant boost to the effective and efficient operation of critical care services will be provided by bringing forward planned investment in digital systems to support critical care services across Wales

“Routine” services

Capacity exists in some parts of our system to support the re-introduction of routine services. This includes core capacity as well as the surge capacity that has been put in place for Quarter 1. We expect all health organisations to adopt a progressive approach towards the aim of restoring normal and routine activities, but the nature of this is a local operational decision for Health Boards and Trusts in conjunction with relevant partners. This will require arrangements to gear up and down in response to other pressures in the system such as an increase in emergency demand. A clear set of triggers needs to be in place to inform these decisions at a local and national level including any upstream intelligence for example in relation to the R values, local surveillance, care home data, as well as COVID activity data relating to health services including COVID admissions, critical care and general occupancy levels and mortality rates.

The re-introduction of normal and routine activities needs to be based on a number o considerations:

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

Decisions will be made about screening services coming back on line during Q1 based.

Surge capacity

We have created a significant amount of additional surge capacity in preparation for the anticipated peak in COVID 19 demand and this includes physical space as well as workforce. Fortunately the measures that have been put in place to minimise the peak have meant that we have not needed to utilise the surge capacity to date. However, as lockdown eases there is a possibility of further peaks and so as a minimum we should ensure that the first phases of surge capacity in each health board/ trust should be available and ready for activation within a 7 day period.

As noted above some parts of our surge capacity may also be utilised to deliver essential and routine services, and to maintain safe occupancy levels in line with local triggers.

The majority of our “field hospital” capacity in non NHS settings has been based on a provisional timescale of the first quarter. We will need to determine future plans by the end of Q1 including consideration of more regional solutions.

Nationally we must also continue to develop our central systems and processes to identify, allocate and distribute key items of equipment and supplies across the system.

Workforce wellbeing

In planning our services for the months ahead we need to maintain a clear focus on the wellbeing of our workforce in line with our commitment to the quadruple aim. Iin particular we must support those staff who have been under significant pressure in responding to COVID 19 to date – front line workers, support staff and management teams. We need to bear in mind that pressures may increase again in the next few months requiring our staff to repeat the extraordinary effort made over recent months. This means:

- Appropriate testing systems will need to be in place as determined by the Testing Strategy
- Appropriate rest and working patterns for staff, in particular enabling staff who have been unable to take time off due to service pressures to take annual leave and have time to recharge
- Provision of appropriate training, equipment and supplies – including PPE and key transferable skills
- Provision of wellbeing and psychological support NHS Wales Staff Wellbeing Covid -19 Resource
- Monitoring key workforce indictors including: absence and sickness levels and reasons; retention of the workforce including retirement and resignations
- Continuing to assess staff who may be at increased risk - including older colleagues, pregnant women, returnees, and those with underlying health conditions - and make adjustments including working remotely or in a lower risk area
- Continue to focus on particular needs of BAME members of the workforce as set out in Written Statement: COVID-19 and BAME Communities
- Continuing to update and regularly reissue Frequently Asked Questions developed in social partnership, setting clear policies, key terms and conditions of service for our workforce https://www.nhsconfed.org/regions-and-eu/welsh-nhs-confederation/nhs-wales-employers/covid19

During the COVID -19 response, it is even more important that our staff feel able to raise concerns safely and that we capture the learning and lessons from their experiences. Local mechanisms are in place for any concerned member of staff to speak up, underpinned by guidance and support. We will also look for the national conversation on raising concerns to be progressed in social partnership to provide a clearer focus for this work.

We have had significant success in expanding our workforce as part of the COVID 19 response, through students, returning professionals, and new recruits. We need to continue to engage and support this COVID 19 workforce and ensure this additional capacity is factored into plans. Equally much of this additional workforce is temporary and although this may not affect q1, contingency plans need to be

considered in the context of more sustainable workforce planning for the future in line with the draft Workforce Strategy for Health and Social Care.

Organisations should re-introduce study leave and professional development activities where they can be delivered safely, to ensure that we continue to invest in the development of our workforce.

Although we have made a number of changes to delivery of undergraduate health professional programmes organisations should continue to support clinical placements for students so enable them achieve the learning outcomes needed to graduate.

Primary care

As with other settings there has been a remarkable response from primary care services and contractors. Effective models have been developed to support delivery of safe services in primary care settings in the context of COVID 19, with significant leadership and cooperation from independent contractor colleagues.

For General Medical Services we have seen a shift to telephone first triage; which must remain in place during Quarter 1 and is encouraged longer term. GPs and practice staff are now able to work remotely accessing GP Practice systems from their homes to run surgeries via telephone or using video consultation. The process has been further enhanced by providing access to the Digital Health & Care Record, enabling all recent diagnostic results and documents to be readily available.

The ability to stream COVID patients effectively through a “COVID hub” model will be activated as needed, based on the plans that have been put in place through clusters across Wales. In addition general practice will need to assess any patients who may be considered high-risk and may need to be included in the ‘shielding’ cohort to ensure they are accessing needed care and are receiving their medications.

As per the Caldicott principles, data should continue to be shared in the best interests of the patient; including information from Primary Care providers to other health and care settings, as well as information for specific processes (such as fostering and adoption medical assessments).

Our community pharmacy services have been under significant pressure and have introduced new ways of working to manage patient care safely and efficiently and to continue with essential services including dispensing services, emergency medication services, emergency contraception and advice, and treatment for common ailments. These will need to be maintained during Quarter 1. In addition community pharmacy will continue to play a key role in protecting supply to shielded patients.

In primary dental care service all routine dental care, treatments and check-ups continue to be cancelled. However, dental practices with NHS contracts remain ‘open’ for remote triage, the provision of advice and the issuing of prescription (analgesia & antimicrobials). Dentists can also provide face-to-face assessment in practice and non-Aerosol Generating Procedures (AGPs) urgent care if absolutely

necessary. Further guidance will be issued shortly about the future status and restoration of dental services.

In optometry services, a number of practices remain open for emergency and essential eye care services within each cluster. This enables Independent Prescribing qualified practitioners to manage more cases and reduce the need for secondary care intervention. Health boards will continue to ensure 'urgent' patients are seen, utilising primary care optometry to mitigate the loss of hospital based ophthalmology outpatient capacity.

Going forward to the recovery phase, the wider adoption of the Primary Care model for Wales will be the foundation for primary care operational models.

Social Care Interface

NHS organisations must continue to work with partners to ensure an effective interface with social care, in particular in relation to closed settings. This is in line with the approach set out in "A Healthier Wales". This includes

- Providing the capacity needed to implement the COVID 19 Hospital Discharge Process in relation to step down and step up beds https://gov.wales/hospital-discharge-service-requirements-covid-19This is essential in ensuring effective management of COVID 19 in closed care settings and in maintaining timely flow out of hospitals. This needs to be factored into capacity plans and the configuration of COVID and non COVID areas.
- Supporting training needs in relation to infection prevention and control
- Focusing on workforce wellbeing with access to resources and support
- Supporting workforce capacity where appropriate from the additional COVID workforce available to the NHS
- The sector will require additional support and guidance during the pandemic emergency period. A number of groups (including the Primary Medical Care Support to Care Homes Task Group) have been established as part of that support function

Communication

Clear and consistent messages for the public are essential to ensure that services are used appropriately during this period. National and local communication activities need to be aligned to ensure a focus on:

- Explanation of new ways of working which mean people will access services differently
- Assurances about social distancing measures and infection prevention and control in health care settings
- Importance of seeking advice and support in relation to Essential Services – with a particular focus on older people and vulnerable groups
- Options for self help and advice
- Clarification of Wales approach to avoid confusion with other parts of UK

4. MONITORING ARRANGEMENTS

In mid-March we agreed to relax targets and monitoring arrangements across the health and care system to support organisations in their plans and preparations for COVID 19.

Although we do not plan a reinstatement of the previous performance management arrangements for NHS Wales at this time we will need to refocus on some key quality, access and workforce indicators as we progress through Q1, particularly in relation to essential services and the COVID 19 pathway.

We will also need to monitor other key aspects of Q1 plans to inform critical decisions that need to be made in Q2. These include use of field hospitals, use of independent sector hospitals and deployment of the additional temporary workforce.

In the absence of the usual Quality and Delivery mechanisms and JETs we will be planning review meetings in early June with each organisation to reflect on Q1 plans and to help inform the operating framework for Q2 including guidance on winter preparedness – further details and guidance on performance management to follow.

5. FINANCE

The urgency needed for the initial service response meant that normal financial governance has not been able to be in place as decisions have, by necessity, had to be driven by the assessment of demand and the immediate service plans in response. Many decisions have been taken to commit significant resources without the normal certainty of funding. The required financial governance has had to follow and a more system level review is now in place to look at variability and best practice.

NHS organisations have undertaken their first assessment of the potential full-year costs for 2020-21 of responding to the pandemic, including putting in place the additional field hospital capacity. This exercise has highlighted some significant variations in approach and cost locally which will inevitably be challenged once the emergency is over.

There will be a requirement to update these forecasts on a monthly basis and submit with the monthly monitoring returns. Whilst it may be difficult at this stage to make a firm assessment of the impact later in the year, it is expected that the forecast for quarter 1 is robust, taking account of the guidance set out in this operating framework. Some of the normal monthly financial monitoring requirements have been relaxed to enable finance staff to concentrate on these cost returns as well as closing down the 2019-20 financial year.

Welsh Government and the Finance Delivery Unit have been working with the support of external consultants to review the set-up costs and committed running costs of the field hospitals, and it is intended funding for these will be confirmed during May. In addition, through a budget re-prioritisation process within Welsh Government, funding is being secured for core additional elements of the NHS response, including the costs of student and returning staff, provision of PPE,

support for early discharge arrangements, and the costs of the testing programme. Funding will be allocated for these specific areas of support as costs are confirmed.

As the full cost impact become clearer, Welsh Government and the Finance Delivery Unit will work with NHS organisations to agree the impact on individual organisations financial plans. This will take account of the additional costs incurred, previous savings expectations that are unlikely to be delivered, offset by redirecting existing resources from activities that have been paused or stopped.

At this stage, there is no certainty of funding beyond the specific areas referred to above, but this ongoing exercise should enable a shared understanding of the financial positions being presented to boards and will support the ongoing action within Welsh Government to identify funding to meet the net costs to the NHS of the response to the pandemic.

6. KEY ACTIONS

To support implementation of the framework the following actions are required:

NHS organisations to develop local operational plans for Q1 that include:

- A specific focus on Essential Services, any risks and regional solutions
- A summary of new ways of working and plans for evaluation
- Clear roles and activity plans for independent sector facilities and field hospitals
- Progressive implementation of routine activity
- A reflection of local discussions with partners about social care resilience
- Workforce plans including use of additional temporary workforce.
- Financial implications
- Risks to delivery

Draft local COVID 19 Operational Plans for Q1 are requested by 18th May recognising that they will need to be formally agreed through Board and Committee structures and in line with the agree governance principles.

By 18th May Welsh Government and partners to:

- Complete a rapid review and dissemination of new ways of working (WG)
- Accelerate the Digital Priorities Investment Fund to support new ways of working (WG)
- Bring forward planned investment in digital systems to support critical care services across Wales (WG)
- Review position on cancer services and requirement for regional solutions (WG/WCN)
- Continue to support surge capacity in non NHS settings for Q1, with a review of field hospitals and independent sector hospitals in June informed by updated modelling (WG)

- Develop a set of triggers to help monitor pressures on the system based on Rt values, doubling rate for hospital admissions and critical care occupancy (WG)
- Continue to develop the resilience and robustness of critical care surge plans (Critical Care Network)
- Support Care Homes through implementation of the COVID 19 Hospital Discharge Process (WG)
- Develop a national communication campaign on key messages for the public about safety and access, which can be adapted and built upon by individual organisations (WG)
- Assess the impact on financial plans and identify and secure funding requirements (WG, FDU, NHS organisations)

Maintaining Essential Health Services during the COVID 19 Pandemic – summary of services deemed essential

This advice should be read in conjunction with the NHS Wales Operating Framework Quarter 1 2020/21

This framework, and all guidance issued under it, is designed to support clinical decision-making in relation to the assessment and treatment of individual patients. The ultimate aim is to ensure harm is minimised from a reduction in non- COVID activity. It is recognised that the presence of coronavirus in society and, particularly, health and care settings changes the balance of risk in relation to many aspects of healthcare, including essential services. All decisions about individual care must ultimately be made by clinicians, in discussion with patients and their families and in the best interests of each individual. Essential services should remain available across NHS Wales during the outbreak. However, this framework does not mandate that specific interventions must be provided to all patients, where that is not in their overall interest.

Defining Essential Services and Supporting Delivery

The World Health Organisation (WHO) advise that countries should identify essential services that will be prioritised in their efforts to maintain continuity of service delivery during the pandemic. WHO advise the following high-priority categories should be included:

- Essential prevention for communicable diseases, particularly vaccination;
- Services related to reproductive health, including care during pregnancy and childbirth;
- Care of vulnerable populations, such as young infants and older adults;
- Provision of medications and supplies for the ongoing management of chronic diseases, including mental health conditions;
- Continuity of critical inpatient therapies;

- Management of emergency health conditions and common acute presentations that require time-sensitive intervention;
- Auxiliary services, such as basic diagnostic imaging, laboratory services, and blood bank services.

Balancing such demands and making difficult decisions need to be considered within the overriding ethical principles as articulated in the Welsh Government's 'Coronavirus: ethical values and principles for healthcare delivery framework' (https://gov.wales/coronavirus-ethical-values-and-principles-healthcare-delivery-framework-html):

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

It is important to define what we mean by 'essential'. Whilst we are familiar with categorising services according to 'emergency', 'urgent', 'soon' or 'routine', some essential services may straddle all of these categories, for instance the provision of immunisation services are routine, but they should also be classed as essential. Other services such as emergency surgery are clearly easier to immediately be classed as essential as they could be life threatening.

The identification of services considered as 'essential', in this context, therefore includes consideration of the following factors:

- Level of impact of any interruption to services on mortality and significant longer term morbidity (i.e. the degree of harm) and avoidable morbidity in life shortening illness (palliative and end of life care)
- Degree of the time sensitivity of interventions (noting that some services may not be essential in the immediate short term, but may become so over longer periods)
- Value of interventions in value based healthcare.

Services therefore deemed as essential and which must continue during the COVID-19 pandemic 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 will include anything that will not realistically improve within the remaining life span.

Note that not all specific services under the broad headings below are deemed to be essential. Further, more specific, definitions will be set out in service/condition specific guidance issued under this framework where required.

In providing all essential services patient and staff safety must always be paramount. This includes ensuring that all appropriate steps are taken in respect of maintaining infection prevention and control including guidance on PPE, procedure specific requirements and testing as appropriate. This also includes continued use of remote working including video consultations.

Essential services in outline

Access to primary care services (providing *essential*, *additional* and a limited range of *enhanced* services that fulfil the WHO high priority categories, including immunisations)

Primary care services are fundamental to ensure the continued management of patients; albeit those with the most urgent needs during the period of the pandemic. Primary Care services remain the front door to the health service, with 90% of patient contact taking place in these settings. Clinicians will be required to consider the necessity of appointments for whatever issue is presented at this time and there is no exhaustive list. As far, as is reasonably practicable, patients should be triaged and consulted remotely to avoid unnecessary face-to-face contact. Providing services that maintain people's health and well-being of those with a known chronic condition, as well as urgent new health issues which require time sensitive medical intervention should be continued and extended where possible. In particular, anticipatory and future advance care planning of people in very high-risk and high risk, vulnerable groups should be prioritised. Patients with conditions that frequently decompensate resulting in admission to hospital should be prioritised for proactive monitoring and reactive intervention to prevent hospitalisation. The residents of care homes should be also prioritised for essential care. This will require best use of the wider multi-professional team and health board supported approach that would impact on how primary care services have been traditionally provided; including supporting the cluster hub model, as described in the Primary and Community COVID-19 Framework/Pathway and the Strategic Programme for Primary Care.
The following must be maintained:

General Medical Services

Those essential services which must be provided under a general medical services contract in accordance with Regulation 15 of the National Health Service (General Medical Services Contracts) (Wales) Regulations 2004.

Enhanced Services to continue are the childhood immunisation scheme, pertussis immunisation for pregnant and rubella for post-natal women and oral anti-coagulation.

WG guidance issued:

- COVID-19 update for GP in Wales **issued 11/03/20- HOWIS site**
- Temporary Primary care Contract changes **issued 17/03/20 HOWIS site**
- Referral guidance primary-secondary **issued 31/3/20- HOWIS site**
- Repeat prescriptions and COVID-19: guidance for primary care **issued 20/03/20- WG website**

Community pharmacy services

Dispensing services, emergency medication service and emergency contraception and advice and treatment for common ailments (dependent on time and being able to maintain social distancing eg consultation by telephone); supervised consumption, discharge medicine reviews, needle & syringe service, smoking cessation and end of life care.

WG guidance issued:

- COVID 19 pharmacy weekly bulletin **23/03/20** and **30/03/20-** additional advice embedded in bulletin- **HOWIS**
- Support for community pharmacies **issued 18/03/20- WG website**

Emergency dental care including severe swelling, trauma, bleeding and USC

Red Alert urgent/emergency dental services

WG Guidance issued:

- **Dental Amber Alert – stop AGPs issued 17/03/20**
- Dental Red Alert Urgent care only principle guidance **issued 23/3/20- HOWIS**
- Dental care during the COVID-19 pandemic: guidance for teams- **issued 08/04/20- WG Website**

Optometry services

Those essential services, in accordance with their Terms of Service outlined in the National Health Service (General Ophthalmic Services) Regulations 1986 and Wales Eye Care services for urgent and emergency care in accordance with the Wales Eye Care Services Legislative Directions (Wales) regulations 2015.

WG Guidance issued:

- Optometry correspondence and guidance **issued 17/03/20 and 19/03/20- HOWIS**

- Ophthalmology guidance **issued 07/04/20- HOWIS**

Community Nursing and Allied Health Professionals services

Providing services that maintain people's health and well-being of those with a known long-term condition, as well as urgent new health issues which require time sensitive nursing and / or AHP intervention, should be continued and extended where possible. In particular, anticipatory and future advance care planning of people in very high risk, and high risk, vulnerable groups should be prioritised. Patients with conditions that frequently decompensate resulting in admission to hospital should be prioritised for proactive monitoring and nursing and /or AHP intervention to prevent hospitalisation or loss of independent living skills. Palliative care services to enable people to stay at home and out of hospital must be maintained, enabling people to die with dignity in the place of their choice. The residents of care homes should be also prioritised for essential care. This will require best use of the wider multi-professional team and health board supported approach that would impact on how community nursing and AHP services have been traditionally provided; integrated community rehabilitation, reablement and recovery are essential to maximising recovery and discharge from hospital. This includes supporting the cluster hub model, working in hospital at home or virtual ward community resource multi-professional teams as described in the Primary and Community COVID-19 Framework/Pathway and the Strategic Programme for Primary Care.

111/Out of Hours Services

Emergency Ambulance Services

Urgent eye care including services that prevent loss of sight or irreversible damage

Diagnosis and treatment of potentially blinding disease. In particular, these concern Glaucoma and Macular patients requiring intra-vitreal injection therapies. In both cases, delays to review and/or treatment may result in irreversible sight loss. See separate letter and guidance issued on 7th April 2020 by the Chief Optometric Adviser and Deputy CMO.

WG guidance issued:

- Optometry correspondence and guidance **issued 17/03/20- HOWIS**
- Ophthalmology guidance **issued 07/04/20- HOWIS**

Urgent surgery including access to urgent diagnostics and related rehabilitation

NHS England has produced a clinical guide to surgical prioritisation during the coronavirus pandemic. It is proposed that this guidance, which is supported by the

Royal College of Surgeons, is followed to ensure maintenance of surgical priorities. The guide can be found on the link below:

https://www.england.nhs.uk/coronavirus/wp-content/uploads/sites/52/2020/03/C0221-specialty-guide-surgical-prioritisation-v1.pdf

The guide classifies patients requiring surgery during the pandemic into five categories:

Priority Level 1a Emergency – operation needed within 24hours

Priority level 1b Urgent – operation needed with 72 hours

Priority level 2 Surgery that can be deferred for up to 4 weeks

Priority level 3 Surgery that can be delayed for up to 3months

Priority level 4 Surgery that can be delayed for more than 3 months

The guide notes that these time intervals may vary from usual practice.

It is also an imperative that patients do not get lost in the system and clear records of patients whose care is deferred must be held and coordinated through Health Board systems. Consideration should be given to providing pre-habilitation to those whose surgery is deferred in order to ensure they remain as fit and prepared as possible for when the surgery is scheduled.

The list of procedures that must be continued can be found in the guide. It is expected that mutual aid support will be enacted between Health Boards where needed and surgical services (categories 1a and 1b in particular) that are currently provided on a regional/supra regional basis must be maintained. The whole surgical pathway must be provided, including the rehabilitation required as a result of surgery.

Urgent Cancer Treatments, including access to urgent diagnostics and related rehabilitation.

The Chief Executive of the NHS in Wales has written to all Health Board and Trust Chief Executives stating that urgent cancer diagnosis, treatment and care must continue as well as possible during this period to avoid preventable mortality and morbidity. The Wales Cancer Network has produced a further guidance document, which provides a prioritisation and list of services that need to continue. This will be kept under review and updated as needed.

WG guidance issued:

- Maintaining cancer treatment during the COVID-19 response – **issued 1/4/20- HOWIS**
- Cancer guidance- **issued 9/4/20-HOWIS**

Life-saving medical services including access to urgent diagnostics and related rehabilitation

Services will need to be maintained for patients needing a life-saving intervention. The resultant rehabilitation required to maximise the effectiveness of interventions must also be made available. Services include but not limited to:

- Interventional cardiology e.g. primary PCI
- Acute coronary syndromes - Non-STEMI (NSTEACS) and unstable angina (urgent treatment)
- gastroenterology including diagnostic endoscopy
- Stroke Care
- Diabetic care including:
  - Diagnosis of new patients
  - DKA / hyperosmolar hyperglycaemic state
  - Severe Hypoglycaemia
  - Newly diagnosed patients especially where insulin control is problematic
  - Diabetic Retinopathy and diabetic maculopathy
  - Emergency podiatry services and limb at risk monitoring
- Neurological conditions, including dementia
- All supporting rehabilitation

Rehabilitation

- Rehabilitation complements medical, surgical and psychiatric interventions for people of all ages, helps achieve the best outcome possible and is a key strategy for achieving care and sustainability.

- The interdependence of rehabilitation within the essential service pathways is therefore a critical component of quality and high value care and patient survivorship. For example, an individual within the Major Trauma pathway may require tracheostomy weaning; dietetic support; cognitive intervention; splinting prosthetics; positioning and seating input, and psychological support.

Life-saving or life-impacting paediatric services including time critical vaccinations, screening, diagnostic and safeguarding services

Although children are fortunately not as affected by COVID-19 as older patients there are a range of services that will need to be maintained both in an emergency situation but particularly for children where delaying treatment could impact on the rest of their lives.

Many specialist paediatric services are already provided on a supra regional basis - for the South Wales population at UHW, Cardiff and for the North Wales population at Alder Hay Hospital Liverpool. Powys children access a range of providers in England including Birmingham Children's Hospital.

Services that need to be maintained include:

- Paediatric intensive care and transport
- Paediatric and neonatal emergency surgery and all related rehabilitation
- Urgent cardiac surgery (at Bristol for South Wales population)
- Urgent illness
- Immunisations and vaccinations
- Screening – blood spot, hearing, new born and 6 week physical exam
- Community paediatric services for children with additional / continuous healthcare needs including care closer to home models and community hubs

Care will be underpinned by RCPCH guidance:
https://www.rcpch.ac.uk/resources/COVID-19-guidance-paediatric-services

WG guidance issued:

- Continuation of immunisation programmes during the COVID-19 pandemic letter from CMO **issued 06/04/20 WG website**

Termination of Pregnancy

Access to termination of pregnancy services needs to be delivered in line with the guidance from the RCOG. Specific guidance has been issued to Health Boards: **https://www.rcog.org.uk/globalassets/documents/guidelines/2020-04-01-coronavirus-COVID-19-infection-and-abortion-care.pdf**

This guidance confirms that women and girls wanting to terminate an early pregnancy will be prescribed two pills at home instead of going to a hospital or clinic, avoiding social contact and the unnecessary risk of exposure to coronavirus. The prescription of medication will follow a remote consultation with a medical practitioner via video link or telephone conference.

WG guidance issued:

- Temporary approval of home use for both stages of early medical abortion **issued 31/03/2020- WG website**

Other infectious conditions (sexual non-sexual)

Urgent services for patients.

Maternity Services

Access to maternity services for antenatal, intrapartum and postnatal care, will include provision of community services on a risk-assessed basis. Care will be underpinned by RCOG guidance: https://www.rcog.org.uk/coronavirus-pregnancy

Neonatal Services

Access to special care baby units, including neonatal intensive care units, will be provided on the same basis as usual. This will include:

- Surgery for neonates
- Isolation facilities for COVID-19 positive neonates
- Usual access to neonatal transport and retrieval services.

http://extranet.wales.nhs.uk/howis/sitesplus/opendoc/515282

Safeguarding services – all ages

Mental Health, NHS Learning Disability Services and Substance Misuse including:

- Crisis services including perinatal care
- Mental health in-patient services at varying levels of acuity including related rehabilitation / recovery
- Community MH/LD services that maintain a patient's condition stability (to prevent deterioration, e.g. administration of Depot injections, psychological/ occupational support)
- Substance Misuse services that maintain a patient's condition stability (e.g. prescription and dispensing of opiate substitution therapies)

A letter was sent to health boards on 15 April by Dr Andrew Goodall setting out the Welsh Government's expectations for mental health services to continue to provide safe and sustainable responses for individuals who need access to mental health support during this period. This includes recognising the relevant legal safeguards and requirements that are in place. To support this, all the key functions of all age mental health services (including NHS led Learning Disability and Substance Misuse Services) that are considered essential and need to continue during the pandemic period have been set out.

To provide assurance on the capacity of services to fulfil the key functions a Mental Health Covid-19 monitoring tool has been developed. Health boards are required to complete and return the monitoring tool on weekly basis. The forms are submitted to the Mental Health Co-ordination Centre, which is facilitated by the National Collaborative Commissioning Unit, and discussed at weekly meetings with Covid-19 Mental Health Leads and CAMHS clinical leads. A copy of the mental health monitoring tools can be found on Mental Health and Learning Disability Co-ordination Centre Website

Welsh Guidance has been developed to support services during the pandemic:

- Services under the Mental Health (Wales) Measure: COVID-19

- Mental Health Act 1983 hospital managers' discharge powers: coronavirus
- Guidance for substance misuse and homelessness services **issued 19/03/20- WG website**
- A range of advice and support is also available on the Mental Health and Learning Disability Co-ordination Centre Website: http://www.wales.nhs.uk/easc/nhswalesmhcc

Urgent supply of medications and supplies including those required for the ongoing management of chronic diseases, including mental health conditions

Including maintenance of monitoring of medications (e.g. Lithium, Clozapine)

WG Guidance issued:

- Co-ordination of medicine delivery during the Covid 19 pandemic **issued 30/03/20- WG Website**

Renal care - dialysis

Dialysis is a life maintaining treatment and without regular therapy, normally at least three times a week over a 4 hour session, patients will die in a matter of days. Although some patients dialyse at home, the majority of dialysis is delivered in the form of haemodialysis at out-patient units by specialist dialysis nurses. Irrespective of location or modality of treatment, there are a range of dependencies to enable dialysis to be delivered safely including access surgery, uninterrupted supply of dialysis fluids, consumables and medications. Renal services across Wales have plans developed regional plans to ensure the delivery of essential renal services including outpatient dialysis.

Services should take account on NICE COVID-19 rapid guideline: dialysis service delivery
https://www.nice.org.uk/guidance/ng160

Blood and Transplantation Services

Blood and Blood components:

The Welsh Blood Service provides a range of essential services to ensure that NHS Wales has access to blood and blood components to treat patients.

The provision of blood and blood components for customer hospitals across Wales will need to be maintained to ensure patients requiring blood transfusion and blood components for life saving treatments can continue during the COVID-19 outbreak.

Platelets are a critical product in the treatment plan for a number of acute health conditions including blood cancer and neonatal blood disorders. WBS is liaising with Health Boards and NHS Trust to assess the demand for blood products to treat COVID-19 patient (including plasma products) and non-COVID-19 essential services. Further guidance will be issued from WBS and Welsh Government in relation to blood collections and supply.

Bone Marrow and Stem Cells Transplantation:

Provision of blood stem cell services for acute blood cancers is time critical and essential to ensure patient status does not deteriorate beyond the treatment window into palliative care.

Services should be provided in accordance with:

European Society for Blood and Marrow Transplant (EBMT):

https://www.ebmt.org/sites/default/files/2020-04/EBMT-COVID-19-guidelines_v.6.1%282020-04-07%29.pdf

NICE COVID-19 rapid guideline: haematopoietic stem cell transplantation

https://www.nice.org.uk/guidance/NG164

Solid Organ Transplantation:

The safety of organ and tissue donation and patients in need of a transplant is paramount and deceased organ donation should be considered on a case by case basis. Organs are still being donated where possible and offered to the hospitals that are still performing transplants. Consideration needs to be given to maintaining donation and transplantation services, in particular for those patients on the urgent and super-urgent transplant waiting lists. Transplant teams will need to balance the patient's need for transplant against the additional challenges of being immuno-suppressed at this time. Transplant services should ensure they take account of the latest advice: https://www.odt.nhs.uk/deceased-donation/covid-19-advice-for-clinicians/

Retrieval services should be maintained to ensure the sustainability of the National Organ Retrieval arrangements.

Welsh Transplantation and Immunogenetics Laboratory (WTAIL)

The Welsh Transplantation and Immunogenetics Laboratory (WTAIL) along with the Welsh Bone Marrow Donor Registry (WBMDR) provide critical laboratory testing and

donor stem cell provision for blood cancer patients in Wales, UK and worldwide. They are also responsible for the provision of laboratory testing for solid organ transplantation including supporting the National solid organ allocation scheme by testing deceased donors from Wales for allocation of organs to national patients. In addition, it is responsible for the regular monitoring of patients post-transplant providing information on transplant rejection and informing on requirements for time critical clinical intervention, as well as the provision of specialist screening and genetic testing of blood products including platelets.

Palliative and End of Life Care

This should occur where possible in the patient's home under the responsibility of the patient's general practitioners and community staff, supported where necessary by palliative specialists and third sector. Palliative care is specifically mentioned in the General Medical Services contract. Access to admission for palliative care purposes where necessary, to inpatient specialist palliative care expertise, and to palliative interventions should be preserved where it is possible and safe. This must be judged according to the local context. The palliative nature of the goals of care may make access more urgent. Access to the full range of allied health professionals to support end of life care is essential, including community assistive equipment, nutrition, communication and psychological care and to facilitate death in location of choice is essential.

Guidance

The service/speciality areas described above highlight where guidance has already been produced (as at 4 May 2020). NHS Wales specific guidance has generally been produced from existing sources including Royal Colleges, NICE and drawing on NHS England guidance. NHSE has published a range of speciality guides, which in effect set out their expectations for essential services delivery.

Essential services clinical guidance for NHS Wales will be published on a dedicated section of the HOWIS site at http://howis.wales.nhs.uk/sitesplus/407/home

Public facing guidance will be published on the Welsh Government website at https://gov.wales/coronavirus

Swansea Bay University Health Board

Operational Plan

Quarter 1 2020/21

DRAFT

Contents

1.0 Overview and Approach

Swansea Bay University Health Board developed an Annual Plan within a three-year context before the impact of the COVID-19 pandemic was understood. The Plan provided a baseline position at a point in time, but due to the outbreak, has understandably, not been used as the basis of planning for Q1 of 2020/21. The Organisational Strategy sets out two aims for the Health Board: Supporting Better Health and Delivering Better Care. This pandemic has brought both of these responsibilities in equal measure into the public eye and the approach is focused on ensuring that resources are apportioned, with partners, to delivering against each of these aims.

The Health Board's response to the Covid-19 pandemic has been guided by the statutory requirements and guidance on Emergency Preparedness, Resilience and Response and the national guidance specific to the pandemic. A data-driven and evidence-based approach has been taken wherever possible, whilst taking into account the limitations of knowledge and research about this new disease.

The aim continues to be to manage and minimise harm to patients and staff from the virus itself and the wider consequences of isolation, uncertainty and rapid change, as well as contributing on a system-wide basis to community resilience and population health with local and regional partners.

Operational Planning Approach

The stages of the overall Operational Planning Approach are shown in the diagram below.

Planning Principles
This Operational Plan for Quarter 1 is based on the following planning principles:

- A Swansea Bay **system wide** service, workforce and capacity response to COVID and non COVID,
- **Cautious and adaptive** approach to the delivery of non COVID services through an ongoing pandemic
- **Clinically led** risk management approaches to the reinstatement of services, operational zoning areas; clinical prioritisation, MDT approach, pre-op processes including consent.
- In line with **national policy and guidance** in respect of IPC, social distancing and minimising footfall
- Building on the strong **partnership arrangements** with Local Authority and multi-agency partners
- Working **regionally** on solutions where appropriate under a shared prioritisation approach,
- **Patient centred decision** making, respecting individual preference and responsibility,
- Developing **new models of care and ways of working** in context of agreed Organisational Strategy, Clinical Services Plan and KPMG action plan; and the strong Digital transformation offer that underpins all plans.

Operational Planning Assumptions for Quarter 1
The Operational Planning Assumptions flowing from these principles for Quarter 1 are:

- Using PHW model v2.4 and internal short-term modelling to guide the Plan. These models show an expected surge in ~13 weeks' time.
- Planning on 4-8 week cycles to ensure a quick response to the effects of changes in national policy and the available evidence.
- Capacity modelling, and the intent to reduce footfall and manage the wellbeing of the workforce, suggests that Field Hospitals will not be used in this quarter. As guided by the Operating Framework, however, they will be kept in response and in readiness for any potential future surge.
- A working assumption that around 20% of the workforce will be absent at any one time, bearing in mind social isolation may be loosened and the effect of Test, Trace and Protect on teams is currently being finalised.
- Acknowledgement of the financial guidance in the NHS Wales Operating Framework.
- Continuing to work with partners to maintain community resilience, particularly in the care sector.
- National pandemic-specific NHS policies will remain in place e.g. suspension of the Choice Policy and the NHS Wales Outcomes Framework performance management requirements.

2.0 Managing Covid-19

The Board established a Pandemic Framework and Tactical Plan as part of a broader suite of local, regional and national emergency response plans and these have been the foundation to guide the response to COVID-19. The response command, control and coordination operate in accordance with the principles and arrangements outlined within the SBUHB Major Incident Procedure, aligned to the Civil Contingencies Act 2004. The response arrangements remain 'live' and there is an established pattern of planning, response and command arrangements in place.

Governance arrangements have remained adaptive throughout the response phase and will continue to be so. The current governance structure and Gold Programme Plan is included in Appendix 1.

The Programme Plan includes the comprehensive planning and response structure that mirrors the operational arrangements as well as having Executive leads for several areas of the work programme. Planning and response cells were established in a number of critical areas that span the Board's functions including:

- Testing (now Multiagency Test, Trace & Protect SILVER)
- PPE
- Infrastructure & Support Services (including Equipping)
- Workforce
- Digital
- Communications
- Capacity Planning & Delivery
- Training
- Volunteering
- Psychological Health and Well Being.
- Medicines Management (including Oxygen)
- Scientific Technical Advisory
- Mass Fatalities
- Trauma Risk Incident Management (TRiM)
- Recovery
- Multi-Agency Community Silver.

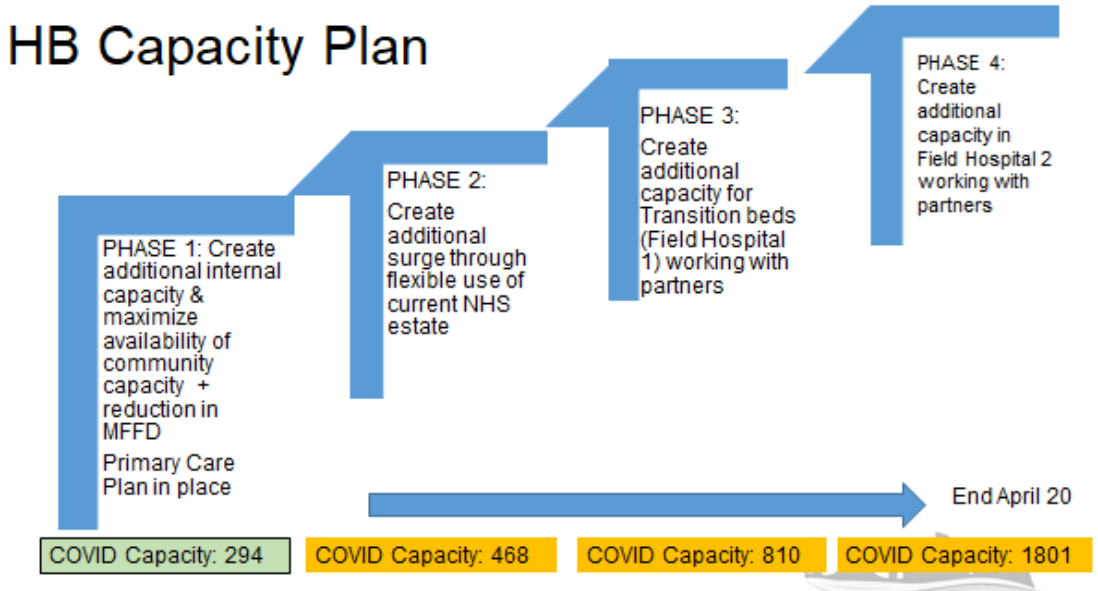
In terms of capacity, plans have continued to evolve since mid-March when initial guidance was received following the Ministerial 10-point Action Plan. Since then Welsh Government has been regularly updated on the development of capacity and response plans as they have developed and been reshaped in response to changes in planning assumptions.

As set out previously, the PHW Modelling Plan v2.4 was used to support local planning. On 4th April a letter was received from Welsh Government which set out planning requirements on the basis of the 'Reasonable Worst Case assuming 40% compliance with mitigation measures' scenario. These assumptions assessed the

requirements for SBUHB as being a need for an additional 1,242 general acute beds and 112 critical care beds to cope with the predicted peak in admission.

The capacity plan was developed to meet these requirements and has been delivered in 4 phases:

- Remodelling existing capacity at Morriston, Singleton and Neath Port Talbot Hospitals to create COVID and non-COVID flows on all acute sites as well as creating COVID and non-COVID flows in primary care through the development of community hubs (based on cluster footprint)
- Creating 'surge' capacity across acute sites through remodelling and bringing additional areas into use (including significant changes at Morriston to create new critical care areas)
- Establishing two phases of 'Super Surge' capacity:
    - 1st phase: Llandarcy Field Hospital (Level 2/3 patients; step up and step down and end of life care)
    - 2nd phase: Bay Field Hospital (Level 1: step down care & discharge lounge) which can be deployed flexibly.



The latest modelling information from Welsh Government was received on 3rd May which suggests that the first peak had been reached and responded to. However, the advice, which has been followed, was to continue to maintain planning on the basis of the possible worst-case scenario.

A detailed escalation Standard Operating Procedure (SOP) is in place to trigger response levels which is based on utilising all available capacity within the Health Board as part of the initial response (core and surge options) prior to operationalisation of the Field Hospital provision. The SOP is subject to weekly review.

Locally, a model has been developed that translates this scenario using Health Board data to provide a short term forecasting model to look 10 days ahead. This is used as an integral part of the situational awareness at Gold meetings.

The Acute Care Pathway - mandated nationally - has been implemented, as has the ongoing and consistent application of Public Health Wales/NHS Infection Prevention and Control guidance, with appropriate cohorting of known COVID 19 patients.

The level of provision that is available as 'functional' capacity meets the requirements outlined above but is obviously subject to constraints such as workforce availability, availability of critical care drugs and other supplies. The capacity model is continually refined to take account of the requirements for the management of COVID and other essential services.

In terms of field hospital provision, the plan is to retain both field hospitals to provide a flexible, adaptive response and ensure a level of preparedness that can respond to further peaks in COVID-19 demand.

The Clinical Model for the field hospitals has been agreed, and is set out below:

Super surge response principles:

- One system of care responding to COVID-19 and system wide risk
- Decision to escalate the response simultaneously across services will be taken by Gold Command
- All patients needing acute medical care will have this provided in Morriston / Singleton &/or Neath Port Talbot Hospitals
- Need to ensure there is sufficient capacity outside the 3 main hospitals to allow flow of up to 350 patients per 24 hours out of these sites into own homes or alternative facilities
- Redeployment / placement of staff from across the whole system to ensure the right services, at the required scale are in place when they are needed
- Changes in the availability of staff during super surge are likely to mean that the levels of clinical care will need to be adjusted, the acuity of the patients cared for will increase and the ratio of staff to patient may change in different settings
- This is likely to result in people needing support from their families and communities at home to provide basic care needs and support.

Field hospital patients:

- The field hospitals will provide care for patients who:
    - are assessed as no longer requiring acute hospital-based care and / or

- can be transferred out of acute hospital and / or
- do not require acute hospital based care following a confirmed COVID-19 infection but are not yet ready to self-care at home and / or
- have palliative care needs where there are no home or community based alternatives (this will usually be end of life care)

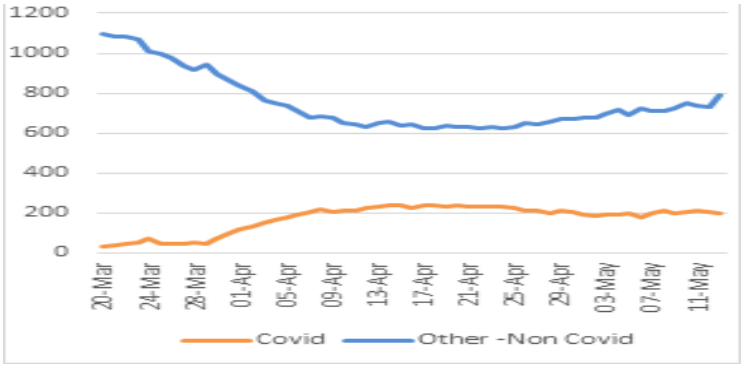
- The 2 Field Hospitals in Swansea Bay will provide different levels of care, as outlined below:

Site	Bed Capacity	Completion Schedule
Llandarcy Field Hospital	Llandarcy Field Hospital is now complete and has operational capability for up to 323 beds as follows: Triage: 8 beds Afan Ward: (Level 3) 58 beds Dulais Ward: (Level 2) 239 beds Tawe Ward: (Palliative) 18 beds	W/C 11/05/2020
Bay Field Hospital	Bay Field Hospital is currently under construction. Handover to the Health Board is scheduled for 18th May. It will have a total of 949 beds, which are being constructed in three phases. Phase 1: 421 beds (Incl. 6 triage) Phase 2: 89 beds 87 Patient Discharge spaces Phase 3: 439 beds	W/C 18/05/2020 W/C 01/06/2020 W/C 01/06/2020

N.B. – Phase 3 of Bay Field Hospital – construction is being completed, but not equipped at this point in time. This will continue to be reviewed as demand changes.

Table 1 sets out occupancy for both COVID 19 and non COVID activity since mid-March. As can be seen, there has been a significant reduction in non COVID emergency flows since the start of the pandemic, gradually increasing, however, over the last 3 weeks. It is anticipated that this increase will continue and plans adjusted to reflect this as well as ensuring sufficient capacity is available to manage an upswing in COVID 19 activity.

Table 1: Non ICU Emergency Occupancy (COVID and Non COVID)



Health Board modelling suggests that as at week commencing 13th May 2020 the Health Board was in week 23 of the pandemic, as demonstrated in **Table 2**. This may differ to the experience elsewhere in Wales). Based on this, the Health Board predicts that there will need to be a plan for the continued increase in non COVID emergency flows; for a more gradual increase in COVID 19 cases, and in addition to plan to deliver more essential services.

Table 2: Predicted and Actual Emergency Flows Non ICU (COVID and Non Covid)

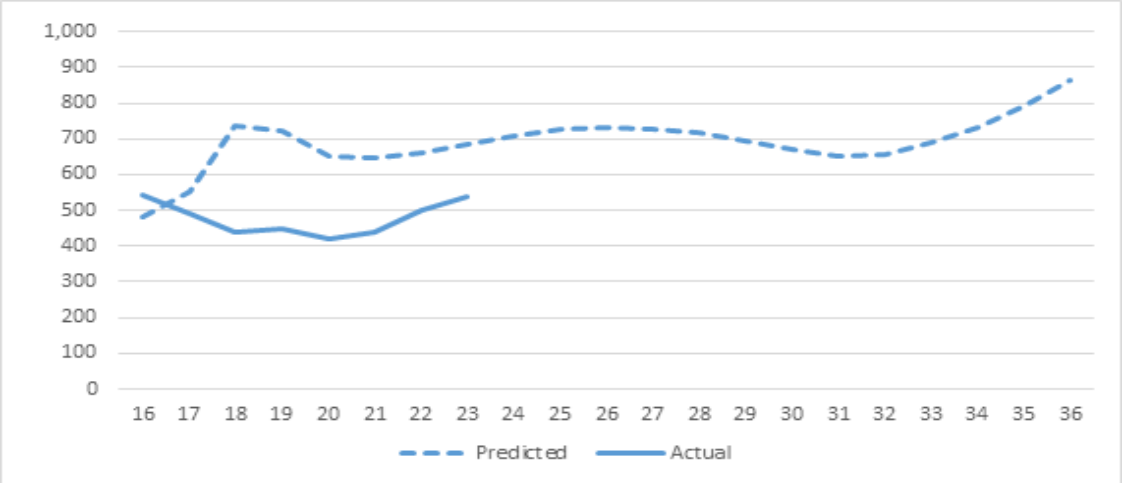
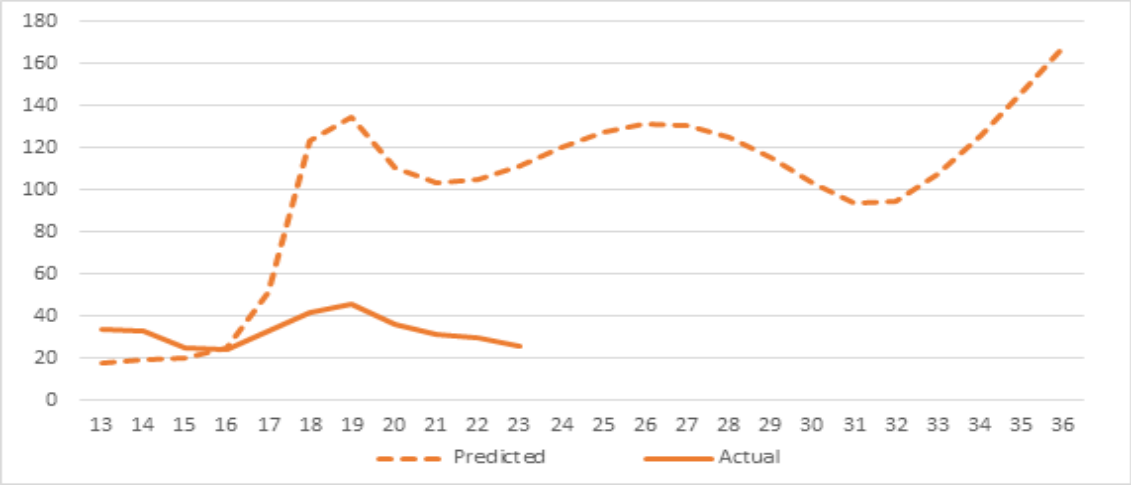


Table 3: ICU Predicted and Actual Demand (COVID and Non COVID)

Table 3 sets out the predicted and actual demand for both COVID and emergency non COVID activity. As part of the plan for managing an increase in COVID capacity ICU capacity in Morriston has been remodelled to create an additional larger area that provides economies of scale helping to mitigate workforce shortages. A full training programme has been enacted to upskill staff in working in ICU. The predicted demand under this model is based on the original planning assumptions that set out that up to 30% of patients may require ICU care. Actual experience has been that the rate of admission has been around 12%.


180
160
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20
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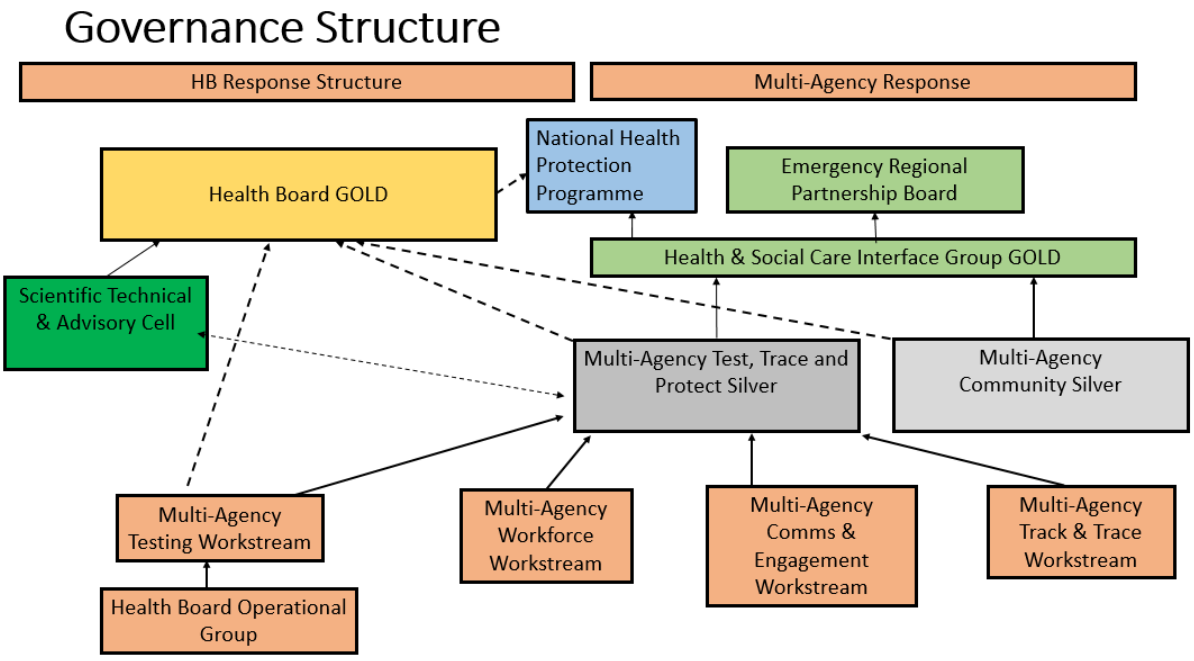
13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36
Predicted
Actual

3.0 Test, Trace and Protect Programme

The Welsh Government's Test, Trace and Protect Strategy was issued on 13th May. This sets out how, across the nation, public health will be protected by enhancing public health surveillance and the response system, to enable the virus to be traced as restrictions are eased. Implementation of this Strategy will be crucial to enabling the nation and the Health Board to reactivate increasing levels of routine services.

In the region, a multi-agency Health Protection Silver Group (to be renamed the Test, Trace and Protect Group) had already been established, and an outline plan developed. The governance structure is set out below:



The aims of the Plan are to:

- Prevent the spread of disease in the Swansea Bay area
- Ensure early intervention with cases and contacts to prevent onward transmission
- Keep essential services in Swansea Bay operational.

This will be achieved through:

- Contact tracing and case management
- Sampling and testing different people in the Swansea Bay area
- Expanding testing capacity (via Drive-Throughs, Mobile Units and Home Testing)
- Introducing blood tests to check whether people have had the disease.

Following receipt of the Welsh Government Strategy the details of the plan are being finalised to enable implementation from 1st June. An incremental approach to developing additional testing capacity and establishing the contact tracing team, with the ability to flex these to meet local demand, will support the development of the local multi-agency workforce model.

Indicative Timelines	Testing	Track & Trace
By 22.05.20	Care Home & Mass Testing plans, priorities & timelines agreed 4 drive through lanes operational plus Community Testing Teams	2 Teams established to test approach
By 31.05.20	Access to home testing established & drive through capacity increased to 6 lanes plus Community Testing Teams	4 Teams in place
By 31.06.20	Up to 8 drive through lanes in place depending on demand	Up to 13 Teams in place depending on demand / spread of track & trace requirements

This plan is predicated on direct contact and follow up of people who cannot access the contact tracing service using a digital first solution such as an online portal, app, text messages and email. This will reduce the demand on the use of the contact advisors. It is expected that the service will be available 9 a.m. - 6 p.m. 7 days a week.

The teams for Test, Trace and Protect will need to grow further as demand increases and this will inform future plans. There is confidence in the position to implement the regional plan, however, there are a number of assumptions that need to be finalised shortly to enable this to happen as detailed below:

Deployment programme

Phase	Swansea	NPT (would need to increase to 6 teams to balance capacity across 7 days)
1 (testing / Shadowing)	1 teams 18th May – 22nd testing structure , shadowing EHO's and e-learning and connectivity in preparation for digital solution)	1 teams 18 May – 22nd (testing structure and e-learning and connectivity in preparation for digital solution)
2 (Preparation)	2 teams 26 May – 31 May	2 teams 26 May – 31st May
3 (Go Live)	4 teams (1 June – 1st July)	4 teams (1 June – 1st July)
4 (Review)	15th – 20th June Review capacity and demand before Phase 5	
5 (Growth)	8 teams (1 July - onwards)	6 Teams (1 July - onwards)
	These teams will then need to grow further to cover additional demand	

- Confirmation of the digital application and that it will be ready for operational use locally by 8th June.
- Confirmation of the finalised workforce model for Testing and Trace and Protect which will enable greater clarity on the numbers of staff that need to be redeployed from across the local authorities and Health Board or need to be recruited from other organisations and the third sector.
- Confirmation of funding support to enable recruitment of additional staff as the reintroduction of additional NHS and local authority services impacts on the availability of staff within existing resources.

3.0 Resetting the system – The Delivery of non-Covid essential and routine services

The Health Board recognises, and is adjusting to, the reality that for the foreseeable future the local and national health and care system and operating model will need to support:

- a fluctuating acute demand from COVID - which is sensitive to policy decisions and the effectiveness of and compliance with them;
- a continuous (albeit currently reduced) demand for general unscheduled care services – which is sensitive to public behaviour and the planned national and local communications campaigns to encourage the public back to unscheduled care services should they urgently need it;
- an increasing service requirement for patients in the rehabilitation and recovery phase of COVID 19 – the health and care system is beginning to understand further the ongoing needs of this patient group and therefore the service demands; and,
- an appropriate level of "essential services" for non-Covid activity – recognising the operational, infection prevention and control and clinical governance challenges this presents.

This is against the backdrop of significant workforce challenges in the form of staff availability (due to sickness, isolation and shielding), skills availability (i.e. the right skills in the right places) and staff resilience and wellbeing.

The Health Board will return to a routine approach of monitoring quality, safety and experience (as per the Health Board's Quality and Safety Process Framework) in line with the principles outlined in this Operational Plan.

A focus in Q1 and Q2 is therefore to reset the system in a way which is cognisant of the planning principles set out in section 1.

3.1 Governance

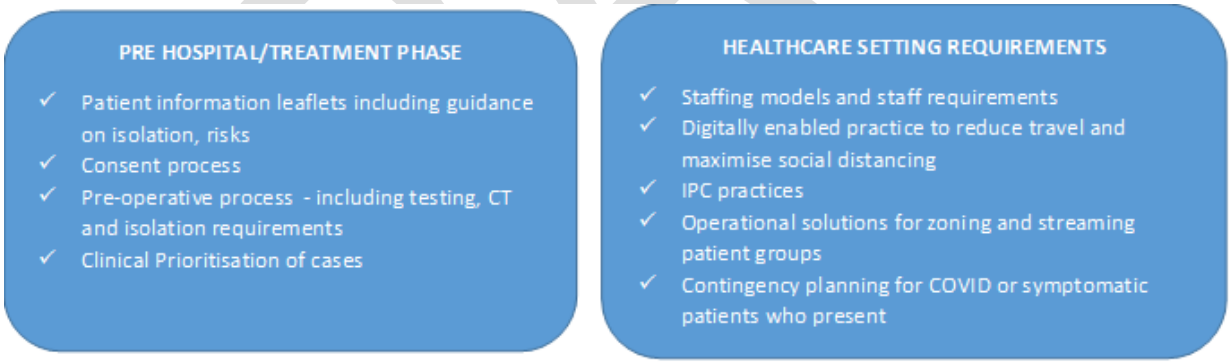
A system wide approach is critical to drive the Reset and Recovery phase which is clearly connected to the COVID response structure reflecting the need for one service, operational, capacity and workforce approach. The structure for resetting and recovering is attached in Appendix 2.

A clinically led and risk-based approach is being adopted to relation to the reactivation of non COVID essential and routine.

Key features of this approach include:

- Appointment of an Associate Medical Director with lead responsibility in the planning for non-Covid essential and routine activity;
- Deployment of a Quality Impact Assessment (QIA) process, overseen by Clinical Executive Directors, to support the reinstatement of activity to ensure it is structured, controlled and based on risk;
- Clinical leaders in each Reset and Recovery workstream with wide multi professional engagement;
- A “live” service status log that captures the status, any changes, innovations and risks associated with service or pathways changes, interruptions and/or cessation of services. This makes any risks very visible at an Executive Team level, enabling swift action and direction;
- Enhanced Operational Planning support to workstreams;
- Reporting through an Independent Member led Recovery, Innovation and Learning Steering Group and all quality and safety reporting through to the Quality and Safety Committee; and,
- A Clinical Governance framework which reflects best practice (including as an example the guidance issued by NHS England “Operating framework for urgent and planned services in hospital settings during COVID-19").

The Clinical Governance Framework sets out:



Being adaptive and learning from emerging evidence and national guidance will be critical in keeping this framework up to date.

3.2 Essential services

A baseline assessment against the Welsh Government's essential service framework has been undertaken which forms part of the Service Status log referred to above. This is supporting the risk-based approach to the reinstatement of further activity.

The table below summarises the status of the 58 services/elements of services listed in the essential services framework in Swansea Bay:

SERVICE STATUS	CODE	SWANSEA BAY SUMMARY
Do not provide or commission this service	0	8
Essential services unable to be maintained	1	0
Essential services maintained (in line with guidance)	2	29
Intermediate services able to be delivered	3	14
Normal services continuing	4	7

Positively, there are no services categorised as essential that have been stopped in their entirety. However, there are nuances within this assessment as there is a single line and therefore code for “urgent surgery” and “urgent cancer treatment” and there is local variation within these categories. The assessment will be reviewed as and when more detailed guidance is issued as this extra level of detail generally increases the requirement of services. There is an inherent risk that as more guidance is developed by specific specialist groups that the collective “ask” becomes undeliverable alongside COVID demand and in light of the challenging workforce position. This will be carefully monitored throughout the life of this plan.

The sections below draw out the approach for Q1 to essential and routine services in the following areas:

- Primary Care services
- Unscheduled care services through emergency departments, Minor Injury Services and GP Out of Hours
- Urgent medical services
- Surgical services
- Critical care
- Cancer services, including urgent diagnostic services
- Outpatient services
- Mental Health and Learning Disabilities
- Child and Adolescent Mental Health
- Children’s services
- Maternity services

Since the start of the pandemic many services which may be considered as “routine” have been maintained, albeit that many of them will have been delivered in a different way. Examples of new ways of working are set out in Chapter 4.

Activity levels are clearly not where they were before the pandemic and there has been an impact on patient access and experience. The Health Board’s weekly performance report has been adapted to ensure that activity and waiting times for key service areas are reviewed by the Executive team and an additional detailed report for RTT and cancer specialties is also reviewed weekly to inform operational plans.

Through Quarters 2 and 3 the ambition is to increase the amount of activity, however, this is dependent on many factors including: Welsh Government decisions on easing lockdown; the implementation and successful delivery of the Test, Trace & Protect plan; workforce availability; and the way in which operational zoning has an impact.

Some of these factors are unquantifiable at present and therefore agile and adaptive responses will continue to be deployed.

At an operational level there are plans in place or in development across all hospital sites to establish red/green areas. There is an inherent challenge to the language of "green" i.e. COVID free, and the expectation it may create for patients and staff. The reality is that COVID-free services or environments cannot be 100% guaranteed and so the focus is on mitigating the risks whilst recognising and accepting that a level of risk will remain. These issues are key in the consent process.

In support of green and red zones, operational plans are scoped to respond to the Clinical Governance framework above and specifically to:

- Ensure occupancy levels do not exceed 80% in any sites as outlined in the NHS Wales Operating Framework;
- Implement social distancing measures in line with the agreed Health Board policy;
- Follow IPC guidance and good infection control procedures; and,
- Ensure adequate PPE supplies – the current position is that there are adequate supplies for the remainder of Q1.

Further detailed information on essential and routine services is provided in the sections below.

3.2.1 Primary Care

Primary and Community Services are an essential part of the Health Board's response to the pandemic and to supporting community resilience and population health. The aim has been to build on the Primary Care Cluster Transformation programme, strong partnership arrangements and the expertise in primary care management and commissioning to ensure that the primary and community care offer to population of Swansea and Neath Port Talbot maintains essential services in line with Welsh Government guidance and also supports the care sector and wider community resilience. The primary care and community workforce has also been widely deployed to support other COVID response activities including community testing, field hospital development and implementation and operational support to care homes. A summary of the extensive work to date and plans for the remainder of Quarter 1 are set out below.

Changed pathways	New services
Widespread implementation of telephone triage and assessment across services	Rapid Rollout of Digital Platforms: Ask My GP / Attend Anywhere/ Consultant Connect
Changed Community hospital service model	Established COVID community testing unit
Rapid discharge protocols and pathways developed with LA partners	Full commissioning of two Field Hospitals (Bay/ Llandarcy)
GPs & Community Pharmacy – working behind closed doors	Establishment of (COVID) cluster based primary care assessment centres
Dental Practices Open for triage/ simple procedures	Establishment of urgent eye care centre / emergency dental unit
Enhanced Bank Holiday Working across Dental/ Pharmacy/ GP Practices	Establishment of centralised cluster based phlebotomy
Enhanced capability for remote working across primary and community services	PPE co-ordination for primary care contractors
Development of cluster virtual ward model	Establishment of Heart Failure Hub providing rapid heart failure patient assessments
New Palliative Care Medication Pathway	Community AHP Verification of Death service
Revised sexual health service pathways - PAS (remote / minimal contact) and implementation of sexual health 'ambulance' providing emergency sexual health medication to communities.	**Strengthened partnerships / communication**
Therapy services focus on flow and prevention of admission avoidance, e.g. H2H, Rapid Discharge,	Multi-Agency Command Structures
'Red Flag' Service established where the most vulnerable patients can access the Podiatry and Orthotics clinics, Initially via telephone triage (wounds/infections) then potentially via a face to face appointment.	Regional partnership arrangements refocused - COVID focus
Extensive staff deployment from suspended services into COVID response	Weekly Rapid Response clinical leadership forum established with weekly brief to primary care contractors
	Liaison with professional committees
	Closer working with care home sector to support and mitigate COVID risks

Plans for the rest of Quarter 1
Ensure access to essential general medical/ pharmacy / optometry and dental services aligned with national contract position
Continue flexibility and engagement of the workforce / upskilling of staff / partnership with Swansea University
Continue close working with third sector/ access to volunteers supporting delivery of medication shielded and vulnerable patients
Continue expansion of Digital Consultation platforms utilised safely and efficiently with appropriate patients
Comprehensive telephone triage/ screening of referrals – positive results in ensuring appropriate referrals to services
Field hospitals and cluster based primary care assessment hubs to be deployed on a need basis
Revised clinical leadership and regional working arrangements
Continue Emergency Dental Unit /Urgent Eye care centre
Continued support to Care Home sector jointly with LA including regular contact /support on infection control, PPE, additional staffing/ agreed escalation procedures
Completed Changes that will be Retained as part of SBUHB Operating Model
Sexual Health Ambulance delivering one stop TOP medication, STI treatment and contraception.
Medically Fit For Discharge / Facilitating discharge panels and Rapid Discharge Pathways to expedite discharge
Virtual MDT management of complex Long Term Care cases
Heart Failure Hub – rapid access to diagnosis and treatment including NT-ProBNP testing
Revised process for management of urgent bloods

3.2.2 Unscheduled Care

Unscheduled care services across primary, community and secondary care have continued throughout the course of the response phase.

- GP Out of Hours service – this has been relocated from Morriston Hospital to the Beacon Centre in Swansea during this period, and this arrangement is working well.
- Minor Injury Unit at Neath Port Talbot Hospital (NPT) – all Minor Injury patients across Swansea Bay have been redirected from Morriston Hospital to NPT Hospital during this period, and this arrangement is working well. The MIU at Singleton Hospital remains closed temporarily pending public engagement and consultation which was about to start prior to the pandemic.
- Emergency Department at Morriston Hospital changes to the way patients flow through the department

- Paediatric emergency services have reorganised to bring together GP urgent pathway and ED for paediatrics into a single point of access in the Children's Emergency Unit in Morriston
- Use of Consultant Connect to better manage unscheduled care demand between primary care and secondary care, with over 100 calls through the system in the last 5 weeks.

Overall, activity levels have reduced significantly during this period as shown below, with an improvement in front door waiting times within the constraints of managing infection control.

Number of A&E attendances				
	Jan-20	**Feb-20**	**Mar-20**	**Apr-20**
Morriston	6,815	6,398	5,247	3,753
NPTH	3,153	2,739	2,195	1,527
Total	**9,968**	**9,137**	**7,442**	**5,280**
% patients seen within 4 hours in ED				
	Jan-20	**Feb-20**	**Mar-20**	**Apr-20**
Morriston	60.7%	63.5%	63.1%	69.8%
NPTH	95.1%	98.7%	96.3%	99.5%
Total	**71.6%**	**74.1%**	**72.8%**	**78.4%**
Number of patients waiting over 12 hours in ED				
	Jan-20	**Feb-20**	**Mar-20**	**Apr-20**
Morriston	1,038	783	557	130
NPTH	0	0	0	1
Total	**1,038**	**783**	**557**	**131**
Number of emergency admissions				
	Jan-20	**Feb-20**	**Mar-20**	**Apr-20**
Morriston	3,232	2,923	2,423	1,489
Singleton	928	850	682	439
NPTH	173	144	151	142
Total	**4,333**	**3,917**	**3,256**	**2,070**

In recent weeks the message that the NHS is open for business has been promoted, and whilst activity levels have increased slightly, they are still significantly lower than previously. During the remainder of Q1 effectiveness of these arrangements will continue to be evaluated.

With partners, the Health Board has developed local Rapid Discharge Guidance based on the Welsh Government Discharge Requirements and has simplified discharge arrangements as described in section 5.0.

In terms of access to urgent medical services, these have largely continued:

- Emergency PCI and other urgent interventional work has continued as normal (with necessary infection control and donning and doffing arrangements in place). Non-emergency or non-urgent activity has been cancelled.

- Acute stroke services have been maintained. A self-assessment against the imminent all-Wales guidance will be carried out to prioritise next steps for Q1 and Q2.
- For non-STEMI and unstable angina, emergency intervention for unstable patients has continued via consultant to consultant referral only. Non-emergency work has been cancelled.
- For gastroenterology, including diagnostic endoscopy, all face-to-face outpatients were replaced by virtual clinics. Consultant Connect has been rolled out in this service, providing a specialist advice for primary care, coupled with hot clinics which serve to optimise patient management and to avoid admission. Only emergency endoscopies are currently taking place. Endoscopy is a priority in the Diagnostic work cell of the Reset and Recovery programme and plans for additional activity will emerge by the end of May.
- Care for diabetics has continued and adapted to deliver services through digitally enabled solutions in addition to face-to-face review (where absolutely necessary). Urgent podiatry and insulin referral services remain in place as well as acute admission support for newly diagnosed patients, and patients with hyperglycaemia-related emergencies.
- For neurological conditions, virtual telephone clinics have replaced Neurology outpatient clinics whilst there is still a provision to see urgent cases face-to-face. There is a telephone and email helpline for GPs and other health professionals, including urgent consultant-led telephone advice for GPs and District General hospitals across the region. Urgent treatment and diagnostic procedures continue in the Neuro-Ambulatory Care Unit, and access to very urgent neuroimaging and neurophysiology investigations is in place.

For Q1 and into Q2, more detailed self-assessment will take place in line with any issued all-Wales guidance. In the remainder of Q1 and into Q2 planning for winter in this new situation will be undertaken, using learning to change the system in readiness for the expected increased demand.

3.2.3 Surgery

A focus from late April has been to reinstate, in an incremental way, additional surgical service, using the NHS England Guidance classifications as follows:

Priority Level 1a	Emergency operation needed within 24 hours
Priority Level 1b	Urgent operation needed within 72 hours
Priority Level 2	Surgery that be deferred for up to 4 weeks
Priority Level 3	Surgery that can be delayed for up to 3 months
Priority Level 4	Surgery that can be delayed for more than 3 months

Priority levels 1a and 1b (emergency surgery) have continued throughout the pandemic as part of the ongoing emergency response.

The focus has been on increasing capacity in a measured way to deal with level 2 patients as a priority, alongside the Level 1a and 1b category of patients.

A system wide approach to increasing surgical activity has been adopted, guided by clinical discussion and prioritisation within and across specialties. The most significant limitation continues to be workforce availability, in particular theatre staff. This is made challenging by the high level of absence in theatre teams coupled with the increase in staffing numbers and ratios due to the Red/Green and PPE requirements.

The table below summarises the Level 2 elective activity undertaken over the last 8 weeks (this represents about half of the total surgical activity including emergencies).

Row Labels	22-Mar	29-Mar	05-Apr	12-Apr	19-Apr	26-Apr	03-May	10-May	Grand Total
Plastic Surgery Treatment Centre	31	29	19	23	31	32	33	20	218
Morriston Main theatres	23	2	2	1	19	17	12	5	81
Singleton Day Unit	19	19	5	2	3	10	9	8	75
Singleton Main Theatres	6	2	4	5	6	9	9	4	45
Head & Neck OPD	1	6	3		3	10	13	7	43
Sancta			3	3	7	1	3	9	26
Spire				3		3			6
Grand Total	**80**	**58**	**36**	**37**	**69**	**82**	**79**	**53**	**494**

Note: - data for week commencing 10th May is not a complete week

In this area the focus for the remainder of Q1 is to further increase capacity for level 2 services by:

- Increasing theatre capacity in Singleton hospital, linking with use of Sancta Maria hospital staff referred to below
- Moving from 4 (including CEPOD) operational theatres in Morriston, to 5
- Continued engagement through regional mechanisms to provide capacity for surgical patients
- Exploring access to private capacity across Wales. As highlighted above, some SBUHB activity has been undertaken in Spire.
- Testing the feasibility of increasing orthopaedic activity at Neath Port Talbot Hospital.

3.2.4 Critical Care

In line with the modelling assumptions issued by Welsh Government sufficient critical care capacity up to the level of 112 beds has been created. This has been achieved through repurposing existing critical care areas and creating new capacity within the Outpatient environment at Morriston. This offers a larger area that provides economies of scale in staffing solutions.

In terms of functional usage: ventilator capacity is at 77% (87) with 72% availability of monitors (81), with the remainder available within 2-3 weeks. If ventilator capacity needs to be increased, this will be accessed via the national stock in line with the agreed draw-down process. Oxygen supply is monitored daily via telemetry and an increase in overall flow to the new critical care area is expected which will provide flexibility in usage.

A key part of the Q1 plan is to re-zone ICU capacity to better stream COVID, non COVID emergency and elective activity. This will result in the cardiac critical care area becoming a 'green' area for level 2 surgical patients. This will be in place from w/c 18 May 2020.

In terms of workforce, 135 staff were trained as support staff for critical care to support the 120 ITU nurses and 80 Cardiac ITU nurses. During the reset and recovery phase a more integrated approach to the management of cardiac ITU nurses is being put in place which will further support deployment of workforce and skills of nurses to manage non-Covid General ITU patients during a second wave. 100 wte theatre nurses were retained during wave 1 to support the emergency operating requirements. The reliance on theatre nurses as critical care support staff is being reduced by continuing to train other staff to take on the critical care support role to enable them to be released back to theatres. A key risk to the delivery of additional essential services is the disproportionate number of theatre staff who are shielding and/or long-term sick. There is also a higher percentage of critical care staff from the BAME community, and risk assessments are currently being completed. Currently, intensivist and anaesthetic resident rotas have been stepped down during this period of lower demand, but if a second wave occurs the 24/7 resident model will be reintroduced.

As the reactivation of additional services continues to be planned, it will be done in the light of:

- Ensuring that critical care has the ability to cope with potential increases in COVID cases as well as non COVID work, using the 70% occupancy threshold outlined in the NHS Wales Operating Framework
- Having a zero-tolerance approach to delayed transfers of care from critical care
- Continuing to consider and where available implement, digital solutions to support and enhance critical care.

3.2.5 Cancer

Working closely with the Cancer Network the lead cancer clinician and senior cancer managers attend the weekly Welsh Cancer Operational Managers Group and provide weekly updates and data on the Health Board's position. Weekly internal surgical meetings are held, with representatives from all disciplines attending, including Consultants, to identify all priority patients in line with guidance issued.

In relation to capacity for cancer diagnostics and treatment, the activity is as follows.

31 day USCs				
	Jan-20	**Feb-20**	**Mar-20**	**Apr-20 (Draft)**
Total pts treated	100	74	100	45
No. treated within target	88	67	93	39
No. breached target	1	7	7	6
31 day % compliance	**99.0%**	**90.5%**	**93.0%**	**86.7%**
62 days USCs				
	Jan-20	**Feb-20**	**Mar-20**	**Apr-20 (Draft)**
Total pts treated	114	83	138	59
No. treated within target	98	60	117	36
No. breached target	16	23	21	23
62 day % compliance	**86.0%**	**72.3%**	**84.8%**	**61%**

NB: Draft figures usually improve when confirmed.

The Health Board is taking urgent steps to address the performance in 62-day compliance. Headlines include:

- The Health Board is continuing to provide radiotherapy services, with 75% capacity protected (compared to prior to the pandemic). 3 LinAccs are treating non-COVID patients and 1 running for COVID. Patients awaiting radiotherapy are subject to revised clinical assessment to test relative risk in the context of COVID and where necessary alternative management plans are enacted.
- In relation to chemotherapy, activity dropped to approximately 70% at the end of March compared to the same point the year before. Activity has now increased back up to 90%. As with radiotherapy there is a revised clinical assessment process in place.
- Urgent suspected cancers (USC) are usually screened within 10 days of referral. In the first week of May 94% (149) urgent suspected cancers (USC) were scanned within 14 days of referral (85% were scanned within 7 days).
- Diagnostic biopsies are prioritised for patients being considered for treatment – decisions considered through MDTs and in consultation with patients.
- The expectation is that the majority of surveillance scans will be delayed for about 6 months (there are a small number of exceptions)
- Cancer follow-ups are only being booked if the continuation of treatment depends on the result
- The Rapid Diagnostic Clinic has reopened. Diagnostic imaging requests delayed by Covid are currently being reviewed to see if any have become urgent. Routine imaging has not started.
- Endoscopy procedures are currently limited to emergencies and inpatients and continuing with some Endobronchial Ultrasound (EBUS) and Endoscopic

Retrograde Cholangio-Pancreatography (ERCP) activity. This follows British Society of Gastroenterology advice that only therapeutic emergency and essential endoscopy be carried out given the risks of aerosol generating procedures (AGPs). This is being linked in with the work of the National Endoscopy Team to look into the future demand and planning is being undertaken accordingly, including for the likely need for significant redeployment of internal resources, extended lists and seven-day working. Deferred patients are kept under review.

- Colonoscopy, flexible sigmoidoscopy and rigid sigmoidoscopy procedures are being deferred during the pandemic. Consultants consider all relevant USC referrals and redirect to either alternative diagnostics through radiology, such as Barium swallow, or lists for procedure. A pragmatic approach to triage the most high-risk patients for the early detection of cancer by the commissioning of Faecal Immunochemistry Testing at a high sensitivity level (so called FIT10) to prioritise patients being referred through the urgent suspected route for colorectal cancer is being explored.
- Colposcopy services are provided in line with the guidelines set out by the Cervical Screening Wales. Urgent suspected cancers have daily access to colposcopy clinics in Swansea, and diagnostic access for cancer within colposcopy at present is within National Standards (i.e. within two weeks).
- Multi-parametric MRI scans recommenced on the 4th May 2020 and prostate biopsies were re-instated w/c 11th May.
- Health Board consultants are supporting some Gynaecology and Urology surgery being undertaken in Hywel Dda.

Theatre capacity at both Morriston and Singleton hospitals has been reintroduced and surgical activity is increasing week on week. Surgery in plastics, breast, urology, gynaecology, sarcoma, head and neck, skin and lower GI surgery is being undertaken. Teams are working together to produce a prioritised list of cancer patients to ensure optimal use of theatre capacity. These plans will result in greater post-operative ITU capacity for cancer patients by the end of May.

Independent sector capacity is being utilised and regional working is taking place to deliver increased capacity during the acute phase. Examples include:

- Cancer cases being undertaken at Sancta Maria hospital (given the hospital's facilities, the casemix is limited to patients who do not require post-operative ITU/HDU care);
- Some sarcoma patients being operated on at Spire;
- Regional work with Hywel Dda on tertiary gynaecology patients;
- Appropriate prostate and bladder patients are outsourced to the Rutherford Cancer Centre; and,
- Work with Cardiff in relation to potential shared lists for thoracic surgery patients.

Systemic Anti-Cancer Therapy (SACT) continues to be provided and the Health Board is working closely with Velindre NHS Trust in terms of demand and capacity modelling and managing access to services across South Wales. Some in-patient treatments

were deferred for three weeks, but these have now resumed and chemotherapy capacity is currently running at 90% of pre-Covid capacity. Weekly meetings take place with colleagues in Hywel Dda to ensure equitable access to SACT units.

As noted above three out of four LinAcc machines are up and running and the working days on those machines have been extended. Radiotherapy treatments are therefore ongoing for all priority levels except prostate patients, who are being deferred with hormone cover, and radiotherapy for breast patients reduced to 5 fractions where appropriate and in line with national guidelines.

There have been increased referrals for a number of tumour sites with decreased surgical capacity, especially oesophagus, pancreas, rectum, and head and neck and this will be factored into plans.

3.2.6 Outpatients

On a weekly basis, through the RTT reports, activity, referrals, performance against waiting list for new and follow-up patients (both total patients waiting and length of wait) by all specialities are being tracked and the levels of Cancer USC referrals and backlog are monitored. Referrals have dropped significantly but activity has also dropped and the length of wait and total number on the list has increased.

Number of GP referrals into SBU HB				
	Jan-20	**Feb-20**	**Mar-20**	**Apr-20**
Urgent	6,384	6,144	4,619	1,450
Routine	5,899	5,034	3,831	1,955
HB Total	**12,283**	**11,178**	**8,450**	**3,405**

Number of patients waiting over 26 weeks for first outpatient appointment (stage 1)				
	Jan-20	**Feb-20**	**Mar-20**	**Apr-20**
Morriston	593	421	901	2,716
NPTH	0	0	0	2
Singleton	860	872	1,141	2,747
PCCS	0	13	13	31
HB Total	**1,453**	**1,306**	**2,055**	**5,496**

The Outpatients Modernisation Group will recommence from the beginning of June to programme manage the reactivation of services within the context of the national Outpatients Strategy, draft national Outpatient Model and local KPMG recommendations.

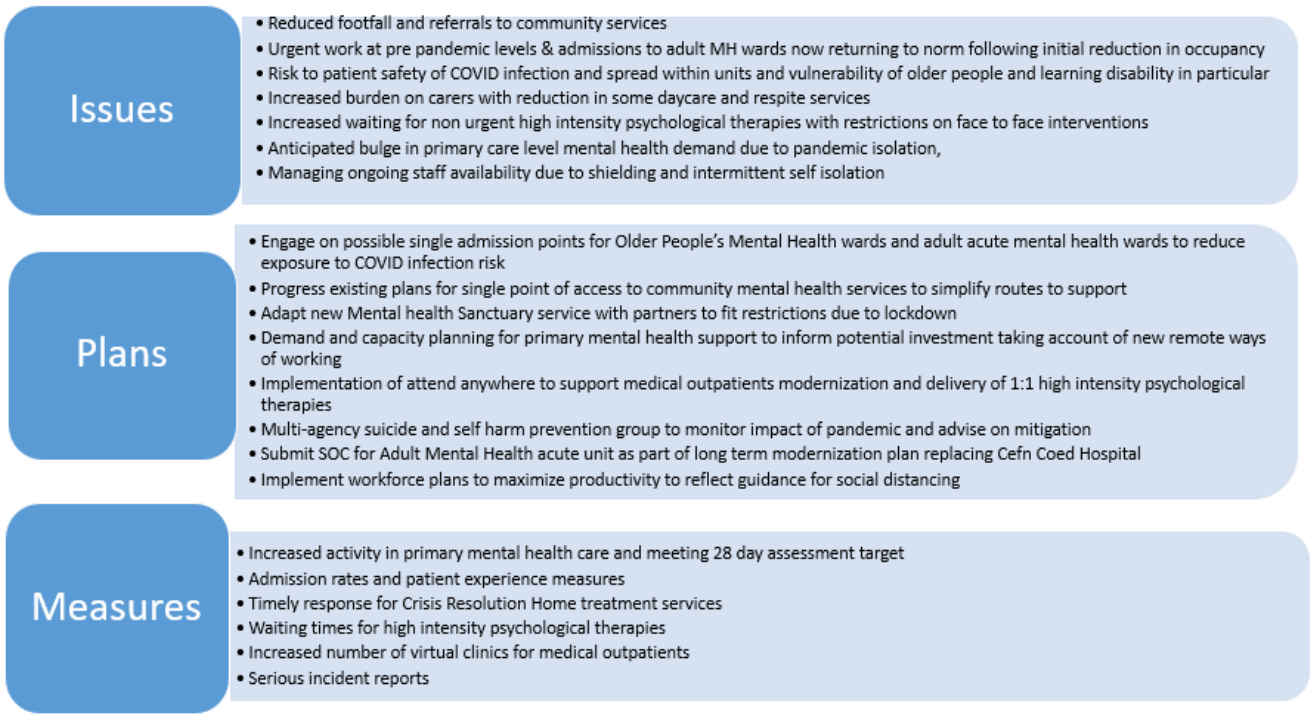
Since March clinicians have been supported to maintain essential services through priority face-to-face attendances, telephone clinics and rolling out the digital outpatients offer at pace including Attend Anywhere, See On Symptoms and Consultant Connect. Work on PROMS has continued which will wrap around the refreshed Outpatients Modernisation Programme.

The Health Board will be submitting a Planned Care Programme Outpatients Transformation Fund Application by the end of May to support the transformational

approach to reactivating activity in line with the National Strategy and the Clinical Services Plan.

3.2.7 Mental Health and Learning Disabilities

There is increasing evidence that the pandemic and the national policy response is putting pressure on vulnerable groups and increasing mental ill health. The Mental Health and Learning Disabilities service response and plans are summarised in the diagram below.



3.2.8 Child and Adolescent Mental Health Services

Routine face to face outpatient clinic appointments have ceased and clinicians are providing telephone consultations for advice, therapeutic support and medication monitoring. Face to face appointments are being offered on an individual basis only as required to manage clinical need and risk.

Urgent care is being prioritised and CAMHS Crisis Team hours of operation are from 9am – 9:30pm seven days per week, providing direct assessment during the hours of 9am-5pm and telephone support for urgent referrals and telephone assessment after 5pm.

The impact of the reduced face to face clinic-based service and minimizing pressure on acute settings and primary care is being addressed through the enhanced CAMHS Telephone Single Point of Contact / Referral Line. This is an open access service for families, referrers and partner agencies, providing telephone advice, support and referral triage, 9am – 5pm Monday to Friday.

3.2.8 Children's services

Services for children have also adapted during Q1 in an agile way to support COVID response and maintain essential services. Examples include:

- Immunisation and vaccinations are being undertaken through primary care with the support of health visitors as the school nursing service has been repurposed to deliver community testing;
- Paediatric emergencies are being managed through the new pathway outlined above and Single Point of Access in Morriston;
- Community paediatric pathways have been redesigned but remain open;
- In terms of surgery, emergency cases are being carried out and other urgent cases being prioritised in line with the approach set out in 3.2.3;
- Safeguarding processes remain in place;
- Paediatrics outpatients are being delivered digitally;
- A detailed self-assessment against the all-Wales guidance on neonatal services has been undertaken with strong compliance evidenced; and,
- The Transitional Care Unit in Singleton has been completed early and has enabled an isolation facility for COVID positive mothers and babies to be provided.

3.2.9 Maternity services

Maternity services have continued to be provided throughout Q1 with technology being used to support some community visits via the phone whilst ante-natal clinics have continued.

3.3 Independent Sector

Services in Sancta Maria Hospital ('Sancta') have been procured as part of the national independent sector process. Sancta is based in an old building (converted houses) situated on the outskirts of Swansea City Centre. It mainly provides for day case elective surgery with a limited amount of more complex inpatient surgery. In terms of casemix, the extant criteria is for patients to be of an ASA 1 category with a limited number of ASA 2 patients able to be operated on. It has a small number of outpatient rooms supported by some limited diagnostics (x-ray, ultrasound and echocardiogram facilities) and there is no MRI, CT or endoscopy suite on site.

The prioritisation of the Health Board's workforce remains the biggest risk in relation to driving activity through Sancta. Swansea Bay UHB medical staff are operating in Sancta, largely in contracted time, and decisions on the deployment of surgical and anaesthetic resources need to be driven by efficiency and effectiveness considerations.

Activity to Date

The table below summarises the activity to date:

Treatments - numbers	**06/04/2020**	**13/04/2020**	**20/04/2020**	**27/04/2020**	**04/05/2020**	**11/05/2020**
Inpatients	*3*	3	7	1	3	9
Daycase	*0*	0	0	0	0	0
Outpatients	*0*	0	0	0	0	0

Remainder of Q1 and into Q2

In the immediate term (the next two weeks), the Health Board will continue to plan for lower risk cancer cases to be undertaken in Sancta. The ambition is to drive more value from the contract and to deliver a solution that enables the capacity to be directed at the most clinically urgent cases. The limited facilities at Sancta do not enable this to be maximised and an approach has therefore been made to the provider to utilise their staff to support Swansea Bay UHB theatres and ward capacity. This would enable an additional theatre to be commissioned and thus maximise capacity for the most urgent cases internally. There is agreement in principle to this proposal subject to final contractual and staff sign-off. Assuming sign-off is achieved, the solution will be enacted by the end of May. This will facilitate an additional theatre to be activated in the Health Board which will run at a higher level of throughput and casemix than in Sancta.

In addition, as part of the outpatient and diagnostic recovery workstreams, the Sancta provision is included as an option.

The Health Board maintains regular discussions with Sancta on the immediate plans as well as the more medium-term approach. Discussions also continue internally and with WHSSC about more of the Health Board's population accessing other Welsh independent providers through the national contract.

3.4 Strategic considerations for Q2

As outlined above, as well as remaining agile and adaptive to any fluctuations in COVID demand, options are being explored to recalibrate the system at a strategic level in order to increase the amount of activity that can be reinstated. The approach to reactivating services on a system wide basis has been established with clinical and senior operational leaders working to plan change on a 4-8 week basis.

These include:

- Clinicians have proposed that given the capacity currently available at acute hospital sites that this is an ideal opportunity to potentially accelerate the consolidation of the acute medical take onto the Morrison site which is a fundamental element of the Clinical Services Plan. Rapid, clinically-led scenario planning is also underway to test the feasibility of zoning the use of the hospital sites to better support the streaming of patients. This seeks to take advantage of the relatively low demand in "normal" unscheduled care and the capacity currently available across acute hospital sites. A decision will be taken by the end of Q1 as to whether to proceed. If this does progress, then the expectation is that this will be in place at the of quarter 2 to enable support for increased pressures over the winter. Discussions with the CHC have commenced.
- Working with Cwm Taf Morgannwg University Health Board to agree the options and opportunities that the theatres in Neath Port Talbot Hospital offer in both the short and longer term. There is currently a complex SLA in place as a result of the Bridgend Boundary Change process and operating has ceased in this facility to enable staff from both organisations to be repurposed (predominantly into critical care) to directly support COVID-19.

- Continuing to engage in discussion to explore regional solutions with a focus on essential services.

In summary, based on the baseline assessment against essential services, the Health Board priorities are in increasing, in line with the planning principles, surgical and diagnostic capacity, to include cancer services. The ambition is to increase surgical capacity to deliver more level 2 and then level 3 activity. Key milestones for these priorities are set out below. These milestones are in addition to what has continued throughout the pandemic and will be updated following the first round of plans from the work cells):

	APRIL	**MAY**	**JUNE**
GENERAL	• Exec lead for Essential Services identified • Associate Medical Director Essential Services • Engagement in nationally established groups for Essential services • Wales Cancer Network engagement • Engagement with Sancta as part of national procurement	• Baseline assessment against WG Essential services f/w • Established work cells to take forward planning for non Covid essential services • Regional discussions with C&V and Hywel Dda and commitment to working together • Regional discussions with CTM and commitment to agreeing plan for NPT • Clinical processes eg pre-op and consent revised and issued	• Full engagement in regional solutions where appropriate • Iteration of clinical processes in line with new and emerging evidence
SURGERY	• Some gynae-onc and urology cases undertaken in Hywel Dda • Increased theatre capacity in Morriston by 2 theatres	• Joint MDT with C&V on Cardiothoracics • Additional lists in Singleton • Working with Sancta to deliver optimum solution for this resource in terms of surgery • ITU reconfigures to support zoning of patients	• Potential 5th theatre brought back in Morriston dependent on workforce capacity (focus on paeds) • If feasible from workforce perspective – NPT theatre suit for some orthopaedics activity

DIAGNOSTICS	• Emergency diagnostics inc EBUS and ERCP • Cancer MDTs prioritise cases for diagnostics (scans and other) • Colposcopy in place • Alternatives to other diagnostics eg bariums • CT/MRI	• Emergency diagnostics inc EBUS and ERCP • Rapid Diagnostic Clinic for cancer recommenced in NPT • Multi-parametric MRI scans recommenced on the 4th May 2020 • prostate biopsies instated w/c 11th May • Planning for further diagnostics in June •	• Diagnostic plan from Diagnostic work cell enacted – will explore independent sector
CANCER	• Chemo @ 70% of pre-Covid levels • Radiotherapy services, with 75% capacity protected (compared to prior to the pandemic)	• Chemo @ 90% of pre-Covid levels • Updating modelling of cancer demand and capacity to support local and regional planning	• Chemo @ ≥90% of pre-Covid levels • Plans enacted in line with national and WCN discussion and output from modelling

4.0 New Ways of Working

4.1 Approach

Swansea Bay UHB has an agreed Organisational Strategy and Clinical Services Plan (CSP) and the pandemic response has accelerated opportunities to implement elements of these at pace. Since March the Health Board has been tracking service changes centrally on a weekly basis to assist with operational planning, the quality impact assessment approach to the reactivation of some services and to inform future evaluation and benefits tracking. Strategic changes in line with the CSP that are underway are considered throughout the document. More information on digital, primary care and mental health and learning disabilities are found in the relevant sections but a high-level summary is as follows.

4.2 Command Centre

The Health Board's Command Centre has been established to coordinate the flow of patients across Swansea Bay UHB including Rapid Discharge, community "step up" and any additional surge or super surge capacity in the Field Hospitals. The Command Centre will also provide coordination of the traffic flow (including patients, pathology specimens, pharmacy and supplies) around existing sites and the Field Hospitals and be the point of contact for mortuary flow in a mass fatalities situation.

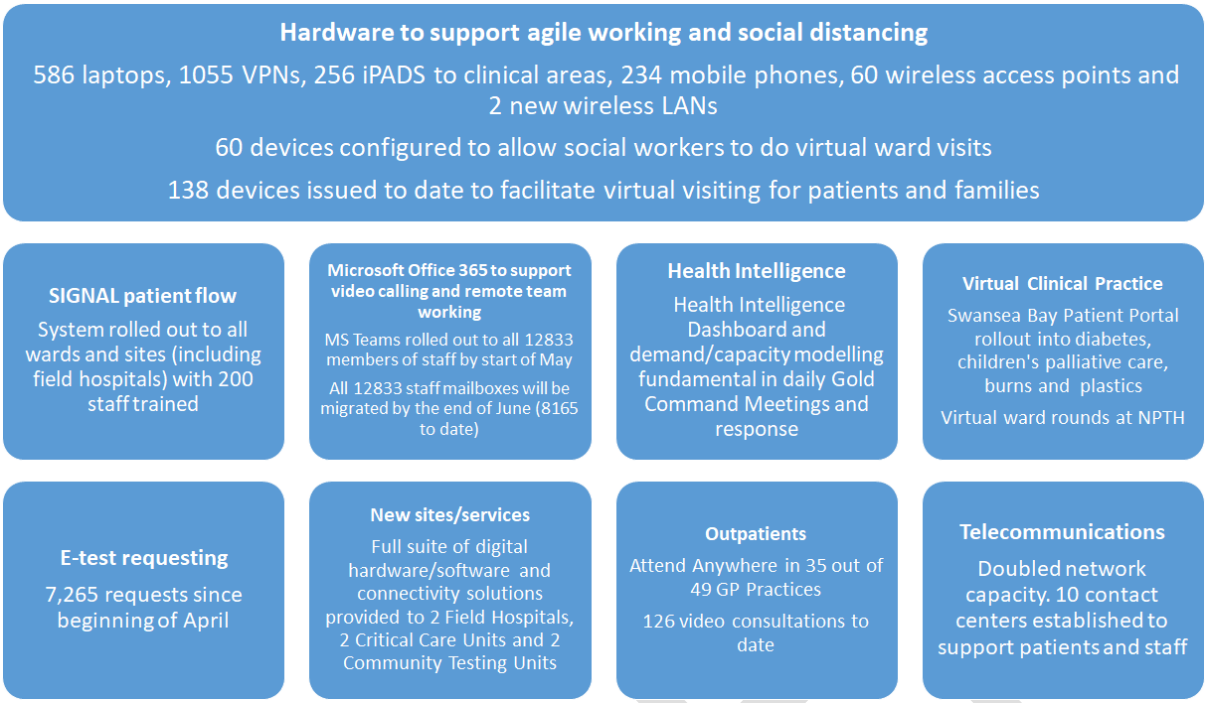
The Health Board infrastructure is ready to respond if a situation is reached where there is a need to surge into the Field Hospitals. The recently agreed Rapid Discharge Process will be fundamental in ensuring the flow out from all of the UHB sites is maintained.

The patient flow element of the Command Centre will be established ahead of the need to utilise the Field Hospitals and maintained as part of the future service model.

Changes that deliver the Clinical Services Plan	Workforce
• Single point of access for Paediatric services at Morriston to deliver streamlined and better quality care for patients • Heart Failure Hub established at Gorseinon Hospital to manage patients with heart failure away from acute hospital sites. • Commissioned 3rd sector to deliver digital and telephone services for adult mental health crisis services • Introduction of virtual follow up clinics following discharge • Development of advice line in gastroenterology for primary care aims to provide them with a speciality advice to optimise patient management and to avoid admission • Reviews of FUNB patients based on see on symptom • Planning restarted on centralisation of Acute Medical Take for Swansea	• Changing clinical conversations to push forward modernisation of mental health services, including see on symptoms, seeing appropriate non medical staff • Pathology staff redeployed to support digital histology solutions, and recognise that staff can work anywhere remotely • Changes to staff rotas to ensure 24 hour access to blood transfusion services with a potential one site model if staff numbers depleted. • Specialist cancer nurses providing support and leadership to nursing and residential care homes • Development of educational training packages across staff groups to respond to COVID • The community continence service have taken on all District Nursing patients who require catheterisation/re-cath. They have also taken on TWOC patients from hospital, so that these are now seen in their own homes. • Pooling admin staff across services, and mixed model of services to include work from home and in work to ensure cover • Implementation of 7 day rotas for different staff groups • Patient Advice Helpline – Secretaries are supporting this helpline, downloading and co-ordinating messages for the right support with Doctors and Nurses. • Staff being retrained as HCSWs to support acute ward work
Processes and Pathways	**Other Service Change**
• Introduction of new whole system respiratory assessment unit pathway, including WAST and clusters • Single multi-agency action plan for Medically Fit for Discharge Patients enabling reduction of numbers from ~270 to 50 during March • Changed admission pathway for the three learning disability acute assessment units serving SBU, CTM & C&V Health Boards. One unit is now the single intake point for all acute admissions across the three health board areas • New fast track rapid discharge process agreed across all partners • Phlebotomy service changed into hub model • New pathway for community paediatrics with complex needs via patient portal • Dedicated maternity services telephone line as first point of contact	• Patients who would have been offered BMT for delay of deterioration (myeloma patients) are being offered alternative treatments, meaning they can be seen as day cases rather than having a 3 day stay • New model of post acute care for older patients post COVID • "Red Flag" service established for podiatry and orthotic patients enabling speed of access via telephone triage as required • Establishment of hot clinics for urgent or complex patients using social distancing

4.3 Digital Transformation

Swansea Bay UHB has a clear digital plan. The response to the pandemic has been underpinned by digital transformation at an unprecedented pace within the Health Board, including a cultural shift towards operational planning, use of data and the rapid development of Business Intelligence. The acceleration of the digital offer within the Health Board, across the organisation and all elements of response to the pandemic is to date summarised in the diagram below with more information on ongoing and future developments in the following table.



Theme	Digital Response
National Digital Collaboration and cross-cutting digital themes	• Working in partnership with WG and NWIS to ensure the Digital Priorities Investment Fund is effectively utilised • Focussing on digitally-facilitated clinically-led business change • Continuing to maximise the use of business intelligence and demand/capacity modelling as intrinsic decision support tools for organisation planning.
New ways of working	• Empowering patients and facilitating See On Symptoms model for follow-up outpatients with further rollout of the Swansea Bay Patient Portal • Utilising video consultations where appropriate via Attend Anywhere, with full rollout of the system by the end of May • Supporting the Value-Based Healthcare agenda and follow-up management through the capture and analysis of PROMS • WIFI will be enabled in the remaining Community, Mental Health and Learning Disability sites to support remote working and social distancing.
Managing COVID 19	• Further implementation of virtual ward rounds to facilitate social distancing and enable shielding clinicians to fulfil duties • Rollout of e-Prescribing and Medicines Administration across NPTH and Singleton to increase patient safety and facilitate better social distancing.
Essential Services	• Further development of the Signal Whiteboard to support the planning for the single acute take model and Command Centre and the roll out of the Signal patient flow system to all hospital sites (previously only at Singleton) to support MFFD management and Rapid Discharge Guidance implementation • Accelerating plans for the implementation of the Wales ED System (WEDS) to support paperlite working in the Emergency Department

	• Commencing implementation of electronic nursing documentation, reducing duplication and increasing time to care
	• Planning the implementation of the Wales Eye Care Digitalisation Solution to enable Ophthalmology transformation
	• Cancer and Palliative care:
	  • Improving MDT virtual experience utilising newer technologies
	  • Further data modelling of cancer pathways
	  • National collaboration on cancer e-Prescribing solution
	• Introducing electronic requesting for radiology in Secondary Care.

Critical Care	• Planning the implementation of the Wales Critical Care Information System.
Workforce wellbeing	• Maximising remote working via the provision of mobile devices and MS Teams to support shielding, self-isolation and social distancing • Access to key workforce information via the Digital Intelligence Dashboard.

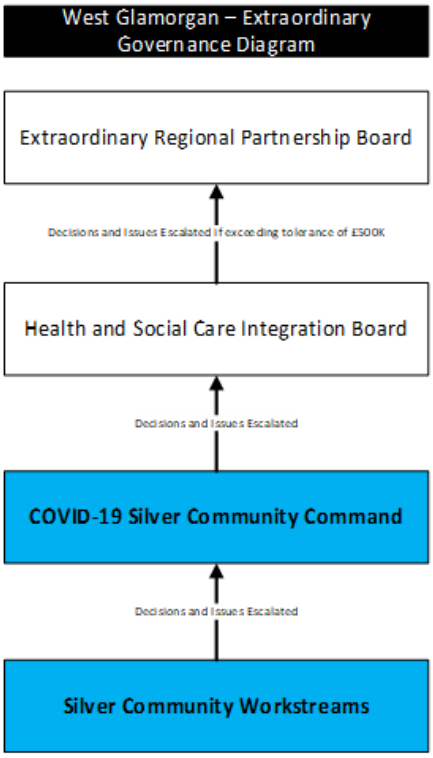
Primary Care	• Support virtual/remote service provision:
	  • Maximising GP and practice efficiencies through further rollout of Ask My GP
	  • Utilising video consultations where appropriate via Attend Anywhere
	  • Facilitating GP to Consultant communication using Consultant Connect
	• Introduced electronic test requesting for pathology in Primary Care
	• Improved referral management for ophthalmology supported by electronic referrals
	• Access to secondary care patient records via the Welsh Clinical Portal.

As well as the further digital plans for Quarter 1 identified in the table, there are additional opportunities which could be progressed subject to resources (currently not secured):

- Extend rollout of electronic prescribing to Morriston Hospital
- Introduction of electronic observations to further improve patient safety and facilitate social distancing
- Maximise the use of digital dictation across the organisation.

5.0 Partnership Working and Social Care Resilience

The West Glamorgan Regional Partnership is a well-established partnership which plans and delivers integrated services across the two Local Authorities, Health Board, and third sector underpinned by co-production with service users and carers. It was recognised at the outset of the COVID pandemic that extraordinary arrangements needed to be initiated to respond to the crisis, building on the partnership arrangements and emergency interim governance arrangements for the Regional Partnership Board, and its supporting sub structures were established. This has enabled responses which are quick, flexible and effective across the partnership and services. The revised governance arrangements have been approved by the Health Board and the two local authority Cabinets. The governance arrangements are set out below:



A Multi-Agency Silver Community Group has been established to manage the resilience of the social care sector and the interface between Social Care and Health, Board facilitated by the West Glamorgan RPB Transformation Programme Office. This group is alternately chaired by the Directors of Social Services and Unit Director for Primary and Community Services and attended by the Director of Strategy (Executive Director lead for the RPB).
The Health and Social Care Interface (Gold) Group also meets twice weekly (initially three times) to broker any strategic issues between the Health Board and Social Care. Escalation is then up to the Extraordinary RPB, Chaired by RPB Chair / Leader of NPTCBC. There is also a weekly call (initially bi-weekly) between the Leaders/CEOs of the LAs and Chair/CEO of the Health Board to address specific joint areas of concern.

There are a number of workstreams within the Multi-Agency Silver Community Group:

- **Rapid Discharge Group:** Development and implementation of cross sector Rapid Discharge Guidance to support hospital discharge in a timely manner in line with Welsh Government Discharge Requirements. Elements of the process are already in place, including a jointly agreed Funding Protocol, agreed care thresholds, rapid assessments, and demand/capacity modelling for care on discharge, a regional residential care offer and a regional Community Response offer from the Third Sector.
  The remaining elements which include designation of Discharge Beds (step-down/up) will be rolled out in mid-June. This group also led the work to discharge over 150 Medically Fit for Discharge patients in the early stages of the response and the lessons learned are being implemented through the process.

Key Milestone	Expected Date
Confirmation of operational flow and clinical model aligned to the Rapid Discharge	28th May
Targeted Communications and Engagement Campaign in relation to the Rapid Discharge Process across all stakeholders	1st June
Launch of the West Glamorgan Rapid Discharge Process	10th June

- **Building Capacity and Resilience in the Community:** Sharing capacity plans, developing solutions to increase capacity and resilience in the community to keep more people in their own homes.

Key Milestone	Expected Date
Collate lessons learned of things that have been done differently in all sectors supporting the community	29th May
Identification of Interdependencies in relation to capacity to help inform capacity planning	5th June
Collate all the data in relation to the External Care Homes, Hotel Accommodation	Updated weekly

- **Children and Young People:** Collectively sharing solutions on issues that arise in respect of children and young people across the region. No milestones, rather issues escalated as required.
- **Externally Commissioned Care:** Monitor and provide solutions to issues in commissioned care: Care homes: Older Adults, LD & MH, Domiciliary care, Supported living, Children's Residential Care

Key Milestones	Expected Date
Establish process and timelines for the emergency funding protocol	5th June
Locations identified and analysis of population that could require support for step up	5th June
Analysis of difficult to place cohort of individuals who are medically fit	5th June

- **PPE / Infection Control:** Develop a Regional Strategy and Communication with regards to the use of PPE and infection control to Externally Commissioned Providers, and In-House Services, including managing PPE stock levels

Key Milestone	Expected Date
Regional Enhanced PPE Procurement Model	22nd May
Update and review risks in relation to PPE & infection control	5th June/ ongoing
Update and review lessons learned in relation to PPE & infection control	5th June/ongoing
Update and review regional PPE & Infection Control Protocol, in line with Public Health and Welsh Government Guidance, and any regional requirements	5th June/ongoing

- **Third Sector Community Group:** Share plans from across the Community Silver Workstreams affecting the Third Sector and Community and develop solutions to any issues

Key Milestone	Expected Date
Commence pathway 1 discharge process with Third Support	22nd May
Collate lessons learned to reflect on the significant community, volunteer and third sector support	29th May
Identification of risks in relation to future planning around the Third Sector and community support	29th May

- **Mental Health and Learning Disability:** Escalation of any issues that arise in respect of people with MH/LD across the region

Two specific strategic discussions have also been held to consider the resilience of the care home sector, ensuring that the Health Board provides support wherever possible to enhance resilience. The main areas of focus for the remainder of the Quarter will be on:

- Reaffirming the strategic system-wide approach to ensure residents of care homes, and those people being cared for at home, have equitable access to the care they need if they test positive for COVID and need additional care than can be delivered at their normal place of residence, as set out in the Update to Guidance in respect of Step-up & Step-down Care Arrangements during the COVID-19 period issued on 29th April.
- Reviewing the provision of PPE training to staff of care homes following reviews currently being undertaken by Environmental Health Officers.
- Ensuring that short term, flexible staffing support for care homes is available if required.
- Jointly considering proposals and options for financial support for care homes.

6.0 Regional Working

The Health Board has strong regional NHS partnership arrangements in place with structures in place to support working with:

- Cwm Taf Morgannwg UHB through the Joint Executive Group arrangements;
- Cardiff and Vale UHB through the Regional and Specialised Services Partnership Group; and,
- Hywel Dda UHB and Swansea University through ARCH and the regional Clinical Services Plan.

During the early response to the pandemic these arrangements were suspended but as part of the Reset & Recovery work the existing regional structures will be used to coordinate planning.

In May the planning arrangements with Cardiff and the Vale UHB to jointly support the resilience of some tertiary and specialised services (notably thoracic surgery, upper-GI cancer surgery, liver and pancreas surgery and emergency spinal surgery) were reactivated.

During the remainder of Quarter 1 high-level discussions will be held with Cwm Taf Morgannwg UHB about the future use of facilities at Neath Port Talbot Hospital which are currently governed by a range of SLAs following the Bridgend transfer.

Further exploratory conversations will also be held with Hywel Dda UHB about the regional specialist eye care offer and the opportunities afforded by the Outpatients Transformation Fund Application.

There is close working with Velindre NHS Trust to support delivery of services across the region, but also to share demand and capacity modelling work.

In addition, the commissioning arrangements for specialised services and ambulances through WHSSC and EASC continue. With WHSSC, further opportunities will be explored for using the national contract for the independent sector and to ensure that the assurance processes on non-COVID essential services are aligned with the WHSSC assurance processes regarding specialised services.

7.0 Workforce

7.1 Workforce Supply and Recruitment

There has been significant recruitment (shown in table below) to support Covid activity and the additional staffing resource required for the Field Hospital and staff have been recruited on bank or fixed term contracts. Some of the care worker resource is time limited as they were students or furloughed staff. There are also limitations in deployment suitability and hours that can be worked due to people being students or their offer being as a second job. However, all students have been allocated to the clinical area of choice as required with regard to their training experience. The Health Board received a list of 39 retire and return registered nurses who had initially opted on to the temporary register, only 4 of these have been able to join, this has been for varying reasons including withdrawing interest.

There have been high attrition rates at all points in the process and after induction and there have been significantly fewer applicants in the last few weeks. To accommodate these new recruits the Health Board has developed a new support services assistant role and targeted training has been provided to staff to support the re-purposing into alternative temporary roles to support COVID activity with significant effort put into the provision of induction training for students and the other temporary workforce.

Going forward, whilst there has been significant success in expanding the workforce as part of the COVID 19 response, through students, returning professionals, and new recruits, this COVID 19 workforce needs to be supported as additional capacity is factored into plans. Equally much of this additional workforce is temporary and although this may not affect Q1, going forward into Q2 contingency plans need to be considered in the context of more sustainable workforce planning for the future in line with the draft Workforce Strategy for Health and Social Care.

COVID Recruitment new starters tracker				Date	13.05.2020						
Action											
Incoming resource	**Contact**	**Appointed no start date**	Snapshot totals							WTE	No of people selected
Scheduled new starters by start date			w/c 06.04	w/c 13.04	w/c 20.04	w/c 27.04	w/c 04.05	w/c 11.05	w/c 18.05		
- Medics	E Jones/CH	1	6			6	2				
- Locum Bank	E Jones/CH		10	15	2	8	3	1			
- Agency Locum	E Jones/CH		5								
- Medical Students	E Jones/CH										
- Year 5 *	E Jones/CH			4						4	4
- Year 4 *	E Jones/CH		38	0				4		35	42
- Year 3	E Jones/CH		22	3	13					17.73	38
- Year 1&2	E Jones/CH		8	17	30	9		11		35.00	75
- Nurses	M Fitzgerald										
- Critical care	M Fitzgerald	0	2	0		2					
- Non critical care	M Fitzgerald	41			1	1	1	3		1.66	3
- ODP	M Fitzgerald	1									
- Student nurses	L Jones										
- Band 3	L Jones	119				33	48			160	200
- Band 4	L Jones	63				86	2			151	151
- Midwives	M Roach		1	13						11.2	14
- HCSW	M Fitzgerald/TW		34	32	35	41		29	35	41.92	48
- Facilities	C Rowlands										
- Porters	C Rowlands		2	46	0						
- Domestics	C Rowlands		7	13	1	1					
- Catering	C Rowlands		17	0	0						
- SSA	C Rowlands	27	0	0	34	4	12	10			
- Laundry	C Rowlands		1	0	2						
- Switchboard	C Rowlands		7	0	0						
- Security	C Rowlands		3	0	0						
- Estates	N/A		N/A	N/A	N/A	N/A	N/A	N/A	N/A		
- AHP and HCS	K Crawford										
- Pharmacy	K Crawford	6	0	0	0						
- Physiotherapy	K Crawford	2	0	0	0						
- OT	K Crawford	5	0	0	0						
- Dietetics	K Crawford	1	0	0	0						
- Mental Health	K Crawford	12	0	0	0						
- Radiology	K Crawford	0	0	0	0						
- S&LT	K Crawford	0	0	0	0						
- Student AHP	K Crawford		0	0	0	0	0	0			
- Corporate	K Crawford										
- I.T.	K Crawford	0					1	1			
- Admin Support	N/A		N/A	N/A	N/A	N/A	N/A	N/A			
										457.51	Total WTE from FTC (non-"Bank")
TOTALS		278	163	143	118	191	69	59		925	Total Headcount new starts

Workforce Deployment Assumptions

The Health Board wide workforce planning principles are driving local decisions and one collective staff resource, i.e. staff will be deployed as one system. The workforce model will continue to be fluid to respond to the changing situation, however the workforce plans to underpin the Clinical Models for surge and super surge are in place for implementation as and when required.

Workforce ratios will be professionally agreed and monitored and staff will deployed across the HB, including field hospitals as service need requires. This may not be in the Unit they currently work in and may also be in the Field Hospitals. Staff will be required to move from their normal workplace building on the very positive response to such practise to date. There will be a need to balance experienced staff with new or less experienced staff to manage quality and safety. It would be challenging within existing resource to fully staff the field hospitals.

In areas where services are stood down, staff have been repurposed to roles across the Health Board, and in many cases retrained or upskilled to provide the skills needed where they are needed.

Assumptions of Staff Availability

Staff absence is monitored on a daily basis and reported on the Gold Command COVID Dashboard. COVID related absence was at its highest level in mid-March with 1,700 staff isolating and shielding. This has now fallen to just under 1,000 staff. Absence due to COVID is 10% overall with absence in clinical staff groups being up to 15%. This is in addition to the normal sickness absence of 5%. In line with other Health Boards, the operational planning assumption for workforce availability is therefore to plan on overall absence to continue at circa 20% during Quarter 1 and into Quarter 2.

Further assessment will take place as the pandemic proceeds as wider staff testing is likely to produce more positive results resulting in greater staff absence and fragility and it is assumed that staff who are shielding will continue to be unavailable to support front line care for the foreseeable future. The impact of Test, Trace and Protect is also unknown but could produce further difficulties with entire teams being asked to isolate if a team member tests positive.

7.2 Workforce Wellbeing

Appropriate testing systems will need to be in place as determined by the national Testing Strategy, to which the Health Board will continue to adhere. The staff testing activity to date is summarised in the table below.

Testing Activity – Staff	10/05/2020
Total Number of Staff Referred for testing	3152
Number Referred To CTU	60
Tested Elsewhere	404
Total Number of results Returned	2880
Total Number of Positive Results	905
Total Number of Negative Results	1991
Total Number of Inconclusive Results	3
% of Positive Results	31.25%
Total Number Awaiting Results (Not Yet Returned from Lab)	84
Not Tested	162

The Occupational Health service has been re-engineered to deliver services 7 days a week, 7am - 10pm to support the outbreak and an additional 29 registered staff have been trained to undertake the assessment of Covid-19 symptoms along with an extended administration service to manage the increased demand. The team is currently managing an average of 300 calls a day and is prioritising symptomatic staff or symptomatic family members, who are then referred to the Community Testing Unit on the same day wherever possible. Most staff are being tested the following day with results generally being returned to Occupational Health within 48 hours. Staff who test positive are phoned by the nurses to inform them and offer support if required and staff who test negative are sent a text of their result. To date, over 2500 staff or family members have been referred for testing and the positive return rate as at the end of April was 37.6%.

Occupational Health continue to provide a Covid-19 service for staff, assessing those at risk and providing appropriate advice on adjustments to managers, following national Public Health Wales guidance. This includes recommending working remotely or in a lower risk area and includes advice and guidance already given to 945 staff with underlying health conditions, 255 for pregnancy advice and 1287 staff for general advice.

Appropriate rest and working patterns for staff are important, in particular to enable staff who were unable to take time off due to service pressures to take annual leave and have time to recharge. Staff and managers are being encouraged to take annual leave on a planned basis to support staff resilience and wellbeing and a more structured approach to this will be discussed with Trade Unions going forward. The reintroduction of professional and study leave will also be considered in line with the emerging pandemic response, staff absence assumptions and service priorities.

The interim BAME risk assessment has been distributed within the organisation. The Health Board's BAME Network has been used to provide feedback to Welsh Government on the development of the all-Wales risk assessment tool. A detailed review has been undertaken on the prevalence and impact of COVID on the Health Board's workforce.

The Local Partnership Forum has met on a weekly basis (including membership from the BMA) with additional meetings of the Local Negotiating Committee.

During the COVID -19 response it is even more important that staff feel able to raise concerns safely and that the learning and lessons from experiences are captured. Local mechanisms are in place for any concerned member of staff to speak up, underpinned by guidance and support. The national conversation on raising concerns being progressed in social partnership provides a clearer focus for this work and daily briefs have been provided from the GOLD command centre, supported by weekly Blogs from the CEO.

8.0 Finance and Capital

8.1 Finance

The Health Board financial plan for 2020/21 contained the following key elements resulting in a forecast overspend position at the end of 2020/21 of £24.4m.

	2020/21 Forecast
	£m
2020/21Underlying Deficit	28.0
Inflationary/Demand Pressures	35.5
WG Allocation Uplift	(21.6)
Investment Commitments	5.4
Planned Savings	(23.0)
Year End Forecast - Overspend/(Underspend)	**24.4**

As part of the Health Board's response to COVID-19, a rapid and significant reshaping of the care system has been undertaken. The financial implications of this reshaping have been assessed and this assessment has been made based on a series of planning assumptions to provide a revised financial forecast for 2020/21.

The care system response to the COVID-19 pandemic, changes in population dynamics and the move to reset some core services, require the financial forecast to be routinely revisited and updated. This work will feature routinely in the monitoring returns for the Health Board and this Quarter 1 plan reflects the planning assumptions for the first Quarter within the overall forecast. The assumptions which underpin the financial forecast are set out below.

Month 1

The month 1 position for the Health Board has recently been finalised and the summary position is set out in the table below.

	Month 1 Actual
	£m
Operational Position	2.118
Slippage on Savings	1.749
COVID-19 Gross Costs	3.176
COVID-19 Cost reduction	(1.179)
Slippage on Planned Investments	(0.468)
Total	**5.396**

The operational position is broadly in line with the initial financial forecast for the year as per the original financial plan. Budgets have been rebased to reflect the 2020/21 plan to facilitate the most accurate possible assessment of the impact of COVID-19 across all services.

Slippage on savings has been assessed as £1.749m and has been accounted for in line with the original savings plan and factored in to the plan based on the original profiling.

COVID-19 gross costs contain a number of elements such as pay cost increases, PPE stock, equipping, loss of income etc. This reflects current understanding of accounting treatment of equipping costs and the national and local funding of PPE. More detailed work is underway at present to validate these assumptions and this will be accounted for in further iterations of the Quarter 1 and full year forecasts.

Reduced expenditure has been noted in a number of areas, primarily theatres consumables related to the reduced provision elective activity.

The Health Board had a series of investments planned for 2020/21 which have been unable to be implemented because of COVID-19. Slippage against these is separately reported as they were separately identified in the baseline financial plan.

Planning Assumptions for Quarter 1

The financial forecast for Quarter 1 is based on key planning and modelling assumptions. These are used to interpret the impact on the behaviour of the overall care system and the current assessment of these is set out in the preceding sections of this Quarter 1 plan. From a financial forecasting perspective there are key considerations to be made which inform the financial forecasting for the rest of the Quarter. The material considerations are listed below:

- Cost impact of the arrival of medical students has been assessed and is included for Quarter 1
- Cost impact of the arrival of nursing students has been assessed and is included for Quarter 1
- Field Hospital running costs. Preparedness has been completed and for this Quarter it has been assumed that whilst both the Llandarcy field hospital and a

proportion of the Bay field hospital are available to receive patients, the Health Board will not be utilising the beds (based on the modelling) and therefore costs are included for maintaining readiness but not for occupation.

- Final impacts of completing the equipping of increased critical care capacity, field hospital capacity and the accounting treatment of equipping costs. Assumed to be chargeable to revenue. These are reflected in Month 2 following advice taken.
- An assessment of PPE costs has been made based on the modelling and commitments on the books to date, but also based on the assumption that PPE called down through stock requisitions from central procurement will be a zero cost for the Health Board.
- An assumption that hotel accommodation costs will be fixed for Quarter 1. Work is currently underway to review utilisation of hotel accommodation which may trigger a contract variation if negotiable.
- An assessment of the costs of increasing theatre throughput as part of plan to bring back on line essential services. From a materiality perspective this is largely focussed on theatre consumables. The assumption is linked to the phased plan set out earlier in the Quarter 1 plan.
- Whilst the Health Board is participating fully in the implementation and operational running of the Test, Trace, Protect programme, the UHB is yet to fully assess the NHS cost element of this service. A line has been noted as TBC in the table below and work is continuing with partners to understand this.
- An assumption has been made that there is no material movement in the volume of critical care beds required for the Quarter.
- As the independent sector capacity commission is being handled through WHSSC, we have assumed no cost to the Health Board of the contract with Sancta Maria Hospital.
- The cost base assumes no additional funding from any source for COVID-19 pressures in Quarter 1. Any additional funding will have the impact of reducing the variance.

Forecast

This section provides the Health Board's month by month and cumulative forecast financial variance for Quarter 1 based on the modelling assumptions described earlier in this plan and based on the financial assumptions above.

	Month 1 Actual	Month 2 Forecast	Month 3 Forecast	Quarter 1 Cumulative
	£m	£m	£m	£m
Operational Position	2.118	2.118	2.118	6.354
Slippage on Savings	1.749	1.678	1.733	5.160
COVID-19 Gross Costs	3.176	8.551	4.747	16.474
COVID-19 Cost reduction	(1.179)	(1.060)	(1.060)	(3.299)
Slippage on Planned Investments	(0.468)	(0.468)	(0.368)	(1.304)
Total	**5.396**	**11.287**	**7.538**	**23.385**

Within this overall forecast overspend of £23.385m for Quarter 1, there are a number of key cost lines to highlight (based on the assumptions set out above) which explain the position within the table above; in particular the COVID-19 Gross Costs line which has variation between months for a variety of reasons. The table below expands the major elements of this line for transparency and to demonstrate the link between the financial planning assumptions and the cost behaviour.

	Month 1 Actual	Month 2 Forecast	Month 3 Forecast	Quarter 1 Cumulative
	£m	£m	£m	£m
Operational Position	2.118	2.118	2.118	6.354
Slippage on Savings	1.749	1.678	1.733	5.160
COVID-19 Gross Costs	2.905	7.836	4.276	15.017
COVID-19 Cost reduction	(0.908)	(0.860)	(0.860)	(2.628)
Slippage on Planned Investments	(0.468)	(0.468)	(0.368)	(1.304)
Outturn - Overspend/(Underspend)	**5.396**	**10.772**	**7.267**	**22.599**

	Month 1 Actual	Month 2 Forecast	Month 3 Forecast	Quarter 1 Cumulative
	£m	£m	£m	£m
Medical Students	0.086	0.256	0.256	0.598
Nursing Students	0.000	0.596	0.897	1.493
Returning Staff		0.065	0.065	0.130
Field Hospitals	0.100	2.362	0.102	2.564
PPE	0.662	1.000	0.050	1.712
Early Discharge Support	0.035	0.050	0.050	0.135
Testing Programme				0.000
Total	**0.883**	**4.329**	**1.420**	**6.632**

The assumptions section above explains the drivers for the separate expenditure lines within this table. This table does not provide a full reconciliation back to the gross cost lines but serves to illustrate the material component parts.

Financial Risks and Opportunities (Quarter 1)

Whilst the assumptions are clearly stated there remains a level of financial risk and uncertainty around the financial forecast for Quarter 1. The principal risks and mitigation have been captured in the table below and some of the key opportunities are described thereafter.

Risk	Mitigation
Change in modelled demand assumptions	• Detailed modelling undertaken to support the financial assumptions within the plan. • Stable Government advice to population until end of Month 2. • Capacity able to flex to within current cost base to meet modelled demand before material variable cost incurred.
Local v national Costs	• Planning assumptions clearly set out around PPE. • Engagement with procurement around assumptions of ownership of equipping costs.

Funding arrangements across Health and Local Authorities	• Routine discussions with Local Authorities around resource commitment (particularly Field Hospital fit out and Test, Trace, Track) • RPB oversight of revenue through partnership agreements • Escalation through Directors of Finance of matters as they emerge for consideration across Health and Social Care areas.
Accounting treatment of equipping	• Assumed all equipping chargeable to revenue at this point (internal capacity increase and field hospitals).
Workforce availability	• Model developed in tandem with detailed workforce plan. • Assume no material shift in shielding or isolating for Quarter 1.
Test, Trace, Protect service model	• Engagement with local authorities on operation and workforce model.
Essential services delivery	• Cost base linked to operational plan to reset and reinstate surgery. • Material changes identified through detailed activity modelling.
Impact on Capital plan	• Routine in engagement with Welsh Government regarding treatment of COVID-19 response and movement in existing plan. • Executive oversight of overall plan, risks and mitigations • Slippage on local and national schemes transparently disclosed to aid mutual understanding

Opportunities
Review contracts in place to test whether changes in modelling can inform commitments made to block contracts for products and services.
Increased activity will reduce loss of income where income remains recoverable outside of agreed national position on LTAs, SLAs and WHSSC.
Engagement with clinical teams to assess whether innovative practice currently being demonstrated can form part of sustainable models of care
Increased levels of partnership working could identify opportunities for joint working for patient and financial benefit
Test, Trace, Protect could positively influence planning assumptions and reduce planned cost (possible more material impact after Quarter 1)

These will be routinely monitored, not just through Quarter 1 but for the duration of the response to the pandemic.

Financial Summary and Forward Look

The sections above set out the Health Board's position in respect of the original financial plan, the month 1 variation from that plan and the assumptions driving the financial forecast for Quarter 1.

A financial framework for beyond Quarter 1 has been developed and is under routine scrutiny and refinement based on the movement in the care system across the Health Board. The commitments within this plan are also under routine review to ensure that the Board retains its commitment to work in the public interest and also that due diligence and value for money are observed and enacted.

As the financial approach matures further opportunities to support the care requirements of the population in the presence of COVID-19, maintain good governance and deliver clarity of analysis to support the best decision making in the dynamic environment will be considered. By working in this way it is intended to

maintain absolute transparency in the financial forecasts and to engage fully with Welsh Government colleagues on the resource handling at this unprecedented time.

8.2 Capital

The Health Board's response to COVID 19 has been the main focus of the capital work over the last few weeks. The financial impact as set out in recent reporting to WG through the Field Hospital financial assessments and the month 1 financial monitoring return, shows an estimated additional capital spend of £7.667m in 20/21. This estimate will need to be refined over the coming weeks, as final contract sums are awaited for the building and engineering works associated with the surge capacity created within the hospital estate and the national procurement of equipment. These estimates exclude the construction costs of the Bay and Llandarcy Field Hospitals, which are being contracted through Swansea and Neath Port Talbot Local Authorities

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	Commissioned	Commissioned	Not Commissioned	
	Building & Engineering	Equipment & Digital		Total
20/21 Estimated Spend	**£000**			
Surge & Different Ways of Working	1,404	5,731	0	7,135
Llandarcy Field Hospital	0	1,468	0	1,468
Bay Field Hospital	0	1,464	700	2,164
Less Items to be treated as revenue	0	-2,400	-700	-3,100
Total Estimated COVID Capital Spend 20/21	**1,404**	**6,263**	**0**	**7,667**
19/20 Funded Capital Spend	250	658	0	908
Total Estimated COVID Capital Spend 19/20 & 20/21	**1,654**	**6,921**	**0**	**8,575**

As the construction and commissioning of the COVID 19 hospital surge capacity and Field Hospitals nears completion, the Health Board has commenced a review of the risks and opportunities associated with delivery of the submitted annual capital plan as shown below. This assessment will need to take account of:

- The impact of new social distancing rules on the ability of contractors to undertake building and engineering works and also whether the Health Board is able to release estate as planned.
- The impact on any planned business case submissions to Welsh Government as part of the All-Wales Capital Programme, as the impact of social distancing as above, will most likely have an increase on the costs of delivering any schemes.
- A number of new requests for additional funding have started to emerge, some as a result of now having vacant areas where refurbishment work could be carried out or additional service changes required to be able to return to core business within a COVID-19 environment. These need to be properly assessed by the Executive Team, against the backdrop of a fully committed discretionary capital plan.
- The ability of Welsh Government to support the submitted capital plan.

Capital Programme Part A - Discretionary Capital	2020-21 £m
Income	
WG Discretionary Funding	11.2
Disposal Income	0.4
Total Income	**11.6**
Planned Expenditure	
Commitments	5.9
Departmental Refresh of Existing Asset Base (Medical equipment, digital & estate)	10.3
Disposal Costs	0.2
Business Case Fees	0.4
Unit IMTP Tier 1	0.5
Digital Developments	4.5
Other proposed new schemes	0.9
Total Planned Expenditure	**22.8**
Variance (Surplus) / Deficit	**11.2**
Options to Bring Plan into Balance	
Remove Risk Score 16 for existing asset base	-3.3
Assumed Income from National Digital Fund (unapproved) or delay implementation	-4.5
Assume income from AWCP for Health Board wide replacement of patient monitoring systems or phased implementation	-1.9
Assume income from AWCP for HSDU AHU Replacement or delay implementation	-0.5
Total Mitigations	**-10.2**
Revised Year-End Forecast (Surplus)/ Deficit	**1.0**
Will require WG Support for Morriston Access Road Design Fees (Committed)	-1.0
Year-End Forecast (Surplus) / Deficit	**0.0**

9.0 Risks, Communication and Engagement

9.1 Risks

Effective risk management is integral to enabling the Health Board to achieve its aims, objectives and deliver safe, high quality services.

Recognising the significance of the pandemic, there is a separate risk register and the Board and relevant sub Committees of the Board oversee these risks.

The Health Board's Risk Appetite has changed in recognition of the pandemic and the tolerance level is increased from 16 to 20 in terms of "high risks".

Health Board Risk Register

Strategic Objective	Risk Ref	Description of risk identified	Current Score	Scrutiny Committee
Best Value Outcomes from High Quality Care	4 (739)	Infection Control	20	Quality and Safety Committee
	64 (2159)	Health and Safety Infrastructure	20	Health and Safety Committee
	16 (840)	Access to Planned Care	25	Performance and Finance Committee
	49 (922)	Trans-catheter Aortic Valve Implementation (TAVI)	20	Quality and Safety Committee
	63 (1605)	Screening for Foetal Growth Assessment in line with Gap-Grow	20	Quality and Safety Committee
	50 (1761)	Access to Cancer Services	25	Performance and Finance Committee
	66 (1834)	Access to Cancer Services	25	Quality and Safety Committee
	67 (89)	Risk target breeches – Radiotherapy	25	Quality and Safety Committee

Covid-19 Risk Register Dashboard: Scrutiny Gold Command

Risk Reference	Datix ID	Description of risk identified	Current Score
R_COV_001	2367	Shortage of critical care drugs	25
R_COV_002	2368	Shortage of Palliative Care Drugs	25
R_COV_003	2378	Inadequate Supply of PPE	25
R_COV_004	2369	Workforce Shortages	25
R_COV_005	2370	Care Homes	25
R_COV_006	2371	Equipment Shortages	25
R_COV_007	2372	Oxygen Provision	25
R_COV_008	2373	Capacity	25
R_COV_009	2374	Workforce	25
R_COV_010	2375	Delivery of Essential Care	20
R_COV_011	2376	BAME Workforce Risks	25
R_COV_012	2377	Partnership Working	20

9.2 Communication and Engagement

There is a comprehensive programme of communications and engagement in place to manage the Health Board's COVID 19 response. Key Stakeholders receive communication on a regular basis.

Staff

SBUHB developed a daily bulletin for staff and this has been operational since the end of March providing key updates on PPE, daily statistics, policy, planning and operational issues. This has been supplemented by a weekly Chief Executive bulletin

and specific intranet communication on key issues. Staff will also be encouraged to participate in the sero surveillance project with Welsh Government and Public Health Wales.

Public

The Health Board has utilised the internet and extensive social media communications presence to communicate key messages. A communications cell was established early in the response to provide a 7-day proactive and reactive communications function. It has included items such as:

- Extensive features and coverage on primary care as well as secondary care, and multi-agency response (for example, TV coverage of some of the key operational changes made to services across the Health Board)
- Publicising real-life examples of virtual working – e.g. Attend Anywhere, video/Skype outpatient reviews, Consultant Connect, with positive feedback from clinicians and patients

Assurances have been provided about social distancing measures and infection prevention and control in health care settings:

- Reassured by explaining physical changes in place to stream, manage and separate COVID/Non-COVID patients in healthcare settings
- Giving details of infection control measures in healthcare settings – with clinicians reassuring
- Helping patients and the public understand what to see and expect when accessing healthcare facilities and what is also expected of them to promote infection control.

The importance of seeking advice and support in relation to Essential Services has been included with a particular focus on attendance at ED, cancer services, older people and vulnerable groups. Items have included:

- Clinical staff reassurance patients that 'we are there for them.' (e.g. Cardiac and paediatric departments taking part in ITV *Wales This Week* special on this issue) - this took place in April when it was noticed that there was a sudden decrease in people seeking help
- Publicising patient stories where urgent care was given - reinforcing messages such as – 'I'm glad I didn't wait' and 'I had the care I needed'
- Social media campaign to support these messages
- Radio campaign reinforcing messages – targeting older demographics who may not access digital information
- Sharing messages with target Third Sector groups for passing on to specific vulnerable groups.

Messages have also been posted including options for self-help and advice such as:

- Continuing to develop web pages for specific conditions which have been well received by patients in these groups (for example, renal care), with local advice and links to external resources
- Social media campaigns with links to information web pages

- Examples of digital support – e.g. Swansea Bay Patient Portal working successfully
- Continuing to develop new wellness section of website
- Promoting primary care pharmacy schemes (e.g. common ailments).

During the rest of Q1 and into Q2 the UHB will be utilising radio advertising to complement national radio campaigns. Initial campaign work is likely to be focussed around:

- Test, Trace and Protect
- Childhood Immunisations
- 'We are Open'.

This will allow us to personalise the message for local communities.

External Stakeholders

There are weekly meetings with a number of key stakeholders via video conferencing including local MPs and MSs as well as joint meetings with Local Authority Leaders and Chief Executives. Whilst the frequency of these may adapt in line with the response; these have been valuable fora to update stakeholders on the work programme and to address key points of concern. The Chair also has regular discussions with the CHC Chief Officer and formal briefings and discussions on key issues are held on a weekly basis with the CHC. A written briefing is shared with stakeholders on a weekly basis.

The CHC have been very helpful, and the Health Board agreed with the CHC at its last Executive Committee prior to the pandemic, that any service changes the Health Board needed to make in order to be able to cope with the demands of the pandemic would be considered to be temporary changes with the CHC advised as soon as was practical of changes. The Health Board and CHC keep a running log of issues / service changes to reflect the need for changes to be made to services at very short notice. If it is determined that any of these service changes need to be made permanent, then the views of patients on these changes will need to be considered and appropriate engagement and consultation undertaken in line with the Welsh Government guidance at an appropriate time, to be agreed with the CHC.

Appendix 1 Covid Programme Plan and Response Command Structure

Attached Separately

Appendix 2 Reset and Recovery Structure

Attached Separately

Bwrdd Iechyd Prifysgol Bae Abertawe
Swansea Bay University Health Board

Swansea Bay University Health Board - GOLD - COVID-19 PROGRAMME PLAN - updated 15/05/2020

Updated 150520

Date Added	ACTION	OWNER: Exec /SLT Lead	Gold	Silver	Bronze	CCC/Cell	STATUS: R/A/G	PROGRESS	ISSUES LOG	REVIEW DATE
Emergency Planning and Response Arrangements										
31/01/20	Establish Response framework	DPH	GOLD				Complete	HB Pandemic Framework & Tactical Plan used for initial response to rising tide emergency (plans had been tested in April 2019). 1st meeting of GOLD held on 10/02/20; Local Authorities and partners included from 11/02/20		-
10/02/20	Work programme established from 10/02/20						Complete	Flow templates agreed and submitted to WG; physical isolate planning started; BCI plans reviewed; risk resgier established; training programme for FFP3		
10/02/20	Establish COVID Coordinating Centre to support GOLD	DPH	Gold				Complete	Operational from mid February		-
23/03/20	Establish Operating Model for Command Structure and CCC	DPH	Gold				Complete	Agreed at Gold 23/03/20		-
17/03/20	Establish clear communication structure with central inbox to manage emails into CCC	CCC	Gold				Complete	Operational from mid February		-
31/01/20	Establish Command structures for Gold, Silver and Bronze	CCC	Gold				Complete	Unit Bronze established from mid February; from 23/03/20 now operating as Silver Command with a number of dedicated cells operating - see revised structure		
10/02/20	Ensure that Local Authorities are effectively engaged	CCC	Gold				Complete	LA's initially represented at Gold and on multi-agency Silver; from 30/03/20, new Swansea Bay TCG in operation		
As required	Ensure participation in national calls with HCSG, PHW, and participate in SCG; manage communication flows	DPH/CCC				CCC	Complete	Gold Command EPRR attendance at all national calls and participants in SCG structure		Daily
As required	Ensure guidance is disseminated in a timely way and regularly reviewed and updated	CCC				CCC	Complete	Specific COVID pages on intranet; daily check on guidance. Library staff now supporting cataloguing of guidance		Daily
21/03/20	Strengthen on call arrangements at Gold and Silver levels	DoT	Gold				Complete	New Gold rota live from 30/03 with buddy arrangements; Silver at weekend. Gold calls at w/end operational since early March		
21/03/20	Establish process for SITREPS as required by SCG, WG, internal and for other organisations	CCC	Gold				Complete	Daily capacity SITREPS now in place from 23/03/30, working with SCG to identify SITREP requirements		
25/03/20	Agree priorities for military assistance	CCC	Gold				Complete	Agreed priorities identified and confirmed with WG; MLOs started on 30/03/20 - weekly review of priorities		
10/02/20	Review BCI arrangements across all areas & stand down non essential services	All	All Units & Corporate				Complete	BCI arrangements enacted across all corporate and delivery areas		-
01/05/20	Ensure hot debriefs are run during early part of May to capture key lessons	All	Gold				Partial	hot debrief proforma developed and issued; some hot debriefs concluded - aim to get final version of report to Gold before end May		31/05/20
System wide Delivery of Care										
10/02/20	Phase 1 plans Delivery Units identifying potential to create additional capacity	SD			All Units		Complete	Phase 1 plans all received and verified. Units have operationalised these plans to deliver additional general and critcal care beds in line with modellingare beds in phases including creation of COVID/Non COVID wards and new Respiratory Assessment Unit at Morriston		
14/03/20	Create capacity to manage changes by stepping down non urgent activity including OP and elective surgery	SD			All Units		Complete	as per WG requirements and Ministerial statement		
14/03/20	Expedite discharge of vulnerable patients in Community Settings	DoS		Community Silver			Complete	Initial phase of MFFD work complete. Reduction in MFFD from 267 to 31 patients as as 17/04/20.		
14/03/20	Phase 2: System wide plan - further surge within local operational units	CCC		All Units			Complete	Additional capacity now identified; further areas brought on line. Ward G NPT transferred to Tonna; daily review of capacity plan		
21/03/20	Phase 3 Develop plan for initial field hospital provision working with Local Authorities	DoS				Capacity Delivery Cell	Complete	Operational plan now in place for Swansea Bay East and West; Clinical model agreed; workforce models being finalised. Swansea Bay East available from 20.04.20 and could be operaitonal within 24 hours. Desk top review of plans undertaken and operational command arrangements finalised. Mortuary plan/body storage finalised and in place from end April. System wide trigger SOP agreed and reviewed weekly		
21/03/20	Phase 4 Develop 2nd field hospital provision worthing with Local Authorities					Capacity Delivery Cell	Complete			
10/03/20	Develop critical care plan and ensure that critical care capacity is maximised	MD		Morriston			Complete	Plan agreed and area now operational		-
17/03/20	Establish modelling cell to support planning assumptions	ADD				Modelling Cell	Complete	Initial modelling complete; further modelling based on revised PHW assumptions to be shared with Executive Team		-
14/03/20	Maximise use of Sancta Maria Hospital	Deputy COO		All Units		C.Wil supporting	Complete	Use of Sancta agreed and operational plan in place		daily
14/03/20	Maximse use of Independent Sector Homes	SD PCS		Community Silver			partial	Linked to MFFD plan; The Hollins in NPT now operational. Use of independent sector care homes managed via Community Silver. Many homes closed to admission. WG Guidance received 24.4.20 , balance of risk to be assessed and implications of Guidance being worked through.		
20/03/20	Relocate GPOOH services to create additional capacity in Morriston Outpatient Department	SD PCS		PCS			Complete	GPOOH relocated to Beacons Centre		
14/03/20	Fast-track placements to care homes by suspending the current protocol which gives a right to choice of home	DoN		All Units			Complete	Significant reduction in MFFD numbers		daily
14/03/20	Prioritise use of Non-Emergency Patient Transport Service to focus on hospital discharge and ambulance response	COO		All Units			Complete	Enacted and plan developed through Transport Working group		
01/05/20	Need for capacity planning tool to be expanded to include non COVID beds / usage	COO					Partial	further discussion with modelling cell on development of comprehensive plan		18/05/20
14/03/20	Suspend contract monitoring process in line with WG and scale down dental and optometry work	SD PCS		PCS			Complete	Enacted as per WG guidance		-
20/04/20	Establish Health Board Command Centre to manage patient flow including field hospital provision	COO		Capacity Cell			Partial	Outline model agreed but still being shaped and infrastructure in place and agreed; conclude by 25th May		25/05/20
Mental Health & Learning Disability Services										
07/03/20	Review arrangments for the management of patients that are ill within the community and ensure provision of PPE in line with IPC guidance	SD MHLD		MH/LD			complete			-
07/03/20	Consider implications of Mental Health Act compliance in respect of visiting and management of leave	SD MHLD		MH/LD			complete	Suspension of ability for individual to be outside of specific unit on leave		-
15/03/20	Ensure testing for staff who are detained in low or medium secure units	SD MHLD		MH/LD			Complete	Testing for patients in Caswell and low secure unit agreed via Cwm Taf		-
Pathways of Care										
07/03/20	Develop pathways of care that describe our primary, community and secondary care response with agreed clinical protocols/SOPs to support	UMDs		All Units			partial	Paper to Gold week commencing 11/05/20		21/05/20
07/03/20	Work with WAST to ensure active engagement in development of new pathways and changes to patient flow	SD		All Units			complete	Attendance at Silver Command & Gold to be strengthened		
23/03/20	Embed new primary care pathway into plans	UMD PCS		PCS			Complete	All community hubs operational by 14.04.20		
17/03/20	Implement Respiratory Pathway and identify COVID Respiratory Reporters and Leads	MD		All Units			Complete	Leads identified and reporting system established		
07/03/20	Establish Community Hubs at Cluster level to manage flow of patients and support deteriorating COVID patients with wider MDT support	UMD PCS		PCS			Complete	All hubs in place from 14/04/20		-
07/03/20	Implement plans for segregation of suspected/positive COVID patients and non COVID patients	Units		All Units			Complete	Plans in place and operational; significant relocation of services to enable flow of patients including creation of Single Point of Access for Paediatrics at Morriston		
07/03/20	Create isolation facilities in MH and LD Units to prepare for COVID-19 patients	SD MHLD		MH/LD			Complete	Isolation areas created and operational		
31/03/20	Roll out new discharge pathway	All Units		PCS			Partial	WG Guidance received. Local guidance developed and Table Top exercise completed on 07/05/20. Final issues to be ironed out prior to launch on 18/05/20		18/05/20
31/03/20	Support shielding letters being issued and how we can keep people safe at home	SD PCS		Community Silver			Complete	Action identified via LRF to support shielding		
Protecting Staff										
10/02/20	Ensure PPE guidance are regularly updated and available to staff	DoN		Infrastructure Silver			Complete	Dedicated COVID section on intranet; daily bulletins focus on PPE issues and via CE Blog and intranet pages; direct messaging via DoN and MD to staff. Further guidance anticipated w/c 30/03/20	Yes	
10/02/20	Ensure adequate supplies of PPE are available	DoN		PPE Cell			Partial	PPE Cell in place from mid March to coordinate all PPE activity; PPE usage model built and test; logistics support at Morriston & Singleton completed and stock management issues have imprved. Audit data to be reviewed week commencing 11/05/20	Yes	21/05/20
10/02/20	Ensure that fit testing is conducted in line with HSE guidelines	DoN		Infrastructure Silver			complete	Fit testing procedure established and train the trainer sessions are being carried out to ensure fit testing in accordance with HSE requirements. Order automated fit testing kit to speed up process		
10/02/20	Ensure that equipment/PPE is procured to support additional capacity requirements	DoF		Infrastructure Silver			complete	Equipment lists collated and submitted to WG; daily approval of requisitions via CCC established from 30/03/20 . Infrastructure Silver now in place to coordinate all equipping requests. Equipment provision and decisions reviewed at Exec Team 11/05/20		
10/02/20	Identify key leads at Unit level for management and stock control and put in place robust stock management procedures	DoN		All Units			complete	Units asked to identify leads by GH and participate in PPE Cell		
10/02/20	Establish process for independent sector support requirements	DoN		Infrastructure Silver			Complete			
10/02/20	Agree mutual aid with Local Authorities for supply of PPE until supply lines established	DoN		Community Silver			Complete	Mutual Aid agreed until supplies were available directly		
10/02/20	Model capacity for PPE in line with overall capacity plan	DoN		Infrastructure Silver			complete	Model available and prototype tested. Now shared with FDU. Further refinement of field hospital provision required		
10/02/20	Centralise management of restricted and non restricted lines in command and control arrangement	DoN		Infrastructure Silver			complete	MACA confirmed for military support in Morriston; Log team in place from 18/04/20; further support into Singleton expected		
Caring for Staff										
10/02/20	Establish Occupational Health help line	W&OD		Workforce Silver			Complete	OH helpline manned 6am – 10pm 7 days a week. Receiving on average 300 calls per day. Calls are traiged and prioritised first before arranging for a clinician/nurse to contact them back. Symptomatic staff are being prioritised for call backs in order to arrange for key priority staff to be put forward for testing. 22 clinical staff have been trained and are undertaking call-backs. Additional staff are still being trained		
10/02/20	Establish Occupational Health testing process	W&OD		Workforce Silver			Complete	Symptomatic healthcare staff in Priority areas put forward to the Community Testing Unit on a daily basis. Daily sitrep in place from occupational health		
10/02/20	Establish HR staff helpline	W&OD		Workforce Silver			Complete	Up and running operating from remote working. Calls are categorised and alanysed feedback taken to ensure FaQ are maintained and addresses patterns of queries. Ops team are supporting additional work as required, currently supporting recruitment work. • Increased and speedy access to the WB service - we have stopped the traditional 6 session therapy model so the resource can be used for 1 off emotional offload by staff with advice on self-care and signposting to useful resources) • 'Listening ear' by phone for critical areas on weekends • Bespoke online resources to support staff during C-19 (see FACE COVID attachment) • Bereavement resources developed by Psychology • Skype trauma support using G-TEP approach. Enhanced and targeted support in place and delivered in areas where there have been staff deaths elating to Covid. Support linked in to Death in Service protocol		
10/02/20	Put in place systems and arrangments to support staff well being of staff support (see below)	W&OD		Workforce Silver			Complete			21/05/20
10/02/20	Develop and update regulary workforce related FAQs	W&OD		Workforce Silver			Complete	6th issue of FAQ . FAQ updated on a regular basis as further infromation becomes available. Published widly.		
10/02/20	Ensure open channel of communication with staff side partners	W&OD		Workforce Silver			Complete	TUs participation in Workforce Silver meetings now held on Tuesdays and Thursdays. Weekly Local Partnership Forum held weekly involving all recognised staff represetnive bodies. LPF Chair recieves daily brieifing from GOLD meeting. Direct line of communication available for urgent issues.		
10/02/20	Ongoing review of Pay and Terms and Conditions of Service ensuring alignment with all wales position	W&OD		Workforce Silver			Complete	Regular meetings establish with all NHS Wales organsaitions to ensure consitency of approach access NHS Wales. Issues for national determination escalated to WG as required		
10/02/20	Establish mechanisms to collate, record and report key workforce data	W&OD		Workforce Silver			complete	workforce data now captured via dashboard		
10/02/20	Support future staff requirments though additional recuitment activity	W&OD		Workforce Silver			Partial	First tranch recruitment of recruitmnt completed with successful applicants moved through the new process into consideration for Training. Plans for subsequent recruitment campaigns in preparation stage linked to assessment for next surge capacity requirements. Recruitment supported full time by data tracking now and bringing in other sources of recruits eg HEIW pop up workforce - returning registrants (medical and non medical) students (nursing and medical). Recruitment plans are ongoing now linked to deployment and staffing requirements.		21/05/20
10/02/20	Support future staffing requiments through the facilitation of Retire and Returns	W&OD		Workforce Silver			complete	information received 10/4/20 - deployment routes being agreed		
10/02/20	Delpoy addional student resource in line with national strategies	W&OD/MD/ DoN/TH/HS		Workforce Silver			complete	Recruitment of medical students in advanced stage and likley to be the first group of addiitonal staff in post early April. Process for student nurse and AHP recruits being evaluated.		
10/02/20	Develop accommodation plans to support staff who need to access local accommodation	W&OD		Workforce Silver			complete	staff accommodation model now in place		
10/02/20	Develop workforce models - ITU capacity	W&OD		Workforce Silver			complete	Scoping work started, but need to understand clinical model which will determine staffing model.		
10/02/20	Develop workforce models - acute hospitals	W&OD		Workforce Silver			Partial	Protocol developed. SHRMs working on standard protocol for units and how surplus will feed into central hub. Developing rotas for key services eg blood transfusion, pathology to mitigate risk of all staff being taken ill at same time. Supporting deployment work in units		21/05/20
10/02/20	Develop workforce models - field hospital provision	W&OD		Workforce Silver			complete	Initial Workforce model for Llandarcy complete; to be finalised after desk top on 12/04/20		
10/02/20	Develop workforce models - PCS	W&OD		Workforce Silver			Partial	Scoping work started, but need to understand clinical model which will determine staffing model.		21/05/20
10/02/20	Devlop workforce models MH/LD			Workforce Silver			Partial	Scoping work started, but need to understand clinical model which will determine staffing model.		21/05/20
10/02/20	Develop processes of workforce deployment to match recruitment pipeline and servcie plans/workforce models	W&OD		Workforce Silver			Complete	Deployent protocol developed and used to assess corproate directorate resource. Deployment protocol dwithstaff side for comment and will be rolled out to DUs		
10/02/20	Establish minmum staff training standrds to support agile deployment of staff and deliver required training.	W&OD/MD/ DoN/TH/HS		Workforce Silver			Complete	Training plan completed by key stakeholders and approved by chair Workforce SILVER - plans circulated to GOLD 24th April, for information and governance requirements.		
10/02/20	Establish links with Local education departments re Schools support	W&OD		Workforce Silver			Complete	Local contact with LA leads made, weekly contact established to deal with issues and services feedback provided to help LA target support to best advantage.		
10/02/20	Develop addiitonal Childcare support Plan	W&OD		Workforce Silver			Partial	Draft plan completed and under review.		21/05/20
10/02/20	SILVER workforce group established	W&OD		Workforce Silver			Complete	SILVER Workfrce group well established, initially meeting twice a week wide stakeholder representation including Swansea Uni, Swansea and Neath Port Talbot Local Authorities. Meeting reduced to once a week in line with work requirements.		
10/02/20	Staff training group established to support professions to develop approriate and streamlined training programmes for accelerated recruitment.	W&OD		Workforce Silver			Complete	Group meeting to assist in ensuring training programmes are in place and capacity increased as required.		
Testing										
05/03/20	Establish Community Testing Unit to support testing of patients	DPH		PCS Unit		Testing Cell	Complete	CTU established on 08/03/20 in accordance with WG guidance then stood down.		-
19/03/20	Establish SOP and pathway for staff testing from occupational health in line with WG guidance for priority groups	DPH				Testing Cell/CCC	Complete	CTU restablished from 16/03/20 for staff testing; support with additional senior management cover - in place from 19/03/20		-
19/03/20	Ensure results are available to support staff to return to work	DPH				Testing Cell/CCC	Complete	Issues with IC-Net now resolved		-
31/03/20	Roll out wider testing in line with national plan	DPH				Testing Cell/CCC	partial	National plan now developed; 1st outline plan for SBUHB and partners submitted on 7th May to WG		15/05/20
31/03/20	Prepare for testing for social care staff	DPH				Testing Cell/CCC	complete	social care staff are being tested		-
31/03/20	Roll out electronic test requesting	DPH				Testing Cell/CCC	complete			
16/04/20	Develop response pla n in respect of new WG testing framework	DPH				Testing Cell/CCC	complete	plan in development for second CTU to enhance testing; plan to be developed by 30/04/20		
26/04/20	Establish 2nd CTU at Liberty stadium to provide additional staff and care homes testing capacity and prep for TTT	DPH		PCS Unit		Testing Cell/CCC	Complete	2nd CTU up and running from 08/05/20		
13/05/20	review testing for other key workers in line with WG guidance issued on 13/05/20	DPH		PCS Unit		Testing Cell/CCC	Partial			
07/05/20	scale up care home testing arrangements in line with WG guidance issued on 07/05/20 and 13/05/20	DPH		PCS Unit		Testing Cell/CCC	Partial	service mobilised on 08/05/20 in conjunction with mobile military units to support care home testing model; but further revisions to capacity and model required in light of guidance issued on 13/05/20		15/05/20
Communications										
15/02/20	Establish communications cell	CE				Comms Cell	Complete	Operational from mid February		-
01/03/20	Develop communications overarching plan and stakeholder map	Board Sec				Comms Cell	complete	Draft awaiting finalisation but in use		
01/03/20	Develop daily bulletin for staff	Op Comm				Comms Cell	Complete	Daily comms started 24/03/20 , currently 5 days will review frequency in early April		
01/03/20	Establish regular briefings for LA's, AM's, MP's and other key stakeholders	CE				CCC	Complete	Weekly Skype calls now established from 30/03/20		
01/03/20	Establish regular briefing for Community Health Council	DoS				CCC	Complete	weekly engagement on service changes		
01/03/20	Regular briefing to HB Partnership Forum	Op Comm				CCC	Complete	weekly HB PF updates		
01/03/20	Brief Independent Members regularly on key issues	CE				CCC	Complete	weekly update to Board members		
01/03/20	Regular intranet bulletins	Op Comm				Comms Cell	Complete	System of regular updates now in place for key overarching messages		
01/03/20	Regular CE bulletins	CE				Comms Cell	Complete	Now in place on a weekly basis		
01/03/20	Consider radio and other media for key public messaging	Op Comm				Comms Cell	Partial	Slots secure		23/05/20
01/03/20	Use all avenues to 'warn and inform' public	Op Comm				Comms Cell	Partial	radio coverage secured and outline plan in place		23/05/20
01/03/20	Active engagement across social media channels 7 days per week	Op Comm				Comms Cell	complete	7 day service now in place from 22/03/20		
Digital										
01/03/20	Mobilise solutions to enable home working at scale	ADI				Digital Cell	complete	Significant roll out of VPN and soft tokens to support remote working across all groups		
01/03/20	Roll out of Microsoft O365 to facilitate improved team working	ADI				Digital Cell	Partial	Mailbox migration started. NPT migration to be completed by the end of the week. Process established to migrate 2000 mailboxes a week going forward.		22/05/20
01/03/20	Roll out Signal to NPT Hospital to facilitate management of patients	ADI				Digital Cell	complete	Now complete		

01/03/20	Extend broadband capacity	ADI				Digital Cell	Partial	Upgrading taking place week commencing 30/03/20	22/05/20
01/03/20	GP Test Request	ADI				Digital Cell	complete	Practices identified in conjunction with Primary care and implementation plans being finalised	
01/03/20	Infrastructure requirements of new facilities and sites	ADI				Digital Cell	complete	Digital plans described and initiated to support set up of new field hospitals	
01/03/20	reconfiguration of current wards and hospital location	ADI				Digital Cell	complete	ongoing requirement to move and deploy IT kit to newel created hospital wards	
01/03/20	developing integrated reporting systems across WPAS and Signal to manage COVID patients	ADI				Digital Cell	complete	ongoing work required to ensure system accurately reflect current hospital configurations	
01/03/20	support roll out of Attend anywhere and Ask my GP in primary care	ADI				Digital Cell	complete	Practices identified in conjunction with Primary care and implementation plans being finalised	
01/03/20	extend use of Swansea Bay Patient portal to offer virtual ways of working and direct contact between clinicians and patients	ADI				Digital Cell	complete	communicate with patient and provide up to date condition specific advice and guidance and symptom trackers.	
01/03/20	coordinate the management of OPD process for cancellation and virtual working in OPD	ADI				Digital Cell	Partial	Weekly coordination meetings in place to manage process of OPD cancelations and virtual working	
01/03/20	provide training to new staff on IT system and reporting	ADI				Digital Cell	Partial	ongoing requirement	22/05/20
01/03/20	implement new process for electronic test requesting and reporting of COVID staff in WLIMS and WCP	ADI				Digital Cell	complete	Electronic requesting now in place	22/05/20
01/03/20	Purchase and deploy additional local soft token VPN capacity outside of national allocation	ADI				Digital Cell	complete	new solution rolled out	
01/03/20	continue to run key ICT, Health Records , IG and Clinical Coding services	ADI				Digital Cell	Partial	ongoing requirement to balance against new digital priorities	22/05/20
16/03/20	Roll out of MS Teams across whole organisation to enable mass communication tool for staff to be accessed on HB and own mobile devices	ADI				Digital Cell	complete	Teams available across the organisation	
13/03/20	Establish a communications protocol for work being planned/undertaken by digital services	ADI				Digital Cell	complete	Internal protocols agreed and links with communications made	
27/03/20	Complete migration of WPAS including data flows into dashboards	ADI				Digital Cell	Partial	Good progress made	22/05/20
21/04/20	Support Ophthalmology with the roll out of ImageNet 6	ADI				Digital Cell	Partial	Requirements agreed and process started	22/05/20
16/03/20	Provide outpatients with a interim solution for video conferencing with patients in specialties with specific requirements for "patient visible" consultations	ADI				Digital Cell	complete	Number of specialties live with the WebEx - feedback positive	
	Establish telecommunications solutions for various call centres to support COVID 19 response	ADI				Digital Cell	complete	Channels increased, Workforce and Occ Health call centres established and equipped	
27/03/20	Provide solutions on wards for patients to communicate with families	ADI				Digital Cell	Partial	Solutions identified. HB devices deployed. Donated assets in process of being deployed.	22/05/20
08/04/20	Roll out Attend Anywhere video conferencing tool for outpatients including the consolidation of existing video conferencing applications already being utilised	ADI				Digital Cell	Partial	Planning started with view to commence pilots from w/c 27/04/20.	22/05/20
09/04/20	Establish solution to enable ward rounds to be completed virtually by Consultants	ADI				Digital Cell	Partial	Equipment and software requirements identified and implemented. Pilots commenced 20/04/20. Feedback exceptionally positive from consultants and patients.	22/05/20
27/03/20	Establish solution to enable Social Care assessments to be conducted virtually to facilitate an expedited discharge process	ADI				Digital Cell	Partial	Solution and equipment identified and tested. Awaiting SDUs to confirm process for implementation.	22/05/20
17/04/20	Further develop the SBU Covi19 Dashboard to incorporate additional information including PPE, Oxygen flow levels wtc.	ADI				Digital Cell	complete	PPE and oxygen now live.	
17/04/20	Configure and roll out Patient Flow (Signal) and WPAS etc within the Field hospitals	ADI				Digital Cell	complete	Configuration process for LLandarcy almost complete	
03/04/20	Establish connectivity, hardware and software solutions, including ETR for the CTU in Margam	ADI				Digital Cell	complete		
03/04/20	Implement Signal patient flow/white board solution into Gorseinon and migrate Singleton on to the single instance.	ADI				Digital Cell	complete		
10/04/20	Establish and implement a solution to send texts to staff who have had negative test results for COVID19 to facilitate return to work	ADI				Digital Cell	complete		
23/03/20	Implement enhanced continuation sheet	ADI				Digital Cell	complete	Went live 22/04/20. Awaiting feedback on usage	
23/03/20	Implement PACS Mobility - to allow PACS images to be reviewed from other HBs	ADI				Digital Cell	Partial	Testing complete. Sign off required before roll out starts	22/05/20
21/04/20	Roll out MTED across Morriston - facilitate consistent ways of working and discharge process from field hospitals	ADI				Digital Cell	complete	Roll out plan agreed. Communications instigated to staff. Roll out commences w/c 27/4/2020	
22/04/20	Produce and circulate confidentiality guidelines in line with all-Wales Social Media policy	ADI				Digital Cell	complete	Open for circulation of document - KJ action added from GOLD on 22/4/20	
22/04/20	Review methods of inputting PPE info into modelling. For consideration in collaboration with MJ and military logistician.	ADI				Digital Cell	complete	Action open for reporting on 24.04.20 - KJ action added from GOLD on 22/4/20	
03/04/20	Implement a process for the management and monitoring of stock levels of digital equipment for reporting to the Digital cell	ADI				Digital Cell	complete	In place and reviewed at every meeting	
26/04/20	Dashboard: 1. Positive case reported in maternity over weekend:- CONFIRM accuracy of maternity reporting 2. Discrepancies noted in death reports (high Dashboard figure could relate to patients being beyond period of infection) - for consideration after GOLD meeting on 26/4/20	ADI				Digital Cell	complete	The positive maternity patient was discharrged from hospital on the 17th April therefore would not have been on the current admitted patient view last weekend when it was discussed, it would have been included in the cumulative numbers and charts.	
01/05/20	1. Consider % of hospital-acquired cases - RE requested this	ADI				Digital Cell	Partial	New action from GOLD on Fri 01/05/20	22/05/20
01/05/20	2. Ensure all deaths are input onto System - 2 deaths reported at NPTH, only 1 was presented on Dashboard - Lesley to follow up	ADI				Digital Cell	complete	New action from GOLD on Fri 01/05/20	
04/05/20	Increased mortuary capacity required representation on Dashboard - Chris Morrell to share data with Matt John for inclusion	ADI				Digital Cell	complete	New action from GOLD on Mon 04/05/20	
06/05/20	Provide Digital solutions to to the second CCU development in Morriston	ADI				Digital Cell	Partial	Work ongoing	22/05/20
29/04/20	Provide Digital solutions to the second CTU at the Liberty Stadium	ADI				Digital Cell	complete	PCs, network connectivity and ETR all provisioned	
29/04/20	Provide additional functionality to the COVID19 Dashboard including o Covid downgraded reporting, additional information tab, enhancements to graphs, Oxygen flows, PPE and medicines management stock levels	ADI				Digital Cell	complete	Dashboard requirments continue to be developed as requested by Gold	
Modelling Cell									
23/03/20	Establish modelling cell & secure appropriate input across informatics and HCSE team	ADI	Gold			CCC	complete	Additional expertise secured via Simon Dodds to support	-
23/03/20	Establish reporting framework for management of daily SITREPs for internal and external reporting	ADI	Gold			CCC	complete	Dashboard now operational (phase 1); phase 2 to be completed by 17/4/20	
23/03/20	Develop modelling capability to continue to refine model and re-model using HB data to support weekly forecasting	ADI	Gold			CCC	complete	Model feels into daily dashboard to provide short term forecasting	
15/04/20	Develop bespoke PPE model to predict future supply requirements including field hospitals	ADI	Gold			CCC	complete	PPE modelling now complete and tool rolled	
Development of an Ethical Framework									
15/03/20	Develop an ethical framework to support clinical staff in decision making	MD				MD Clinical Leads group	complete	initial discussions at MD Clinical Leads group and appropriate governance will need to be considered. Review in light of national guidance received 12.04.20 (GOLD discussion on 13.04.20)	
Recovery Planning									
23/03/20	Develop a recovery plan for the Board that focusses on both short and medium term recovery actions	DoT	SLT				Partial	Remit of Recovery, Learning and Innovation group has broadened to include non covid essential services as wave one of recovery. A surgical workstream has been estabilised to oversee the incremental reintroduction of some surgical cases in the short term. An outpatients workstream has been refocused (on a slower stream timeframe) to scope our performance legacy and future outpatient model. An IM led steering group has been established to oversee this and the monitoring of non covid work is being reviewed and will be reported into Q&S Committee.	15/05/20
10/04/20	Review essential services framework and complete assessment	DoT	SLT				Complete	framework reviewed and outline submitted	
10/05/20	Develop working model to help plan capacity requirements for COVID and non COVID workflows	DoT	SLT				Partial	Agree model parameters and web based tool for completion	23/05/20
Preparation for Mass Vaccination									
30/03/20	Early planning for mass vaccination of population once vaccine developed	DPH	Gold			STAC/Vaccination Cell	Not started	no guidance yet received - mobilise when available	01/05/20
Volunteering and supporting vulnerable patients									
30/03/20	Establish volunteering cell to coordinate volunteering programme across Health Board	DDofTH				Volunteering Cell	Partial	Unit nominations have been requested for group membership and inital meeting to be booked for 21.05.2020.	21/05/20
27/03/20	Support vulnerable patients in hospital by coordinating relative contact and supplies	DDoN				Patient experience team	Complete	Initial appeal for support for patients who are inpatients; pathway for drop off of essential cloths/toiletries in place	
Psychological Health and Well Being									
09/04/20	Establish new cell to strengthen focus on pyschological health and well being	WOD				PSY HWB Cell	Completed	Cell established & number of actions identified	
14/05/20	Development of Phase one of REACTMH/TRiM Rollout	WOD				TRiM	Partial	Phase 1 of Rollout An initial 10 staff trained as trainers with an additional 4 trained via a 2nd 'in house' cohort and an additional 15 scheduled to be trained on 15/05/20. (in house). As of 13/05/20 4 courses have been run in the REACTmh conversation technique with 50 staff having been trained. - To date approximately an additional 500 staff have been identified as requiring the training with more service areas coming forward. Initial informal feedback from course attendees is positive especially relating to relevance of training.	29/05/20
14/05/20	Development of Phase two of TRiM Rollout	WOD				TRiM	Partial	Phase 2 of Rollout - Details of a funding bid for submission to the CFC are being finalised and this will be submitted w/c 18/05/20 - Specific staff to be trained in 2 day programme will be identified by service areas directly. The procuremnt of the 2 day TRiM practitioner programme will be initiated once funding is secured. Logistical and support processes to be developed, based on the model initiated by WAST.	29/05/20
24/03/20	Generic Staff Health & Wellbeing Service provision for Extended Working Hours - 7am-9pm and weekends with staff on rotational basis. This is to be reviewed on in time to see if there is a peak and demand for service	WOD				PSY HWB Cell	Partial	Extended service established and posters communicated via Covid-19 Wellbeing page, DU and HRM e-mail networks and Twitter account. Extended hours rota completed supported by additional Psychology resource. Consultant Psychologist rota established to support managers. Aim is to be reponsive to incidents and requests as they evolve.	21/05/20
24/03/20	Speak to IT about how many phone numbers you can divert a CISCO phone too.	WOD				PSY HWB Cell	Completed	IT have confirmed that only one number can be diverted from phone not several and could not schedule a divert	
24/03/20	Kay to identify a list of coaches that could be used in a buddy system for the staff manning the wellbeing phone line	WOD				PSY HWB Cell	Completed	WB Champions & coaches being identified – more for dissemination of info than delivery at this stage.	
24/03/20	Explore possibility of PALS Services as a further staff resource.	WOD				PSY HWB Cell	Completed	Unable to support as redeployed	
24/03/20	Pulling together information for staff and forming a best advice so can be uploaded to intranet	WOD				PSY HWB Cell	Completed	Resources on intranet and being updated	
24/03/20	"FACE COVID" a 15 minute self-care package – adapted from Harris' ACT model.	WOD				PSY HWB Cell	Completed	FACE Covid now disseminated and also more resources on intrante	
24/03/20	Taking Care Giving Care Rounds compassion support approach to be reviewed and adapted to a shorter 20 minute format. Looking at L and OD coach network to support virtual Schwartz rounds	WOD				PSY HWB Cell	Partial	Over 55 staff now trained in TCGC, offer available of supervision of rounds too. Discussion over evaluation tool. Discussion over data collation. New form to be used. Suggestion that Eventbrite used & managed by WB to direct staff to Rounds; email to TCGC address for further training requests.	21/05/20
24/03/20	Conversion of GTEP (stabilization and processing of trauma) sessions (for small groups) into Skype sessions.	WOD				PSY HWB Cell	Partial	Currently in progress. Discussion around modality needed to deliver virtually. Zoom was used as could use break out room however trialling WebEx. Zoom being allowed temporarily by IT but hope is to move to anytime anywhere as alternative platform. Meetings with Theatres & Mortuary managers next week to discuss application to those staff groups.	21/05/20
24/03/20	Training pack & DVD from the Bereavement Service pilot to be reviewed and possibility explored regarding accessibility via the intranet. Also looking at spirituality in Health Care.	WOD				PSY HWB Cell	Partial	Resource received and put on to intranet. Therapists recruited by NM with 0.8 allocated to WB service. Potential for trainng WB staff further in bereavment as individuals are CRUSE trained.	28/05/20
24/03/20	Designated Wellbeing team member/s to be allocated to each site?	WOD				PSY HWB Cell	Completed	intelligence feeding back to service and links with SHRM.	
24/03/20	Identify a comms and IT rep to join group	WOD				PSY HWB Cell	Completed	NM links with comms established and had IT join a meeting	
24/03/20	Unmind on-line CBT resource (free for NHS wales emails)	WOD				PSY HWB Cell	Completed	Use of Silvercloud instead	
24/03/20	Explore possibility of Living Life Well team sessions per site?	WOD				PSY HWB Cell	Partial	LLWT depleted currently discussions on how to utilise. 1 staff member in LLW team so this is not posisb;e. Online LLW by J.White available instead.	28/05/20
24/03/20	Review of ongoing intelligence regarding priority areas. Confirm communication links between each DU, medical staffing, W&OD and SH&WB service.	WOD				PSY HWB Cell	Partial	Ongoing with SHRMS	28/05/20
24/03/20	Advice needed re infection control guidance / if F2F delivery to teams is required.	WOD				PSY HWB Cell	Partial	Current guidance for facilitating is if in COVID area full PPE need. Requirement for face masks on all wards now. Discussion over needing to wear scrubs & not transferiring infection between areas. Requisition form needed to be access scrubs (2 sets pp).	21/05/20
24/03/20	Self-help materials, on-line resources and recommended literature to be collated and accessed via the Employee Wellbeing Page (include adults & Child /YP resources (staff as parents & grandparents).	WOD				PSY HWB Cell	Partial	Intranet page being updated regularly.	21/05/20
24/03/20	Relax and Recharge Spaces for staff	WOD				PSY HWB Cell	Partial	Relax and Recharge Spaces now up and running SH and MH. NPT have a time out space	21/05/20
25/03/20	Written resource and consultation available for managers to support their staff as best as possible.	WOD				PSY HWB Cell	Completed	Shared with senior clinicians	
09/04/20	Further training for Wellbeing Supporters undertaking Risk Assessment on Phone	WOD				PSY HWB Cell	Partial	Wellbeing supporters undertaking this training	19/05/20
20/04/20	Promote the wellbeing service through social media/campaigns and raise awareness of service	WOD				PSY HWB Cell	Partial	Task and finish group now established. Dedicated e-mail established and staff asked via twitter and WB Champions to share positive Wellbeing activities, creative pursuits and related developments. Promotional materials being developed including credit card size information, Wellbeing stands and posters. Facebook being pursued for communication.	19/05/20
24/03/20	Wellbeing Champions & professional coaching networks to be accessed to identify suitable staff able to support the above initiatives. Wellbeing champions have already come forward asking how to volunteer	WOD				PSY HWB Cell	Completed	Champions being sent information to diseminate to their teams	
24/03/20	PTCM to link with the work of this groups	WOD				PSY HWB Cell	Completed	PTCM overview across HB link ongoing	
24/03/20	Delivery Units permission for staff to be released to access or attend interventions (e.g. handover, before start of shifts). Recognition of need for extra self-care throughout this time (maintain breaks, drinks, food, quiet space).	WOD				PSY HWB Cell	Completed	Ownership falls to DU in releasing staff and the climate is changing constantly. Will be dependant on capacity of area.	
24/03/20	Delivery Unit enablement of a cascade approach to enable as wide a reach as possible (i.e. designated staff trained up in the above interventions to promote and sustain them in their own areas). Arrange appropriate supervision of those staff. All areas to have a nominated lead for wellbeing (e.g. Band 7s?).	WOD				PSY HWB Cell	Completed	Posters and information sent to Dus	
24/03/20	DRA to link with RL to get contact for IT, Comms team & L&D team input needed to convert all training packs into remote teaching or on-line resources.	WOD				PSY HWB Cell	Completed	NM updating intrantet. Contact in IT and Comms established for any issues that arise	
02/04/20	Use of silver cloud instead of Unmind	WOD				PSY HWB Cell	Completed	Use of unmind available as well as Silver cloud	
24/03/20	Explore Chaplaincy as a drop in resource for staff.	WOD				PSY HWB Cell	Completed	Chaplaincy happy tow ork together to support staff	
21/04/20	Nicola Massie to ask CRUSE trained staff to support bereavement service	WOD				PSY HWB Cell	Completed	Staff identified	
27/04/20	Establish team tondertake face-face support within the DU's after critical incidents	WOD				PSY HWB Cell	Completed	Team members established	
27/04/20	Engage the Wellbeing Champions to support the work of the Wellbeing cell	WOD				PSY HWB Cell	Partial	Regular updates & information and requests for feedback regarding activities to support wellbeing. Charitable funds information and paperwork circulated to encourage applications for materials and items for Wellbeing spaces along with accessing items donated from the 'Amazon wish list'	28/05/20
08/04/20	Formulate proposal for TRiM (initial new cell but then to integrate with Psychology HWB	WOD				TRIM Cell	Partial	Cell established - 4 phase approach in place and training commissioned to support a train the trainer approach - review next week	24/04/20
Mass Fatalities									
10/04/20	Develop a training plan for Mid and West Wales Fire Dept Driver Volunteers for mortuary, manual handling and using LA vehicles	DDoTHS				Mass Fatalaties CELL	complete	6.5.20. Operation Test Run completed. Minor snags only. Action closed.	06/05/20
14/04/20	Procurement to source a supply of additional body bags/ stretchers for the transfer of bodies	DDoTHS				Mass Fatalaties CELL	complete	05.05.20 No current issues. All stretchers delivered.	05/05/20
14/04/20	Confirm the process for environmental funerals in the community, plus contract funerals in hospitals.	DDoTHS				Mass Fatalaties CELL	complete	7/5/20 SOP Agreed to be sent to Board and distributed. Complete 14.5.20.	14/05/20
14/04/20	Develop SIGNAL mortuary to capture flow and identifying bottle necks within the mortuary process.	DDoTHS				Mass Fatalaties CELL	complete	7.05.20 Pathway mapped and some beta testing complete. Work ongoing. 14.5.20 Moving to implementation and development. Closed today.	14/05/20
14/04/20	Support required for patient affairs across all sites including field hospital	DDoTHS				Mass Fatalaties CELL	complete	7.5.20 Pathologists are able to support across Hospital sites if and when required,	07/05/20
14/04/20	Confirm the Community Care Pathway for Death at home and in Care Homes	DDoTHS				Mass Fatalaties CELL	complete	7.5.20 all pathways described	07/05/20
14/04/20	Engage with senior local religious leaders	DDoTHS				Mass Fatalaties CELL	Complete	7.5.20 Site visit to coop with local muslim leads. Positive feedback on facility meets all requirements. PPE trained Healthcare professional volunteers will undertake the washing and PPE will be supplied. Awaiting confirmation from Muslim leads. 14/5/20 Complete.	14/05/20
16/04/20	Engage with CO-OP and identify options in relation to body storage availability	DDoTHS				Mass Fatalaties CELL	complete	LA have been in discussions with funeral directors and Richard Clayfield is establishing capacity. 23.4.20 CO-OP to attend stakeholder meeting . 7.5.20 Tender issued and Coop responded and to be offered temporary contract until March 2021. 14.5.20 Notification to existing FD. New contract to commence from 1/6/20. Action closed.	14/05/20
16/04/20	Develop Training plan document.	DDoTHS				Mass Fatalaties CELL	complete	7.5.20. Training plan completed. All staff group training has been tested	07/05/20
16/04/20	Develop Contingency Plans for depletion of staff and potential increasing capacity during surge.	DDoTHS				Mass Fatalaties CELL	complete	Additional staff volunteers identified. APT returned from POWH with transfer of license. Contingency plans developed for several levels of staffing. Pathologists to support some functions	07/05/20
16/04/20	Agreee processes for PPE for funeral directors and Local Authorites if required	DDoTHS				Mass Fatalaties CELL	complete	Documentation outlining that shared services would be providing PPE. 21.4.20 MT - All processes agreed and communicated.	07/05/20
16/04/20	Allocation of patient affairs office and staff at NPTH	DDoTHS				Mass Fatalaties CELL	Partial	16/4/20. Temporary Accommodation identified. Deployed staff supporting and will be managed via Morriston Patient Affairs 7/5/20 Permanent office found and cleared. Some redecoration required. 14/5/20 Refurbishment plan to be developed.	22/05/20
16/04/20	Allocation of additional porters to assist with the extended body storage facility at NPTH.	DDoTHS				Mass Fatalaties CELL	complete	7.5.20 Staff identified and in place	07/05/20
16/04/20	To identifiy and allocate staff resources for Llandarcy Field Hospital.	DDoTHS				Mass Fatalaties CELL	complete	7.5.20 Staff identified and in place	07/05/20
16/04/20	Implement a body bag stock management system, to align with the PPE system -	DDoTHS				Mass Fatalaties CELL	complete	7/5/20 Processes agreed and in place 23.4.20 Clarify and complete processes for hospital body bag stock supply.	07/05/20
16/04/20	Test Llandarcy Field Hospital logistics	DDoTHS				Mass Fatalaties CELL	complete	23.4.20 Tarmac inspected 7/5/20 Operation test run conducted. Minr snags to be complete in regard to metal road surface. 14/5/20 Improvements made to turning circle in Llandarcy.	14/05/20

16/04/20	Agree process for mortuary removal of Pacemakers during COVID 19	DDoTHS				Mass Fatalaties CELL	complete	7/5/20 Pathologists agreemtn to support removal of pacemakers if needed. Funeral Directors will continue to remove as per normal processes	07/05/20
16/04/20	Establishment of Care After Death Coordination Centre (mortuary, patient affairs and bereavement)	DDoTHS				Mass Fatalaties CELL	complete	A22 merged - Project planning support agreed. To oversee the Care after Death centre (including Coordination). 14/5/20 development of business case progressing.	14/05/20
21/04/20	Clarification of temporary body storage not present/being developed at Singleton Hospital.	DDoTHS				Mass Fatalaties CELL	complete	23.4.20 Discussion with SDU triumverate to discuss excess death plan and capacity/demand match at Singleton indicated no extra body space required.	24/04/20
21/04/20	Develop MOU between Health Board, Local Authorities and fire	DDoTHS				Mass Fatalaties CELL	Partial	21.4.20 MOU draft being discussed between legal departments of Local Authorities and then will be received for Health Board sign off. 14/5/20 Still under discussion.	22/05/20
21/04/20	Review and complete security arrangements for temporary body storage facillities.	DDoTHS				Mass Fatalaties CELL	complete	7.5.20 Security arrangements in place	07/05/20
21/04/20	Develop communications plan; agree approach regarding new mortuaries, particularly NPTH	DDoTHS				Mass Fatalaties CELL	complete	7.5.20 Proactive and reactive lines agreed. Ongoing plan for transparant and open communication agreed. Newsletter to be developed from CARe after Death Centre	07/05/20
21/04/20	MB to review COVID Act and act upon/share information with staff after review.	DDoTHS				Mass Fatalaties CELL	complete	24.4.20 Review of Corona Act and HTA requirements. Ensure these are reflected in decision making.	24/04/20
21/04/20	Confirm joint communications strategy between HB, LA and FDs.	DDoTHS				Mass Fatalaties CELL	complete	7/5/20 A joint communication sent from Health Board and Neath Port Talbot and Swansea Local Authorities to Funeral Directors giving overview of the excess death plan and information related to accessing PPE and body bags.	07/05/20
23/04/20	Communicate with MDU and WAST rep around logistics of transport to surge mortuary at MDU.	DDoTHS				Mass Fatalaties CELL	complete	7/5/20 logistics tested and body store ready for use.	07/05/20
23/04/20	Surge testing exercise needed.	DDoTHS				Mass Fatalaties CELL	complete	7/5/20 Operation TEST RUN carried out and report and minor snagging to be identified in action plan	07/05/20
23/04/20	Need clarification on timelines for contract to body stores as part of surge/super surge plan.	DDoTHS				Mass Fatalaties CELL	Partial	7/5/20 Triggers agreed for surge and supersurge. Draft SOP to be received at next meeting. 14/5/20 Comments to be made by 21/5/20.	22/05/20
23/04/20	SW3 needs resiting. Need to develop options with LA s and feedback to LRF.	DDoTHS				Mass Fatalaties CELL	complete	23.4.20 Verbal discussion around options. 7/5/20 LRF update on conditions for this facility including clarifcation around time availability. Swansea LA scoping potential site. 14/5/20 Discussions with stakeholders indicate there are no suitable locations and LRF support for these facilities ends in September 2020.	14/05/20
23/04/20	Request for assistance from SW Police in regard to ROLE.	DDoTHS				Mass Fatalaties CELL	Partial	7/5/20 Responded to SWP that this could be supported with SBUHB. Risk assessment completed including clarification of potential demand. Cawaiting response- unclear if othe HBS in the LRF were able to support. 14/5/20 Reviewed today. No response to date.	22/05/20
23/04/20	HB plan for Death of Health Care Worker merged into plans and action cards	DDoTHS				Mass Fatalaties CELL	complete	7.5.20 SOP and Action cards agreed.	07/05/20
24/04/20	Communicate with clinicians re launch of form to report all COVID deaths via clinical portal.	MD				Mass Fatalaties CELL	complete	7.5.20 Communicated from Medical Director. Via COVID GOLD.	07/05/20
24/04/20	Identify method of monitoring ethnicity when recording deaths of HCW's	DWOD				Mass Fatalaties CELL	complete	Advice on BAME received from WG. 14/5/20 Action being taken forward by MD and workforce and OD within COVID GOLD.	14/05/20
27/04/20	To speed up the process of contract funerals. Asking Medical Director approval on day 14.	DDoTHS				Mass Fatalaties CELL	complete	SOP agreed in principle- to be cleared for appropriate sign off. 14.5.20 SOP signed off.	14/05/20
27/04/20	To progress the tender for the contract funeral director within Swansea Bay.	DDoTHS				Mass Fatalaties CELL	complete	7/5/20 Tender received and temporary contract with Coop. Drafted and shared. 14/5/20 Contract received to commence from 1/6/20.	14/05/20
27/04/20	To provide information to military liason regarding availability of crematoriums and burials.	DDoTHS				Mass Fatalaties CELL	complete	7/5/20 Information provided including details around capacity and demand	07/05/20
27/04/20	Ensure the crematoriums and cemeteries within the HBs able to meet demand.	DDoTHS				Mass Fatalaties CELL	complete	7/5/20 Data received and stakeholder discussions ongoing. Including contingency to include Saturday funerals if required at surge	07/05/20
28/04/20	Ensure Police have information regarding locations of temporary body stores.	DDoTHS				Mass Fatalaties CELL	complete	SWP providing drive by cover of temporary body stores at NPT, Morriston and Llandarcy four times/24h	07/05/20
28/04/20	Scope freezer space needed (to switch banks of fridges to accommodate freezer capacity).	DDoTHS				Mass Fatalaties CELL	Partial	Quotes received. To be discussed in hot debrief meeting. 14/5/20 Ongoing discussion to be taken forward to discussions in recovery workstream.	22/05/20
30/04/20	Determine requirements related to permanent additional body storage at NPTH.	DDoTHS				Mass Fatalaties CELL	Partial	To be discussed in hot debrief meeting. 14/5/20 Ongoing discussion to be taken forward to discussions in recovery workstream.	22/05/20
30/04/20	Update capacity on COVID Gold and All Wales dashboard.	DDoTHS				Mass Fatalaties CELL	Partial	Informatics provided information to update. 14/5/20 Dashboard updating. Ongoing checks on data definitions.	22/05/20
30/04/20	Explore community verification of death service for post COVID. Publish data captured	DDoTHS				Mass Fatalaties CELL	complete	To be discussed in hot debrief meeting. 14/5/20 Update report provided. Ongoing action to review. Taken forward as separate action.	14/05/20
30/04/20	Review Singleton mortuary shielding	DDoTHS				Mass Fatalaties CELL	Partial	7/5/20 Site inspection revealed some adjustments required. Company on site 6/5/20. 14/5/20 Additional review today.	22/05/20
07/05/20	Benchmark against APT guidelines to provide assurance (re Guardian article).	DDoTHS				Mass Fatalaties CELL	Partial	14/5/20 Exercise to be undertaken 19/5/20.	22/05/20
07/05/20	Ensure psychological & wellbeing support in place for staff in mortuaries and on verification of death	DDoTHS				Mass Fatalaties CELL	Partial	14/5/20 4 groups of staff identified. Discussed with wellbeing service and plans being put into place to support.	22/05/20
07/05/20	Develop business case for CADC staffing resource post COVID.	DDoTHS				Mass Fatalaties CELL	Partial	14/5/20 Draft SOP to be discussed. Development of business case ongoing.	22/05/20
14/05/20	Develop implementation and development plan for SIGNAL.	DDoTHS				Mass Fatalaties CELL	Partial	14/05/20 Testing to commence with live data. Initially starting with mortuary data and potential pilot in ICU and patient affairs.	22/05/20
14/05/20	To send out ward communications around change of Funeral Directors.	DDoTHS				Mass Fatalaties CELL	Partial	14/05/20 Communication to be sent out week commencing 18/5/20. Supplemented by intranet bulletin ahead of commencement date - 1/6/20.	22/05/20
14/05/20	To discuss with Coroner regarding Muslim deaths/Funerals on weekend.	DDoTHS				Mass Fatalaties CELL	Partial	14/05/20 Meeting has been arranged for 26/5/20.	22/05/20
14/05/20	To review FD SOP for discussion with LA Contract Funeral Director (COOP) and Coroner.	DDoTHS				Mass Fatalaties CELL	Partial	14/05/20 Draft SOP circulated. Internal comment by 21/5/20. To be taken to stakeholder meeting on 26/5/20.	22/05/20
14/05/20	Review sustainability of the Verification of Death team.	DDoTHS				Mass Fatalaties CELL	Partial	14/05/20 Ongoing discussions and to be included in future plans for CAD centre.	22/05/20
14/05/20	Provide report to the recovery workstream to discuss sustainability to care after death services.	DDoTHS				Mass Fatalaties CELL	Partial	14/05/20 In preparation.	22/05/20
14/05/20	Submit Hot debrief report for Fatalities Cell to COVID GOLD.	DDoTHS				Mass Fatalaties CELL	Partial	14/05/20 Meeting held. Report to be discusses in meeting on 21/5/20 and submitted by 22/5/20.	22/05/20
14/05/20	Produce report for quality and safety regarding excess death plan and Corona Virus Act.	DDoTHS				Mass Fatalaties CELL	Partial	14/05/20 To be submitted by 15/5/20.	22/05/20
14/05/20	To determine availability of charitable funds/charitable fund raising to support improvements in CAD services.	DDoTHS				Mass Fatalaties CELL	Partial	14/05/20 To be considered with development of business case.	22/05/20
14/05/20	To visit site at MDU and NPTH potential CAD offices.	DDoTHS				Mass Fatalaties CELL	Partial	14/05/20 Inspection visits to be arranged.	22/05/20
14/05/20	To include Bay studios in inspection and logistics visit.	DDoTHS				Mass Fatalaties CELL	Partial	14/05/20 Will be included in next logistics test.	22/05/20
Multi-Agency Health Protection (Test, Track & Trace)									
01/05/20	Consider draft Public Health Protection Response Plan from PHW & provide comments	DoS		Multi-Agency Health Protection Silver			Complete	Comments submitted to PHW	24/04/20
01/05/20	Agree Executive leadership in HB for programme	CE					Complete	Agreed - DoS	24/04/20
04/05/20	Agree Programme Lead for Health Protection Plan Implementation	DoS					Complete	Agreed - Joanne Abbott-Davies	
04/05/20	Agree Programme support for Health Protection Plan Implementation	DoS					Complete	Agreed - Trish Jones / Paula Picton with support from Julie Morse re Testing	
01/05/20	Agree setting up of Multiagency Silver Cell for Health Protection	CE					Complete	Agreed	
04/05/20	Agree membership of Multiagency Silver Cell	DoS					Complete	Agreed	
04/05/20	Arrange initial meeting of Multiagency Silver Cell	CCC					Complete	Held on 4th May	
04/05/20	Agree governance for Health Protection cell	CCC					Complete	Agreed	
06/05/20	Develop draft Health Protection Outline plan	DoS					Complete	Draft considered at Silver on 6th May	
07/05/20	Finalise Health Protection Outline Plan	DoS					Complete	Comments received on 7th May, plan finalised to take on board comments	
07/05/20	Agree Health Protection Outline Plan with LAs for submission to Welsh Government	DoS					Complete	Being discussed at Leaders / Chief Executives Group on 7th May	
12/05/20	Revise Outline Plan once Senedd Cymru Plan published	DoS					Complete	Senedd Cymru Plan expected w/c 11th May	
05/05/20	Establish supporting structure under Silver Cell	DoS					Complete	Agreed and set up	
05/05/20	Establish workforce group	DoS					Complete	Established & meetings underway	
06/05/20	Develop Workforce Delivery Plan	DoS					Complete	Plan developed for inclusion in outline plan for submission to WG on 7th May	
05/05/20	Establish telephony / call handling group	DoS					Complete	Established & meetings underway	
06/05/20	Establish Operating Model group	DoS					Complete	Established & meetings underway	
06/05/20	Establish digital group	DoS					Complete	Established & meetings underway	
11/05/20	Clarify governance arrangements re Testing Cell	DoS					Partial	Meeting being held on 11th May	22/05/20
12/05/20	Develop detailed programme plan for implementation	DoS					Partial	Once All Wales Plan received, detailed plan will need to be developed and revised	22/05/20
11/05/20	Develop testing plan to support Health Protection cell	DoS					Partial	Workshop on 11th May to address	22/05/20

Key	
CE	Chief Executive
DoS	Director of Strategy
DoN	Director of Nursing
DoF	Director of Finance
DPH	Director of Public Health
DGC	Director of Corporate Governance
MD	Medical Director
DoT	Director of Transformation
COO	Chief Operating Officer
DDofTH	Deputy Director of Therapies
ADI	Associate Director of Informatics
DDoN	Deputy Director of Nursing
SD	Service Director
Op Comm	Operational Commander
EPRR	Head of Emergency Planning & Response
UMD	Unit Medical Directors
UND	Unit Nurse Directors
SLT	Senior Leadership Team

COVID-19 GOVERNANCE ACROSS WEST GLAMORGAN

Links to National and LRF Cells:
SBUHB - Sian Harrop-Griffiths, Dorothy Edwards, Keith Reid
Swansea - Craig Gimblett, Adam Hill
NPT – Karen Jones, Nicola Pearce, Mike Roberts

National and LRF Cells

Links to National and LRF Cells

Joint Leaders Teleconference

Military Liaison Officers

CCC Co-ordination Centre (CCC-19)

- System Wide Capacity Delivery Cell (CW)
- Field Hospital Delivery Cell
- Testing Cell (KR)
- Digital including Modelling Cell
- Mass Fatalities Cell
- Communications and Engagement Cell (PW)
- PPE Cell (GH)
- Psycological Health and Well Being including Trim (HR)
- Medicines Management (JV)
- Scientific Technical Advisory Cell (KR)

Health Board GOLD Command
Keith Reid

Operational Silver will be mobilised in line with escalation/trigger plan

Operational Workforce liver (deployment)

Extraordinary Regional Partnership Board

Health and Social Care Interface Board
Chair: JS

West Glamorgan Health and Social Care Media Cell

Neath Port Talbot IMT
Steven Phillips

- Logistics and Distribution Group — Peter Jackson
- Warning, Informing & Digital Services Group — Karen Jones
- Social Services & Health Group — Andrea Jarrett
- Mass Fatalities & Care of the Dead Group — Craig Griffiths & Mike Roberts
- Workforce Planning Group — Nicola Pearce
- Facilities Cleaning, Deep Cleaning Group — Simon Brennan (TBC)
- Regulatory Services & Enforcement Group — Carl Morris
- Community Resilience & Humanitarian/ Voluntary Assistance Group — Gaynor Pudner-Harris
- Key Worker Provision & Vulnerable Learning Support Group — Aled Jones
- Financial Resilience Group — Hywel Jenkins / Huw Howes

Swansea COVID-19 CMT Group
Phil Roberts

Workforce
Lead: Adrian Chard
Reported via Adam Hill

Core Group
Rob Stewart
Phil Roberts
(Steering Group)

Community Safety Partnership Safer Swansea — Adam Hill, Paul Thomas Weekly Update

Silver Rep for LRF — Collated by Craig not a group

Unit Silver Command

PCS Silver	Singleton Silver	Morriston Silver	NPT Silver	MH&LD Silver

Unit Bronze Infrastructure (as required by units) to manage operational issues

Health Board Wide Silver Groups

Infrastructure (DOF)	Workforce	Recovery
Equipment Supplied (Ordering) Financial Returns Capital Spend	Recruitment OH Training Operational Workforce Medical Workforce Training	Intermediate Recovery Transforming Care Financial Recovery

COVID-19 Community Silver Command
Chairs: HD, DH, AJ

Third Sector Community Group (Critical Care)	PPE / Infection Control	Building Capacity and Resilience in the Community for Critical Care	Externally Commissioned Care	Children and Young People Group	Medically Fit for Discharge (MFFD)

Business Support
Communications
Finance

Neath Port Talbot – Safe and Well Programme
Karen Jones – Programme Director
Elinor Wellington: Programme Manager

Food and Logistics D Griffiths	Contact and Referrals C Cole	Volunteer Coordination J Heavey	Area Coordination Organised into 6 areas A Harris

Swansea Council- Daily Updates 1 hour
Martin Nicholls

Field Hospitals Nigel Williams	ICT Group Sarah Lackenby	Contact Centre Tracey McNulty	Food Support Sue Reed	Local Area Coordination Jon Franklin	Other Links Voluntary Groups Tracey McNulty
Building and Ongoing Discussions for Transport of Patients	Ensuring Website / Email and Concerns Dev of New WebSite	New Contact Centre respond to queries from 6000 Shielded Letter	Food banks, Food Parcels and Sign Posting	Volunteer Groups, Shopping, Prescriptions, Signposting has been expanded accordingly	Link in to SCVS Prescription Delivery and coordinate volunteer effort

GOLD: Decision Making
SILVER: Tactical Decision Making
BRONZE: Operational Decision Making
CELLS: Cross system wide planning and delivery (reporting and action via RAID logs with escalation to GOLD on key risks and issues)

Key

- Coordinated via CC
- Reports directly to GOLD
- Reports to Board with input from Gold
- Chaired by DPH to support response

Decision Making

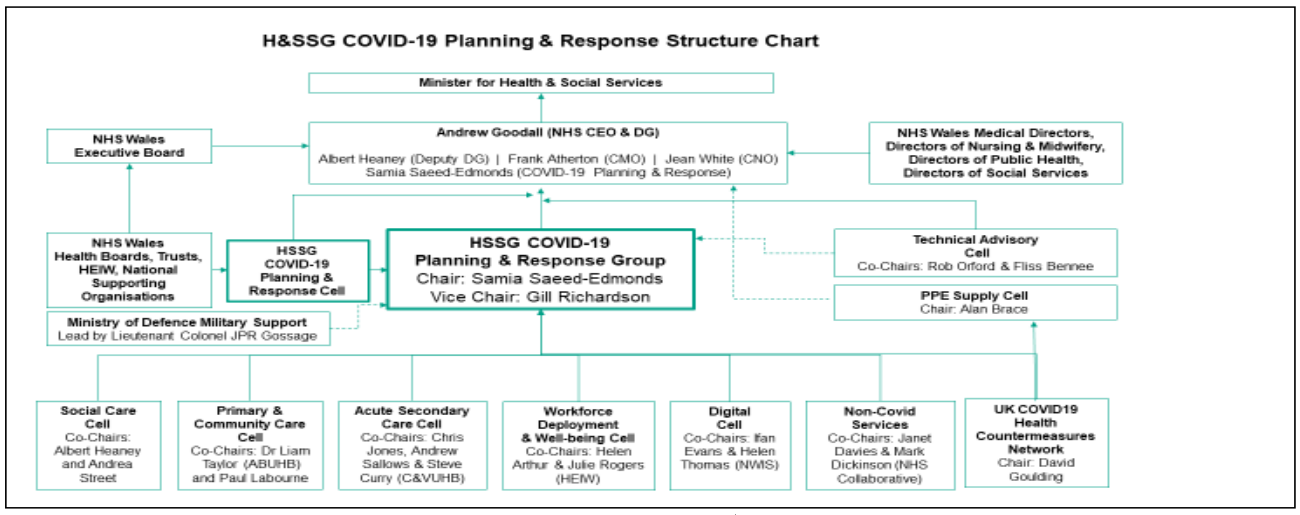
Advice

For Information and Sharing

COVID-19: Reporting and Information Structure

National

Swansea Bay University Health Board



Regional

South Wales Strategic Coordinating Group (DPH)

SW LRF Tactical Coordinating Group

(South Wales Police)

Communications Cell

Mass Fatalities

Swansea Bay Tactical Coordinating Group

(DOS)

- Capacity planning (field hospital)
- Community Pathways (keep people at home)
- Vulnerable groups (shielding)
- Workforce – mutual aid & key workers
- Transport

Local

Military Liaison Officers

CCC Co-ordination Centre (CCC-19) (DE)

System-wide Capacity Delivery Cell (CW)

Field Hospital Delivery Cell

Testing Cell (KR)

Digital (including modelling cell) (MJ)

Mass Fatalities (CM)

Communications & Engagement Cell (PW)

PPE Cell (GH)

Psychological Health & Well Being including TRiM (HR)

Medicines Management (JV)

Scientific Technical Advisory Cell (KR)

GOLD Command (DPH)

Operational Silver

(Will be operationalised in line with agreed triggers)

Unit Silver Command

Health Board-wide Silver Groups

PCS Silver	Singleton Silver	Morriston Silver	NPT Silver	MH&LD Silver	Infrastructure (DOF)	Workforce Silver (WOD)	Community Silver (PCS Unit Director)	Recovery (DOT)
Unit Bronze Infrastructure (as required by units) to manage operational issues					Equipment Supplies (Ordering) Financial Returns Capital Spend	Recruitment OH Training Operational Workforce Medical Workforce Training	MFFD Discharge Pathway Shielding	Immediate Recovery Transforming Care Financial Recovery

Coordinated via CCC

Reports directly to Gold

Reports to Board with input from Gold

Chaired by DPH to support response

GOLD: decision making

SILVER: tactical decision making

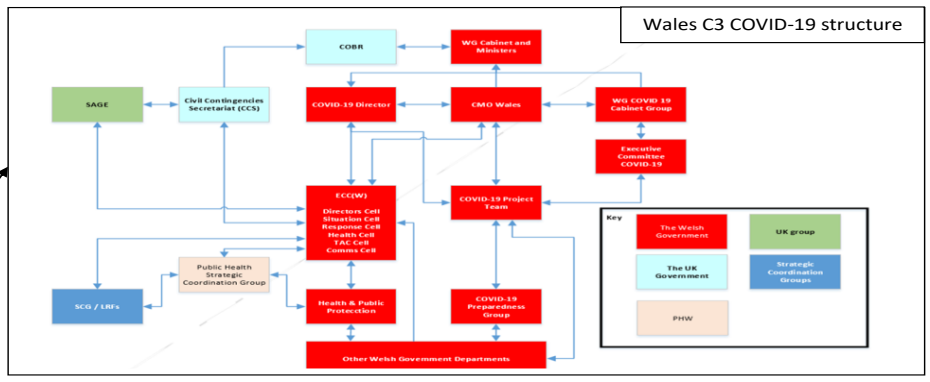
BRONZE: operational decision making

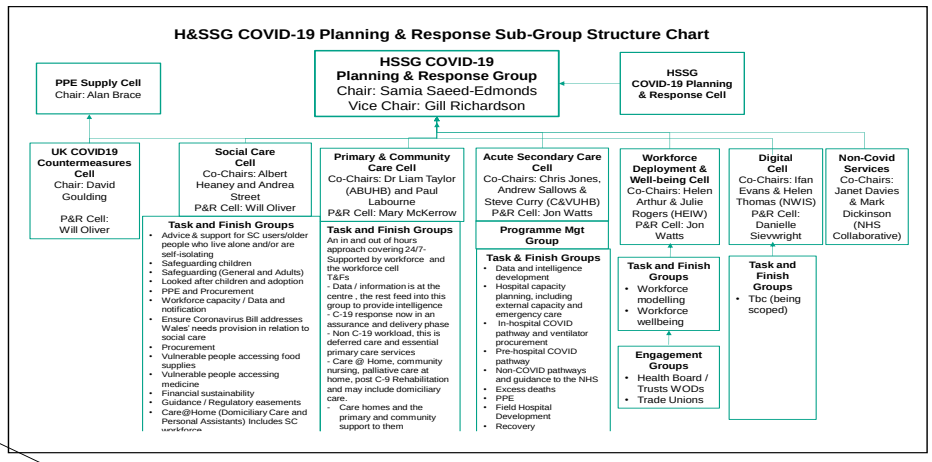
CELLS: cross system wide planning and delivery (reporting and action via RAID logs with escalation to GOLD on key risks and issues)

COVID-19: Sub-Group Reporting and Information Structure Chart

National

Wales C3 COVID-19 structure





Local

Military Liaison Officers

CCC Co-ordination Centre (CCC-19) (DE)

System-wide Capacity Delivery Cell (CW)

Field Hospital Delivery Cell

Testing Cell (KR)

Digital (including modelling cell) (MJ)

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Communications & Engagement Cell (PW)

PPE Cell (GH)

Psychological Health & Well Being including TRiM (HR)

Medicines Management (JV)

Scientific Technical Advisory Cell (KR)

GOLD Command (DPH)

Operational Silver

(Will be operationalised in line with agreed triggers)

Unit Silver Command

Health Board-wide Silver Groups

PCS Silver

Singleton Silver

Morriston Silver

NPT Silver

MH&LD Silver

Unit Bronze Infrastructure (as required by units) to manage operational issues

Community Silver

(PCS Unit Director)

Workforce Silver

(WOD)

Recruitment
OH
Training
Operational Workforce
Medical Workforce
Training

MFFD

Discharge Pathway

Shielding

Recovery

(DOT)

Immediate Recovery

Transforming Care

Financial Recovery

Coordinated via CCC

Reports directly to Gold

Reports to Board with input from Gold

Chaired by DPH to support response

GOLD: decision making

SILVER: tactical decision making

BRONZE: operational decision making

CELLS: cross system wide planning and delivery (reporting and action via RAID logs with escalation to GOLD on key risks and issues)

COVID-19 LEADERSHIP ARRANGEMENTS - SWANSEA BAY UNIVERSITY HEALTH BOARD

v1 Effective 26th March 2020

Key Strategic Risk (Lead Executive responsible for overall coordination)	Work Plan		Executive Accountability	Unit Accountability	Management Lead (support)	Command Arrangements (see attached)
Testing (Keith Reid)	Testing – Staff and Community Plans		Keith Reid	PCS Unit accountable for CTU	Julie Morse (Tanya Spriggs Jocelyn Jones)	Scientific, Technical & Advisory Cell (STAC)
Digital (Matt John)	Access to Patient Records		Matt John	All Units	Sian Richards. Jen Nagle	Bronze digital services reported via ccc-19
	Virtual working – electronic data capture and provision				Sian Richards Carl Mustad, Deirdre Roberts, Gareth Westlake, Matt Knott)	
System Wide Capacity Plan (Chris White)	Modelling & Intelligence		Matt John		Lee Morgan	Modelling cell
	Primary and Community Care – Pre Hospital & pathways into hospital		Richard Evans (Clinical) Hannah Evans (Management)	Hilary Dover Unit UMDs	Anjula Mehta Aidan Byrne	Coordinated through Unit Silver and Gold
	In Hospital	Pathways	Richard Evans	All Unit Directors/UMDs	Tersa Humphreys	Clinical Directors Forum
		Critical Care			Craige Wilson	
	Post Discharge Care & Pathways		Sian Harrop- Griffiths	Hilary Dover	Field Hospital – Jo Abbot Davies	LRF (Tactical) Swansea Bay
					MFFD – Nicola Johnson	Silver Multi-agency reporting to Gold
	Fatalities		Chris White	Jan Worthing	Christine Morrell (Rhodri Davies, Chris Bowden)	LRF Mass Fatalities
	Mental Health & LD (Safeguarding)		Chris White	Janet Williams	Stephen Jones	Unit Silver with escalation to Gold
Logistics (Gareth Howells)	Logistics (supplies)		Gareth Howells	All Units	Mark Parsons Lisa Hinton	Logistics Silver with escalation to Gold
	Logistics (equipment & capital)		Darren Griffiths	All Units	Ian MacDonald Simon Davies	
Workforce (Hazel Robinson) Overall coordination at CCC-19 – Julian Rhys Quirk	Medical Workforce		Hazel Robinson	All Units	Sharon Vickery	Workforce Silver reporting to Gold
	Operational Workforce				Kathryn Jones	
	Recruitment				Guy Holt	
	Occupational Health				Paul Dunning	
	Staff Health & Well Being				Debbie Rees-Adams	
	Training – mapping requirements				Ian Langfield	Training Cell reporting to Workforce Silver
Intelligence & Reporting (Matt John)	Information flows		Matt John		Lee Morgan	Date & Modelling Cell coordinated through CCC-19
	Financial Intelligence		Darren Griffiths		Samantha Lewis	Executive Team
	Performance Reporting		Darren Griffiths		Hannah Roan	Executive Team
Communications (Tracy Myhill)	Communications – External AMs MPs, partners		Irfon Rees		Dorothy Edwards Keith Reid	Communications cell embedded into CCC-19 and on Gold
	Communications – Public		Keith Reid		Dorothy Edwards Susan Bailey	
	Communications – Staff		Tracy Myhill (dep Hazel)		Dorothy Edwards Lee Leyshon	
	Communications – correspondence & concerns		Pam Wenger		Hazel Lloyd	
Volunteering (TBC)	Using Volunteers/Community Resilience		TBC	TBC	Alison Clarke	TBC

Recovery (Hannah Evans)	Recovery & Transformation Psychological Support - Staff	Hannah Evans Sian Harrop-Griffiths Darren Griffiths	TBC	Finance, Planning, Workforce and Transformation Teams	Recovery Group reporting to Gold
Mass Vaccination (Keith Reid)	Planning	Keith Reid	TBC	TBC	Scientific, Technical & Advisory Cell (STAC)

Group:	Name:	Chair of Cell/Silver:	Exec Lead:	CCC Leads:	RAID Log Support	Finance Support
Silver	Infrastructure (Equipping)	Darren Griffiths	Darren Griffiths	Michelle Shorey, Sam Lewis, Ian MacDonald & Joanne Abbott-Davies	Sonja Anderson	Darren Griffiths (Lead) Sam Lewis Ian MacDonald Karen Evans Geraint Norman / Michelle Shorey
Silver	Workforce	Julian Rhys Quirk	Hazel Robinson	Julian Rhys-Quirk	Julian Rhys-Quirk	Sam Lewis Michelle Shorey / Geraint Norman
Silver	Workforce - Occ Health	Julian Rhys Quirk	Hazel Robinson	Paul Dunning		
Silver	Workforce - Operational	Julian Rhys Quirk	Hazel Robinson	Julian Rhys-Quirk		
Silver	Workforce - Recruitment	Julian Rhys Quirk	Hazel Robinson	Guy Holt		
Silver	Workforce - Deployment	Julian Rhys Quirk	Hazel Robinson	Kathryn Jones		
Silver	Community	Rotas between; Dave Howes (Swansea Council); Andrew Jarret (NPTC) and Hilary Dover (SBuHB)	Hilary Dover	Nicola Johnson		Michelle Shorey Sally Killian Richard Bowmer
Silver	Recovery		Hannah Evans	?		Darren Griffiths Sam Lewis Charlie Mackenzie / Paul Harry Michelle Shorey / Geraint Norman Chris Bimson
Silver	Multi-Agency Health Protection (Track & Trace)		Sian Harrop-Griffiths	Joanne Abbott-Davies, Patricia Jones,		
CELL	Capacity Delivery	Chris White	Joanne Abbott-Davies	Michelle Davies NPT, Rhian Edwards & Maxine Evans Singleton, Karen Stapleton, Stephen Evans Morriston, Gareth Bartley MH&LD, Kerry Broadhead - Surge Capacity, Vicky Thomas		Darren Griffiths Charlie Mackenzie / Paul Harry Karen Evans - COVID Chris Bimson - non-COVID
CELL	Field Hospital	Chris White	Joanne Abbott-Davies	Aileen Flynn, Calvin Smith & Thomas Howley MLO's		Julie Field Ian MacDonald
CELL	PPE	Mark Parsons	Gareth Howells & Cathy Dowling	Mark Parsons		Richard Bowmer
CELL	Digital	Sian Richards	Matt John	Carl Mustard, Gareth Westlake & Lee Morgan		Geraint Norman Paul Harry
CELL	Medicine Management	Judith Vincent for SMT Roger Williams for procurement	Judith Vincent	?		Chris Stevens Chris Bimson
CELL	Scientific Technical Advisory	Haven't met yet as of 24/4/20	Keith Reid	Keith Reid		N/A
CELL	Mass Fatalities	Christine Morrell	Chris White	Christine Morrell, Jordan Tucker	Jordan Tucker	Chris Bimson
CELL	TRIM		Dougie Russell	Khan Prince ?		
CELL	Communications	Susan Bailey	Tracy Myhill & Irfon Rees	Sue Bailey - public Lee Leyshon - Staff		N/A
CELL	Psychological Health & Well Being	Paul Dunning	Hazel Robinson	Paul Dunning		Rachel Hook Emma Doolan
CELL	Training	Ian Langfield	Hazel Robinson	Ian Langfield		
CELL	Testing	Julie Morse	Keith Reid Jennifer Davies	Julie Morse		Michelle Shorey Jeremy Lewis
QUERY	Volunteering Cell			Alison Clarke		
QUERY	Professional Leads		Dorothy Edwards - Operations Commander Aidan Bryne - Medical Craige Wilson - Operations	Lisa Hinton - IPC Helen Griffiths / Allyson Rees - Nursing Karen Jones & Jocelyn Jones - EPRR Kerith Jones, Andrea Folland & Juhi Uddin - CCC Support		
CCC-19						Sam Lewis
Gold						Darren Griffiths

Swansea Bay University Health Board
SENIOR LEADERSHIP TEAM (Execs plus triumvirates)

Modelling Cell

Workforce cell

National Guidance and responses

CLINICAL FRAMEWORK

Clinical Lead - Conor Marnane
Multi professional membership
Areas of Focus:
- Prioritisation Framework
- Pre-operative process
- Clinical input into operational solutions/zoning

RESPONSE & RECOVERY COORDINATING GROUP

CW/HE CO-Chair

PRIMARY AND COMMUNITY

Operational Lead - Hilary Dover

Clinical Lead - Anjulha Mehta

Planning Lead - Ruth Tovey

Areas of Focus (national guidance)
Access to GMS - models for delivery
Communtity Pharmacy
Emergency dental (red alert)
Optometry
111/OOH
Communtiy Nursing and AHP services

MEDICINE/SINGLE ACUTE TAKE

Operational lead - Jan Worthing

Clinical Leads - Aidan Byrne with
Andrea Bradley - Acute Take
Rhodri Edwards - Older People

Planning lead - Karen Stapleton - Acute Medical Take
Heledd Rehab/Older People

Areas of Focus
- Feasibility on single acute take including timescales, workforce, displacement -
- Ambulatory Care Model
- Older People
- Rehab model - national guidance (These may be sub groups)
- discharge pathway
- H2H

SURGICAL

Operational Lead - Deb Lewis

Clinical Lead - Conor Marnae

Planning lead - Maxine Evans

Areas of Focus
- Operational solutions and options for surgical capacity
- Prehabilitataion
- Independent sector capacity
- zoning solutions
- Alignment with workforce models
- National Guidance on essential surgery

CANCER & PALLIATIVE

Operational Lead - Jan Worthing

Clinical Lead - Martin Rolles

Planning Lead - Michelle Crossland

Areas of Focus
- Non surgical cancer services
- Cancer network and national guidance
Guidance on palliative care - link with clinical prioritisation work
- Engage with WCN/WG on regional solutions (as per Op F/W)

DIAGNOSTICS

Operational lead - Brian Owen

Clinical Leads - Rhodri Stacey/Derrian M/? path

Planning Lead - Steven Evans

Areas of Focus
- access to urgent diagnostics path, endoscopy, rad
Impact of service increases in other areas that will impact on diagnostic demand/capacity
- National guidance expected

MENTAL HEALTH & LD

Operational Lead - Dai Roberts/Janet Williams

Clinical Lead - Richard Maggs

Planning Lead - Gareth Bartley

Areas of Focus
- Link with WG MH incident Group
- National guidance on LD
- National guidance on substance misuse

OUTPATIENTS

Clinical Lead - Phil Coles
Operational Lead - Craige Wilson
Programme/Planning lead - Michelle Davies
Unit leads - Sam Williams, Michelle Mawson Gawne, Sue Jones, PCS

Areas of Focus
- Analysis of performance legacy position
- Prioritised plans
- Chronic conditions with PCS/Demand management
- Digital solutions rolle out - Anytime
- National guidance on SOS
- National Outpatients Framework
- Plan to respond to additional monies

MORRISTON SERVICE AND SITE PLAN (Deb Lewis)

SINGLETON SERVICE AND SITE PLAN (Jan Worthing)

NPT SERVICE AND SITE PLAN (Brian Owen)

NHS WALES COVID 19 OPERATING FRAMEWORK - QUARTER 1

1. PURPOSE

To provide the NHS with an Operating Framework for Quarter 1 of 2020/21 which reflects the continued need to respond to COVID 19 and the potential for future peaks in COVID 19 demand. There is agreement across the system that we need to ensure that we are able to deliver essential health services for our population and where possible recommence more routine care. However we need to do this progressively, and with caution, through short planning cycles that maintain the flexibility and agility we have demonstrated over recent months.

2. CONTEXT

The NHS in Wales has already delivered a remarkable response to the COVID 19 health emergency since receiving the first coronavirus patients in early March.

Our staff have stepped forward with huge commitment and professionalism to deal with the challenges of this pandemic and have demonstrated once again that they are our most important asset. This includes our new staff such as our health professional students and health professionals returning to service, keen to be part of the NHS response. As ever it has been important to continue to work closely with staff organisations and professional bodies in a spirit of social partnership through regular briefings and discussions.

The speed and flexibility of our response has been dependent upon excellent partnership working - with local government, the military, the voluntary sector, hospices, education providers, regulators and the private sector. Of particular note has been the close cooperation between the NHS and social care, through statutory services and the wider care sector, reflecting the critical connections that need to be in place to support patient pathways.

We have also had overwhelming support from the public and patients in complying with lock down measures to save lives and protect the NHS, and in cooperating with us as we have introduced new ways of working into the NHS.

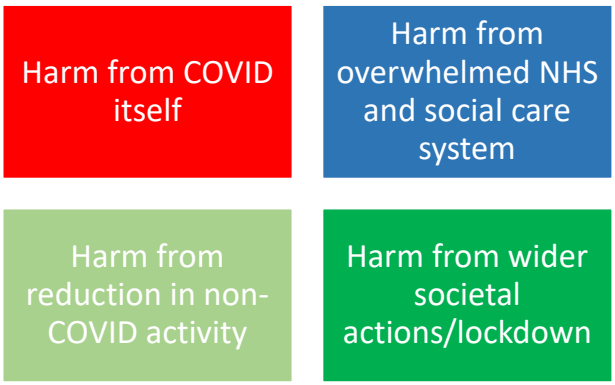
The initial NHS planning and preparation for COVID 19 was supported by the Minister's Written Statement on 13th March setting out a framework of actions. These included a reduction in non-essential work in order to free up capacity and staff to prepare, and these actions have been critical in ensuring that we were able to respond effectively to the needs of coronavirus patients in Wales.

This initial planning had indicated a difficult 8-12 week period managing to a peak. Whilst this has been mitigated during April, there remain significant numbers of COVID-19 patients across our systems and we need to plan recognising that our system will be responding to COVID-19 demands for some months to come, particularly as we monitor the impact of moving out of lockdown arrangements.

This requires a different framework to move forward, which retains flexibility to adjust depending on outcomes and any change in community transmission rates of COVID19.

This new framework builds upon guidance that has already been issued to the NHS with a particular focus on maintaining essential services, for example in relation to cancer and mental health services.

The new framework also reflects the need to consider 4 types of harm, and do our best to address all of them in a balanced way:



We are still learning about Coronavirus and its progress is difficult to determine. Whilst we have navigated the first peak successfully from an NHS perspective, there are still significant pressures in care homes and we do not have certainty about the future profile of COVID 19 demand.

This profile is also affected by external factors including the Welsh Government Framework for Recovery (https://gov.wales/leading-wales-out-coronavirus-pandemic)and implementation of its Testing Strategy. In addition the Cabinet has agreed to establish an economic and social recovery programme that will be led by Ministers and informed by an Expert Group to bring regular challenge and fresh thinking. An internal Portfolio Board for Continuity and Recovery has also been established to work in parallel with the Expert Group, chaired by the Counsel General. A comprehensive work plan will be developed that will include creating a set of scenarios to act as cross-government assumptions for recovery planning.

The harm caused from COVID itself is more visible and understood, both in terms of its impact on individual patients and their underlying conditions, but also the potential for transmission to other patients and staff. The management of individual patients in this context requires effective decision making and management of clinical risk, in order to balance harm from COVID and other health problems.

It is important to retain the ability to respond effectively and with maximum agility to a potential increase in COVID 19 patients and to ensure that any future peaks do not overwhelm the service. The operating framework needs to reflect that and will be subject to regular review.

We are aware that access to essential non COVID services has reduced in recent weeks, a trend that has also been experienced in other countries. In Wales we have seen for example a 48% reduction Emergency Department attendances and a 30% reduction in emergency admissions since prior to the COVID 19 pandemic. The reasons for this will include delivery of health care through alternative models,

reduction in incidence of some health problems such as major trauma and road traffic accidents; and changes in judgements and behaviour by both clinicians and patients in view of additional COVID risk.

However, we need to assure ourselves going forward that patients are accessing essential services appropriately and understand that these services continue to be open for business during any future peaks. We also need to have a framework that can be developed towards an ultimate aim for restoration of normal and routine activities over time, even if this is done progressively and with appropriate assessment of impact on the NHS. It will be important to continue to set NHS delivery in the context of an integrated health and care system.

3. OPERATING FRAMEWORK

The Operating Framework is set out under the following themes:

New ways of working

Staff have created and embraced new ways of working rapidly to respond to the COVID19 challenge, in particular to comply with social distancing and essential travel guidance. A number of these new ways of working offer benefits in terms of safety and quality to both staff and patients. They have also contributed to reduced congestion in primary care and hospital settings. Locally and nationally we must focus on embedding the new ways of working so that they become sustainable approaches for the future. Building confidence in these new approaches, supported through formal evaluation to demonstrate that they are safe and effective, means we can go even further. We encourage individuals, teams and organisations to continue to innovate and transform our services to deliver on the collective commitments in **A Healthier Wales,** our long term plan for health and social care in Wales. Requirements for these will also be embedded in future updates on the Operating Framework.

This includes the significant shift in terms of digitally supported ways of working – including more home working, cluster models, virtual clinics, triage processes, and remote consulting. Key enablers for this have been the accelerated roll out of tools for video consultation and remote working, and increased use of the Digital Health and Care Record, on an all-Wales basis. These changes will be consolidated and extended. Where there are opportunities to support essential services as part of covid-19 response, other digital programmes and investments will be accelerated in the same way. Further support will be provided, for example, through the Digital Priorities Investment Fund.

Managing COVID 19

Whilst recognising that it is difficult to guarantee that health care settings will be “COVID free”, particularly areas such as Emergency Departments, it will be important to separate the COVID and non COVID patient flows **as far as possible**. Local plans need to take into account:

- Ongoing and consistent application of PHW/NHS Infection Prevention and Control guidance in all NHS organisations, with appropriate cohorting of known Covid patients, separate to other patients. https://www.gov.uk/government/publications/wuhan-novel-coronavirusinfection-prevention-and-control)
- Hot/cold or red/green sites, COVID cohorts/zones, and dedicated isolation facilities. The development of cold sites may require regional solutions to underpin safety for patients and staff.
- Targeted use of independent sector hospitals using the contractual arrangements in place.
- Options to use available field hospital capacity across Wales to support activity in the short term, subject to local assessment and workforce models, whilst retaining the capacity to respond to any further peaks.
- New service or specialty based triage and streaming processes in both unscheduled and planned care to support separation of flows, including any testing implications.
- Continued implementation of the Acute Pathway for COVID 19 and related rehabilitation pathways.
- Availability of sufficient physical and workforce capacity to maintain separate configurations and additional streaming processes.
- Revised activity planning and scheduling assumptions that reflect the need to maintain social distancing and infection prevention and control measures.

Much of this can be determined locally by individual organisations, including the need for regional solutions. In addition organisations will want to be cognisant of advice and guidance from professional bodies, and ensure that this is kept under review.

"Essential" services

Essential services are those which should be maintained at all times throughout the pandemic, and any future peaks. We have developed an Essential Services technical document at **Appendix A** in line with WHO guidance on high priority categories including mental health**.** This is supported by a range of published guidance from Wales and the UK including Royal Colleges and NICE.

Urgent and emergency cancer treatment is a key aspect of Essential Services and specific guidance has already been issued through the Wales Cancer Network. Organisations have been asked to provide updates on progress in implementing this guidance by 12th May.

Delivery of essential services will by definition need to be based on clinical prioritisation rather than just a time based approach. The risk associated with COVID 19 will be an additional consideration in clinical decision making about individual patients and their treatment and in ensuring informed consent. Effective clinical engagement and leadership in planning and scheduling services therefore remains critical in developing and delivering Q1 plans.

In some areas of essential services the response to COVID 19 may have led to backlogs that need to be urgently addressed, and the implications for diagnostic and therapeutic services need to be carefully considered in local plans.

Effective delivery of pathways for delivering essential services will need to protect patients from COVID 19 and may require interim development of regional approaches for acute, specialist and rehabilitation services. Organisations must identify any risks to local delivery of essential services and collaborate on regional solutions to deliver the best outcomes for patients and the safest environments for staff.

Each organisation must ensure that it is also tracking deferred procedures / appointments that are not deemed to be essential in line with WHO guidance to mitigate any potential harm to patients.

Essential services clinical guidance for NHS Wales will be published on a dedicated section of the HOWIS site at http://howis.wales.nhs.uk/sitesplus/407/home

Public facing guidance will be published on the Welsh Government website at https://gov.wales/coronavirus

Critical care

Significant effort has been made to develop surge plans to flex critical care capacity, and these have already been activated to respond to the pressures of the first COVID 19 peak.

Locally and nationally we must continue to improve our critical care surge plans to ensure they are resilient in terms of physical space, infrastructure, equipment, workforce and medicines. We must retain the ability to activate surge plans quickly if we enter into another peak. In the meantime we must ensure focus on the wellbeing of our staff who have been working in challenging and pressurised environments and ensure they have the opportunity for rest and support.

COVID 19 patients and those receiving essential services will continue to be a priority for critical care services. Any routine services that may impact on critical care including services which increase demand for medicines used in critical care settings, should therefore be re-commenced with care taking into account the availability of core critical care capacity and maintaining safe occupancy levels. Ideally critical care occupancy should be at 70% of core capacity as a trigger to restart any routine work which may require critical care support during the next few months. This needs to be kept under close review with clinical teams and the Critical Care Network to reflect local circumstances. This will also require continuation of a zero tolerance approach to delayed transfers of care in critical care settings.

A significant boost to the effective and efficient operation of critical care services will be provided by bringing forward planned investment in digital systems to support critical care services across Wales

“Routine” services

Capacity exists in some parts of our system to support the re-introduction of routine services. This includes core capacity as well as the surge capacity that has been put in place for Quarter 1. We expect all health organisations to adopt a progressive approach towards the aim of restoring normal and routine activities, but the nature of this is a local operational decision for Health Boards and Trusts in conjunction with relevant partners. This will require arrangements to gear up and down in response to other pressures in the system such as an increase in emergency demand. A clear set of triggers needs to be in place to inform these decisions at a local and national level including any upstream intelligence for example in relation to the R values, local surveillance, care home data, as well as COVID activity data relating to health services including COVID admissions, critical care and general occupancy levels and mortality rates.

The re-introduction of normal and routine activities needs to be based on a number o considerations:

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

Decisions will be made about screening services coming back on line during Q1 based.

Surge capacity

We have created a significant amount of additional surge capacity in preparation for the anticipated peak in COVID 19 demand and this includes physical space as well as workforce. Fortunately the measures that have been put in place to minimise the peak have meant that we have not needed to utilise the surge capacity to date. However, as lockdown eases there is a possibility of further peaks and so as a minimum we should ensure that the first phases of surge capacity in each health board/ trust should be available and ready for activation within a 7 day period.

As noted above some parts of our surge capacity may also be utilised to deliver essential and routine services, and to maintain safe occupancy levels in line with local triggers.

The majority of our “field hospital” capacity in non NHS settings has been based on a provisional timescale of the first quarter. We will need to determine future plans by the end of Q1 including consideration of more regional solutions.

Nationally we must also continue to develop our central systems and processes to identify, allocate and distribute key items of equipment and supplies across the system.

Workforce wellbeing

In planning our services for the months ahead we need to maintain a clear focus on the wellbeing of our workforce in line with our commitment to the quadruple aim. Iin particular we must support those staff who have been under significant pressure in responding to COVID 19 to date – front line workers, support staff and management teams. We need to bear in mind that pressures may increase again in the next few months requiring our staff to repeat the extraordinary effort made over recent months. This means:

- Appropriate testing systems will need to be in place as determined by the Testing Strategy
- Appropriate rest and working patterns for staff, in particular enabling staff who have been unable to take time off due to service pressures to take annual leave and have time to recharge
- Provision of appropriate training, equipment and supplies – including PPE and key transferable skills
- Provision of wellbeing and psychological support NHS Wales Staff Wellbeing Covid -19 Resource
- Monitoring key workforce indictors including: absence and sickness levels and reasons; retention of the workforce including retirement and resignations
- Continuing to assess staff who may be at increased risk - including older colleagues, pregnant women, returnees, and those with underlying health conditions - and make adjustments including working remotely or in a lower risk area
- Continue to focus on particular needs of BAME members of the workforce as set out in Written Statement: COVID-19 and BAME Communities
- Continuing to update and regularly reissue Frequently Asked Questions developed in social partnership, setting clear policies, key terms and conditions of service for our workforce https://www.nhsconfed.org/regions-and-eu/welsh-nhs-confederation/nhs-wales-employers/covid19

During the COVID -19 response, it is even more important that our staff feel able to raise concerns safely and that we capture the learning and lessons from their experiences. Local mechanisms are in place for any concerned member of staff to speak up, underpinned by guidance and support. We will also look for the national conversation on raising concerns to be progressed in social partnership to provide a clearer focus for this work.

We have had significant success in expanding our workforce as part of the COVID 19 response, through students, returning professionals, and new recruits. We need to continue to engage and support this COVID 19 workforce and ensure this additional capacity is factored into plans. Equally much of this additional workforce is temporary and although this may not affect q1, contingency plans need to be

considered in the context of more sustainable workforce planning for the future in line with the draft Workforce Strategy for Health and Social Care.

Organisations should re-introduce study leave and professional development activities where they can be delivered safely, to ensure that we continue to invest in the development of our workforce.

Although we have made a number of changes to delivery of undergraduate health professional programmes organisations should continue to support clinical placements for students so enable them achieve the learning outcomes needed to graduate.

Primary care

As with other settings there has been a remarkable response from primary care services and contractors. Effective models have been developed to support delivery of safe services in primary care settings in the context of COVID 19, with significant leadership and cooperation from independent contractor colleagues.

For General Medical Services we have seen a shift to telephone first triage; which must remain in place during Quarter 1 and is encouraged longer term. GPs and practice staff are now able to work remotely accessing GP Practice systems from their homes to run surgeries via telephone or using video consultation. The process has been further enhanced by providing access to the Digital Health & Care Record, enabling all recent diagnostic results and documents to be readily available.

The ability to stream COVID patients effectively through a “COVID hub” model will be activated as needed, based on the plans that have been put in place through clusters across Wales. In addition general practice will need to assess any patients who may be considered high-risk and may need to be included in the ‘shielding’ cohort to ensure they are accessing needed care and are receiving their medications.

As per the Caldicott principles, data should continue to be shared in the best interests of the patient; including information from Primary Care providers to other health and care settings, as well as information for specific processes (such as fostering and adoption medical assessments).

Our community pharmacy services have been under significant pressure and have introduced new ways of working to manage patient care safely and efficiently and to continue with essential services including dispensing services, emergency medication services, emergency contraception and advice, and treatment for common ailments. These will need to be maintained during Quarter 1. In addition community pharmacy will continue to play a key role in protecting supply to shielded patients.

In primary dental care service all routine dental care, treatments and check-ups continue to be cancelled. However, dental practices with NHS contracts remain ‘open’ for remote triage, the provision of advice and the issuing of prescription (analgesia & antimicrobials). Dentists can also provide face-to-face assessment in practice and non-Aerosol Generating Procedures (AGPs) urgent care if absolutely

necessary. Further guidance will be issued shortly about the future status and restoration of dental services.

In optometry services, a number of practices remain open for emergency and essential eye care services within each cluster. This enables Independent Prescribing qualified practitioners to manage more cases and reduce the need for secondary care intervention. Health boards will continue to ensure 'urgent' patients are seen, utilising primary care optometry to mitigate the loss of hospital based ophthalmology outpatient capacity.

Going forward to the recovery phase, the wider adoption of the Primary Care model for Wales will be the foundation for primary care operational models.

Social Care Interface

NHS organisations must continue to work with partners to ensure an effective interface with social care, in particular in relation to closed settings. This is in line with the approach set out in "A Healthier Wales". This includes

- Providing the capacity needed to implement the COVID 19 Hospital Discharge Process in relation to step down and step up beds https://gov.wales/hospital-discharge-service-requirements-covid-19This is essential in ensuring effective management of COVID 19 in closed care settings and in maintaining timely flow out of hospitals. This needs to be factored into capacity plans and the configuration of COVID and non COVID areas.
- Supporting training needs in relation to infection prevention and control
- Focusing on workforce wellbeing with access to resources and support
- Supporting workforce capacity where appropriate from the additional COVID workforce available to the NHS
- The sector will require additional support and guidance during the pandemic emergency period. A number of groups (including the Primary Medical Care Support to Care Homes Task Group) have been established as part of that support function

Communication

Clear and consistent messages for the public are essential to ensure that services are used appropriately during this period. National and local communication activities need to be aligned to ensure a focus on:

- Explanation of new ways of working which mean people will access services differently
- Assurances about social distancing measures and infection prevention and control in health care settings
- Importance of seeking advice and support in relation to Essential Services – with a particular focus on older people and vulnerable groups
- Options for self help and advice
- Clarification of Wales approach to avoid confusion with other parts of UK

4. MONITORING ARRANGEMENTS

In mid-March we agreed to relax targets and monitoring arrangements across the health and care system to support organisations in their plans and preparations for COVID 19.

Although we do not plan a reinstatement of the previous performance management arrangements for NHS Wales at this time we will need to refocus on some key quality, access and workforce indicators as we progress through Q1, particularly in relation to essential services and the COVID 19 pathway.

We will also need to monitor other key aspects of Q1 plans to inform critical decisions that need to be made in Q2. These include use of field hospitals, use of independent sector hospitals and deployment of the additional temporary workforce.

In the absence of the usual Quality and Delivery mechanisms and JETs we will be planning review meetings in early June with each organisation to reflect on Q1 plans and to help inform the operating framework for Q2 including guidance on winter preparedness – further details and guidance on performance management to follow.

5. FINANCE

The urgency needed for the initial service response meant that normal financial governance has not been able to be in place as decisions have, by necessity, had to be driven by the assessment of demand and the immediate service plans in response. Many decisions have been taken to commit significant resources without the normal certainty of funding. The required financial governance has had to follow and a more system level review is now in place to look at variability and best practice.

NHS organisations have undertaken their first assessment of the potential full-year costs for 2020-21 of responding to the pandemic, including putting in place the additional field hospital capacity. This exercise has highlighted some significant variations in approach and cost locally which will inevitably be challenged once the emergency is over.

There will be a requirement to update these forecasts on a monthly basis and submit with the monthly monitoring returns. Whilst it may be difficult at this stage to make a firm assessment of the impact later in the year, it is expected that the forecast for quarter 1 is robust, taking account of the guidance set out in this operating framework. Some of the normal monthly financial monitoring requirements have been relaxed to enable finance staff to concentrate on these cost returns as well as closing down the 2019-20 financial year.

Welsh Government and the Finance Delivery Unit have been working with the support of external consultants to review the set-up costs and committed running costs of the field hospitals, and it is intended funding for these will be confirmed during May. In addition, through a budget re-prioritisation process within Welsh Government, funding is being secured for core additional elements of the NHS response, including the costs of student and returning staff, provision of PPE,

support for early discharge arrangements, and the costs of the testing programme. Funding will be allocated for these specific areas of support as costs are confirmed.

As the full cost impact become clearer, Welsh Government and the Finance Delivery Unit will work with NHS organisations to agree the impact on individual organisations financial plans. This will take account of the additional costs incurred, previous savings expectations that are unlikely to be delivered, offset by redirecting existing resources from activities that have been paused or stopped.

At this stage, there is no certainty of funding beyond the specific areas referred to above, but this ongoing exercise should enable a shared understanding of the financial positions being presented to boards and will support the ongoing action within Welsh Government to identify funding to meet the net costs to the NHS of the response to the pandemic.

6. KEY ACTIONS

To support implementation of the framework the following actions are required:

NHS organisations to develop local operational plans for Q1 that include:

- A specific focus on Essential Services, any risks and regional solutions
- A summary of new ways of working and plans for evaluation
- Clear roles and activity plans for independent sector facilities and field hospitals
- Progressive implementation of routine activity
- A reflection of local discussions with partners about social care resilience
- Workforce plans including use of additional temporary workforce.
- Financial implications
- Risks to delivery

Draft local COVID 19 Operational Plans for Q1 are requested by 18th May recognising that they will need to be formally agreed through Board and Committee structures and in line with the agree governance principles.

By 18th May Welsh Government and partners to:

- Complete a rapid review and dissemination of new ways of working (WG)
- Accelerate the Digital Priorities Investment Fund to support new ways of working (WG)
- Bring forward planned investment in digital systems to support critical care services across Wales (WG)
- Review position on cancer services and requirement for regional solutions (WG/WCN)
- Continue to support surge capacity in non NHS settings for Q1, with a review of field hospitals and independent sector hospitals in June informed by updated modelling (WG)

- Develop a set of triggers to help monitor pressures on the system based on Rt values, doubling rate for hospital admissions and critical care occupancy (WG)
- Continue to develop the resilience and robustness of critical care surge plans (Critical Care Network)
- Support Care Homes through implementation of the COVID 19 Hospital Discharge Process (WG)
- Develop a national communication campaign on key messages for the public about safety and access, which can be adapted and built upon by individual organisations (WG)
- Assess the impact on financial plans and identify and secure funding requirements (WG, FDU, NHS organisations)

Maintaining Essential Health Services during the COVID 19 Pandemic – summary of services deemed essential

This advice should be read in conjunction with the NHS Wales Operating Framework Quarter 1 2020/21

This framework, and all guidance issued under it, is designed to support clinical decision-making in relation to the assessment and treatment of individual patients. The ultimate aim is to ensure harm is minimised from a reduction in non- COVID activity. It is recognised that the presence of coronavirus in society and, particularly, health and care settings changes the balance of risk in relation to many aspects of healthcare, including essential services. All decisions about individual care must ultimately be made by clinicians, in discussion with patients and their families and in the best interests of each individual. Essential services should remain available across NHS Wales during the outbreak. However, this framework does not mandate that specific interventions must be provided to all patients, where that is not in their overall interest.

Defining Essential Services and Supporting Delivery

The World Health Organisation (WHO) advise that countries should identify essential services that will be prioritised in their efforts to maintain continuity of service delivery during the pandemic. WHO advise the following high-priority categories should be included:

- Essential prevention for communicable diseases, particularly vaccination;
- Services related to reproductive health, including care during pregnancy and childbirth;
- Care of vulnerable populations, such as young infants and older adults;
- Provision of medications and supplies for the ongoing management of chronic diseases, including mental health conditions;
- Continuity of critical inpatient therapies;

- Management of emergency health conditions and common acute presentations that require time-sensitive intervention;
- Auxiliary services, such as basic diagnostic imaging, laboratory services, and blood bank services.

Balancing such demands and making difficult decisions need to be considered within the overriding ethical principles as articulated in the Welsh Government's 'Coronavirus: ethical values and principles for healthcare delivery framework' (https://gov.wales/coronavirus-ethical-values-and-principles-healthcare-delivery-framework-html):

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

It is important to define what we mean by 'essential'. Whilst we are familiar with categorising services according to 'emergency', 'urgent', 'soon' or 'routine', some essential services may straddle all of these categories, for instance the provision of immunisation services are routine, but they should also be classed as essential. Other services such as emergency surgery are clearly easier to immediately be classed as essential as they could be life threatening.

The identification of services considered as 'essential', in this context, therefore includes consideration of the following factors:

- Level of impact of any interruption to services on mortality and significant longer term morbidity (i.e. the degree of harm) and avoidable morbidity in life shortening illness (palliative and end of life care)
- Degree of the time sensitivity of interventions (noting that some services may not be essential in the immediate short term, but may become so over longer periods)
- Value of interventions in value based healthcare.

Services therefore deemed as essential and which must continue during the COVID-19 pandemic 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 will include anything that will not realistically improve within the remaining life span.

Note that not all specific services under the broad headings below are deemed to be essential. Further, more specific, definitions will be set out in service/condition specific guidance issued under this framework where required.

In providing all essential services patient and staff safety must always be paramount. This includes ensuring that all appropriate steps are taken in respect of maintaining infection prevention and control including guidance on PPE, procedure specific requirements and testing as appropriate. This also includes continued use of remote working including video consultations.

Essential services in outline

Access to primary care services (providing *essential*, *additional* and a limited range of *enhanced* services that fulfil the WHO high priority categories, including immunisations)

Primary care services are fundamental to ensure the continued management of patients; albeit those with the most urgent needs during the period of the pandemic. Primary Care services remain the front door to the health service, with 90% of patient contact taking place in these settings. Clinicians will be required to consider the necessity of appointments for whatever issue is presented at this time and there is no exhaustive list. As far, as is reasonably practicable, patients should be triaged and consulted remotely to avoid unnecessary face-to-face contact. Providing services that maintain people's health and well-being of those with a known chronic condition, as well as urgent new health issues which require time sensitive medical intervention should be continued and extended where possible. In particular, anticipatory and future advance care planning of people in very high-risk and high risk, vulnerable groups should be prioritised. Patients with conditions that frequently decompensate resulting in admission to hospital should be prioritised for proactive monitoring and reactive intervention to prevent hospitalisation. The residents of care homes should be also prioritised for essential care. This will require best use of the wider multi-professional team and health board supported approach that would impact on how primary care services have been traditionally provided; including supporting the cluster hub model, as described in the Primary and Community COVID-19 Framework/Pathway and the Strategic Programme for Primary Care.
The following must be maintained:

General Medical Services

Those essential services which must be provided under a general medical services contract in accordance with Regulation 15 of the National Health Service (General Medical Services Contracts) (Wales) Regulations 2004.

Enhanced Services to continue are the childhood immunisation scheme, pertussis immunisation for pregnant and rubella for post-natal women and oral anti-coagulation.

WG guidance issued:

- COVID-19 update for GP in Wales **issued 11/03/20- HOWIS site**
- Temporary Primary care Contract changes **issued 17/03/20 HOWIS site**
- Referral guidance primary-secondary **issued 31/3/20- HOWIS site**
- Repeat prescriptions and COVID-19: guidance for primary care **issued 20/03/20- WG website**

Community pharmacy services

Dispensing services, emergency medication service and emergency contraception and advice and treatment for common ailments (dependent on time and being able to maintain social distancing eg consultation by telephone); supervised consumption, discharge medicine reviews, needle & syringe service, smoking cessation and end of life care.

WG guidance issued:

- COVID 19 pharmacy weekly bulletin **23/03/20** and **30/03/20-** additional advice embedded in bulletin- **HOWIS**
- Support for community pharmacies **issued 18/03/20- WG website**

Emergency dental care including severe swelling, trauma, bleeding and USC

Red Alert urgent/emergency dental services

WG Guidance issued:

- **Dental Amber Alert – stop AGPs issued 17/03/20**
- Dental Red Alert Urgent care only principle guidance **issued 23/3/20- HOWIS**
- Dental care during the COVID-19 pandemic: guidance for teams- **issued 08/04/20- WG Website**

Optometry services

Those essential services, in accordance with their Terms of Service outlined in the National Health Service (General Ophthalmic Services) Regulations 1986 and Wales Eye Care services for urgent and emergency care in accordance with the Wales Eye Care Services Legislative Directions (Wales) regulations 2015.

WG Guidance issued:

- Optometry correspondence and guidance **issued 17/03/20 and 19/03/20- HOWIS**

- Ophthalmology guidance **issued 07/04/20- HOWIS**

Community Nursing and Allied Health Professionals services

Providing services that maintain people's health and well-being of those with a known long-term condition, as well as urgent new health issues which require time sensitive nursing and / or AHP intervention, should be continued and extended where possible. In particular, anticipatory and future advance care planning of people in very high risk, and high risk, vulnerable groups should be prioritised. Patients with conditions that frequently decompensate resulting in admission to hospital should be prioritised for proactive monitoring and nursing and /or AHP intervention to prevent hospitalisation or loss of independent living skills. Palliative care services to enable people to stay at home and out of hospital must be maintained, enabling people to die with dignity in the place of their choice. The residents of care homes should be also prioritised for essential care. This will require best use of the wider multi-professional team and health board supported approach that would impact on how community nursing and AHP services have been traditionally provided; integrated community rehabilitation, reablement and recovery are essential to maximising recovery and discharge from hospital. This includes supporting the cluster hub model, working in hospital at home or virtual ward community resource multi-professional teams as described in the Primary and Community COVID-19 Framework/Pathway and the Strategic Programme for Primary Care.

111/Out of Hours Services

Emergency Ambulance Services

Urgent eye care including services that prevent loss of sight or irreversible damage

Diagnosis and treatment of potentially blinding disease. In particular, these concern Glaucoma and Macular patients requiring intra-vitreal injection therapies. In both cases, delays to review and/or treatment may result in irreversible sight loss. See separate letter and guidance issued on 7th April 2020 by the Chief Optometric Adviser and Deputy CMO.

WG guidance issued:

- Optometry correspondence and guidance **issued 17/03/20- HOWIS**
- Ophthalmology guidance **issued 07/04/20- HOWIS**

Urgent surgery including access to urgent diagnostics and related rehabilitation

NHS England has produced a clinical guide to surgical prioritisation during the coronavirus pandemic. It is proposed that this guidance, which is supported by the

Royal College of Surgeons, is followed to ensure maintenance of surgical priorities. The guide can be found on the link below:

https://www.england.nhs.uk/coronavirus/wp-content/uploads/sites/52/2020/03/C0221-specialty-guide-surgical-prioritisation-v1.pdf

The guide classifies patients requiring surgery during the pandemic into five categories:

Priority Level 1a Emergency – operation needed within 24hours

Priority level 1b Urgent – operation needed with 72 hours

Priority level 2 Surgery that can be deferred for up to 4 weeks

Priority level 3 Surgery that can be delayed for up to 3months

Priority level 4 Surgery that can be delayed for more than 3 months

The guide notes that these time intervals may vary from usual practice.

It is also an imperative that patients do not get lost in the system and clear records of patients whose care is deferred must be held and coordinated through Health Board systems. Consideration should be given to providing pre-habilitation to those whose surgery is deferred in order to ensure they remain as fit and prepared as possible for when the surgery is scheduled.

The list of procedures that must be continued can be found in the guide. It is expected that mutual aid support will be enacted between Health Boards where needed and surgical services (categories 1a and 1b in particular) that are currently provided on a regional/supra regional basis must be maintained. The whole surgical pathway must be provided, including the rehabilitation required as a result of surgery.

Urgent Cancer Treatments, including access to urgent diagnostics and related rehabilitation.

The Chief Executive of the NHS in Wales has written to all Health Board and Trust Chief Executives stating that urgent cancer diagnosis, treatment and care must continue as well as possible during this period to avoid preventable mortality and morbidity. The Wales Cancer Network has produced a further guidance document, which provides a prioritisation and list of services that need to continue. This will be kept under review and updated as needed.

WG guidance issued:

- Maintaining cancer treatment during the COVID-19 response – **issued 1/4/20- HOWIS**
- Cancer guidance- **issued 9/4/20-HOWIS**

Life-saving medical services including access to urgent diagnostics and related rehabilitation

Services will need to be maintained for patients needing a life-saving intervention. The resultant rehabilitation required to maximise the effectiveness of interventions must also be made available. Services include but not limited to:

- Interventional cardiology e.g. primary PCI
- Acute coronary syndromes - Non-STEMI (NSTEACS) and unstable angina (urgent treatment)
- gastroenterology including diagnostic endoscopy
- Stroke Care
- Diabetic care including:
  - Diagnosis of new patients
  - DKA / hyperosmolar hyperglycaemic state
  - Severe Hypoglycaemia
  - Newly diagnosed patients especially where insulin control is problematic
  - Diabetic Retinopathy and diabetic maculopathy
  - Emergency podiatry services and limb at risk monitoring
- Neurological conditions, including dementia
- All supporting rehabilitation

Rehabilitation

- Rehabilitation complements medical, surgical and psychiatric interventions for people of all ages, helps achieve the best outcome possible and is a key strategy for achieving care and sustainability.

- The interdependence of rehabilitation within the essential service pathways is therefore a critical component of quality and high value care and patient survivorship. For example, an individual within the Major Trauma pathway may require tracheostomy weaning; dietetic support; cognitive intervention; splinting prosthetics; positioning and seating input, and psychological support.

Life-saving or life-impacting paediatric services including time critical vaccinations, screening, diagnostic and safeguarding services

Although children are fortunately not as affected by COVID-19 as older patients there are a range of services that will need to be maintained both in an emergency situation but particularly for children where delaying treatment could impact on the rest of their lives.

Many specialist paediatric services are already provided on a supra regional basis - for the South Wales population at UHW, Cardiff and for the North Wales population at Alder Hay Hospital Liverpool. Powys children access a range of providers in England including Birmingham Children's Hospital.

Services that need to be maintained include:

- Paediatric intensive care and transport
- Paediatric and neonatal emergency surgery and all related rehabilitation
- Urgent cardiac surgery (at Bristol for South Wales population)
- Urgent illness
- Immunisations and vaccinations
- Screening – blood spot, hearing, new born and 6 week physical exam
- Community paediatric services for children with additional / continuous healthcare needs including care closer to home models and community hubs

Care will be underpinned by RCPCH guidance:
https://www.rcpch.ac.uk/resources/COVID-19-guidance-paediatric-services

WG guidance issued:

- Continuation of immunisation programmes during the COVID-19 pandemic letter from CMO **issued 06/04/20 WG website**

Termination of Pregnancy

Access to termination of pregnancy services needs to be delivered in line with the guidance from the RCOG. Specific guidance has been issued to Health Boards: **https://www.rcog.org.uk/globalassets/documents/guidelines/2020-04-01-coronavirus-COVID-19-infection-and-abortion-care.pdf**

This guidance confirms that women and girls wanting to terminate an early pregnancy will be prescribed two pills at home instead of going to a hospital or clinic, avoiding social contact and the unnecessary risk of exposure to coronavirus. The prescription of medication will follow a remote consultation with a medical practitioner via video link or telephone conference.

WG guidance issued:

- Temporary approval of home use for both stages of early medical abortion **issued 31/03/2020- WG website**

Other infectious conditions (sexual non-sexual)

Urgent services for patients.

Maternity Services

Access to maternity services for antenatal, intrapartum and postnatal care, will include provision of community services on a risk-assessed basis. Care will be underpinned by RCOG guidance: https://www.rcog.org.uk/coronavirus-pregnancy

Neonatal Services

Access to special care baby units, including neonatal intensive care units, will be provided on the same basis as usual. This will include:

- Surgery for neonates
- Isolation facilities for COVID-19 positive neonates
- Usual access to neonatal transport and retrieval services.

http://extranet.wales.nhs.uk/howis/sitesplus/opendoc/515282

Safeguarding services – all ages

Mental Health, NHS Learning Disability Services and Substance Misuse including:

- Crisis services including perinatal care
- Mental health in-patient services at varying levels of acuity including related rehabilitation / recovery
- Community MH/LD services that maintain a patient's condition stability (to prevent deterioration, e.g. administration of Depot injections, psychological/ occupational support)
- Substance Misuse services that maintain a patient's condition stability (e.g. prescription and dispensing of opiate substitution therapies)

A letter was sent to health boards on 15 April by Dr Andrew Goodall setting out the Welsh Government's expectations for mental health services to continue to provide safe and sustainable responses for individuals who need access to mental health support during this period. This includes recognising the relevant legal safeguards and requirements that are in place. To support this, all the key functions of all age mental health services (including NHS led Learning Disability and Substance Misuse Services) that are considered essential and need to continue during the pandemic period have been set out.

To provide assurance on the capacity of services to fulfil the key functions a Mental Health Covid-19 monitoring tool has been developed. Health boards are required to complete and return the monitoring tool on weekly basis. The forms are submitted to the Mental Health Co-ordination Centre, which is facilitated by the National Collaborative Commissioning Unit, and discussed at weekly meetings with Covid-19 Mental Health Leads and CAMHS clinical leads. A copy of the mental health monitoring tools can be found on Mental Health and Learning Disability Co-ordination Centre Website

Welsh Guidance has been developed to support services during the pandemic:

- Services under the Mental Health (Wales) Measure: COVID-19

- Mental Health Act 1983 hospital managers' discharge powers: coronavirus
- Guidance for substance misuse and homelessness services **issued 19/03/20- WG website**
- A range of advice and support is also available on the Mental Health and Learning Disability Co-ordination Centre Website: http://www.wales.nhs.uk/easc/nhswalesmhcc

Urgent supply of medications and supplies including those required for the ongoing management of chronic diseases, including mental health conditions

Including maintenance of monitoring of medications (e.g. Lithium, Clozapine)

WG Guidance issued:

- Co-ordination of medicine delivery during the Covid 19 pandemic **issued 30/03/20- WG Website**

Renal care - dialysis

Dialysis is a life maintaining treatment and without regular therapy, normally at least three times a week over a 4 hour session, patients will die in a matter of days. Although some patients dialyse at home, the majority of dialysis is delivered in the form of haemodialysis at out-patient units by specialist dialysis nurses. Irrespective of location or modality of treatment, there are a range of dependencies to enable dialysis to be delivered safely including access surgery, uninterrupted supply of dialysis fluids, consumables and medications. Renal services across Wales have plans developed regional plans to ensure the delivery of essential renal services including outpatient dialysis.

Services should take account on NICE COVID-19 rapid guideline: dialysis service delivery
https://www.nice.org.uk/guidance/ng160

Blood and Transplantation Services

Blood and Blood components:

The Welsh Blood Service provides a range of essential services to ensure that NHS Wales has access to blood and blood components to treat patients.

The provision of blood and blood components for customer hospitals across Wales will need to be maintained to ensure patients requiring blood transfusion and blood components for life saving treatments can continue during the COVID-19 outbreak.

Platelets are a critical product in the treatment plan for a number of acute health conditions including blood cancer and neonatal blood disorders. WBS is liaising with Health Boards and NHS Trust to assess the demand for blood products to treat COVID-19 patient (including plasma products) and non-COVID-19 essential services. Further guidance will be issued from WBS and Welsh Government in relation to blood collections and supply.

Bone Marrow and Stem Cells Transplantation:

Provision of blood stem cell services for acute blood cancers is time critical and essential to ensure patient status does not deteriorate beyond the treatment window into palliative care.

Services should be provided in accordance with:

European Society for Blood and Marrow Transplant (EBMT):

https://www.ebmt.org/sites/default/files/2020-04/EBMT-COVID-19-guidelines_v.6.1%282020-04-07%29.pdf

NICE COVID-19 rapid guideline: haematopoietic stem cell transplantation

https://www.nice.org.uk/guidance/NG164

Solid Organ Transplantation:

The safety of organ and tissue donation and patients in need of a transplant is paramount and deceased organ donation should be considered on a case by case basis. Organs are still being donated where possible and offered to the hospitals that are still performing transplants. Consideration needs to be given to maintaining donation and transplantation services, in particular for those patients on the urgent and super-urgent transplant waiting lists. Transplant teams will need to balance the patient's need for transplant against the additional challenges of being immuno-suppressed at this time. Transplant services should ensure they take account of the latest advice: https://www.odt.nhs.uk/deceased-donation/covid-19-advice-for-clinicians/

Retrieval services should be maintained to ensure the sustainability of the National Organ Retrieval arrangements.

Welsh Transplantation and Immunogenetics Laboratory (WTAIL)

The Welsh Transplantation and Immunogenetics Laboratory (WTAIL) along with the Welsh Bone Marrow Donor Registry (WBMDR) provide critical laboratory testing and

donor stem cell provision for blood cancer patients in Wales, UK and worldwide. They are also responsible for the provision of laboratory testing for solid organ transplantation including supporting the National solid organ allocation scheme by testing deceased donors from Wales for allocation of organs to national patients. In addition, it is responsible for the regular monitoring of patients post-transplant providing information on transplant rejection and informing on requirements for time critical clinical intervention, as well as the provision of specialist screening and genetic testing of blood products including platelets.

Palliative and End of Life Care

This should occur where possible in the patient's home under the responsibility of the patient's general practitioners and community staff, supported where necessary by palliative specialists and third sector. Palliative care is specifically mentioned in the General Medical Services contract. Access to admission for palliative care purposes where necessary, to inpatient specialist palliative care expertise, and to palliative interventions should be preserved where it is possible and safe. This must be judged according to the local context. The palliative nature of the goals of care may make access more urgent. Access to the full range of allied health professionals to support end of life care is essential, including community assistive equipment, nutrition, communication and psychological care and to facilitate death in location of choice is essential.

Guidance

The service/speciality areas described above highlight where guidance has already been produced (as at 4 May 2020). NHS Wales specific guidance has generally been produced from existing sources including Royal Colleges, NICE and drawing on NHS England guidance. NHSE has published a range of speciality guides, which in effect set out their expectations for essential services delivery.

Essential services clinical guidance for NHS Wales will be published on a dedicated section of the HOWIS site at http://howis.wales.nhs.uk/sitesplus/407/home

Public facing guidance will be published on the Welsh Government website at https://gov.wales/coronavirus

Swansea Bay University Health Board

Operational Plan

Quarter 1 2020/21

DRAFT

Contents

1.0 Overview and Approach

Swansea Bay University Health Board developed an Annual Plan within a three-year context before the impact of the COVID-19 pandemic was understood. The Plan provided a baseline position at a point in time, but due to the outbreak, has understandably, not been used as the basis of planning for Q1 of 2020/21. The Organisational Strategy sets out two aims for the Health Board: Supporting Better Health and Delivering Better Care. This pandemic has brought both of these responsibilities in equal measure into the public eye and the approach is focused on ensuring that resources are apportioned, with partners, to delivering against each of these aims.

The Health Board's response to the Covid-19 pandemic has been guided by the statutory requirements and guidance on Emergency Preparedness, Resilience and Response and the national guidance specific to the pandemic. A data-driven and evidence-based approach has been taken wherever possible, whilst taking into account the limitations of knowledge and research about this new disease.

The aim continues to be to manage and minimise harm to patients and staff from the virus itself and the wider consequences of isolation, uncertainty and rapid change, as well as contributing on a system-wide basis to community resilience and population health with local and regional partners.

Operational Planning Approach

The stages of the overall Operational Planning Approach are shown in the diagram below.

Planning Principles
This Operational Plan for Quarter 1 is based on the following planning principles:

- A Swansea Bay **system wide** service, workforce and capacity response to COVID and non COVID,
- **Cautious and adaptive** approach to the delivery of non COVID services through an ongoing pandemic
- **Clinically led** risk management approaches to the reinstatement of services, operational zoning areas; clinical prioritisation, MDT approach, pre-op processes including consent.
- In line with **national policy and guidance** in respect of IPC, social distancing and minimising footfall
- Building on the strong **partnership arrangements** with Local Authority and multi-agency partners
- Working **regionally** on solutions where appropriate under a shared prioritisation approach,
- **Patient centred decision** making, respecting individual preference and responsibility,
- Developing **new models of care and ways of working** in context of agreed Organisational Strategy, Clinical Services Plan and KPMG action plan; and the strong Digital transformation offer that underpins all plans.

Operational Planning Assumptions for Quarter 1
The Operational Planning Assumptions flowing from these principles for Quarter 1 are:

- Using PHW model v2.4 and internal short-term modelling to guide the Plan. These models show an expected surge in ~13 weeks' time.
- Planning on 4-8 week cycles to ensure a quick response to the effects of changes in national policy and the available evidence.
- Capacity modelling, and the intent to reduce footfall and manage the wellbeing of the workforce, suggests that Field Hospitals will not be used in this quarter. As guided by the Operating Framework, however, they will be kept in response and in readiness for any potential future surge.
- A working assumption that around 20% of the workforce will be absent at any one time, bearing in mind social isolation may be loosened and the effect of Test, Trace and Protect on teams is currently being finalised.
- Acknowledgement of the financial guidance in the NHS Wales Operating Framework.
- Continuing to work with partners to maintain community resilience, particularly in the care sector.
- National pandemic-specific NHS policies will remain in place e.g. suspension of the Choice Policy and the NHS Wales Outcomes Framework performance management requirements.

2.0 Managing Covid-19

The Board established a Pandemic Framework and Tactical Plan as part of a broader suite of local, regional and national emergency response plans and these have been the foundation to guide the response to COVID-19. The response command, control and coordination operate in accordance with the principles and arrangements outlined within the SBUHB Major Incident Procedure, aligned to the Civil Contingencies Act 2004. The response arrangements remain 'live' and there is an established pattern of planning, response and command arrangements in place.

Governance arrangements have remained adaptive throughout the response phase and will continue to be so. The current governance structure and Gold Programme Plan is included in Appendix 1.

The Programme Plan includes the comprehensive planning and response structure that mirrors the operational arrangements as well as having Executive leads for several areas of the work programme. Planning and response cells were established in a number of critical areas that span the Board's functions including:

- Testing (now Multiagency Test, Trace & Protect SILVER)
- PPE
- Infrastructure & Support Services (including Equipping)
- Workforce
- Digital
- Communications
- Capacity Planning & Delivery
- Training
- Volunteering
- Psychological Health and Well Being.
- Medicines Management (including Oxygen)
- Scientific Technical Advisory
- Mass Fatalities
- Trauma Risk Incident Management (TRiM)
- Recovery
- Multi-Agency Community Silver.

In terms of capacity, plans have continued to evolve since mid-March when initial guidance was received following the Ministerial 10-point Action Plan. Since then Welsh Government has been regularly updated on the development of capacity and response plans as they have developed and been reshaped in response to changes in planning assumptions.

As set out previously, the PHW Modelling Plan v2.4 was used to support local planning.

Assumptions: Model 2 PHW (released 27th March 2020)

Assumptions

- 30% Patients ventilated
- 70% Non-ICU Beds (General beds)
- Based on 40% Mitigation Compliance and PHW Assumptions
- TODO: Further breakdown of non vented patients required

Total Beds required

Peak 1

- COVID beds = 348
- All Emergency Demand + COVID = 748

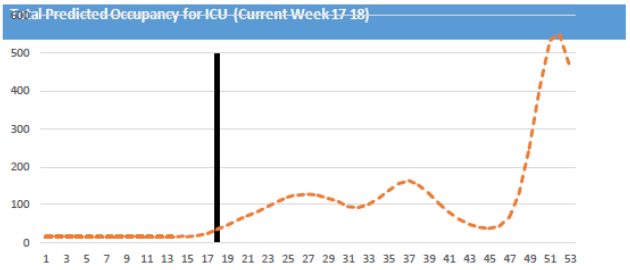
Peak 2

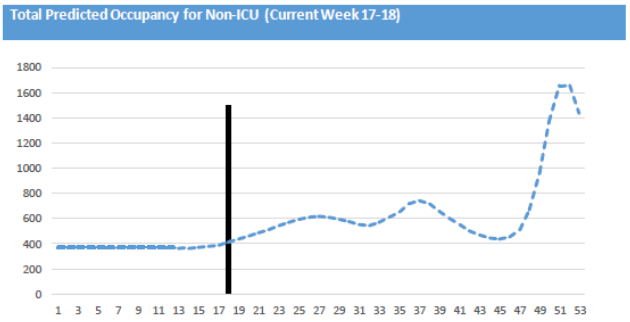
- COVID beds = 504
- All Emergency Demand + COVID = 911

Predicted Demand

ICU Beds	Peak 1 (wk 26)	Peak 2 (wk 37)
Existing Demand	18	18
Covid Patients	108	142
Covid Patients (Powys Cohort)	4	6
Total Patients	**130**	**166**

Non-ICU Beds (General Beds)	Peak 1 (wk 26)	Peak 2 (wk 37)
Existing Demand	358	358
Covid Patients	240	362
Covid Patients (Powys Cohort)	10	15
Total Patients	**608**	**735**





N.B.

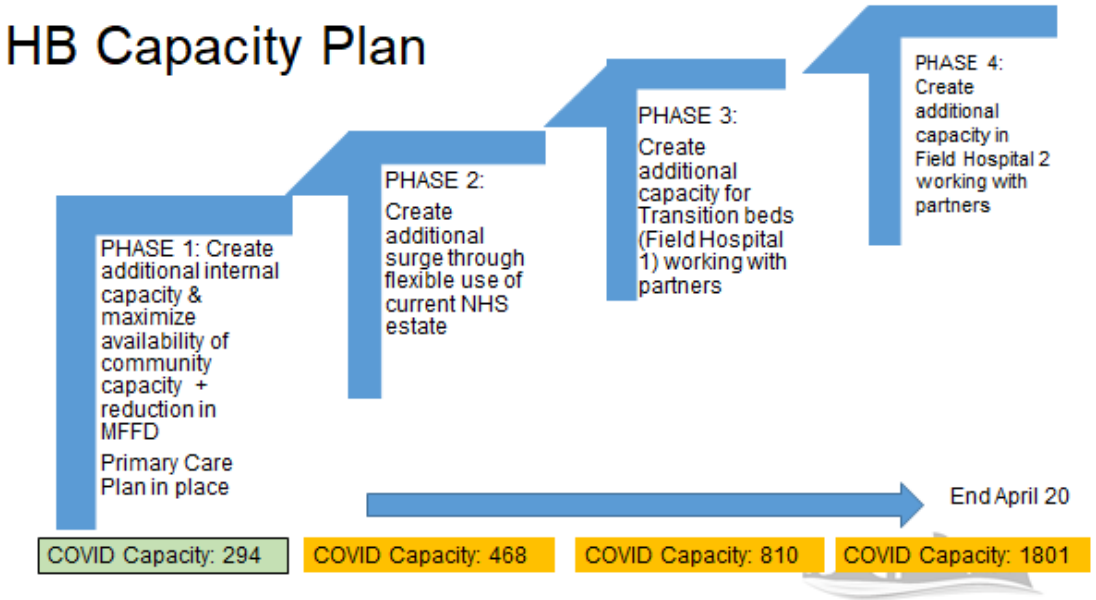
1. This data was provided by Public Health Wales
2. The data was derived from sources shared by Welsh Government
3. The results of the analysis are believed to be correct at the date this was undertaken (no later than the date provided)

On 4th April a letter was received from Welsh Government which set out planning requirements on the basis of the 'Reasonable Worst Case assuming 40% compliance with mitigation measures' scenario. These assumptions assessed the requirements for SBUHB as being a need for an additional 1,242 general acute beds and 112 critical care beds to cope with the predicted peak in admission.

The capacity plan was developed to meet these requirements and has been delivered in 4 phases:

- Remodelling existing capacity at Morriston, Singleton and Neath Port Talbot Hospitals to create COVID and non-COVID flows on all acute sites as well as creating COVID and non-COVID flows in primary care through the development of community hubs (based on cluster footprint)
- Creating 'surge' capacity across acute sites through remodelling and bringing additional areas into use (including significant changes at Morriston to create new critical care areas)
- Establishing two phases of 'Super Surge' capacity:
    - 1st phase: Llandarcy Field Hospital (Level 2/3 patients; step up and step down and end of life care)

- 2nd phase: Bay Field Hospital (Level 1: step down care & discharge lounge) which can be deployed flexibly.



The latest modelling information from Welsh Government was received on 3rd May which suggests that the first peak had been reached and responded to. However, the advice, which has been followed, was to continue to maintain planning on the basis of the possible worst-case scenario.

A detailed escalation Standard Operating Procedure (SOP) is in place to trigger response levels which is based on utilising all available capacity within the Health Board as part of the initial response (core and surge options) prior to operationalisation of the Field Hospital provision. The SOP is subject to weekly review.

Locally, a model has been developed that translates this scenario using Health Board data to provide a short term forecasting model to look 10 days ahead. This is used as an integral part of the situational awareness at Gold meetings.

The Acute Care Pathway - mandated nationally - has been implemented, as has the ongoing and consistent application of Public Health Wales/NHS Infection Prevention and Control guidance, with appropriate cohorting of known COVID 19 patients.

The level of provision that is available as 'functional' capacity meets the requirements outlined above but is obviously subject to constraints such as workforce availability, availability of critical care drugs and other supplies. The capacity model is continually refined to take account of the requirements for the management of COVID and other essential services.

In terms of field hospital provision, the plan is to retain both field hospitals to provide a flexible, adaptive response and ensure a level of preparedness that can respond to further peaks in COVID-19 demand.

The Clinical Model for the field hospitals has been agreed, and is set out below:

Super surge response principles:

- One system of care responding to COVID-19 and system wide risk
- Decision to escalate the response simultaneously across services will be taken by Gold Command
- All patients needing acute medical care will have this provided in Morriston / Singleton &/or Neath Port Talbot Hospitals
- Need to ensure there is sufficient capacity outside the 3 main hospitals to allow flow of up to 350 patients per 24 hours out of these sites into own homes or alternative facilities
- Redeployment / placement of staff from across the whole system to ensure the right services, at the required scale are in place when they are needed
- Changes in the availability of staff during super surge are likely to mean that the levels of clinical care will need to be adjusted, the acuity of the patients cared for will increase and the ratio of staff to patient may change in different settings
- This is likely to result in people needing support from their families and communities at home to provide basic care needs and support.

Field hospital patients:

- The field hospitals will provide care for patients who:
    - are assessed as no longer requiring acute hospital-based care and / or
    - can be transferred out of acute hospital and / or
    - do not require acute hospital based care following a confirmed COVID-19 infection but are not yet ready to self-care at home and / or
    - have palliative care needs where there are no home or community based alternatives (this will usually be end of life care)

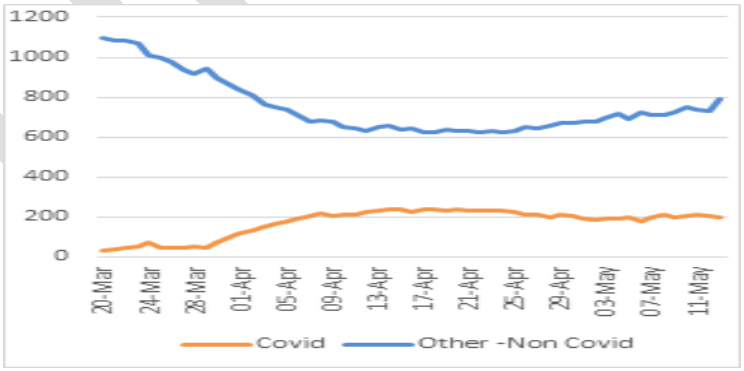
- The 2 Field Hospitals in Swansea Bay will provide different levels of care, as outlined below:

Site	Bed Capacity	Completion Schedule
Llandarcy Field Hospital	Llandarcy Field Hospital is now complete and has operational capability for up to 323 beds as follows: Triage: 8 beds Afan Ward: (Level 3) 58 beds Dulais Ward: (Level 2) 239 beds Tawe Ward: (Palliative) 18 beds	W/C 11/05/2020
Bay Field Hospital	Bay Field Hospital is currently under construction. Handover to the Health Board is scheduled for 18th May. It will have a total of 949 beds, which are being constructed in three phases. Phase 1: 421 beds (Incl. 6 triage) Phase 2: 89 beds 87 Patient Discharge spaces Phase 3: 439 beds	W/C 18/05/2020 W/C 01/06/2020 W/C 01/06/2020

N.B. – Phase 3 of Bay Field Hospital – construction is being completed, but not equipped at this point in time. This will continue to be reviewed as demand changes.

Table 1 sets out occupancy for both COVID 19 and non COVID activity since mid-March. As can be seen, there has been a significant reduction in non COVID emergency flows since the start of the pandemic, gradually increasing, however, over the last 3 weeks. It is anticipated that this increase will continue and plans adjusted to reflect this as well as ensuring sufficient capacity is available to manage an upswing in COVID 19 activity.

Table 1: Non ICU Emergency Occupancy (COVID and Non COVID)



Health Board modelling suggests that as at week commencing 13th May 2020 the Health Board was in week 23 of the pandemic, as demonstrated in **Table 2**. This may differ to the experience elsewhere in Wales). Based on this, the Health Board predicts that there will need to be a plan for the continued increase in non COVID emergency flows; for a more gradual increase in COVID 19 cases, and in addition to plan to deliver more essential services.

Table 2: Predicted and Actual Emergency Flows Non ICU (COVID and Non Covid)

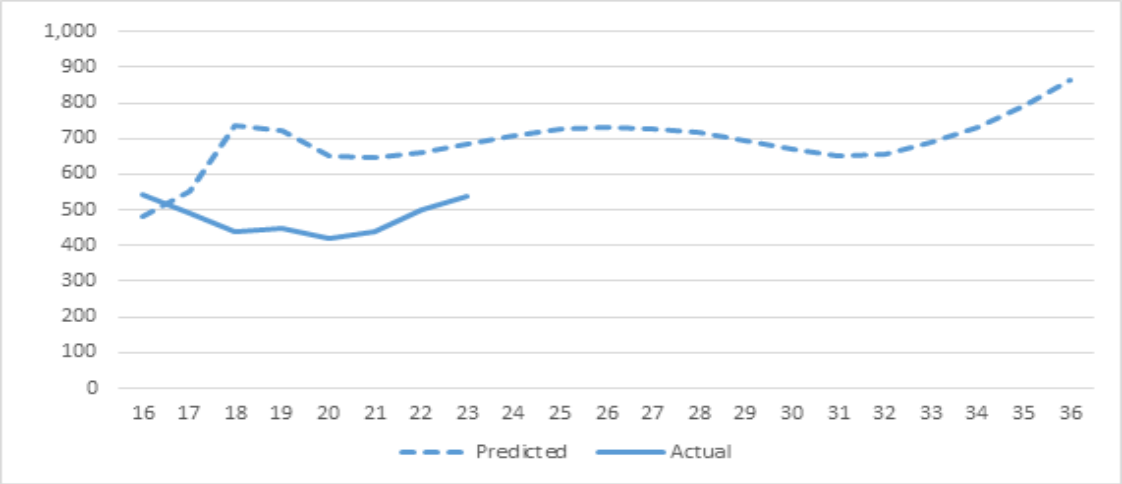
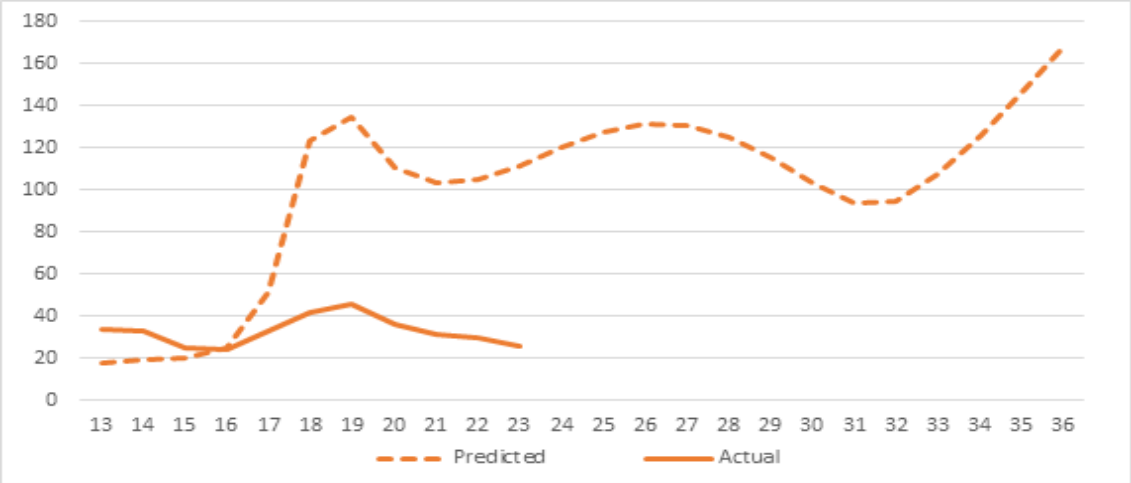


Table 3: ICU Predicted and Actual Demand (COVID and Non COVID)

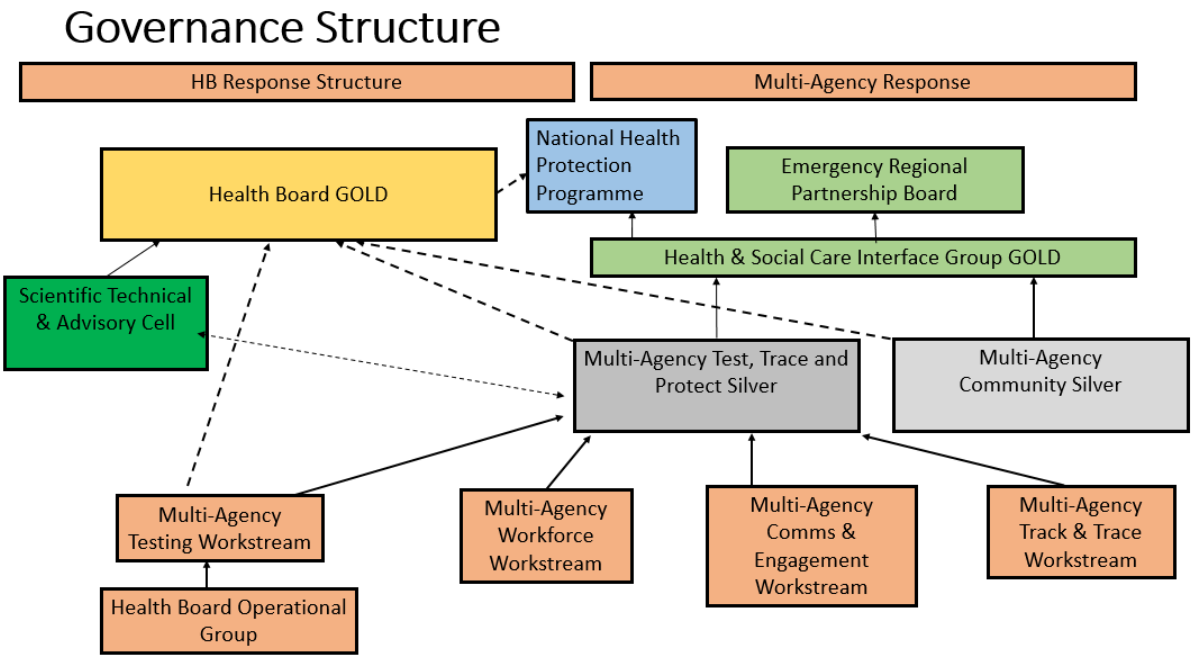
Table 3 sets out the predicted and actual demand for both COVID and emergency non COVID activity. As part of the plan for managing an increase in COVID capacity ICU capacity in Morriston has been remodelled to create an additional larger area that provides economies of scale helping to mitigate workforce shortages. A full training programme has been enacted to upskill staff in working in ICU. The predicted demand under this model is based on the original planning assumptions that set out that up to 30% of patients may require ICU care. Actual experience has been that the rate of admission has been around 12%.



3.0 Test, Trace and Protect Programme

The Welsh Government's Test, Trace and Protect Strategy was issued on 13th May. This sets out how, across the nation, public health will be protected by enhancing public health surveillance and the response system, to enable the virus to be traced as restrictions are eased. Implementation of this Strategy will be crucial to enabling the nation and the Health Board to reactivate increasing levels of routine services.

In the region, a multi-agency Health Protection Silver Group (to be renamed the Test, Trace and Protect Group) had already been established, and an outline plan developed. The governance structure is set out below:



The aims of the Plan are to:

- Prevent the spread of disease in the Swansea Bay area
- Ensure early intervention with cases and contacts to prevent onward transmission
- Keep essential services in Swansea Bay operational.

This will be achieved through:

- Contact tracing and case management
- Sampling and testing different people in the Swansea Bay area
- Expanding testing capacity (via Drive-Throughs, Mobile Units and Home Testing)
- Introducing blood tests to check whether people have had the disease.

Following receipt of the Welsh Government Strategy the details of the plan are being finalised to enable implementation from 1st June. An incremental approach to developing additional testing capacity and establishing the contact tracing team, with the ability to flex these to meet local demand, will support the development of the local multi-agency workforce model.

Indicative Timelines	Testing	Track & Trace
By 22.05.20	Care Home & Mass Testing plans, priorities & timelines agreed 4 drive through lanes operational plus Community Testing Teams	2 Teams established to test approach
By 31.05.20	Access to home testing established & drive through capacity increased to 6 lanes plus Community Testing Teams	4 Teams in place
By 31.06.20	Up to 8 drive through lanes in place depending on demand	Up to 13 Teams in place depending on demand / spread of track & trace requirements

This plan is predicated on direct contact and follow up of people who cannot access the contact tracing service using a digital first solution such as an online portal, app, text messages and email. This will reduce the demand on the use of the contact advisors. It is expected that the service will be available 9 a.m. - 6 p.m. 7 days a week.

The teams for Test, Trace and Protect will need to grow further as demand increases and this will inform future plans. There is confidence in the position to implement the regional plan, however, there are a number of assumptions that need to be finalised shortly to enable this to happen as detailed below:

Deployment programme

Phase	Swansea	NPT (would need to increase to 6 teams to balance capacity across 7 days)
1 (testing / Shadowing)	1 teams 18th May – 22nd testing structure , shadowing EHO's and e-learning and connectivity in preparation for digital solution)	1 teams 18 May – 22nd (testing structure and e-learning and connectivity in preparation for digital solution)
2 (Preparation)	2 teams 26 May – 31 May	2 teams 26 May – 31st May
3 (Go Live)	4 teams (1 June – 1st July)	4 teams (1 June – 1st July)
4 (Review)	15th – 20th June Review capacity and demand before Phase 5	
5 (Growth)	8 teams (1 July - onwards)	6 Teams (1 July - onwards)
	These teams will then need to grow further to cover additional demand	

- Confirmation of the digital application and that it will be ready for operational use locally by 8th June.
- Confirmation of the finalised workforce model for Testing and Trace and Protect which will enable greater clarity on the numbers of staff that need to be redeployed from across the local authorities and Health Board or need to be recruited from other organisations and the third sector.
- Confirmation of funding support to enable recruitment of additional staff as the reintroduction of additional NHS and local authority services impacts on the availability of staff within existing resources.

3.0 Resetting the system – The Delivery of non-Covid essential and routine services

The Health Board recognises, and is adjusting to, the reality that for the foreseeable future the local and national health and care system and operating model will need to support:

- a fluctuating acute demand from COVID - which is sensitive to policy decisions and the effectiveness of and compliance with them;
- a continuous (albeit currently reduced) demand for general unscheduled care services – which is sensitive to public behaviour and the planned national and local communications campaigns to encourage the public back to unscheduled care services should they urgently need it;
- an increasing service requirement for patients in the rehabilitation and recovery phase of COVID 19 – the health and care system is beginning to understand further the ongoing needs of this patient group and therefore the service demands; and,
- an appropriate level of "essential services" for non-Covid activity – recognising the operational, infection prevention and control and clinical governance challenges this presents.

This is against the backdrop of significant workforce challenges in the form of staff availability (due to sickness, isolation and shielding), skills availability (i.e. the right skills in the right places) and staff resilience and wellbeing.

The Health Board will return to a routine approach of monitoring quality, safety and experience (as per the Health Board's Quality and Safety Process Framework) in line with the principles outlined in this Operational Plan.

A focus in Q1 and Q2 is therefore to reset the system in a way which is cognisant of the planning principles set out in section 1.

3.1 Governance

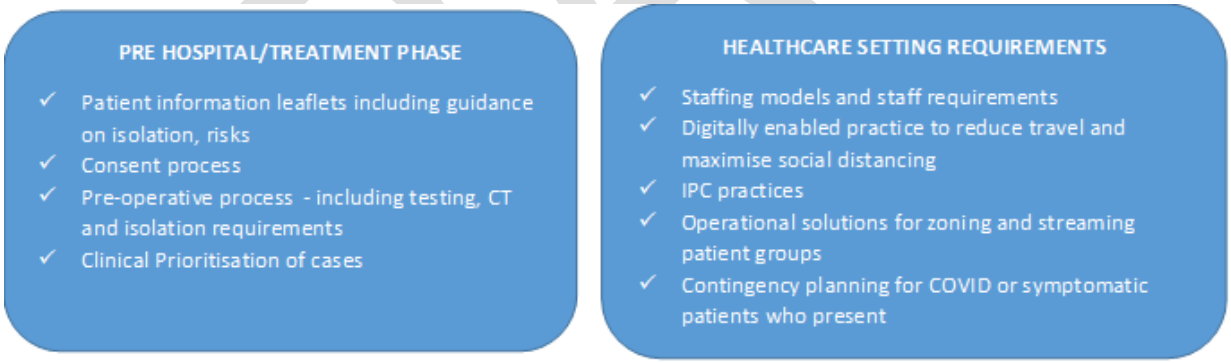
A system wide approach is critical to drive the Reset and Recovery phase which is clearly connected to the COVID response structure reflecting the need for one service, operational, capacity and workforce approach. The structure for resetting and recovering is attached in Appendix 2.

A clinically led and risk-based approach is being adopted to relation to the reactivation of non COVID essential and routine.

Key features of this approach include:

- Appointment of an Associate Medical Director with lead responsibility in the planning for non-Covid essential and routine activity;
- Deployment of a Quality Impact Assessment (QIA) process, overseen by Clinical Executive Directors, to support the reinstatement of activity to ensure it is structured, controlled and based on risk;
- Clinical leaders in each Reset and Recovery workstream with wide multi professional engagement;
- A “live” service status log that captures the status, any changes, innovations and risks associated with service or pathways changes, interruptions and/or cessation of services. This makes any risks very visible at an Executive Team level, enabling swift action and direction;
- Enhanced Operational Planning support to workstreams;
- Reporting through an Independent Member led Recovery, Innovation and Learning Steering Group and all quality and safety reporting through to the Quality and Safety Committee; and,
- A Clinical Governance framework which reflects best practice (including as an example the guidance issued by NHS England “Operating framework for urgent and planned services in hospital settings during COVID-19").

The Clinical Governance Framework sets out:



Being adaptive and learning from emerging evidence and national guidance will be critical in keeping this framework up to date.

3.2 Essential services

A baseline assessment against the Welsh Government's essential service framework has been undertaken which forms part of the Service Status log referred to above. This is supporting the risk-based approach to the reinstatement of further activity.

The table below summarises the status of the 58 services/elements of services listed in the essential services framework in Swansea Bay:

SERVICE STATUS	CODE	SWANSEA BAY SUMMARY
Do not provide or commission this service	0	8
Essential services unable to be maintained	1	0
Essential services maintained (in line with guidance)	2	29
Intermediate services able to be delivered	3	14
Normal services continuing	4	7

Positively, there are no services categorised as essential that have been stopped in their entirety. However, there are nuances within this assessment as there is a single line and therefore code for “urgent surgery” and “urgent cancer treatment” and there is local variation within these categories. The assessment will be reviewed as and when more detailed guidance is issued as this extra level of detail generally increases the requirement of services. There is an inherent risk that as more guidance is developed by specific specialist groups that the collective “ask” becomes undeliverable alongside COVID demand and in light of the challenging workforce position. This will be carefully monitored throughout the life of this plan.

The sections below draw out the approach for Q1 to essential and routine services in the following areas:

- Primary Care services
- Unscheduled care services through emergency departments, Minor Injury Services and GP Out of Hours
- Urgent medical services
- Surgical services
- Critical care
- Cancer services, including urgent diagnostic services
- Outpatient services
- Mental Health and Learning Disabilities
- Child and Adolescent Mental Health
- Children’s services
- Maternity services

Since the start of the pandemic many services which may be considered as “routine” have been maintained, albeit that many of them will have been delivered in a different way. Examples of new ways of working are set out in Chapter 4.

Activity levels are clearly not where they were before the pandemic and there has been an impact on patient access and experience. The Health Board’s weekly performance report has been adapted to ensure that activity and waiting times for key service areas are reviewed by the Executive team and an additional detailed report for RTT and cancer specialties is also reviewed weekly to inform operational plans.

Through Quarters 2 and 3 the ambition is to increase the amount of activity, however, this is dependent on many factors including: Welsh Government decisions on easing lockdown; the implementation and successful delivery of the Test, Trace & Protect plan; workforce availability; and the way in which operational zoning has an impact.

Some of these factors are unquantifiable at present and therefore agile and adaptive responses will continue to be deployed.

At an operational level there are plans in place or in development across all hospital sites to establish red/green areas. There is an inherent challenge to the language of "green" i.e. COVID free, and the expectation it may create for patients and staff. The reality is that COVID-free services or environments cannot be 100% guaranteed and so the focus is on mitigating the risks whilst recognising and accepting that a level of risk will remain. These issues are key in the consent process.

In support of green and red zones, operational plans are scoped to respond to the Clinical Governance framework above and specifically to:

- Ensure occupancy levels do not exceed 80% in any sites as outlined in the NHS Wales Operating Framework;
- Implement social distancing measures in line with the agreed Health Board policy;
- Follow IPC guidance and good infection control procedures; and,
- Ensure adequate PPE supplies – the current position is that there are adequate supplies for the remainder of Q1.

Further detailed information on essential and routine services is provided in the sections below.

3.2.1 Primary Care

Primary and Community Services are an essential part of the Health Board's response to the pandemic and to supporting community resilience and population health. The aim has been to build on the Primary Care Cluster Transformation programme, strong partnership arrangements and the expertise in primary care management and commissioning to ensure that the primary and community care offer to population of Swansea and Neath Port Talbot maintains essential services in line with Welsh Government guidance and also supports the care sector and wider community resilience. The primary care and community workforce has also been widely deployed to support other COVID response activities including community testing, field hospital development and implementation and operational support to care homes. A summary of the extensive work to date and plans for the remainder of Quarter 1 are set out below.

Changed pathways	New services
Widespread implementation of telephone triage and assessment across services	Rapid Rollout of Digital Platforms: Ask My GP / Attend Anywhere/ Consultant Connect
Changed Community hospital service model	Established COVID community testing unit
Rapid discharge protocols and pathways developed with LA partners	Full commissioning of two Field Hospitals (Bay/ Llandarcy)
GPs & Community Pharmacy – working behind closed doors	Establishment of (COVID) cluster based primary care assessment centres
Dental Practices Open for triage/ simple procedures	Establishment of urgent eye care centre / emergency dental unit
Enhanced Bank Holiday Working across Dental/ Pharmacy/ GP Practices	Establishment of centralised cluster based phlebotomy
Enhanced capability for remote working across primary and community services	PPE co-ordination for primary care contractors
Development of cluster virtual ward model	Establishment of Heart Failure Hub providing rapid heart failure patient assessments
New Palliative Care Medication Pathway	Community AHP Verification of Death service
Revised sexual health service pathways - PAS (remote / minimal contact) and implementation of sexual health 'ambulance' providing emergency sexual health medication to communities.	**Strengthened partnerships / communication**
Therapy services focus on flow and prevention of admission avoidance, e.g. H2H, Rapid Discharge,	Multi-Agency Command Structures
'Red Flag' Service established where the most vulnerable patients can access the Podiatry and Orthotics clinics, Initially via telephone triage (wounds/infections) then potentially via a face to face appointment.	Regional partnership arrangements refocused - COVID focus
Extensive staff deployment from suspended services into COVID response	Weekly Rapid Response clinical leadership forum established with weekly brief to primary care contractors
	Liaison with professional committees
	Closer working with care home sector to support and mitigate COVID risks

Plans for the rest of Quarter 1
Ensure access to essential general medical/ pharmacy / optometry and dental services aligned with national contract position
Continue flexibility and engagement of the workforce / upskilling of staff / partnership with Swansea University
Continue close working with third sector/ access to volunteers supporting delivery of medication shielded and vulnerable patients
Continue expansion of Digital Consultation platforms utilised safely and efficiently with appropriate patients
Comprehensive telephone triage/ screening of referrals – positive results in ensuring appropriate referrals to services
Field hospitals and cluster based primary care assessment hubs to be deployed on a need basis
Revised clinical leadership and regional working arrangements
Continue Emergency Dental Unit /Urgent Eye care centre
Continued support to Care Home sector jointly with LA including regular contact /support on infection control, PPE, additional staffing/ agreed escalation procedures
Completed Changes that will be Retained as part of SBUHB Operating Model
Sexual Health Ambulance delivering one stop TOP medication, STI treatment and contraception.
Medically Fit For Discharge / Facilitating discharge panels and Rapid Discharge Pathways to expedite discharge
Virtual MDT management of complex Long Term Care cases
Heart Failure Hub – rapid access to diagnosis and treatment including NT-ProBNP testing
Revised process for management of urgent bloods

3.2.2 Unscheduled Care

Unscheduled care services across primary, community and secondary care have continued throughout the course of the response phase.

- GP Out of Hours service – this has been relocated from Morriston Hospital to the Beacon Centre in Swansea during this period, and this arrangement is working well.
- Minor Injury Unit at Neath Port Talbot Hospital (NPT) – all Minor Injury patients across Swansea Bay have been redirected from Morriston Hospital to NPT Hospital during this period, and this arrangement is working well. The MIU at Singleton Hospital remains closed temporarily pending public engagement and consultation which was about to start prior to the pandemic.
- Emergency Department at Morriston Hospital changes to the way patients flow through the department

- Paediatric emergency services have reorganised to bring together GP urgent pathway and ED for paediatrics into a single point of access in the Children's Emergency Unit in Morriston
- Use of Consultant Connect to better manage unscheduled care demand between primary care and secondary care, with over 100 calls through the system in the last 5 weeks.

Overall, activity levels have reduced significantly during this period as shown below, with an improvement in front door waiting times within the constraints of managing infection control.

Number of A&E attendances				
	Jan-20	**Feb-20**	**Mar-20**	**Apr-20**
Morriston	6,815	6,398	5,247	3,753
NPTH	3,153	2,739	2,195	1,527
Total	**9,968**	**9,137**	**7,442**	**5,280**
% patients seen within 4 hours in ED				
	Jan-20	**Feb-20**	**Mar-20**	**Apr-20**
Morriston	60.7%	63.5%	63.1%	69.8%
NPTH	95.1%	98.7%	96.3%	99.5%
Total	**71.6%**	**74.1%**	**72.8%**	**78.4%**
Number of patients waiting over 12 hours in ED				
	Jan-20	**Feb-20**	**Mar-20**	**Apr-20**
Morriston	1,038	783	557	130
NPTH	0	0	0	1
Total	**1,038**	**783**	**557**	**131**
Number of emergency admissions				
	Jan-20	**Feb-20**	**Mar-20**	**Apr-20**
Morriston	3,232	2,923	2,423	1,489
Singleton	928	850	682	439
NPTH	173	144	151	142
Total	**4,333**	**3,917**	**3,256**	**2,070**

In recent weeks the message that the NHS is open for business has been promoted, and whilst activity levels have increased slightly, they are still significantly lower than previously. During the remainder of Q1 effectiveness of these arrangements will continue to be evaluated.

With partners, the Health Board has developed local Rapid Discharge Guidance based on the Welsh Government Discharge Requirements and has simplified discharge arrangements as described in section 5.0.

In terms of access to urgent medical services, these have largely continued:

- Emergency PCI and other urgent interventional work has continued as normal (with necessary infection control and donning and doffing arrangements in place). Non-emergency or non-urgent activity has been cancelled.

- Acute stroke services have been maintained. A self-assessment against the imminent all-Wales guidance will be carried out to prioritise next steps for Q1 and Q2.
- For non-STEMI and unstable angina, emergency intervention for unstable patients has continued via consultant to consultant referral only. Non-emergency work has been cancelled.
- For gastroenterology, including diagnostic endoscopy, all face-to-face outpatients were replaced by virtual clinics. Consultant Connect has been rolled out in this service, providing a specialist advice for primary care, coupled with hot clinics which serve to optimise patient management and to avoid admission. Only emergency endoscopies are currently taking place. Endoscopy is a priority in the Diagnostic work cell of the Reset and Recovery programme and plans for additional activity will emerge by the end of May.
- Care for diabetics has continued and adapted to deliver services through digitally enabled solutions in addition to face-to-face review (where absolutely necessary). Urgent podiatry and insulin referral services remain in place as well as acute admission support for newly diagnosed patients, and patients with hyperglycaemia-related emergencies.
- For neurological conditions, virtual telephone clinics have replaced Neurology outpatient clinics whilst there is still a provision to see urgent cases face-to-face. There is a telephone and email helpline for GPs and other health professionals, including urgent consultant-led telephone advice for GPs and District General hospitals across the region. Urgent treatment and diagnostic procedures continue in the Neuro-Ambulatory Care Unit, and access to very urgent neuroimaging and neurophysiology investigations is in place.

For Q1 and into Q2, more detailed self-assessment will take place in line with any issued all-Wales guidance. In the remainder of Q1 and into Q2 planning for winter in this new situation will be undertaken, using learning to change the system in readiness for the expected increased demand.

3.2.3 Surgery

A focus from late April has been to reinstate, in an incremental way, additional surgical service, using the NHS England Guidance classifications as follows:

Priority Level 1a	Emergency operation needed within 24 hours
Priority Level 1b	Urgent operation needed within 72 hours
Priority Level 2	Surgery that be deferred for up to 4 weeks
Priority Level 3	Surgery that can be delayed for up to 3 months
Priority Level 4	Surgery that can be delayed for more than 3 months

Priority levels 1a and 1b (emergency surgery) have continued throughout the pandemic as part of the ongoing emergency response.

The focus has been on increasing capacity in a measured way to deal with level 2 patients as a priority, alongside the Level 1a and 1b category of patients.

A system wide approach to increasing surgical activity has been adopted, guided by clinical discussion and prioritisation within and across specialties. The most significant limitation continues to be workforce availability, in particular theatre staff. This is made challenging by the high level of absence in theatre teams coupled with the increase in staffing numbers and ratios due to the Red/Green and PPE requirements.

The table below summarises the Level 2 elective activity undertaken over the last 8 weeks (this represents about half of the total surgical activity including emergencies).

Row Labels	22-Mar	29-Mar	05-Apr	12-Apr	19-Apr	26-Apr	03-May	10-May	Grand Total
Plastic Surgery Treatment Centre	31	29	19	23	31	32	33	20	218
Morriston Main theatres	23	2	2	1	19	17	12	5	81
Singleton Day Unit	19	19	5	2	3	10	9	8	75
Singleton Main Theatres	6	2	4	5	6	9	9	4	45
Head & Neck OPD	1	6	3		3	10	13	7	43
Sancta			3	3	7	1	3	9	26
Spire				3		3			6
Grand Total	**80**	**58**	**36**	**37**	**69**	**82**	**79**	**53**	**494**

Note: - data for week commencing 10th May is not a complete week

In this area the focus for the remainder of Q1 is to further increase capacity for level 2 services by:

- Increasing theatre capacity in Singleton hospital, linking with use of Sancta Maria hospital staff referred to below
- Moving from 4 (including CEPOD) operational theatres in Morriston, to 5
- Continued engagement through regional mechanisms to provide capacity for surgical patients
- Exploring access to private capacity across Wales. As highlighted above, some SBUHB activity has been undertaken in Spire.
- Testing the feasibility of increasing orthopaedic activity at Neath Port Talbot Hospital.

3.2.4 Critical Care

In line with the modelling assumptions issued by Welsh Government sufficient critical care capacity up to the level of 112 beds has been created. This has been achieved through repurposing existing critical care areas and creating new capacity within the Outpatient environment at Morriston. This offers a larger area that provides economies of scale in staffing solutions.

In terms of functional usage: ventilator capacity is at 77% (87) with 72% availability of monitors (81), with the remainder available within 2-3 weeks. If ventilator capacity needs to be increased, this will be accessed via the national stock in line with the agreed draw-down process. Oxygen supply is monitored daily via telemetry and an increase in overall flow to the new critical care area is expected which will provide flexibility in usage.

A key part of the Q1 plan is to re-zone ICU capacity to better stream COVID, non COVID emergency and elective activity. This will result in the cardiac critical care area becoming a 'green' area for level 2 surgical patients. This will be in place from w/c 18 May 2020.

In terms of workforce, 135 staff were trained as support staff for critical care to support the 120 ITU nurses and 80 Cardiac ITU nurses. During the reset and recovery phase a more integrated approach to the management of cardiac ITU nurses is being put in place which will further support deployment of workforce and skills of nurses to manage non-Covid General ITU patients during a second wave. 100 wte theatre nurses were retained during wave 1 to support the emergency operating requirements. The reliance on theatre nurses as critical care support staff is being reduced by continuing to train other staff to take on the critical care support role to enable them to be released back to theatres. A key risk to the delivery of additional essential services is the disproportionate number of theatre staff who are shielding and/or long-term sick. There is also a higher percentage of critical care staff from the BAME community, and risk assessments are currently being completed. Currently, intensivist and anaesthetic resident rotas have been stepped down during this period of lower demand, but if a second wave occurs the 24/7 resident model will be reintroduced.

As the reactivation of additional services continues to be planned, it will be done in the light of:

- Ensuring that critical care has the ability to cope with potential increases in COVID cases as well as non COVID work, using the 70% occupancy threshold outlined in the NHS Wales Operating Framework
- Having a zero-tolerance approach to delayed transfers of care from critical care
- Continuing to consider and where available implement, digital solutions to support and enhance critical care.

3.2.5 Cancer

Working closely with the Cancer Network the lead cancer clinician and senior cancer managers attend the weekly Welsh Cancer Operational Managers Group and provide weekly updates and data on the Health Board's position. Weekly internal surgical meetings are held, with representatives from all disciplines attending, including Consultants, to identify all priority patients in line with guidance issued.

In relation to capacity for cancer diagnostics and treatment, the activity is as follows.

31 day USCs				
	Jan-20	**Feb-20**	**Mar-20**	**Apr-20 (Draft)**
Total pts treated	100	74	100	45
No. treated within target	88	67	93	39
No. breached target	1	7	7	6
31 day % compliance	**99.0%**	**90.5%**	**93.0%**	**86.7%**
62 days USCs				
	Jan-20	**Feb-20**	**Mar-20**	**Apr-20 (Draft)**
Total pts treated	114	83	138	59
No. treated within target	98	60	117	36
No. breached target	16	23	21	23
62 day % compliance	**86.0%**	**72.3%**	**84.8%**	**61%**

NB: Draft figures usually improve when confirmed.

The Health Board is taking urgent steps to address the performance in 62-day compliance. Headlines include:

- The Health Board is continuing to provide radiotherapy services, with 75% capacity protected (compared to prior to the pandemic). 3 LinAccs are treating non-COVID patients and 1 running for COVID. Patients awaiting radiotherapy are subject to revised clinical assessment to test relative risk in the context of COVID and where necessary alternative management plans are enacted.
- In relation to chemotherapy, activity dropped to approximately 70% at the end of March compared to the same point the year before. Activity has now increased back up to 90%. As with radiotherapy there is a revised clinical assessment process in place.
- Urgent suspected cancers (USC) are usually screened within 10 days of referral. In the first week of May 94% (149) urgent suspected cancers (USC) were scanned within 14 days of referral (85% were scanned within 7 days).
- Diagnostic biopsies are prioritised for patients being considered for treatment – decisions considered through MDTs and in consultation with patients.
- The expectation is that the majority of surveillance scans will be delayed for about 6 months (there are a small number of exceptions)
- Cancer follow-ups are only being booked if the continuation of treatment depends on the result
- The Rapid Diagnostic Clinic has reopened. Diagnostic imaging requests delayed by Covid are currently being reviewed to see if any have become urgent. Routine imaging has not started.
- Endoscopy procedures are currently limited to emergencies and inpatients and continuing with some Endobronchial Ultrasound (EBUS) and Endoscopic

Retrograde Cholangio-Pancreatography (ERCP) activity. This follows British Society of Gastroenterology advice that only therapeutic emergency and essential endoscopy be carried out given the risks of aerosol generating procedures (AGPs). This is being linked in with the work of the National Endoscopy Team to look into the future demand and planning is being undertaken accordingly, including for the likely need for significant redeployment of internal resources, extended lists and seven-day working. Deferred patients are kept under review.

- Colonoscopy, flexible sigmoidoscopy and rigid sigmoidoscopy procedures are being deferred during the pandemic. Consultants consider all relevant USC referrals and redirect to either alternative diagnostics through radiology, such as Barium swallow, or lists for procedure. A pragmatic approach to triage the most high-risk patients for the early detection of cancer by the commissioning of Faecal Immunochemistry Testing at a high sensitivity level (so called FIT10) to prioritise patients being referred through the urgent suspected route for colorectal cancer is being explored.
- Colposcopy services are provided in line with the guidelines set out by the Cervical Screening Wales. Urgent suspected cancers have daily access to colposcopy clinics in Swansea, and diagnostic access for cancer within colposcopy at present is within National Standards (i.e. within two weeks).
- Multi-parametric MRI scans recommenced on the 4th May 2020 and prostate biopsies were re-instated w/c 11th May.
- Health Board consultants are supporting some Gynaecology and Urology surgery being undertaken in Hywel Dda.

Theatre capacity at both Morriston and Singleton hospitals has been reintroduced and surgical activity is increasing week on week. Surgery in plastics, breast, urology, gynaecology, sarcoma, head and neck, skin and lower GI surgery is being undertaken. Teams are working together to produce a prioritised list of cancer patients to ensure optimal use of theatre capacity. These plans will result in greater post-operative ITU capacity for cancer patients by the end of May.

Independent sector capacity is being utilised and regional working is taking place to deliver increased capacity during the acute phase. Examples include:

- Cancer cases being undertaken at Sancta Maria hospital (given the hospital's facilities, the casemix is limited to patients who do not require post-operative ITU/HDU care);
- Some sarcoma patients being operated on at Spire;
- Regional work with Hywel Dda on tertiary gynaecology patients;
- Appropriate prostate and bladder patients are outsourced to the Rutherford Cancer Centre; and,
- Work with Cardiff in relation to potential shared lists for thoracic surgery patients.

Systemic Anti-Cancer Therapy (SACT) continues to be provided and the Health Board is working closely with Velindre NHS Trust in terms of demand and capacity modelling and managing access to services across South Wales. Some in-patient treatments

were deferred for three weeks, but these have now resumed and chemotherapy capacity is currently running at 90% of pre-Covid capacity. Weekly meetings take place with colleagues in Hywel Dda to ensure equitable access to SACT units.

As noted above three out of four LinAcc machines are up and running and the working days on those machines have been extended. Radiotherapy treatments are therefore ongoing for all priority levels except prostate patients, who are being deferred with hormone cover, and radiotherapy for breast patients reduced to 5 fractions where appropriate and in line with national guidelines.

There have been increased referrals for a number of tumour sites with decreased surgical capacity, especially oesophagus, pancreas, rectum, and head and neck and this will be factored into plans.

3.2.6 Outpatients

On a weekly basis, through the RTT reports, activity, referrals, performance against waiting list for new and follow-up patients (both total patients waiting and length of wait) by all specialities are being tracked and the levels of Cancer USC referrals and backlog are monitored. Referrals have dropped significantly but activity has also dropped and the length of wait and total number on the list has increased.

Number of GP referrals into SBU HB				
	Jan-20	**Feb-20**	**Mar-20**	**Apr-20**
Urgent	6,384	6,144	4,619	1,450
Routine	5,899	5,034	3,831	1,955
HB Total	**12,283**	**11,178**	**8,450**	**3,405**

Number of patients waiting over 26 weeks for first outpatient appointment (stage 1)				
	Jan-20	**Feb-20**	**Mar-20**	**Apr-20**
Morriston	593	421	901	2,716
NPTH	0	0	0	2
Singleton	860	872	1,141	2,747
PCCS	0	13	13	31
HB Total	**1,453**	**1,306**	**2,055**	**5,496**

The Outpatients Modernisation Group will recommence from the beginning of June to programme manage the reactivation of services within the context of the national Outpatients Strategy, draft national Outpatient Model and local KPMG recommendations.

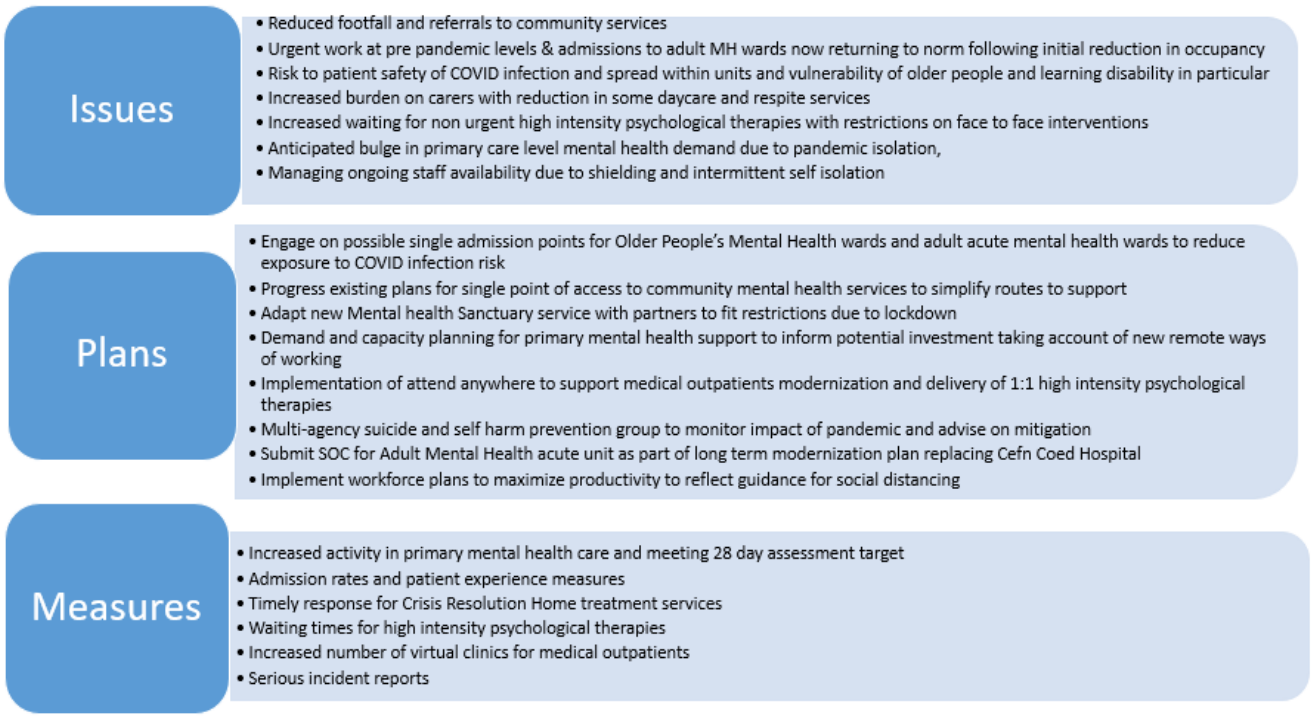
Since March clinicians have been supported to maintain essential services through priority face-to-face attendances, telephone clinics and rolling out the digital outpatients offer at pace including Attend Anywhere, See On Symptoms and Consultant Connect. Work on PROMS has continued which will wrap around the refreshed Outpatients Modernisation Programme.

The Health Board will be submitting a Planned Care Programme Outpatients Transformation Fund Application by the end of May to support the transformational

approach to reactivating activity in line with the National Strategy and the Clinical Services Plan.

3.2.7 Mental Health and Learning Disabilities

There is increasing evidence that the pandemic and the national policy response is putting pressure on vulnerable groups and increasing mental ill health. The Mental Health and Learning Disabilities service response and plans are summarised in the diagram below.



3.2.8 Child and Adolescent Mental Health Services

Routine face to face outpatient clinic appointments have ceased and clinicians are providing telephone consultations for advice, therapeutic support and medication monitoring. Face to face appointments are being offered on an individual basis only as required to manage clinical need and risk.

Urgent care is being prioritised and CAMHS Crisis Team hours of operation are from 9am – 9:30pm seven days per week, providing direct assessment during the hours of 9am-5pm and telephone support for urgent referrals and telephone assessment after 5pm.

The impact of the reduced face to face clinic-based service and minimizing pressure on acute settings and primary care is being addressed through the enhanced CAMHS Telephone Single Point of Contact / Referral Line. This is an open access service for families, referrers and partner agencies, providing telephone advice, support and referral triage, 9am – 5pm Monday to Friday.

3.2.8 Children's services

Services for children have also adapted during Q1 in an agile way to support COVID response and maintain essential services. Examples include:

- Immunisation and vaccinations are being undertaken through primary care with the support of health visitors as the school nursing service has been repurposed to deliver community testing;
- Paediatric emergencies are being managed through the new pathway outlined above and Single Point of Access in Morriston;
- Community paediatric pathways have been redesigned but remain open;
- In terms of surgery, emergency cases are being carried out and other urgent cases being prioritised in line with the approach set out in 3.2.3;
- Safeguarding processes remain in place;
- Paediatrics outpatients are being delivered digitally;
- A detailed self-assessment against the all-Wales guidance on neonatal services has been undertaken with strong compliance evidenced; and,
- The Transitional Care Unit in Singleton has been completed early and has enabled an isolation facility for COVID positive mothers and babies to be provided.

3.2.9 Maternity services

Maternity services have continued to be provided throughout Q1 with technology being used to support some community visits via the phone whilst ante-natal clinics have continued.

3.3 Independent Sector

Services in Sancta Maria Hospital ('Sancta') have been procured as part of the national independent sector process. Sancta is based in an old building (converted houses) situated on the outskirts of Swansea City Centre. It mainly provides for day case elective surgery with a limited amount of more complex inpatient surgery. In terms of casemix, the extant criteria is for patients to be of an ASA 1 category with a limited number of ASA 2 patients able to be operated on. It has a small number of outpatient rooms supported by some limited diagnostics (x-ray, ultrasound and echocardiogram facilities) and there is no MRI, CT or endoscopy suite on site.

The prioritisation of the Health Board's workforce remains the biggest risk in relation to driving activity through Sancta. Swansea Bay UHB medical staff are operating in Sancta, largely in contracted time, and decisions on the deployment of surgical and anaesthetic resources need to be driven by efficiency and effectiveness considerations.

Activity to Date

The table below summarises the activity to date:

Treatments - numbers	**06/04/2020**	**13/04/2020**	**20/04/2020**	**27/04/2020**	**04/05/2020**	**11/05/2020**
Inpatients	*3*	3	7	1	3	9
Daycase	*0*	0	0	0	0	0
Outpatients	*0*	0	0	0	0	0

Remainder of Q1 and into Q2

In the immediate term (the next two weeks), the Health Board will continue to plan for lower risk cancer cases to be undertaken in Sancta. The ambition is to drive more value from the contract and to deliver a solution that enables the capacity to be directed at the most clinically urgent cases. The limited facilities at Sancta do not enable this to be maximised and an approach has therefore been made to the provider to utilise their staff to support Swansea Bay UHB theatres and ward capacity. This would enable an additional theatre to be commissioned and thus maximise capacity for the most urgent cases internally. There is agreement in principle to this proposal subject to final contractual and staff sign-off. Assuming sign-off is achieved, the solution will be enacted by the end of May. This will facilitate an additional theatre to be activated in the Health Board which will run at a higher level of throughput and casemix than in Sancta.

In addition, as part of the outpatient and diagnostic recovery workstreams, the Sancta provision is included as an option.

The Health Board maintains regular discussions with Sancta on the immediate plans as well as the more medium-term approach. Discussions also continue internally and with WHSSC about more of the Health Board's population accessing other Welsh independent providers through the national contract.

3.4 Strategic considerations for Q2

As outlined above, as well as remaining agile and adaptive to any fluctuations in COVID demand, options are being explored to recalibrate the system at a strategic level in order to increase the amount of activity that can be reinstated. The approach to reactivating services on a system wide basis has been established with clinical and senior operational leaders working to plan change on a 4-8 week basis.

These include:

- Clinicians have proposed that given the capacity currently available at acute hospital sites that this is an ideal opportunity to potentially accelerate the consolidation of the acute medical take onto the Morrison site which is a fundamental element of the Clinical Services Plan. Rapid, clinically-led scenario planning is also underway to test the feasibility of zoning the use of the hospital sites to better support the streaming of patients. This seeks to take advantage of the relatively low demand in "normal" unscheduled care and the capacity currently available across acute hospital sites. A decision will be taken by the end of Q1 as to whether to proceed. If this does progress, then the expectation is that this will be in place at the of quarter 2 to enable support for increased pressures over the winter. Discussions with the CHC have commenced.
- Working with Cwm Taf Morgannwg University Health Board to agree the options and opportunities that the theatres in Neath Port Talbot Hospital offer in both the short and longer term. There is currently a complex SLA in place as a result of the Bridgend Boundary Change process and operating has ceased in this facility to enable staff from both organisations to be repurposed (predominantly into critical care) to directly support COVID-19.

- Continuing to engage in discussion to explore regional solutions with a focus on essential services.

In summary, based on the baseline assessment against essential services, the Health Board priorities are in increasing, in line with the planning principles, surgical and diagnostic capacity, to include cancer services. The ambition is to increase surgical capacity to deliver more level 2 and then level 3 activity. Key milestones for these priorities are set out below. These milestones are in addition to what has continued throughout the pandemic and will be updated following the first round of plans from the work cells):

	APRIL	**MAY**	**JUNE**
GENERAL	• Exec lead for Essential Services identified • Associate Medical Director Essential Services • Engagement in nationally established groups for Essential services • Wales Cancer Network engagement • Engagement with Sancta as part of national procurement	• Baseline assessment against WG Essential services f/w • Established work cells to take forward planning for non Covid essential services • Regional discussions with C&V and Hywel Dda and commitment to working together • Regional discussions with CTM and commitment to agreeing plan for NPT • Clinical processes eg pre-op and consent revised and issued	• Full engagement in regional solutions where appropriate • Iteration of clinical processes in line with new and emerging evidence
SURGERY	• Some gynae-onc and urology cases undertaken in Hywel Dda • Increased theatre capacity in Morriston by 2 theatres	• Joint MDT with C&V on Cardiothoracics • Additional lists in Singleton • Working with Sancta to deliver optimum solution for this resource in terms of surgery • ITU reconfigures to support zoning of patients	• Potential 5th theatre brought back in Morriston dependent on workforce capacity (focus on paeds) • If feasible from workforce perspective – NPT theatre suit for some orthopaedics activity

DIAGNOSTICS	• Emergency diagnostics inc EBUS and ERCP • Cancer MDTs prioritise cases for diagnostics (scans and other) • Colposcopy in place • Alternatives to other diagnostics eg bariums • CT/MRI	• Emergency diagnostics inc EBUS and ERCP • Rapid Diagnostic Clinic for cancer recommenced in NPT • Multi-parametric MRI scans recommenced on the 4th May 2020 • prostate biopsies instated w/c 11th May • Planning for further diagnostics in June •	• Diagnostic plan from Diagnostic work cell enacted – will explore independent sector
CANCER	• Chemo @ 70% of pre-Covid levels • Radiotherapy services, with 75% capacity protected (compared to prior to the pandemic)	• Chemo @ 90% of pre-Covid levels • Updating modelling of cancer demand and capacity to support local and regional planning	• Chemo @ ≥90% of pre-Covid levels • Plans enacted in line with national and WCN discussion and output from modelling

4.0 New Ways of Working

4.1 Approach

Swansea Bay UHB has an agreed Organisational Strategy and Clinical Services Plan (CSP) and the pandemic response has accelerated opportunities to implement elements of these at pace. Since March the Health Board has been tracking service changes centrally on a weekly basis to assist with operational planning, the quality impact assessment approach to the reactivation of some services and to inform future evaluation and benefits tracking. Strategic changes in line with the CSP that are underway are considered throughout the document. More information on digital, primary care and mental health and learning disabilities are found in the relevant sections but a high-level summary is as follows.

4.2 Command Centre

The Health Board's Command Centre has been established to coordinate the flow of patients across Swansea Bay UHB including Rapid Discharge, community "step up" and any additional surge or super surge capacity in the Field Hospitals. The Command Centre will also provide coordination of the traffic flow (including patients, pathology specimens, pharmacy and supplies) around existing sites and the Field Hospitals and be the point of contact for mortuary flow in a mass fatalities situation.

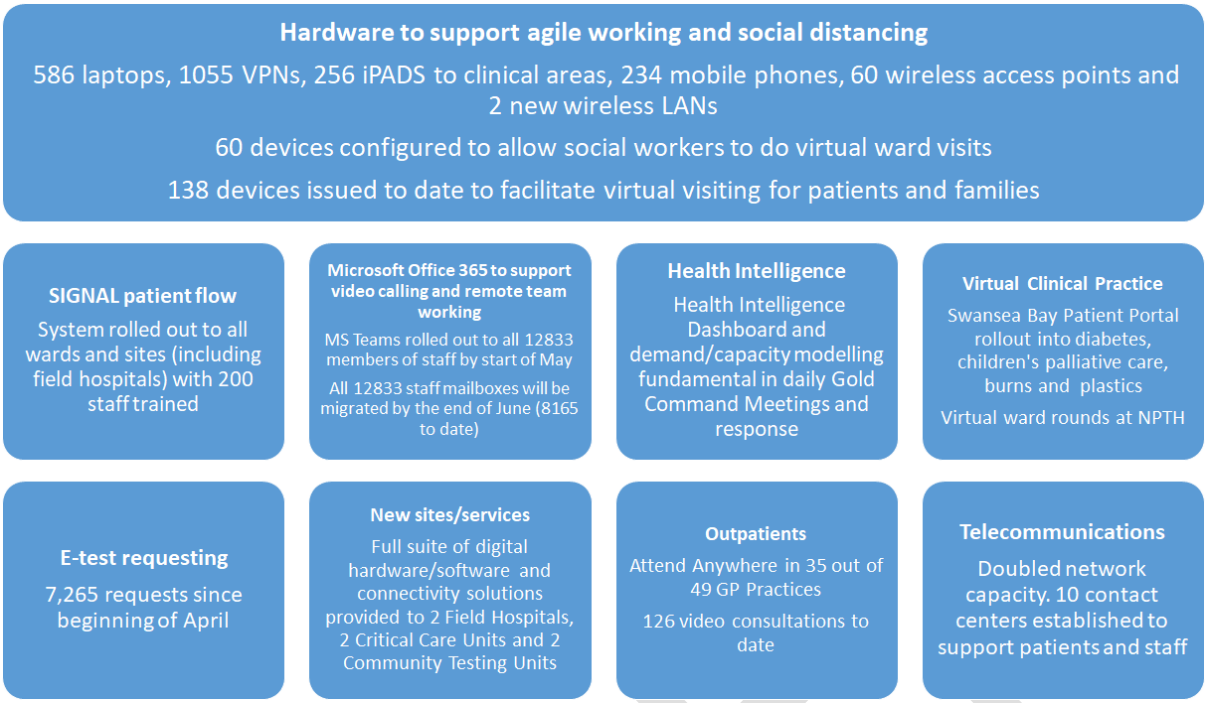
The Health Board infrastructure is ready to respond if a situation is reached where there is a need to surge into the Field Hospitals. The recently agreed Rapid Discharge Process will be fundamental in ensuring the flow out from all of the UHB sites is maintained.

The patient flow element of the Command Centre will be established ahead of the need to utilise the Field Hospitals and maintained as part of the future service model.

Changes that deliver the Clinical Services Plan	Workforce
• Single point of access for Paediatric services at Morriston to deliver streamlined and better quality care for patients • Heart Failure Hub established at Gorseinon Hospital to manage patients with heart failure away from acute hospital sites. • Commissioned 3rd sector to deliver digital and telephone services for adult mental health crisis services • Introduction of virtual follow up clinics following discharge • Development of advice line in gastroenterology for primary care aims to provide them with a speciality advice to optimise patient management and to avoid admission • Reviews of FUNB patients based on see on symptom • Planning restarted on centralisation of Acute Medical Take for Swansea	• Changing clinical conversations to push forward modernisation of mental health services, including see on symptoms, seeing appropriate non medical staff • Pathology staff redeployed to support digital histology solutions, and recognise that staff can work anywhere remotely • Changes to staff rotas to ensure 24 hour access to blood transfusion services with a potential one site model if staff numbers depleted. • Specialist cancer nurses providing support and leadership to nursing and residential care homes • Development of educational training packages across staff groups to respond to COVID • The community continence service have taken on all District Nursing patients who require catheterisation/re-cath. They have also taken on TWOC patients from hospital, so that these are now seen in their own homes. • Pooling admin staff across services, and mixed model of services to include work from home and in work to ensure cover • Implementation of 7 day rotas for different staff groups • Patient Advice Helpline – Secretaries are supporting this helpline, downloading and co-ordinating messages for the right support with Doctors and Nurses. • Staff being retrained as HCSWs to support acute ward work
Processes and Pathways	**Other Service Change**
• Introduction of new whole system respiratory assessment unit pathway, including WAST and clusters • Single multi-agency action plan for Medically Fit for Discharge Patients enabling reduction of numbers from ~270 to 50 during March • Changed admission pathway for the three learning disability acute assessment units serving SBU, CTM & C&V Health Boards. One unit is now the single intake point for all acute admissions across the three health board areas • New fast track rapid discharge process agreed across all partners • Phlebotomy service changed into hub model • New pathway for community paediatrics with complex needs via patient portal • Dedicated maternity services telephone line as first point of contact	• Patients who would have been offered BMT for delay of deterioration (myeloma patients) are being offered alternative treatments, meaning they can be seen as day cases rather than having a 3 day stay • New model of post acute care for older patients post COVID • "Red Flag" service established for podiatry and orthotic patients enabling speed of access via telephone triage as required • Establishment of hot clinics for urgent or complex patients using social distancing

4.3 Digital Transformation

Swansea Bay UHB has a clear digital plan. The response to the pandemic has been underpinned by digital transformation at an unprecedented pace within the Health Board, including a cultural shift towards operational planning, use of data and the rapid development of Business Intelligence. The acceleration of the digital offer within the Health Board, across the organisation and all elements of response to the pandemic is to date summarised in the diagram below with more information on ongoing and future developments in the following table.



Theme	Digital Response
National Digital Collaboration and cross-cutting digital themes	• Working in partnership with WG and NWIS to ensure the Digital Priorities Investment Fund is effectively utilised • Focussing on digitally-facilitated clinically-led business change • Continuing to maximise the use of business intelligence and demand/capacity modelling as intrinsic decision support tools for organisation planning.
New ways of working	• Empowering patients and facilitating See On Symptoms model for follow-up outpatients with further rollout of the Swansea Bay Patient Portal • Utilising video consultations where appropriate via Attend Anywhere, with full rollout of the system by the end of May • Supporting the Value-Based Healthcare agenda and follow-up management through the capture and analysis of PROMS • WIFI will be enabled in the remaining Community, Mental Health and Learning Disability sites to support remote working and social distancing.
Managing COVID 19	• Further implementation of virtual ward rounds to facilitate social distancing and enable shielding clinicians to fulfil duties • Rollout of e-Prescribing and Medicines Administration across NPTH and Singleton to increase patient safety and facilitate better social distancing.
Essential Services	• Further development of the Signal Whiteboard to support the planning for the single acute take model and Command Centre and the roll out of the Signal patient flow system to all hospital sites (previously only at Singleton) to support MFFD management and Rapid Discharge Guidance implementation • Accelerating plans for the implementation of the Wales ED System (WEDS) to support paperlite working in the Emergency Department

	• Commencing implementation of electronic nursing documentation, reducing duplication and increasing time to care
	• Planning the implementation of the Wales Eye Care Digitalisation Solution to enable Ophthalmology transformation
	• Cancer and Palliative care:
	  • Improving MDT virtual experience utilising newer technologies
	  • Further data modelling of cancer pathways
	  • National collaboration on cancer e-Prescribing solution
	• Introducing electronic requesting for radiology in Secondary Care.

Critical Care	• Planning the implementation of the Wales Critical Care Information System.
Workforce wellbeing	• Maximising remote working via the provision of mobile devices and MS Teams to support shielding, self-isolation and social distancing • Access to key workforce information via the Digital Intelligence Dashboard.

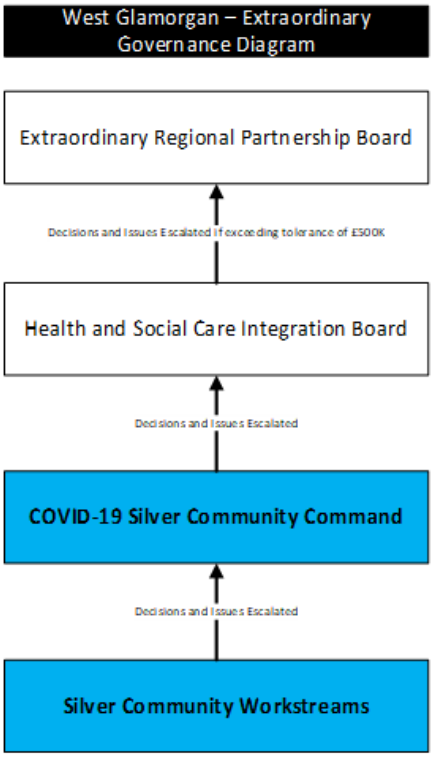
Primary Care	• Support virtual/remote service provision:
	  • Maximising GP and practice efficiencies through further rollout of Ask My GP
	  • Utilising video consultations where appropriate via Attend Anywhere
	  • Facilitating GP to Consultant communication using Consultant Connect
	• Introduced electronic test requesting for pathology in Primary Care
	• Improved referral management for ophthalmology supported by electronic referrals
	• Access to secondary care patient records via the Welsh Clinical Portal.

As well as the further digital plans for Quarter 1 identified in the table, there are additional opportunities which could be progressed subject to resources (currently not secured):

- Extend rollout of electronic prescribing to Morriston Hospital
- Introduction of electronic observations to further improve patient safety and facilitate social distancing
- Maximise the use of digital dictation across the organisation.

5.0 Partnership Working and Social Care Resilience

The West Glamorgan Regional Partnership is a well-established partnership which plans and delivers integrated services across the two Local Authorities, Health Board, and third sector underpinned by co-production with service users and carers. It was recognised at the outset of the COVID pandemic that extraordinary arrangements needed to be initiated to respond to the crisis, building on the partnership arrangements and emergency interim governance arrangements for the Regional Partnership Board, and its supporting sub structures were established. This has enabled responses which are quick, flexible and effective across the partnership and services. The revised governance arrangements have been approved by the Health Board and the two local authority Cabinets. The governance arrangements are set out below:



A Multi-Agency Silver Community Group has been established to manage the resilience of the social care sector and the interface between Social Care and Health, Board facilitated by the West Glamorgan RPB Transformation Programme Office. This group is alternately chaired by the Directors of Social Services and Unit Director for Primary and Community Services and attended by the Director of Strategy (Executive Director lead for the RPB).
The Health and Social Care Interface (Gold) Group also meets twice weekly (initially three times) to broker any strategic issues between the Health Board and Social Care. Escalation is then up to the Extraordinary RPB, Chaired by RPB Chair / Leader of NPTCBC. There is also a weekly call (initially bi-weekly) between the Leaders/CEOs of the LAs and Chair/CEO of the Health Board to address specific joint areas of concern.

There are a number of workstreams within the Multi-Agency Silver Community Group:

- **Rapid Discharge Group:** Development and implementation of cross sector Rapid Discharge Guidance to support hospital discharge in a timely manner in line with Welsh Government Discharge Requirements. Elements of the process are already in place, including a jointly agreed Funding Protocol, agreed care thresholds, rapid assessments, and demand/capacity modelling for care on discharge, a regional residential care offer and a regional Community Response offer from the Third Sector.
  The remaining elements which include designation of Discharge Beds (step-down/up) will be rolled out in mid-June. This group also led the work to discharge over 150 Medically Fit for Discharge patients in the early stages of the response and the lessons learned are being implemented through the process.

Key Milestone	Expected Date
Confirmation of operational flow and clinical model aligned to the Rapid Discharge	28th May
Targeted Communications and Engagement Campaign in relation to the Rapid Discharge Process across all stakeholders	1st June
Launch of the West Glamorgan Rapid Discharge Process	10th June

- **Building Capacity and Resilience in the Community:** Sharing capacity plans, developing solutions to increase capacity and resilience in the community to keep more people in their own homes.

Key Milestone	Expected Date
Collate lessons learned of things that have been done differently in all sectors supporting the community	29th May
Identification of Interdependencies in relation to capacity to help inform capacity planning	5th June
Collate all the data in relation to the External Care Homes, Hotel Accommodation	Updated weekly

- **Children and Young People:** Collectively sharing solutions on issues that arise in respect of children and young people across the region. No milestones, rather issues escalated as required.
- **Externally Commissioned Care:** Monitor and provide solutions to issues in commissioned care: Care homes: Older Adults, LD & MH, Domiciliary care, Supported living, Children's Residential Care

Key Milestones	Expected Date
Establish process and timelines for the emergency funding protocol	5th June
Locations identified and analysis of population that could require support for step up	5th June
Analysis of difficult to place cohort of individuals who are medically fit	5th June

- **PPE / Infection Control:** Develop a Regional Strategy and Communication with regards to the use of PPE and infection control to Externally Commissioned Providers, and In-House Services, including managing PPE stock levels

Key Milestone	Expected Date
Regional Enhanced PPE Procurement Model	22nd May
Update and review risks in relation to PPE & infection control	5th June/ ongoing
Update and review lessons learned in relation to PPE & infection control	5th June/ongoing
Update and review regional PPE & Infection Control Protocol, in line with Public Health and Welsh Government Guidance, and any regional requirements	5th June/ongoing

- **Third Sector Community Group:** Share plans from across the Community Silver Workstreams affecting the Third Sector and Community and develop solutions to any issues

Key Milestone	Expected Date
Commence pathway 1 discharge process with Third Support	22nd May
Collate lessons learned to reflect on the significant community, volunteer and third sector support	29th May
Identification of risks in relation to future planning around the Third Sector and community support	29th May

- **Mental Health and Learning Disability:** Escalation of any issues that arise in respect of people with MH/LD across the region

Two specific strategic discussions have also been held to consider the resilience of the care home sector, ensuring that the Health Board provides support wherever possible to enhance resilience. The main areas of focus for the remainder of the Quarter will be on:

- Reaffirming the strategic system-wide approach to ensure residents of care homes, and those people being cared for at home, have equitable access to the care they need if they test positive for COVID and need additional care than can be delivered at their normal place of residence, as set out in the Update to Guidance in respect of Step-up & Step-down Care Arrangements during the COVID-19 period issued on 29th April.
- Reviewing the provision of PPE training to staff of care homes following reviews currently being undertaken by Environmental Health Officers.
- Ensuring that short term, flexible staffing support for care homes is available if required.
- Jointly considering proposals and options for financial support for care homes.

6.0 Regional Working

The Health Board has strong regional NHS partnership arrangements in place with structures in place to support working with:

- Cwm Taf Morgannwg UHB through the Joint Executive Group arrangements;
- Cardiff and Vale UHB through the Regional and Specialised Services Partnership Group; and,
- Hywel Dda UHB and Swansea University through ARCH and the regional Clinical Services Plan.

During the early response to the pandemic these arrangements were suspended but as part of the Reset & Recovery work the existing regional structures will be used to coordinate planning.

In May the planning arrangements with Cardiff and the Vale UHB to jointly support the resilience of some tertiary and specialised services (notably thoracic surgery, upper-GI cancer surgery, liver and pancreas surgery and emergency spinal surgery) were reactivated.

During the remainder of Quarter 1 high-level discussions will be held with Cwm Taf Morgannwg UHB about the future use of facilities at Neath Port Talbot Hospital which are currently governed by a range of SLAs following the Bridgend transfer.

Further exploratory conversations will also be held with Hywel Dda UHB about the regional specialist eye care offer and the opportunities afforded by the Outpatients Transformation Fund Application.

There is close working with Velindre NHS Trust to support delivery of services across the region, but also to share demand and capacity modelling work.

In addition, the commissioning arrangements for specialised services and ambulances through WHSSC and EASC continue. With WHSSC, further opportunities will be explored for using the national contract for the independent sector and to ensure that the assurance processes on non-COVID essential services are aligned with the WHSSC assurance processes regarding specialised services.

7.0 Workforce

7.1 Workforce Supply and Recruitment

There has been significant recruitment (shown in table below) to support Covid activity and the additional staffing resource required for the Field Hospital and staff have been recruited on bank or fixed term contracts. Some of the care worker resource is time limited as they were students or furloughed staff. There are also limitations in deployment suitability and hours that can be worked due to people being students or their offer being as a second job. However, all students have been allocated to the clinical area of choice as required with regard to their training experience. The Health Board received a list of 39 retire and return registered nurses who had initially opted on to the temporary register, only 4 of these have been able to join, this has been for varying reasons including withdrawing interest.

There have been high attrition rates at all points in the process and after induction and there have been significantly fewer applicants in the last few weeks. To accommodate these new recruits the Health Board has developed a new support services assistant role and targeted training has been provided to staff to support the re-purposing into alternative temporary roles to support COVID activity with significant effort put into the provision of induction training for students and the other temporary workforce.

Going forward, whilst there has been significant success in expanding the workforce as part of the COVID 19 response, through students, returning professionals, and new recruits, this COVID 19 workforce needs to be supported as additional capacity is factored into plans. Equally much of this additional workforce is temporary and although this may not affect Q1, going forward into Q2 contingency plans need to be considered in the context of more sustainable workforce planning for the future in line with the draft Workforce Strategy for Health and Social Care.

COVID Recruitment new starters tracker				Date	13.05.2020						
Action											
Incoming resource	**Contact**	**Appointed no start date**	Snapshot totals							WTE	No of people selected
Scheduled new starters by start date			w/c 06.04	w/c 13.04	w/c 20.04	w/c 27.04	w/c 04.05	w/c 11.05	w/c 18.05		
- Medics	E Jones/CH	1	6			6	2				
- Locum Bank	E Jones/CH		10	15	2	8	3	1			
- Agency Locum	E Jones/CH		5								
- Medical Students	E Jones/CH										
- Year 5 *	E Jones/CH			4						4	4
- Year 4 *	E Jones/CH		38	0				4		35	42
- Year 3	E Jones/CH		22	3	13					17.73	38
- Year 1&2	E Jones/CH		8	17	30	9		11		35.00	75
- Nurses	M Fitzgerald										
- Critical care	M Fitzgerald	0	2	0		2					
- Non critical care	M Fitzgerald	41			1	1	1	3		1.66	3
- ODP	M Fitzgerald	1									
- Student nurses	L Jones										
- Band 3	L Jones	119				33	48			160	200
- Band 4	L Jones	63				86	2			151	151
- Midwives	M Roach		1	13						11.2	14
- HCSW	M Fitzgerald/TW		34	32	35	41		29	35	41.92	48
- Facilities	C Rowlands										
- Porters	C Rowlands		2	46	0						
- Domestics	C Rowlands		7	13	1	1					
- Catering	C Rowlands		17	0	0						
- SSA	C Rowlands	27	0	0	34	4	12	10			
- Laundry	C Rowlands		1	0	2						
- Switchboard	C Rowlands		7	0	0						
- Security	C Rowlands		3	0	0						
- Estates	N/A		N/A	N/A	N/A	N/A	N/A	N/A	N/A		
- AHP and HCS	K Crawford										
- Pharmacy	K Crawford	6	0	0	0						
- Physiotherapy	K Crawford	2	0	0	0						
- OT	K Crawford	5	0	0	0						
- Dietetics	K Crawford	1	0	0	0						
- Mental Health	K Crawford	12	0	0	0						
- Radiology	K Crawford	0	0	0	0						
- S&LT	K Crawford	0	0	0	0						
- Student AHP	K Crawford		0	0	0	0	0	0			
- Corporate	K Crawford										
- I.T.	K Crawford	0					1	1			
- Admin Support	N/A		N/A	N/A	N/A	N/A	N/A	N/A			
										457.51	Total WTE from FTC (non-"Bank")
TOTALS		278	163	143	118	191	69	59		925	Total Headcount new starts

Workforce Deployment Assumptions

The Health Board wide workforce planning principles are driving local decisions and one collective staff resource, i.e. staff will be deployed as one system. The workforce model will continue to be fluid to respond to the changing situation, however the workforce plans to underpin the Clinical Models for surge and super surge are in place for implementation as and when required.

Workforce ratios will be professionally agreed and monitored and staff will deployed across the HB, including field hospitals as service need requires. This may not be in the Unit they currently work in and may also be in the Field Hospitals. Staff will be required to move from their normal workplace building on the very positive response to such practise to date. There will be a need to balance experienced staff with new or less experienced staff to manage quality and safety. It would be challenging within existing resource to fully staff the field hospitals.

In areas where services are stood down, staff have been repurposed to roles across the Health Board, and in many cases retrained or upskilled to provide the skills needed where they are needed.

Assumptions of Staff Availability

Staff absence is monitored on a daily basis and reported on the Gold Command COVID Dashboard. COVID related absence was at its highest level in mid-March with 1,700 staff isolating and shielding. This has now fallen to just under 1,000 staff. Absence due to COVID is 10% overall with absence in clinical staff groups being up to 15%. This is in addition to the normal sickness absence of 5%. In line with other Health Boards, the operational planning assumption for workforce availability is therefore to plan on overall absence to continue at circa 20% during Quarter 1 and into Quarter 2.

Further assessment will take place as the pandemic proceeds as wider staff testing is likely to produce more positive results resulting in greater staff absence and fragility and it is assumed that staff who are shielding will continue to be unavailable to support front line care for the foreseeable future. The impact of Test, Trace and Protect is also unknown but could produce further difficulties with entire teams being asked to isolate if a team member tests positive.

7.2 Workforce Wellbeing

Appropriate testing systems will need to be in place as determined by the national Testing Strategy, to which the Health Board will continue to adhere. The staff testing activity to date is summarised in the table below.

Testing Activity – Staff	10/05/2020
Total Number of Staff Referred for testing	3152
Number Referred To CTU	60
Tested Elsewhere	404
Total Number of results Returned	2880
Total Number of Positive Results	905
Total Number of Negative Results	1991
Total Number of Inconclusive Results	3
% of Positive Results	31.25%
Total Number Awaiting Results (Not Yet Returned from Lab)	84
Not Tested	162

The Occupational Health service has been re-engineered to deliver services 7 days a week, 7am - 10pm to support the outbreak and an additional 29 registered staff have been trained to undertake the assessment of Covid-19 symptoms along with an extended administration service to manage the increased demand. The team is currently managing an average of 300 calls a day and is prioritising symptomatic staff or symptomatic family members, who are then referred to the Community Testing Unit on the same day wherever possible. Most staff are being tested the following day with results generally being returned to Occupational Health within 48 hours. Staff who test positive are phoned by the nurses to inform them and offer support if required and staff who test negative are sent a text of their result. To date, over 2500 staff or family members have been referred for testing and the positive return rate as at the end of April was 37.6%.

Occupational Health continue to provide a Covid-19 service for staff, assessing those at risk and providing appropriate advice on adjustments to managers, following national Public Health Wales guidance. This includes recommending working remotely or in a lower risk area and includes advice and guidance already given to 945 staff with underlying health conditions, 255 for pregnancy advice and 1287 staff for general advice.

Appropriate rest and working patterns for staff are important, in particular to enable staff who were unable to take time off due to service pressures to take annual leave and have time to recharge. Staff and managers are being encouraged to take annual leave on a planned basis to support staff resilience and wellbeing and a more structured approach to this will be discussed with Trade Unions going forward. The reintroduction of professional and study leave will also be considered in line with the emerging pandemic response, staff absence assumptions and service priorities.

The interim BAME risk assessment has been distributed within the organisation. The Health Board's BAME Network has been used to provide feedback to Welsh Government on the development of the all-Wales risk assessment tool. A detailed review has been undertaken on the prevalence and impact of COVID on the Health Board's workforce.

The Local Partnership Forum has met on a weekly basis (including membership from the BMA) with additional meetings of the Local Negotiating Committee.

During the COVID -19 response it is even more important that staff feel able to raise concerns safely and that the learning and lessons from experiences are captured. Local mechanisms are in place for any concerned member of staff to speak up, underpinned by guidance and support. The national conversation on raising concerns being progressed in social partnership provides a clearer focus for this work and daily briefs have been provided from the GOLD command centre, supported by weekly Blogs from the CEO.

8.0 Finance and Capital

8.1 Finance

The Health Board financial plan for 2020/21 contained the following key elements resulting in a forecast overspend position at the end of 2020/21 of £24.4m.

	2020/21 Forecast
	£m
2020/21Underlying Deficit	28.0
Inflationary/Demand Pressures	35.5
WG Allocation Uplift	(21.6)
Investment Commitments	5.4
Planned Savings	(23.0)
Year End Forecast - Overspend/(Underspend)	**24.4**

As part of the Health Board's response to COVID-19, a rapid and significant reshaping of the care system has been undertaken. The financial implications of this reshaping have been assessed and this assessment has been made based on a series of planning assumptions to provide a revised financial forecast for 2020/21.

The care system response to the COVID-19 pandemic, changes in population dynamics and the move to reset some core services, require the financial forecast to be routinely revisited and updated. This work will feature routinely in the monitoring returns for the Health Board and this Quarter 1 plan reflects the planning assumptions for the first Quarter within the overall forecast. The assumptions which underpin the financial forecast are set out below.

Month 1

The month 1 position for the Health Board has recently been finalised and the summary position is set out in the table below.

	Month 1 Actual
	£m
Operational Position	2.118
Slippage on Savings	1.749
COVID-19 Gross Costs	3.176
COVID-19 Cost reduction	(1.179)
Slippage on Planned Investments	(0.468)
Total	**5.396**

The operational position is broadly in line with the initial financial forecast for the year as per the original financial plan. Budgets have been rebased to reflect the 2020/21 plan to facilitate the most accurate possible assessment of the impact of COVID-19 across all services.

Slippage on savings has been assessed as £1.749m and has been accounted for in line with the original savings plan and factored in to the plan based on the original profiling.

COVID-19 gross costs contain a number of elements such as pay cost increases, PPE stock, equipping, loss of income etc. This reflects current understanding of accounting treatment of equipping costs and the national and local funding of PPE. More detailed work is underway at present to validate these assumptions and this will be accounted for in further iterations of the Quarter 1 and full year forecasts.

Reduced expenditure has been noted in a number of areas, primarily theatres consumables related to the reduced provision elective activity.

The Health Board had a series of investments planned for 2020/21 which have been unable to be implemented because of COVID-19. Slippage against these is separately reported as they were separately identified in the baseline financial plan.

Planning Assumptions for Quarter 1

The financial forecast for Quarter 1 is based on key planning and modelling assumptions. These are used to interpret the impact on the behaviour of the overall care system and the current assessment of these is set out in the preceding sections of this Quarter 1 plan. From a financial forecasting perspective there are key considerations to be made which inform the financial forecasting for the rest of the Quarter. The material considerations are listed below:

- Cost impact of the arrival of medical students has been assessed and is included for Quarter 1
- Cost impact of the arrival of nursing students has been assessed and is included for Quarter 1
- Field Hospital running costs. Preparedness has been completed and for this Quarter it has been assumed that whilst both the Llandarcy field hospital and a

proportion of the Bay field hospital are available to receive patients, the Health Board will not be utilising the beds (based on the modelling) and therefore costs are included for maintaining readiness but not for occupation.

- Final impacts of completing the equipping of increased critical care capacity, field hospital capacity and the accounting treatment of equipping costs. Assumed to be chargeable to revenue. These are reflected in Month 2 following advice taken.
- An assessment of PPE costs has been made based on the modelling and commitments on the books to date, but also based on the assumption that PPE called down through stock requisitions from central procurement will be a zero cost for the Health Board.
- An assumption that hotel accommodation costs will be fixed for Quarter 1. Work is currently underway to review utilisation of hotel accommodation which may trigger a contract variation if negotiable.
- An assessment of the costs of increasing theatre throughput as part of plan to bring back on line essential services. From a materiality perspective this is largely focussed on theatre consumables. The assumption is linked to the phased plan set out earlier in the Quarter 1 plan.
- Whilst the Health Board is participating fully in the implementation and operational running of the Test, Trace, Protect programme, the UHB is yet to fully assess the NHS cost element of this service. A line has been noted as TBC in the table below and work is continuing with partners to understand this.
- An assumption has been made that there is no material movement in the volume of critical care beds required for the Quarter.
- As the independent sector capacity commission is being handled through WHSSC, we have assumed no cost to the Health Board of the contract with Sancta Maria Hospital.
- The cost base assumes no additional funding from any source for COVID-19 pressures in Quarter 1. Any additional funding will have the impact of reducing the variance.

Forecast

This section provides the Health Board's month by month and cumulative forecast financial variance for Quarter 1 based on the modelling assumptions described earlier in this plan and based on the financial assumptions above.

	Month 1 Actual	Month 2 Forecast	Month 3 Forecast	Quarter 1 Cumulative
	£m	£m	£m	£m
Operational Position	2.118	2.118	2.118	6.354
Slippage on Savings	1.749	1.678	1.733	5.160
COVID-19 Gross Costs	3.176	8.551	4.747	16.474
COVID-19 Cost reduction	(1.179)	(1.060)	(1.060)	(3.299)
Slippage on Planned Investments	(0.468)	(0.468)	(0.368)	(1.304)
Total	**5.396**	**11.287**	**7.538**	**23.385**

Within this overall forecast overspend of £23.385m for Quarter 1, there are a number of key cost lines to highlight (based on the assumptions set out above) which explain the position within the table above; in particular the COVID-19 Gross Costs line which has variation between months for a variety of reasons. The table below expands the major elements of this line for transparency and to demonstrate the link between the financial planning assumptions and the cost behaviour.

	Month 1 Actual	Month 2 Forecast	Month 3 Forecast	Quarter 1 Cumulative
	£m	£m	£m	£m
Operational Position	2.118	2.118	2.118	6.354
Slippage on Savings	1.749	1.678	1.733	5.160
COVID-19 Gross Costs	2.905	7.836	4.276	15.017
COVID-19 Cost reduction	(0.908)	(0.860)	(0.860)	(2.628)
Slippage on Planned Investments	(0.468)	(0.468)	(0.368)	(1.304)
Outturn - Overspend/(Underspend)	**5.396**	**10.772**	**7.267**	**22.599**

	Month 1 Actual	Month 2 Forecast	Month 3 Forecast	Quarter 1 Cumulative
	£m	£m	£m	£m
Medical Students	0.086	0.256	0.256	0.598
Nursing Students	0.000	0.596	0.897	1.493
Returning Staff		0.065	0.065	0.130
Field Hospitals	0.100	2.362	0.102	2.564
PPE	0.662	1.000	0.050	1.712
Early Discharge Support	0.035	0.050	0.050	0.135
Testing Programme				0.000
Total	**0.883**	**4.329**	**1.420**	**6.632**

The assumptions section above explains the drivers for the separate expenditure lines within this table. This table does not provide a full reconciliation back to the gross cost lines but serves to illustrate the material component parts.

Financial Risks and Opportunities (Quarter 1)

Whilst the assumptions are clearly stated there remains a level of financial risk and uncertainty around the financial forecast for Quarter 1. The principal risks and mitigation have been captured in the table below and some of the key opportunities are described thereafter.

Risk	Mitigation
Change in modelled demand assumptions	• Detailed modelling undertaken to support the financial assumptions within the plan. • Stable Government advice to population until end of Month 2. • Capacity able to flex to within current cost base to meet modelled demand before material variable cost incurred.
Local v national Costs	• Planning assumptions clearly set out around PPE. • Engagement with procurement around assumptions of ownership of equipping costs.

Funding arrangements across Health and Local Authorities	• Routine discussions with Local Authorities around resource commitment (particularly Field Hospital fit out and Test, Trace, Track) • RPB oversight of revenue through partnership agreements • Escalation through Directors of Finance of matters as they emerge for consideration across Health and Social Care areas.
Accounting treatment of equipping	• Assumed all equipping chargeable to revenue at this point (internal capacity increase and field hospitals).
Workforce availability	• Model developed in tandem with detailed workforce plan. • Assume no material shift in shielding or isolating for Quarter 1.
Test, Trace, Protect service model	• Engagement with local authorities on operation and workforce model.
Essential services delivery	• Cost base linked to operational plan to reset and reinstate surgery. • Material changes identified through detailed activity modelling.
Impact on Capital plan	• Routine in engagement with Welsh Government regarding treatment of COVID-19 response and movement in existing plan. • Executive oversight of overall plan, risks and mitigations • Slippage on local and national schemes transparently disclosed to aid mutual understanding

Opportunities
Review contracts in place to test whether changes in modelling can inform commitments made to block contracts for products and services.
Increased activity will reduce loss of income where income remains recoverable outside of agreed national position on LTAs, SLAs and WHSSC.
Engagement with clinical teams to assess whether innovative practice currently being demonstrated can form part of sustainable models of care
Increased levels of partnership working could identify opportunities for joint working for patient and financial benefit
Test, Trace, Protect could positively influence planning assumptions and reduce planned cost (possible more material impact after Quarter 1)

These will be routinely monitored, not just through Quarter 1 but for the duration of the response to the pandemic.

Financial Summary and Forward Look

The sections above set out the Health Board's position in respect of the original financial plan, the month 1 variation from that plan and the assumptions driving the financial forecast for Quarter 1.

A financial framework for beyond Quarter 1 has been developed and is under routine scrutiny and refinement based on the movement in the care system across the Health Board. The commitments within this plan are also under routine review to ensure that the Board retains its commitment to work in the public interest and also that due diligence and value for money are observed and enacted.

As the financial approach matures further opportunities to support the care requirements of the population in the presence of COVID-19, maintain good governance and deliver clarity of analysis to support the best decision making in the dynamic environment will be considered. By working in this way it is intended to

maintain absolute transparency in the financial forecasts and to engage fully with Welsh Government colleagues on the resource handling at this unprecedented time.

8.2 Capital

The Health Board's response to COVID 19 has been the main focus of the capital work over the last few weeks. The financial impact as set out in recent reporting to WG through the Field Hospital financial assessments and the month 1 financial monitoring return, shows an estimated additional capital spend of £7.667m in 20/21. This estimate will need to be refined over the coming weeks, as final contract sums are awaited for the building and engineering works associated with the surge capacity created within the hospital estate and the national procurement of equipment. These estimates exclude the construction costs of the Bay and Llandarcy Field Hospitals, which are being contracted through Swansea and Neath Port Talbot Local Authorities

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	Commissioned	Commissioned	Not Commissioned	
	Building & Engineering	Equipment & Digital		Total
20/21 Estimated Spend	**£000**			
Surge & Different Ways of Working	1,404	5,731	0	7,135
Llandarcy Field Hospital	0	1,468	0	1,468
Bay Field Hospital	0	1,464	700	2,164
Less Items to be treated as revenue	0	-2,400	-700	-3,100
Total Estimated COVID Capital Spend 20/21	**1,404**	**6,263**	**0**	**7,667**
19/20 Funded Capital Spend	250	658	0	908
Total Estimated COVID Capital Spend 19/20 & 20/21	**1,654**	**6,921**	**0**	**8,575**

As the construction and commissioning of the COVID 19 hospital surge capacity and Field Hospitals nears completion, the Health Board has commenced a review of the risks and opportunities associated with delivery of the submitted annual capital plan as shown below. This assessment will need to take account of:

- The impact of new social distancing rules on the ability of contractors to undertake building and engineering works and also whether the Health Board is able to release estate as planned.
- The impact on any planned business case submissions to Welsh Government as part of the All-Wales Capital Programme, as the impact of social distancing as above, will most likely have an increase on the costs of delivering any schemes.
- A number of new requests for additional funding have started to emerge, some as a result of now having vacant areas where refurbishment work could be carried out or additional service changes required to be able to return to core business within a COVID-19 environment. These need to be properly assessed by the Executive Team, against the backdrop of a fully committed discretionary capital plan.
- The ability of Welsh Government to support the submitted capital plan.

Capital Programme Part A - Discretionary Capital	2020-21 £m
Income	
WG Discretionary Funding	11.2
Disposal Income	0.4
Total Income	**11.6**
Planned Expenditure	
Commitments	5.9
Departmental Refresh of Existing Asset Base (Medical equipment, digital & estate)	10.3
Disposal Costs	0.2
Business Case Fees	0.4
Unit IMTP Tier 1	0.5
Digital Developments	4.5
Other proposed new schemes	0.9
Total Planned Expenditure	**22.8**
Variance (Surplus) / Deficit	**11.2**
Options to Bring Plan into Balance	
Remove Risk Score 16 for existing asset base	-3.3
Assumed Income from National Digital Fund (unapproved) or delay implementation	-4.5
Assume income from AWCP for Health Board wide replacement of patient monitoring systems or phased implementation	-1.9
Assume income from AWCP for HSDU AHU Replacement or delay implementation	-0.5
Total Mitigations	**-10.2**
Revised Year-End Forecast (Surplus)/ Deficit	**1.0**
Will require WG Support for Morriston Access Road Design Fees (Committed)	-1.0
Year-End Forecast (Surplus) / Deficit	**0.0**

9.0 Risks, Communication and Engagement

9.1 Risks

Effective risk management is integral to enabling the Health Board to achieve its aims, objectives and deliver safe, high quality services.

Recognising the significance of the pandemic, there is a separate risk register and the Board and relevant sub Committees of the Board oversee these risks.

The Health Board's Risk Appetite has changed in recognition of the pandemic and the tolerance level is increased from 16 to 20 in terms of "high risks".

Health Board Risk Register

Strategic Objective	Risk Ref	Description of risk identified	Current Score	Scrutiny Committee
Best Value Outcomes from High Quality Care	4 (739)	Infection Control	20	Quality and Safety Committee
	64 (2159)	Health and Safety Infrastructure	20	Health and Safety Committee
	16 (840)	Access to Planned Care	25	Performance and Finance Committee
	49 (922)	Trans-catheter Aortic Valve Implementation (TAVI)	20	Quality and Safety Committee
	63 (1605)	Screening for Foetal Growth Assessment in line with Gap-Grow	20	Quality and Safety Committee
	50 (1761)	Access to Cancer Services	25	Performance and Finance Committee
	66 (1834)	Access to Cancer Services	25	Quality and Safety Committee
	67 (89)	Risk target breeches – Radiotherapy	25	Quality and Safety Committee

Covid-19 Risk Register Dashboard: Scrutiny Gold Command

Risk Reference	Datix ID	Description of risk identified	Current Score
R_COV_001	2367	Shortage of critical care drugs	25
R_COV_002	2368	Shortage of Palliative Care Drugs	25
R_COV_003	2378	Inadequate Supply of PPE	25
R_COV_004	2369	Workforce Shortages	25
R_COV_005	2370	Care Homes	25
R_COV_006	2371	Equipment Shortages	25
R_COV_007	2372	Oxygen Provision	25
R_COV_008	2373	Capacity	25
R_COV_009	2374	Workforce	25
R_COV_010	2375	Delivery of Essential Care	20
R_COV_011	2376	BAME Workforce Risks	25
R_COV_012	2377	Partnership Working	20

9.2 Communication and Engagement

There is a comprehensive programme of communications and engagement in place to manage the Health Board's COVID 19 response. Key Stakeholders receive communication on a regular basis.

Staff

SBUHB developed a daily bulletin for staff and this has been operational since the end of March providing key updates on PPE, daily statistics, policy, planning and operational issues. This has been supplemented by a weekly Chief Executive bulletin

and specific intranet communication on key issues. Staff will also be encouraged to participate in the sero surveillance project with Welsh Government and Public Health Wales.

Public

The Health Board has utilised the internet and extensive social media communications presence to communicate key messages. A communications cell was established early in the response to provide a 7-day proactive and reactive communications function. It has included items such as:

- Extensive features and coverage on primary care as well as secondary care, and multi-agency response (for example, TV coverage of some of the key operational changes made to services across the Health Board)
- Publicising real-life examples of virtual working – e.g. Attend Anywhere, video/Skype outpatient reviews, Consultant Connect, with positive feedback from clinicians and patients

Assurances have been provided about social distancing measures and infection prevention and control in health care settings:

- Reassured by explaining physical changes in place to stream, manage and separate COVID/Non-COVID patients in healthcare settings
- Giving details of infection control measures in healthcare settings – with clinicians reassuring
- Helping patients and the public understand what to see and expect when accessing healthcare facilities and what is also expected of them to promote infection control.

The importance of seeking advice and support in relation to Essential Services has been included with a particular focus on attendance at ED, cancer services, older people and vulnerable groups. Items have included:

- Clinical staff reassurance patients that 'we are there for them.' (e.g. Cardiac and paediatric departments taking part in ITV *Wales This Week* special on this issue) - this took place in April when it was noticed that there was a sudden decrease in people seeking help
- Publicising patient stories where urgent care was given - reinforcing messages such as – 'I'm glad I didn't wait' and 'I had the care I needed'
- Social media campaign to support these messages
- Radio campaign reinforcing messages – targeting older demographics who may not access digital information
- Sharing messages with target Third Sector groups for passing on to specific vulnerable groups.

Messages have also been posted including options for self-help and advice such as:

- Continuing to develop web pages for specific conditions which have been well received by patients in these groups (for example, renal care), with local advice and links to external resources
- Social media campaigns with links to information web pages

- Examples of digital support – e.g. Swansea Bay Patient Portal working successfully
- Continuing to develop new wellness section of website
- Promoting primary care pharmacy schemes (e.g. common ailments).

During the rest of Q1 and into Q2 the UHB will be utilising radio advertising to complement national radio campaigns. Initial campaign work is likely to be focussed around:

- Test, Trace and Protect
- Childhood Immunisations
- 'We are Open'.

This will allow us to personalise the message for local communities.

External Stakeholders

There are weekly meetings with a number of key stakeholders via video conferencing including local MPs and MSs as well as joint meetings with Local Authority Leaders and Chief Executives. Whilst the frequency of these may adapt in line with the response; these have been valuable fora to update stakeholders on the work programme and to address key points of concern. The Chair also has regular discussions with the CHC Chief Officer and formal briefings and discussions on key issues are held on a weekly basis with the CHC. A written briefing is shared with stakeholders on a weekly basis.

The CHC have been very helpful, and the Health Board agreed with the CHC at its last Executive Committee prior to the pandemic, that any service changes the Health Board needed to make in order to be able to cope with the demands of the pandemic would be considered to be temporary changes with the CHC advised as soon as was practical of changes. The Health Board and CHC keep a running log of issues / service changes to reflect the need for changes to be made to services at very short notice. If it is determined that any of these service changes need to be made permanent, then the views of patients on these changes will need to be considered and appropriate engagement and consultation undertaken in line with the Welsh Government guidance at an appropriate time, to be agreed with the CHC.

Appendix 1 Covid Programme Plan and Response Command Structure

Attached Separately

Appendix 2 Reset and Recovery Structure

Attached Separately

Bwrdd Iechyd Prifysgol Bae Abertawe
Swansea Bay University Health Board

Swansea Bay University Health Board - GOLD - COVID-19 PROGRAMME PLAN - updated 15/05/2020

Updated 150520

Date Added	ACTION	OWNER: Exec /SLT Lead	Gold	Silver	Bronze	CCC/Cell	STATUS: R/A/G	PROGRESS	ISSUES LOG	REVIEW DATE
Emergency Planning and Response Arrangements										
31/01/20	Establish Response framework	DPH	GOLD				Complete	HB Pandemic Framework & Tactical Plan used for initial response to rising tide emergency (plans had been tested in April 2019). 1st meeting of GOLD held on 10/02/20; Local Authorities and partners included from 11/02/20		-
10/02/20	Work programme established from 10/02/20						Complete	Flow templates agreed and submitted to WG; physical isolate planning started; BCI plans reviewed; risk resgier established; training programme for FFP3		
10/02/20	Establish COVID Coordinating Centre to support GOLD	DPH	Gold				Complete	Operational from mid February		-
23/03/20	Establish Operating Model for Command Structure and CCC	DPH	Gold				Complete	Agreed at Gold 23/03/20		-
17/03/20	Establish clear communication structure with central inbox to manage emails into CCC	CCC	Gold				Complete	Operational from mid February		-
31/01/20	Establish Command structures for Gold, Silver and Bronze	CCC	Gold				Complete	Unit Bronze established from mid February; from 23/03/20 now operating as Silver Command with a number of dedicated cells operating - see revised structure		
10/02/20	Ensure that Local Authorities are effectively engaged	CCC	Gold				Complete	LA's initially represented at Gold and on multi-agency Silver; from 30/03/20, new Swansea Bay TCG in operation		
As required	Ensure participation in national calls with HCSG, PHW, and participate in SCG; manage communication flows	DPH/CCC				CCC	Complete	Gold Command EPRR attendance at all national calls and participants in SCG structure		Daily
As required	Ensure guidance is disseminated in a timely way and regularly reviewed and updated	CCC				CCC	Complete	Specific COVID pages on intranet; daily check on guidance. Library staff now supporting cataloguing of guidance		Daily
21/03/20	Strengthen on call arrangements at Gold and Silver levels	DoT	Gold				Complete	New Gold rota live from 30/03 with buddy arrangements; Silver at weekend. Gold calls at w/end operational since early March		
21/03/20	Establish process for SITREPS as required by SCG, WG, internal and for other organisations	CCC	Gold				Complete	Daily capacity SITREPS now in place from 23/03/30, working with SCG to identify SITREP requirements		
25/03/20	Agree priorities for military assistance	CCC	Gold				Complete	Agreed priorities identified and confirmed with WG; MLOs started on 30/03/20 - weekly review of priorities		
10/02/20	Review BCI arrangements across all areas & stand down non essential services	All	All Units & Corporate				Complete	BCI arrangements enacted across all corporate and delivery areas		-
01/05/20	Ensure hot debriefs are run during early part of May to capture key lessons	All	Gold				Partial	hot debrief proforma developed and issued; some hot debriefs concluded - aim to get final version of report to Gold before end May		31/05/20
System wide Delivery of Care										
10/02/20	Phase 1 plans Delivery Units identifying potential to create additional capacity	SD			All Units		Complete	Phase 1 plans all received and verified. Units have operationalised these plans to deliver additional general and critcal care beds in line with modellingare beds in phases including creation of COVID/Non COVID wards and new Respiratory Assessment Unit at Morriston		
14/03/20	Create capacity to manage changes by stepping down non urgent activity including OP and elective surgery	SD			All Units		Complete	as per WG requirements and Ministerial statement		
14/03/20	Expedite discharge of vulnerable patients in Community Settings	DoS		Community Silver			Complete	Initial phase of MFFD work complete. Reduction in MFFD from 267 to 31 patients as as 17/04/20.		
14/03/20	Phase 2: System wide plan - further surge within local operational units	CCC		All Units			Complete	Additional capacity now identified; further areas brought on line. Ward G NPT transferred to Tonna; daily review of capacity plan		
21/03/20	Phase 3 Develop plan for initial field hospital provision working with Local Authorities	DoS				Capacity Delivery Cell	Complete	Operational plan now in place for Swansea Bay East and West; Clinical model agreed; workforce models being finalised. Swansea Bay East available from 20.04.20 and could be operaitonal within 24 hours. Desk top review of plans undertaken and operational command arrangements finalised. Mortuary plan/body storage finalised and in place from end April. System wide trigger SOP agreed and reviewed weekly		
21/03/20	Phase 4 Develop 2nd field hospital provision worthing with Local Authorities					Capacity Delivery Cell	Complete			
10/03/20	Develop critical care plan and ensure that critical care capacity is maximised	MD		Morriston			Complete	Plan agreed and area now operational		-
17/03/20	Establish modelling cell to support planning assumptions	ADD				Modelling Cell	Complete	Initial modelling complete; further modelling based on revised PHW assumptions to be shared with Executive Team		-
14/03/20	Maximise use of Sancta Maria Hospital	Deputy COO		All Units		C.Wil supporting	Complete	Use of Sancta agreed and operational plan in place		daily
14/03/20	Maximse use of Independent Sector Homes	SD PCS		Community Silver			partial	Linked to MFFD plan; The Hollins in NPT now operational. Use of independent sector care homes managed via Community Silver. Many homes closed to admission. WG Guidance received 24.4.20 , balance of risk to be assessed and implications of Guidance being worked through.		
20/03/20	Relocate GPOOH services to create additional capacity in Morriston Outpatient Department	SD PCS		PCS			Complete	GPOOH relocated to Beacons Centre		
14/03/20	Fast-track placements to care homes by suspending the current protocol which gives a right to choice of home	DoN		All Units			Complete	Significant reduction in MFFD numbers		daily
14/03/20	Prioritise use of Non-Emergency Patient Transport Service to focus on hospital discharge and ambulance response	COO		All Units			Complete	Enacted and plan developed through Transport Working group		
01/05/20	Need for capacity planning tool to be expanded to include non COVID beds / usage	COO					Partial	further discussion with modelling cell on development of comprehensive plan		18/05/20
14/03/20	Suspend contract monitoring process in line with WG and scale down dental and optometry work	SD PCS		PCS			Complete	Enacted as per WG guidance		-
20/04/20	Establish Health Board Command Centre to manage patient flow including field hospital provision	COO		Capacity Cell			Partial	Outline model agreed but still being shaped and infrastructure in place and agreed; conclude by 25th May		25/05/20
Mental Health & Learning Disability Services										
07/03/20	Review arrangments for the management of patients that are ill within the community and ensure provision of PPE in line with IPC guidance	SD MHLD		MH/LD			complete			-
07/03/20	Consider implications of Mental Health Act compliance in respect of visiting and management of leave	SD MHLD		MH/LD			complete	Suspension of ability for individual to be outside of specific unit on leave		-
15/03/20	Ensure testing for staff who are detained in low or medium secure units	SD MHLD		MH/LD			Complete	Testing for patients in Caswell and low secure unit agreed via Cwm Taf		-
Pathways of Care										
07/03/20	Develop pathways of care that describe our primary, community and secondary care response with agreed clinical protocols/SOPs to support	UMDs		All Units			partial	Paper to Gold week commencing 11/05/20		21/05/20
07/03/20	Work with WAST to ensure active engagement in development of new pathways and changes to patient flow	SD		All Units			complete	Attendance at Silver Command & Gold to be strengthened		
23/03/20	Embed new primary care pathway into plans	UMD PCS		PCS			Complete	All community hubs operational by 14.04.20		
17/03/20	Implement Respiratory Pathway and identify COVID Respiratory Reporters and Leads	MD		All Units			Complete	Leads identified and reporting system established		
07/03/20	Establish Community Hubs at Cluster level to manage flow of patients and support deteriorating COVID patients with wider MDT support	UMD PCS		PCS			Complete	All hubs in place from 14/04/20		-
07/03/20	Implement plans for segregation of suspected/positive COVID patients and non COVID patients	Units		All Units			Complete	Plans in place and operational; significant relocation of services to enable flow of patients including creation of Single Point of Access for Paediatrics at Morriston		
07/03/20	Create isolation facilities in MH and LD Units to prepare for COVID-19 patients	SD MHLD		MH/LD			Complete	Isolation areas created and operational		
31/03/20	Roll out new discharge pathway	All Units		PCS			Partial	WG Guidance received. Local guidance developed and Table Top exercise completed on 07/05/20. Final issues to be ironed out prior to launch on 18/05/20		18/05/20
31/03/20	Support shielding letters being issued and how we can keep people safe at home	SD PCS		Community Silver			Complete	Action identified via LRF to support shielding		
Protecting Staff										
10/02/20	Ensure PPE guidance are regularly updated and available to staff	DoN		Infrastructure Silver			Complete	Dedicated COVID section on intranet; daily bulletins focus on PPE issues and via CE Blog and intranet pages; direct messaging via DoN and MD to staff. Further guidance anticipated w/c 30/03/20	Yes	
10/02/20	Ensure adequate supplies of PPE are available	DoN		PPE Cell			Partial	PPE Cell in place from mid March to coordinate all PPE activity; PPE usage model built and test; logistics support at Morriston & Singleton completed and stock management issues have imprved. Audit data to be reviewed week commencing 11/05/20	Yes	21/05/20
10/02/20	Ensure that fit testing is conducted in line with HSE guidelines	DoN		Infrastructure Silver			complete	Fit testing procedure established and train the trainer sessions are being carried out to ensure fit testing in accordance with HSE requirements. Order automated fit testing kit to speed up process		
10/02/20	Ensure that equipment/PPE is procured to support additional capacity requirements	DoF		Infrastructure Silver			complete	Equipment lists collated and submitted to WG; daily approval of requisitions via CCC established from 30/03/20 . Infrastructure Silver now in place to coordinate all equipping requests. Equipment provision and decisions reviewed at Exec Team 11/05/20		
10/02/20	Identify key leads at Unit level for management and stock control and put in place robust stock management procedures	DoN		All Units			complete	Units asked to identify leads by GH and participate in PPE Cell		
10/02/20	Establish process for independent sector support requirements	DoN		Infrastructure Silver			Complete			
10/02/20	Agree mutual aid with Local Authorities for supply of PPE until supply lines established	DoN		Community Silver			Complete	Mutual Aid agreed until supplies were available directly		
10/02/20	Model capacity for PPE in line with overall capacity plan	DoN		Infrastructure Silver			complete	Model available and prototype tested. Now shared with FDU. Further refinement of field hospital provision required		
10/02/20	Centralise management of restricted and non restricted lines in command and control arrangement	DoN		Infrastructure Silver			complete	MACA confirmed for military support in Morriston; Log team in place from 18/04/20; further support into Singleton expected		
Caring for Staff										
10/02/20	Establish Occupational Health help line	W&OD		Workforce Silver			Complete	OH helpline manned 6am – 10pm 7 days a week. Receiving on average 300 calls per day. Calls are traiged and prioritised first before arranging for a clinician/nurse to contact them back. Symptomatic staff are being prioritised for call backs in order to arrange for key priority staff to be put forward for testing. 22 clinical staff have been trained and are undertaking call-backs. Additional staff are still being trained		
10/02/20	Establish Occupational Health testing process	W&OD		Workforce Silver			Complete	Symptomatic healthcare staff in Priority areas put forward to the Community Testing Unit on a daily basis. Daily sitrep in place from occupational health		
10/02/20	Establish HR staff helpline	W&OD		Workforce Silver			Complete	Up and running operating from remote working. Calls are categorised and alanysed feedback taken to ensure FaQ are maintained and addresses patterns of queries. Ops team are supporting additional work as required, currently supporting recruitment work. • Increased and speedy access to the WB service - we have stopped the traditional 6 session therapy model so the resource can be used for 1 off emotional offload by staff with advice on self-care and signposting to useful resources) • 'Listening ear' by phone for critical areas on weekends • Bespoke online resources to support staff during C-19 (see FACE COVID attachment) • Bereavement resources developed by Psychology • Skype trauma support using G-TEP approach. Enhanced and targeted support in place and delivered in areas where there have been staff deaths elating to Covid. Support linked in to Death in Service protocol		
10/02/20	Put in place systems and arrangments to support staff well being of staff support (see below)	W&OD		Workforce Silver			Complete			21/05/20
10/02/20	Develop and update regulary workforce related FAQs	W&OD		Workforce Silver			Complete	6th issue of FAQ . FAQ updated on a regular basis as further infromation becomes available. Published widly.		
10/02/20	Ensure open channel of communication with staff side partners	W&OD		Workforce Silver			Complete	TUs participation in Workforce Silver meetings now held on Tuesdays and Thursdays. Weekly Local Partnership Forum held weekly involving all recognised staff represetnive bodies. LPF Chair recieves daily brieifing from GOLD meeting. Direct line of communication available for urgent issues.		
10/02/20	Ongoing review of Pay and Terms and Conditions of Service ensuring alignment with all wales position	W&OD		Workforce Silver			Complete	Regular meetings establish with all NHS Wales organsaitions to ensure consitency of approach access NHS Wales. Issues for national determination escalated to WG as required		
10/02/20	Establish mechanisms to collate, record and report key workforce data	W&OD		Workforce Silver			complete	workforce data now captured via dashboard		
10/02/20	Support future staff requirments though additional recuitment activity	W&OD		Workforce Silver			Partial	First tranch recruitment of recruitmnt completed with successful applicants moved through the new process into consideration for Training. Plans for subsequent recruitment campaigns in preparation stage linked to assessment for next surge capacity requirements. Recruitment supported full time by data tracking now and bringing in other sources of recruits eg HEIW pop up workforce - returning registrants (medical and non medical) students (nursing and medical). Recruitment plans are ongoing now linked to deployment and staffing requirements.		21/05/20
10/02/20	Support future staffing requiments through the facilitation of Retire and Returns	W&OD		Workforce Silver			complete	information received 10/4/20 - deployment routes being agreed		
10/02/20	Delpoy addional student resource in line with national strategies	W&OD/MD/ DoN/TH/HS		Workforce Silver			complete	Recruitment of medical students in advanced stage and likley to be the first group of addiitonal staff in post early April. Process for student nurse and AHP recruits being evaluated.		
10/02/20	Develop accommodation plans to support staff who need to access local accommodation	W&OD		Workforce Silver			complete	staff accommodation model now in place		
10/02/20	Develop workforce models - ITU capacity	W&OD		Workforce Silver			complete	Scoping work started, but need to understand clinical model which will determine staffing model.		
10/02/20	Develop workforce models - acute hospitals	W&OD		Workforce Silver			Partial	Protocol developed. SHRMs working on standard protocol for units and how surplus will feed into central hub. Developing rotas for key services eg blood transfusion, pathology to mitigate risk of all staff being taken ill at same time. Supporting deployment work in units		21/05/20
10/02/20	Develop workforce models - field hospital provision	W&OD		Workforce Silver			complete	Initial Workforce model for Llandarcy complete; to be finalised after desk top on 12/04/20		
10/02/20	Develop workforce models - PCS	W&OD		Workforce Silver			Partial	Scoping work started, but need to understand clinical model which will determine staffing model.		21/05/20
10/02/20	Devlop workforce models MH/LD			Workforce Silver			Partial	Scoping work started, but need to understand clinical model which will determine staffing model.		21/05/20
10/02/20	Develop processes of workforce deployment to match recruitment pipeline and servcie plans/workforce models	W&OD		Workforce Silver			Complete	Deployent protocol developed and used to assess corproate directorate resource. Deployment protocol dwithstaff side for comment and will be rolled out to DUs		
10/02/20	Establish minmum staff training standrds to support agile deployment of staff and deliver required training.	W&OD/MD/ DoN/TH/HS		Workforce Silver			Complete	Training plan completed by key stakeholders and approved by chair Workforce SILVER - plans circulated to GOLD 24th April, for information and governance requirements.		
10/02/20	Establish links with Local education departments re Schools support	W&OD		Workforce Silver			Complete	Local contact with LA leads made, weekly contact established to deal with issues and services feedback provided to help LA target support to best advantage.		
10/02/20	Develop addiitonal Childcare support Plan	W&OD		Workforce Silver			Partial	Draft plan completed and under review.		21/05/20
10/02/20	SILVER workforce group established	W&OD		Workforce Silver			Complete	SILVER Workfrce group well established, initially meeting twice a week wide stakeholder representation including Swansea Uni, Swansea and Neath Port Talbot Local Authorities. Meeting reduced to once a week in line with work requirements.		
10/02/20	Staff training group established to support professions to develop approriate and streamlined training programmes for accelerated recruitment.	W&OD		Workforce Silver			Complete	Group meeting to assist in ensuring training programmes are in place and capacity increased as required.		
Testing										
05/03/20	Establish Community Testing Unit to support testing of patients	DPH		PCS Unit		Testing Cell	Complete	CTU established on 08/03/20 in accordance with WG guidance then stood down.		-
19/03/20	Establish SOP and pathway for staff testing from occupational health in line with WG guidance for priority groups	DPH				Testing Cell/CCC	Complete	CTU restablished from 16/03/20 for staff testing; support with additional senior management cover - in place from 19/03/20		-
19/03/20	Ensure results are available to support staff to return to work	DPH				Testing Cell/CCC	Complete	Issues with IC-Net now resolved		-
31/03/20	Roll out wider testing in line with national plan	DPH				Testing Cell/CCC	partial	National plan now developed; 1st outline plan for SBUHB and partners submitted on 7th May to WG		15/05/20
31/03/20	Prepare for testing for social care staff	DPH				Testing Cell/CCC	complete	social care staff are being tested		-
31/03/20	Roll out electronic test requesting	DPH				Testing Cell/CCC	complete			
16/04/20	Develop response pla n in respect of new WG testing framework	DPH				Testing Cell/CCC	complete	plan in development for second CTU to enhance testing; plan to be developed by 30/04/20		
26/04/20	Establish 2nd CTU at Liberty stadium to provide additional staff and care homes testing capacity and prep for TTT	DPH		PCS Unit		Testing Cell/CCC	Complete	2nd CTU up and running from 08/05/20		
13/05/20	review testing for other key workers in line with WG guidance issued on 13/05/20	DPH		PCS Unit		Testing Cell/CCC	Partial			
07/05/20	scale up care home testing arrangements in line with WG guidance issued on 07/05/20 and 13/05/20	DPH		PCS Unit		Testing Cell/CCC	Partial	service mobilised on 08/05/20 in conjunction with mobile military units to support care home testing model; but further revisions to capacity and model required in light of guidance issued on 13/05/20		15/05/20
Communications										
15/02/20	Establish communications cell	CE				Comms Cell	Complete	Operational from mid February		-
01/03/20	Develop communications overarching plan and stakeholder map	Board Sec				Comms Cell	complete	Draft awaiting finalisation but in use		
01/03/20	Develop daily bulletin for staff	Op Comm				Comms Cell	Complete	Daily comms started 24/03/20 , currently 5 days will review frequency in early April		
01/03/20	Establish regular briefings for LA's, AM's, MP's and other key stakeholders	CE				CCC	Complete	Weekly Skype calls now established from 30/03/20		
01/03/20	Establish regular briefing for Community Health Council	DoS				CCC	Complete	weekly engagement on service changes		
01/03/20	Regular briefing to HB Partnership Forum	Op Comm				CCC	Complete	weekly HB PF updates		
01/03/20	Brief Independent Members regularly on key issues	CE				CCC	Complete	weekly update to Board members		
01/03/20	Regular intranet bulletins	Op Comm				Comms Cell	Complete	System of regular updates now in place for key overarching messages		
01/03/20	Regular CE bulletins	CE				Comms Cell	Complete	Now in place on a weekly basis		
01/03/20	Consider radio and other media for key public messaging	Op Comm				Comms Cell	Partial	Slots secure		23/05/20
01/03/20	Use all avenues to 'warn and inform' public	Op Comm				Comms Cell	Partial	radio coverage secured and outline plan in place		23/05/20
01/03/20	Active engagement across social media channels 7 days per week	Op Comm				Comms Cell	complete	7 day service now in place from 22/03/20		
Digital										
01/03/20	Mobilise solutions to enable home working at scale	ADI				Digital Cell	complete	Significant roll out of VPN and soft tokens to support remote working across all groups		
01/03/20	Roll out of Microsoft O365 to facilitate improved team working	ADI				Digital Cell	Partial	Mailbox migration started. NPT migration to be completed by the end of the week. Process established to migrate 2000 mailboxes a week going forward.		22/05/20
01/03/20	Roll out Signal to NPT Hospital to facilitate management of patients	ADI				Digital Cell	complete	Now complete		

01/03/20	Extend broadband capacity	ADI				Digital Cell	Partial	Upgrading taking place week commencing 30/03/20	22/05/20
01/03/20	GP Test Request	ADI				Digital Cell	complete	Practices identified in conjunction with Primary care and implementation plans being finalised	
01/03/20	Infrastructure requirements of new facilities and sites	ADI				Digital Cell	complete	Digital plans described and initiated to support set up of new field hospitals	
01/03/20	reconfiguration of current wards and hospital location	ADI				Digital Cell	complete	ongoing requirement to move and deploy IT kit to newel created hospital wards	
01/03/20	developing integrated reporting systems across WPAS and Signal to manage COVID patients	ADI				Digital Cell	complete	ongoing work required to ensure system accurately reflect current hospital configurations	
01/03/20	support roll out of Attend anywhere and Ask my GP in primary care	ADI				Digital Cell	complete	Practices identified in conjunction with Primary care and implementation plans being finalised	
01/03/20	extend use of Swansea Bay Patient portal to offer virtual ways of working and direct contact between clinicians and patients	ADI				Digital Cell	complete	communicate with patient and provide up to date condition specific advice and guidance and symptom trackers.	
01/03/20	coordinate the management of OPD process for cancellation and virtual working in OPD	ADI				Digital Cell	Partial	Weekly coordination meetings in place to manage process of OPD cancelations and virtual working	
01/03/20	provide training to new staff on IT system and reporting	ADI				Digital Cell	Partial	ongoing requirement	22/05/20
01/03/20	implement new process for electronic test requesting and reporting of COVID staff in WLIMS and WCP	ADI				Digital Cell	complete	Electronic requesting now in place	22/05/20
01/03/20	Purchase and deploy additional local soft token VPN capacity outside of national allocation	ADI				Digital Cell	complete	new solution rolled out	
01/03/20	continue to run key ICT, Health Records , IG and Clinical Coding services	ADI				Digital Cell	Partial	ongoing requirement to balance against new digital priorities	22/05/20
16/03/20	Roll out of MS Teams across whole organisation to enable mass communication tool for staff to be accessed on HB and own mobile devices	ADI				Digital Cell	complete	Teams available across the organisation	
13/03/20	Establish a communications protocol for work being planned/undertaken by digital services	ADI				Digital Cell	complete	Internal protocols agreed and links with communications made	
27/03/20	Complete migration of WPAS including data flows into dashboards	ADI				Digital Cell	Partial	Good progress made	22/05/20
21/04/20	Support Ophthalmology with the roll out of ImageNet 6	ADI				Digital Cell	Partial	Requirements agreed and process started	22/05/20
16/03/20	Provide outpatients with a interim solution for video conferencing with patients in specialties with specific requirements for "patient visible" consultations	ADI				Digital Cell	complete	Number of specialties live with the WebEx - feedback positive	
	Establish telecommunications solutions for various call centres to support COVID 19 response	ADI				Digital Cell	complete	Channels increased, Workforce and Occ Health call centres established and equipped	
27/03/20	Provide solutions on wards for patients to communicate with families	ADI				Digital Cell	Partial	Solutions identified. HB devices deployed. Donated assets in process of being deployed.	22/05/20
08/04/20	Roll out Attend Anywhere video conferencing tool for outpatients including the consolidation of existing video conferencing applications already being utilised	ADI				Digital Cell	Partial	Planning started with view to commence pilots from w/c 27/04/20.	22/05/20
09/04/20	Establish solution to enable ward rounds to be completed virtually by Consultants	ADI				Digital Cell	Partial	Equipment and software requirements identified and implemented. Pilots commenced 20/04/20. Feedback exceptionally positive from consultants and patients.	22/05/20
27/03/20	Establish solution to enable Social Care assessments to be conducted virtually to facilitate an expedited discharge process	ADI				Digital Cell	Partial	Solution and equipment identified and tested. Awaiting SDUs to confirm process for implementation.	22/05/20
17/04/20	Further develop the SBU Covi19 Dashboard to incorporate additional information including PPE, Oxygen flow levels wtc.	ADI				Digital Cell	complete	PPE and oxygen now live.	
17/04/20	Configure and roll out Patient Flow (Signal) and WPAS etc within the Field hospitals	ADI				Digital Cell	complete	Configuration process for LLandarcy almost complete	
03/04/20	Establish connectivity, hardware and software solutions, including ETR for the CTU in Margam	ADI				Digital Cell	complete		
03/04/20	Implement Signal patient flow/white board solution into Gorseinon and migrate Singleton on to the single instance.	ADI				Digital Cell	complete		
10/04/20	Establish and implement a solution to send texts to staff who have had negative test results for COVID19 to facilitate return to work	ADI				Digital Cell	complete		
23/03/20	Implement enhanced continuation sheet	ADI				Digital Cell	complete	Went live 22/04/20. Awaiting feedback on usage	
23/03/20	Implement PACS Mobility - to allow PACS images to be reviewed from other HBs	ADI				Digital Cell	Partial	Testing complete. Sign off required before roll out starts	22/05/20
21/04/20	Roll out MTED across Morriston - facilitate consistent ways of working and discharge process from field hospitals	ADI				Digital Cell	complete	Roll out plan agreed. Communications instigated to staff. Roll out commences w/c 27/4/2020	
22/04/20	Produce and circulate confidentiality guidelines in line with all-Wales Social Media policy	ADI				Digital Cell	complete	Open for circulation of document - KJ action added from GOLD on 22/4/20	
22/04/20	Review methods of inputting PPE info into modelling. For consideration in collaboration with MJ and military logistician.	ADI				Digital Cell	complete	Action open for reporting on 24.04.20 - KJ action added from GOLD on 22/4/20	
03/04/20	Implement a process for the management and monitoring of stock levels of digital equipment for reporting to the Digital cell	ADI				Digital Cell	complete	In place and reviewed at every meeting	
26/04/20	Dashboard: 1. Positive case reported in maternity over weekend:- CONFIRM accuracy of maternity reporting 2. Discrepancies noted in death reports (high Dashboard figure could relate to patients being beyond period of infection) - for consideration after GOLD meeting on 26/4/20	ADI				Digital Cell	complete	The positive maternity patient was discharrged from hospital on the 17th April therefore would not have been on the current admitted patient view last weekend when it was discussed, it would have been included in the cumulative numbers and charts.	
01/05/20	1. Consider % of hospital-acquired cases - RE requested this	ADI				Digital Cell	Partial	New action from GOLD on Fri 01/05/20	22/05/20
01/05/20	2. Ensure all deaths are input onto System - 2 deaths reported at NPTH, only 1 was presented on Dashboard - Lesley to follow up	ADI				Digital Cell	complete	New action from GOLD on Fri 01/05/20	
04/05/20	Increased mortuary capacity required representation on Dashboard - Chris Morrell to share data with Matt John for inclusion	ADI				Digital Cell	complete	New action from GOLD on Mon 04/05/20	
06/05/20	Provide Digital solutions to to the second CCU development in Morriston	ADI				Digital Cell	Partial	Work ongoing	22/05/20
29/04/20	Provide Digital solutions to the second CTU at the Liberty Stadium	ADI				Digital Cell	complete	PCs, network connectivity and ETR all provisioned	
29/04/20	Provide additional functionality to the COVID19 Dashboard including o Covid downgraded reporting, additional information tab, enhancements to graphs, Oxygen flows, PPE and medicines management stock levels	ADI				Digital Cell	complete	Dashboard requirments continue to be developed as requested by Gold	
Modelling Cell									
23/03/20	Establish modelling cell & secure appropriate input across informatics and HCSE team	ADI	Gold			CCC	complete	Additional expertise secured via Simon Dodds to support	-
23/03/20	Establish reporting framework for management of daily SITREPs for internal and external reporting	ADI	Gold			CCC	complete	Dashboard now operational (phase 1); phase 2 to be completed by 17/4/20	
23/03/20	Develop modelling capability to continue to refine model and re-model using HB data to support weekly forecasting	ADI	Gold			CCC	complete	Model feels into daily dashboard to provide short term forecasting	
15/04/20	Develop bespoke PPE model to predict future supply requirements including field hospitals	ADI	Gold			CCC	complete	PPE modelling now complete and tool rolled	
Development of an Ethical Framework									
15/03/20	Develop an ethical framework to support clinical staff in decision making	MD				MD Clinical Leads group	complete	initial discussions at MD Clinical Leads group and appropriate governance will need to be considered. Review in light of national guidance received 12.04.20 (GOLD discussion on 13.04.20)	
Recovery Planning									
23/03/20	Develop a recovery plan for the Board that focusses on both short and medium term recovery actions	DoT	SLT				Partial	Remit of Recovery, Learning and Innovation group has broadened to include non covid essential services as wave one of recovery. A surgical workstream has been estabilised to oversee the incremental reintroduction of some surgical cases in the short term. An outpatients workstream has been refocused (on a slower stream timeframe) to scope our performance legacy and future outpatient model. An IM led steering group has been established to oversee this and the monitoring of non covid work is being reviewed and will be reported into Q&S Committee.	15/05/20
10/04/20	Review essential services framework and complete assessment	DoT	SLT				Complete	framework reviewed and outline submitted	
10/05/20	Develop working model to help plan capacity requirements for COVID and non COVID workflows	DoT	SLT				Partial	Agree model parameters and web based tool for completion	23/05/20
Preparation for Mass Vaccination									
30/03/20	Early planning for mass vaccination of population once vaccine developed	DPH	Gold			STAC/Vaccination Cell	Not started	no guidance yet received - mobilise when available	01/05/20
Volunteering and supporting vulnerable patients									
30/03/20	Establish volunteering cell to coordinate volunteering programme across Health Board	DDofTH				Volunteering Cell	Partial	Unit nominations have been requested for group membership and inital meeting to be booked for 21.05.2020.	21/05/20
27/03/20	Support vulnerable patients in hospital by coordinating relative contact and supplies	DDoN				Patient experience team	Complete	Initial appeal for support for patients who are inpatients; pathway for drop off of essential cloths/toiletries in place	
Psychological Health and Well Being									
09/04/20	Establish new cell to strengthen focus on pyschological health and well being	WOD				PSY HWB Cell	Completed	Cell established & number of actions identified	
14/05/20	Development of Phase one of REACTMH/TRiM Rollout	WOD				TRiM	Partial	Phase 1 of Rollout An initial 10 staff trained as trainers with an additional 4 trained via a 2nd 'in house' cohort and an additional 15 scheduled to be trained on 15/05/20. (in house). As of 13/05/20 4 courses have been run in the REACTmh conversation technique with 50 staff having been trained. - To date approximately an additional 500 staff have been identified as requiring the training with more service areas coming forward. Initial informal feedback from course attendees is positive especially relating to relevance of training.	29/05/20
14/05/20	Development of Phase two of TRiM Rollout	WOD				TRiM	Partial	Phase 2 of Rollout - Details of a funding bid for submission to the CFC are being finalised and this will be submitted w/c 18/05/20 - Specific staff to be trained in 2 day programme will be identified by service areas directly. The procuremnt of the 2 day TRiM practitioner programme will be initiated once funding is secured. Logistical and support processes to be developed, based on the model initiated by WAST.	29/05/20
24/03/20	Generic Staff Health & Wellbeing Service provision for Extended Working Hours - 7am-9pm and weekends with staff on rotational basis. This is to be reviewed on in time to see if there is a peak and demand for service	WOD				PSY HWB Cell	Partial	Extended service established and posters communicated via Covid-19 Wellbeing page, DU and HRM e-mail networks and Twitter account. Extended hours rota completed supported by additional Psychology resource. Consultant Psychologist rota established to support managers. Aim is to be reponsive to incidents and requests as they evolve.	21/05/20
24/03/20	Speak to IT about how many phone numbers you can divert a CISCO phone too.	WOD				PSY HWB Cell	Completed	IT have confirmed that only one number can be diverted from phone not several and could not schedule a divert	
24/03/20	Kay to identify a list of coaches that could be used in a buddy system for the staff manning the wellbeing phone line	WOD				PSY HWB Cell	Completed	WB Champions & coaches being identified – more for dissemination of info than delivery at this stage.	
24/03/20	Explore possibility of PALS Services as a further staff resource.	WOD				PSY HWB Cell	Completed	Unable to support as redeployed	
24/03/20	Pulling together information for staff and forming a best advice so can be uploaded to intranet	WOD				PSY HWB Cell	Completed	Resources on intranet and being updated	
24/03/20	"FACE COVID" a 15 minute self-care package – adapted from Harris' ACT model.	WOD				PSY HWB Cell	Completed	FACE Covid now disseminated and also more resources on intrante	
24/03/20	Taking Care Giving Care Rounds compassion support approach to be reviewed and adapted to a shorter 20 minute format. Looking at L and OD coach network to support virtual Schwartz rounds	WOD				PSY HWB Cell	Partial	Over 55 staff now trained in TCGC, offer available of supervision of rounds too. Discussion over evaluation tool. Discussion over data collation. New form to be used. Suggestion that Eventbrite used & managed by WB to direct staff to Rounds; email to TCGC address for further training requests.	21/05/20
24/03/20	Conversion of GTEP (stabilization and processing of trauma) sessions (for small groups) into Skype sessions.	WOD				PSY HWB Cell	Partial	Currently in progress. Discussion around modality needed to deliver virtually. Zoom was used as could use break out room however trialling WebEx. Zoom being allowed temporarily by IT but hope is to move to anytime anywhere as alternative platform. Meetings with Theatres & Mortuary managers next week to discuss application to those staff groups.	21/05/20
24/03/20	Training pack & DVD from the Bereavement Service pilot to be reviewed and possibility explored regarding accessibility via the intranet. Also looking at spirituality in Health Care.	WOD				PSY HWB Cell	Partial	Resource received and put on to intranet. Therapists recruited by NM with 0.8 allocated to WB service. Potential for trainng WB staff further in bereavment as individuals are CRUSE trained.	28/05/20
24/03/20	Designated Wellbeing team member/s to be allocated to each site?	WOD				PSY HWB Cell	Completed	intelligence feeding back to service and links with SHRM.	
24/03/20	Identify a comms and IT rep to join group	WOD				PSY HWB Cell	Completed	NM links with comms established and had IT join a meeting	
24/03/20	Unmind on-line CBT resource (free for NHS wales emails)	WOD				PSY HWB Cell	Completed	Use of Silvercloud instead	
24/03/20	Explore possibility of Living Life Well team sessions per site?	WOD				PSY HWB Cell	Partial	LLWT depleted currently discussions on how to utilise. 1 staff member in LLW team so this is not posisb;e. Online LLW by J.White available instead.	28/05/20
24/03/20	Review of ongoing intelligence regarding priority areas. Confirm communication links between each DU, medical staffing, W&OD and SH&WB service.	WOD				PSY HWB Cell	Partial	Ongoing with SHRMS	28/05/20
24/03/20	Advice needed re infection control guidance / if F2F delivery to teams is required.	WOD				PSY HWB Cell	Partial	Current guidance for facilitating is if in COVID area full PPE need. Requirement for face masks on all wards now. Discussion over needing to wear scrubs & not transferiring infection between areas. Requisition form needed to be access scrubs (2 sets pp).	21/05/20
24/03/20	Self-help materials, on-line resources and recommended literature to be collated and accessed via the Employee Wellbeing Page (include adults & Child /YP resources (staff as parents & grandparents).	WOD				PSY HWB Cell	Partial	Intranet page being updated regularly.	21/05/20
24/03/20	Relax and Recharge Spaces for staff	WOD				PSY HWB Cell	Partial	Relax and Recharge Spaces now up and running SH and MH. NPT have a time out space	21/05/20
25/03/20	Written resource and consultation available for managers to support their staff as best as possible.	WOD				PSY HWB Cell	Completed	Shared with senior clinicians	
09/04/20	Further training for Wellbeing Supporters undertaking Risk Assessment on Phone	WOD				PSY HWB Cell	Partial	Wellbeing supporters undertaking this training	19/05/20
20/04/20	Promote the wellbeing service through social media/campaigns and raise awareness of service	WOD				PSY HWB Cell	Partial	Task and finish group now established. Dedicated e-mail established and staff asked via twitter and WB Champions to share positive Wellbeing activities, creative pursuits and related developments. Promotional materials being developed including credit card size information, Wellbeing stands and posters. Facebook being pursued for communication.	19/05/20
24/03/20	Wellbeing Champions & professional coaching networks to be accessed to identify suitable staff able to support the above initiatives. Wellbeing champions have already come forward asking how to volunteer	WOD				PSY HWB Cell	Completed	Champions being sent information to diseminate to their teams	
24/03/20	PTCM to link with the work of this groups	WOD				PSY HWB Cell	Completed	PTCM overview across HB link ongoing	
24/03/20	Delivery Units permission for staff to be released to access or attend interventions (e.g. handover, before start of shifts). Recognition of need for extra self-care throughout this time (maintain breaks, drinks, food, quiet space).	WOD				PSY HWB Cell	Completed	Ownership falls to DU in releasing staff and the climate is changing constantly. Will be dependant on capacity of area.	
24/03/20	Delivery Unit enablement of a cascade approach to enable as wide a reach as possible (i.e. designated staff trained up in the above interventions to promote and sustain them in their own areas). Arrange appropriate supervision of those staff. All areas to have a nominated lead for wellbeing (e.g. Band 7s?).	WOD				PSY HWB Cell	Completed	Posters and information sent to Dus	
24/03/20	DRA to link with RL to get contact for IT, Comms team & L&D team input needed to convert all training packs into remote teaching or on-line resources.	WOD				PSY HWB Cell	Completed	NM updating intrantet. Contact in IT and Comms established for any issues that arise	
02/04/20	Use of silver cloud instead of Unmind	WOD				PSY HWB Cell	Completed	Use of unmind available as well as Silver cloud	
24/03/20	Explore Chaplaincy as a drop in resource for staff.	WOD				PSY HWB Cell	Completed	Chaplaincy happy tow ork together to support staff	
21/04/20	Nicola Massie to ask CRUSE trained staff to support bereavement service	WOD				PSY HWB Cell	Completed	Staff identified	
27/04/20	Establish team tondertake face-face support within the DU's after critical incidents	WOD				PSY HWB Cell	Completed	Team members established	
27/04/20	Engage the Wellbeing Champions to support the work of the Wellbeing cell	WOD				PSY HWB Cell	Partial	Regular updates & information and requests for feedback regarding activities to support wellbeing. Charitable funds information and paperwork circulated to encourage applications for materials and items for Wellbeing spaces along with accessing items donated from the 'Amazon wish list'	28/05/20
08/04/20	Formulate proposal for TRiM (initial new cell but then to integrate with Psychology HWB	WOD				TRIM Cell	Partial	Cell established - 4 phase approach in place and training commissioned to support a train the trainer approach - review next week	24/04/20
Mass Fatalities									
10/04/20	Develop a training plan for Mid and West Wales Fire Dept Driver Volunteers for mortuary, manual handling and using LA vehicles	DDoTHS				Mass Fatalaties CELL	complete	6.5.20. Operation Test Run completed. Minor snags only. Action closed.	06/05/20
14/04/20	Procurement to source a supply of additional body bags/ stretchers for the transfer of bodies	DDoTHS				Mass Fatalaties CELL	complete	05.05.20 No current issues. All stretchers delivered.	05/05/20
14/04/20	Confirm the process for environmental funerals in the community, plus contract funerals in hospitals.	DDoTHS				Mass Fatalaties CELL	complete	7/5/20 SOP Agreed to be sent to Board and distributed. Complete 14.5.20.	14/05/20
14/04/20	Develop SIGNAL mortuary to capture flow and identifying bottle necks within the mortuary process.	DDoTHS				Mass Fatalaties CELL	complete	7.05.20 Pathway mapped and some beta testing complete. Work ongoing. 14.5.20 Moving to implementation and development. Closed today.	14/05/20
14/04/20	Support required for patient affairs across all sites including field hospital	DDoTHS				Mass Fatalaties CELL	complete	7.5.20 Pathologists are able to support across Hospital sites if and when required,	07/05/20
14/04/20	Confirm the Community Care Pathway for Death at home and in Care Homes	DDoTHS				Mass Fatalaties CELL	complete	7.5.20 all pathways described	07/05/20
14/04/20	Engage with senior local religious leaders	DDoTHS				Mass Fatalaties CELL	Complete	7.5.20 Site visit to coop with local muslim leads. Positive feedback on facility meets all requirements. PPE trained Healthcare professional volunteers will undertake the washing and PPE will be supplied. Awaiting confirmation from Muslim leads. 14/5/20 Complete.	14/05/20
16/04/20	Engage with CO-OP and identify options in relation to body storage availability	DDoTHS				Mass Fatalaties CELL	complete	LA have been in discussions with funeral directors and Richard Clayfield is establishing capacity. 23.4.20 CO-OP to attend stakeholder meeting . 7.5.20 Tender issued and Coop responded and to be offered temporary contract until March 2021. 14.5.20 Notification to existing FD. New contract to commence from 1/6/20. Action closed.	14/05/20
16/04/20	Develop Training plan document.	DDoTHS				Mass Fatalaties CELL	complete	7.5.20. Training plan completed. All staff group training has been tested	07/05/20
16/04/20	Develop Contingency Plans for depletion of staff and potential increasing capacity during surge.	DDoTHS				Mass Fatalaties CELL	complete	Additional staff volunteers identified. APT returned from POWH with transfer of license. Contingency plans developed for several levels of staffing. Pathologists to support some functions	07/05/20
16/04/20	Agreee processes for PPE for funeral directors and Local Authorites if required	DDoTHS				Mass Fatalaties CELL	complete	Documentation outlining that shared services would be providing PPE. 21.4.20 MT - All processes agreed and communicated.	07/05/20
16/04/20	Allocation of patient affairs office and staff at NPTH	DDoTHS				Mass Fatalaties CELL	Partial	16/4/20. Temporary Accommodation identified. Deployed staff supporting and will be managed via Morriston Patient Affairs 7/5/20 Permanent office found and cleared. Some redecoration required. 14/5/20 Refurbishment plan to be developed.	22/05/20
16/04/20	Allocation of additional porters to assist with the extended body storage facility at NPTH.	DDoTHS				Mass Fatalaties CELL	complete	7.5.20 Staff identified and in place	07/05/20
16/04/20	To identifiy and allocate staff resources for Llandarcy Field Hospital.	DDoTHS				Mass Fatalaties CELL	complete	7.5.20 Staff identified and in place	07/05/20
16/04/20	Implement a body bag stock management system, to align with the PPE system -	DDoTHS				Mass Fatalaties CELL	complete	7/5/20 Processes agreed and in place 23.4.20 Clarify and complete processes for hospital body bag stock supply.	07/05/20
16/04/20	Test Llandarcy Field Hospital logistics	DDoTHS				Mass Fatalaties CELL	complete	23.4.20 Tarmac inspected 7/5/20 Operation test run conducted. Minr snags to be complete in regard to metal road surface. 14/5/20 Improvements made to turning circle in Llandarcy.	14/05/20

16/04/20	Agree process for mortuary removal of Pacemakers during COVID 19	DDoTHS				Mass Fatalaties CELL	complete	7/5/20 Pathologists agreemtn to support removal of pacemakers if needed. Funeral Directors will continue to remove as per normal processes	07/05/20
16/04/20	Establishment of Care After Death Coordination Centre (mortuary, patient affairs and bereavement)	DDoTHS				Mass Fatalaties CELL	complete	A22 merged - Project planning support agreed. To oversee the Care after Death centre (including Coordination). 14/5/20 development of business case progressing.	14/05/20
21/04/20	Clarification of temporary body storage not present/being developed at Singleton Hospital.	DDoTHS				Mass Fatalaties CELL	complete	23.4.20 Discussion with SDU triumverate to discuss excess death plan and capacity/demand match at Singleton indicated no extra body space required.	24/04/20
21/04/20	Develop MOU between Health Board, Local Authorities and fire	DDoTHS				Mass Fatalaties CELL	Partial	21.4.20 MOU draft being discussed between legal departments of Local Authorities and then will be received for Health Board sign off. 14/5/20 Still under discussion.	22/05/20
21/04/20	Review and complete security arrangements for temporary body storage facillities.	DDoTHS				Mass Fatalaties CELL	complete	7.5.20 Security arrangements in place	07/05/20
21/04/20	Develop communications plan; agree approach regarding new mortuaries, particularly NPTH	DDoTHS				Mass Fatalaties CELL	complete	7.5.20 Proactive and reactive lines agreed. Ongoing plan for transparant and open communication agreed. Newsletter to be developed from CARe after Death Centre	07/05/20
21/04/20	MB to review COVID Act and act upon/share information with staff after review.	DDoTHS				Mass Fatalaties CELL	complete	24.4.20 Review of Corona Act and HTA requirements. Ensure these are reflected in decision making.	24/04/20
21/04/20	Confirm joint communications strategy between HB, LA and FDs.	DDoTHS				Mass Fatalaties CELL	complete	7/5/20 A joint communication sent from Health Board and Neath Port Talbot and Swansea Local Authorities to Funeral Directors giving overview of the excess death plan and information related to accessing PPE and body bags.	07/05/20
23/04/20	Communicate with MDU and WAST rep around logistics of transport to surge mortuary at MDU.	DDoTHS				Mass Fatalaties CELL	complete	7/5/20 logistics tested and body store ready for use.	07/05/20
23/04/20	Surge testing exercise needed.	DDoTHS				Mass Fatalaties CELL	complete	7/5/20 Operation TEST RUN carried out and report and minor snagging to be identified in action plan	07/05/20
23/04/20	Need clarification on timelines for contract to body stores as part of surge/super surge plan.	DDoTHS				Mass Fatalaties CELL	Partial	7/5/20 Triggers agreed for surge and supersurge. Draft SOP to be received at next meeting. 14/5/20 Comments to be made by 21/5/20.	22/05/20
23/04/20	SW3 needs resiting. Need to develop options with LA s and feedback to LRF.	DDoTHS				Mass Fatalaties CELL	complete	23.4.20 Verbal discussion around options. 7/5/20 LRF update on conditions for this facility including clarifcation around time availability. Swansea LA scoping potential site. 14/5/20 Discussions with stakeholders indicate there are no suitable locations and LRF support for these facilities ends in September 2020.	14/05/20
23/04/20	Request for assistance from SW Police in regard to ROLE.	DDoTHS				Mass Fatalaties CELL	Partial	7/5/20 Responded to SWP that this could be supported with SBUHB. Risk assessment completed including clarification of potential demand. Cawaiting response- unclear if othe HBS in the LRF were able to support. 14/5/20 Reviewed today. No response to date.	22/05/20
23/04/20	HB plan for Death of Health Care Worker merged into plans and action cards	DDoTHS				Mass Fatalaties CELL	complete	7.5.20 SOP and Action cards agreed.	07/05/20
24/04/20	Communicate with clinicians re launch of form to report all COVID deaths via clinical portal.	MD				Mass Fatalaties CELL	complete	7.5.20 Communicated from Medical Director. Via COVID GOLD.	07/05/20
24/04/20	Identify method of monitoring ethnicity when recording deaths of HCW's	DWOD				Mass Fatalaties CELL	complete	Advice on BAME received from WG. 14/5/20 Action being taken forward by MD and workforce and OD within COVID GOLD.	14/05/20
27/04/20	To speed up the process of contract funerals. Asking Medical Director approval on day 14.	DDoTHS				Mass Fatalaties CELL	complete	SOP agreed in principle- to be cleared for appropriate sign off. 14.5.20 SOP signed off.	14/05/20
27/04/20	To progress the tender for the contract funeral director within Swansea Bay.	DDoTHS				Mass Fatalaties CELL	complete	7/5/20 Tender received and temporary contract with Coop. Drafted and shared. 14/5/20 Contract received to commence from 1/6/20.	14/05/20
27/04/20	To provide information to military liason regarding availability of crematoriums and burials.	DDoTHS				Mass Fatalaties CELL	complete	7/5/20 Information provided including details around capacity and demand	07/05/20
27/04/20	Ensure the crematoriums and cemeteries within the HBs able to meet demand.	DDoTHS				Mass Fatalaties CELL	complete	7/5/20 Data received and stakeholder discussions ongoing. Including contingency to include Saturday funerals if required at surge	07/05/20
28/04/20	Ensure Police have information regarding locations of temporary body stores.	DDoTHS				Mass Fatalaties CELL	complete	SWP providing drive by cover of temporary body stores at NPT, Morriston and Llandarcy four times/24h	07/05/20
28/04/20	Scope freezer space needed (to switch banks of fridges to accommodate freezer capacity).	DDoTHS				Mass Fatalaties CELL	Partial	Quotes received. To be discussed in hot debrief meeting. 14/5/20 Ongoing discussion to be taken forward to discussions in recovery workstream.	22/05/20
30/04/20	Determine requirements related to permanent additional body storage at NPTH.	DDoTHS				Mass Fatalaties CELL	Partial	To be discussed in hot debrief meeting. 14/5/20 Ongoing discussion to be taken forward to discussions in recovery workstream.	22/05/20
30/04/20	Update capacity on COVID Gold and All Wales dashboard.	DDoTHS				Mass Fatalaties CELL	Partial	Informatics provided information to update. 14/5/20 Dashboard updating. Ongoing checks on data definitions.	22/05/20
30/04/20	Explore community verification of death service for post COVID. Publish data captured	DDoTHS				Mass Fatalaties CELL	complete	To be discussed in hot debrief meeting. 14/5/20 Update report provided. Ongoing action to review. Taken forward as separate action.	14/05/20
30/04/20	Review Singleton mortuary shielding	DDoTHS				Mass Fatalaties CELL	Partial	7/5/20 Site inspection revealed some adjustments required. Company on site 6/5/20. 14/5/20 Additional review today.	22/05/20
07/05/20	Benchmark against APT guidelines to provide assurance (re Guardian article).	DDoTHS				Mass Fatalaties CELL	Partial	14/5/20 Exercise to be undertaken 19/5/20.	22/05/20
07/05/20	Ensure psychological & wellbeing support in place for staff in mortuaries and on verification of death	DDoTHS				Mass Fatalaties CELL	Partial	14/5/20 4 groups of staff identified. Discussed with wellbeing service and plans being put into place to support.	22/05/20
07/05/20	Develop business case for CADC staffing resource post COVID.	DDoTHS				Mass Fatalaties CELL	Partial	14/5/20 Draft SOP to be discussed. Development of business case ongoing.	22/05/20
14/05/20	Develop implementation and development plan for SIGNAL.	DDoTHS				Mass Fatalaties CELL	Partial	14/05/20 Testing to commence with live data. Initially starting with mortuary data and potential pilot in ICU and patient affairs.	22/05/20
14/05/20	To send out ward communications around change of Funeral Directors.	DDoTHS				Mass Fatalaties CELL	Partial	14/05/20 Communication to be sent out week commencing 18/5/20. Supplemented by intranet bulletin ahead of commencement date - 1/6/20.	22/05/20
14/05/20	To discuss with Coroner regarding Muslim deaths/Funerals on weekend.	DDoTHS				Mass Fatalaties CELL	Partial	14/05/20 Meeting has been arranged for 26/5/20.	22/05/20
14/05/20	To review FD SOP for discussion with LA Contract Funeral Director (COOP) and Coroner.	DDoTHS				Mass Fatalaties CELL	Partial	14/05/20 Draft SOP circulated. Internal comment by 21/5/20. To be taken to stakeholder meeting on 26/5/20.	22/05/20
14/05/20	Review sustainability of the Verification of Death team.	DDoTHS				Mass Fatalaties CELL	Partial	14/05/20 Ongoing discussions and to be included in future plans for CAD centre.	22/05/20
14/05/20	Provide report to the recovery workstream to discuss sustainability to care after death services.	DDoTHS				Mass Fatalaties CELL	Partial	14/05/20 In preparation.	22/05/20
14/05/20	Submit Hot debrief report for Fatalities Cell to COVID GOLD.	DDoTHS				Mass Fatalaties CELL	Partial	14/05/20 Meeting held. Report to be discusses in meeting on 21/5/20 and submitted by 22/5/20.	22/05/20
14/05/20	Produce report for quality and safety regarding excess death plan and Corona Virus Act.	DDoTHS				Mass Fatalaties CELL	Partial	14/05/20 To be submitted by 15/5/20.	22/05/20
14/05/20	To determine availability of charitable funds/charitable fund raising to support improvements in CAD services.	DDoTHS				Mass Fatalaties CELL	Partial	14/05/20 To be considered with development of business case.	22/05/20
14/05/20	To visit site at MDU and NPTH potential CAD offices.	DDoTHS				Mass Fatalaties CELL	Partial	14/05/20 Inspection visits to be arranged.	22/05/20
14/05/20	To include Bay studios in inspection and logistics visit.	DDoTHS				Mass Fatalaties CELL	Partial	14/05/20 Will be included in next logistics test.	22/05/20
Multi-Agency Health Protection (Test, Track & Trace)									
01/05/20	Consider draft Public Health Protection Response Plan from PHW & provide comments	DoS		Multi-Agency Health Protection Silver			Complete	Comments submitted to PHW	24/04/20
01/05/20	Agree Executive leadership in HB for programme	CE					Complete	Agreed - DoS	24/04/20
04/05/20	Agree Programme Lead for Health Protection Plan Implementation	DoS					Complete	Agreed - Joanne Abbott-Davies	
04/05/20	Agree Programme support for Health Protection Plan Implementation	DoS					Complete	Agreed - Trish Jones / Paula Picton with support from Julie Morse re Testing	
01/05/20	Agree setting up of Multiagency Silver Cell for Health Protection	CE					Complete	Agreed	
04/05/20	Agree membership of Multiagency Silver Cell	DoS					Complete	Agreed	
04/05/20	Arrange initial meeting of Multiagency Silver Cell	CCC					Complete	Held on 4th May	
04/05/20	Agree governance for Health Protection cell	CCC					Complete	Agreed	
06/05/20	Develop draft Health Protection Outline plan	DoS					Complete	Draft considered at Silver on 6th May	
07/05/20	Finalise Health Protection Outline Plan	DoS					Complete	Comments received on 7th May, plan finalised to take on board comments	
07/05/20	Agree Health Protection Outline Plan with LAs for submission to Welsh Government	DoS					Complete	Being discussed at Leaders / Chief Executives Group on 7th May	
12/05/20	Revise Outline Plan once Senedd Cymru Plan published	DoS					Complete	Senedd Cymru Plan expected w/c 11th May	
05/05/20	Establish supporting structure under Silver Cell	DoS					Complete	Agreed and set up	
05/05/20	Establish workforce group	DoS					Complete	Established & meetings underway	
06/05/20	Develop Workforce Delivery Plan	DoS					Complete	Plan developed for inclusion in outline plan for submission to WG on 7th May	
05/05/20	Establish telephony / call handling group	DoS					Complete	Established & meetings underway	
06/05/20	Establish Operating Model group	DoS					Complete	Established & meetings underway	
06/05/20	Establish digital group	DoS					Complete	Established & meetings underway	
11/05/20	Clarify governance arrangements re Testing Cell	DoS					Partial	Meeting being held on 11th May	22/05/20
12/05/20	Develop detailed programme plan for implementation	DoS					Partial	Once All Wales Plan received, detailed plan will need to be developed and revised	22/05/20
11/05/20	Develop testing plan to support Health Protection cell	DoS					Partial	Workshop on 11th May to address	22/05/20

Key	
CE	Chief Executive
DoS	Director of Strategy
DoN	Director of Nursing
DoF	Director of Finance
DPH	Director of Public Health
DGC	Director of Corporate Governance
MD	Medical Director
DoT	Director of Transformation
COO	Chief Operating Officer
DDofTH	Deputy Director of Therapies
ADI	Associate Director of Informatics
DDoN	Deputy Director of Nursing
SD	Service Director
Op Comm	Operational Commander
EPRR	Head of Emergency Planning & Response
UMD	Unit Medical Directors
UND	Unit Nurse Directors
SLT	Senior Leadership Team

COVID-19 GOVERNANCE ACROSS WEST GLAMORGAN

Links to National and LRF Cells:
SBUHB - Sian Harrop-Griffiths, Dorothy Edwards, Keith Reid
Swansea - Craig Gimblett, Adam Hill
NPT – Karen Jones, Nicola Pearce, Mike Roberts

National and LRF Cells

Links to National and LRF Cells

Joint Leaders Teleconference

Military Liaison Officers

CCC Co-ordination Centre (CCC-19)

- System Wide Capacity Delivery Cell (CW)
- Field Hospital Delivery Cell
- Testing Cell (KR)
- Digital including Modelling Cell
- Mass Fatalities Cell
- Communications and Engagement Cell (PW)
- PPE Cell (GH)
- Psycological Health and Well Being including Trim (HR)
- Medicines Management (JV)
- Scientific Technical Advisory Cell (KR)

Health Board GOLD Command
Keith Reid

Operational Silver will be mobilised in line with escalation/trigger plan

Operational Workforce liver (deployment)

Extraordinary Regional Partnership Board

Health and Social Care Interface Board
Chair: JS

West Glamorgan Health and Social Care Media Cell

Neath Port Talbot IMT
Steven Phillips

- Logistics and Distribution Group — Peter Jackson
- Warning, Informing & Digital Services Group — Karen Jones
- Social Services & Health Group — Andrea Jarrett
- Mass Fatalities & Care of the Dead Group — Craig Griffiths & Mike Roberts
- Workforce Planning Group — Nicola Pearce
- Facilities Cleaning, Deep Cleaning Group — Simon Brennan (TBC)
- Regulatory Services & Enforcement Group — Carl Morris
- Community Resilience & Humanitarian/ Voluntary Assistance Group — Gaynor Pudner-Harris
- Key Worker Provision & Vulnerable Learning Support Group — Aled Jones
- Financial Resilience Group — Hywel Jenkins / Huw Howes

Swansea COVID-19 CMT Group
Phil Roberts

Workforce
Lead: Adrian Chard
Reported via Adam Hill

Core Group
Rob Stewart
Phil Roberts
(Steering Group)

Community Safety Partnership Safer Swansea — Adam Hill, Paul Thomas Weekly Update

Silver Rep for LRF — Collated by Craig not a group

Unit Silver Command

PCS Silver	Singleton Silver	Morriston Silver	NPT Silver	MH&LD Silver

Unit Bronze Infrastructure (as required by units) to manage operational issues

Health Board Wide Silver Groups

Infrastructure (DOF)	Workforce	Recovery
Equipment Supplied (Ordering) Financial Returns Capital Spend	Recruitment OH Training Operational Workforce Medical Workforce Training	Intermediate Recovery Transforming Care Financial Recovery

COVID-19 Community Silver Command
Chairs: HD, DH, AJ

Third Sector Community Group (Critical Care)	PPE / Infection Control	Building Capacity and Resilience in the Community for Critical Care	Externally Commissioned Care	Children and Young People Group	Medically Fit for Discharge (MFFD)

Business Support
Communications
Finance

Neath Port Talbot – Safe and Well Programme
Karen Jones – Programme Director
Elinor Wellington: Programme Manager

Food and Logistics D Griffiths	Contact and Referrals C Cole	Volunteer Coordination J Heavey	Area Coordination Organised into 6 areas A Harris

Swansea Council- Daily Updates 1 hour
Martin Nicholls

Field Hospitals Nigel Williams	ICT Group Sarah Lackenby	Contact Centre Tracey McNulty	Food Support Sue Reed	Local Area Coordination Jon Franklin	Other Links Voluntary Groups Tracey McNulty
Building and Ongoing Discussions for Transport of Patients	Ensuring Website / Email and Concerns Dev of New WebSite	New Contact Centre respond to queries from 6000 Shielded Letter	Food banks, Food Parcels and Sign Posting	Volunteer Groups, Shopping, Prescriptions, Signposting has been expanded accordingly	Link in to SCVS Prescription Delivery and coordinate volunteer effort

GOLD: Decision Making
SILVER: Tactical Decision Making
BRONZE: Operational Decision Making
CELLS: Cross system wide planning and delivery (reporting and action via RAID logs with escalation to GOLD on key risks and issues)

Key

- Coordinated via CC
- Reports directly to GOLD
- Reports to Board with input from Gold
- Chaired by DPH to support response

Decision Making

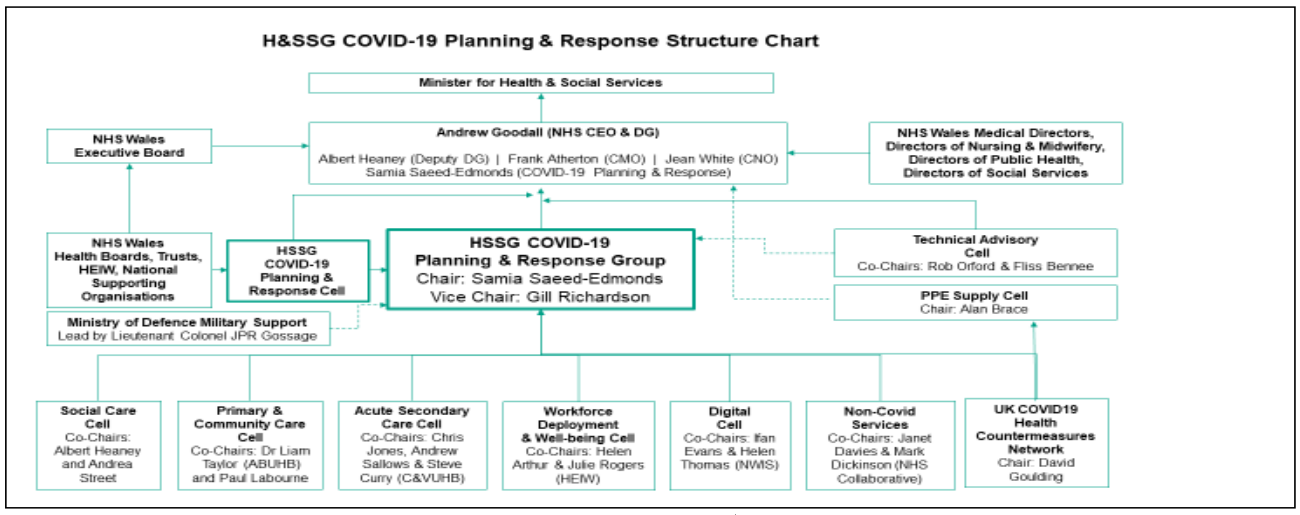
Advice

For Information and Sharing

COVID-19: Reporting and Information Structure

National

Swansea Bay University Health Board



Regional

South Wales Strategic Coordinating Group (DPH)

SW LRF Tactical Coordinating Group

(South Wales Police)

Communications Cell

Mass Fatalities

Swansea Bay Tactical Coordinating Group

(DOS)

- Capacity planning (field hospital)
- Community Pathways (keep people at home)
- Vulnerable groups (shielding)
- Workforce – mutual aid & key workers
- Transport

Local

Military Liaison Officers

CCC Co-ordination Centre (CCC-19) (DE)

System-wide Capacity Delivery Cell (CW)

Field Hospital Delivery Cell

Testing Cell (KR)

Digital (including modelling cell) (MJ)

Mass Fatalities (CM)

Communications & Engagement Cell (PW)

PPE Cell (GH)

Psychological Health & Well Being including TRiM (HR)

Medicines Management (JV)

Scientific Technical Advisory Cell (KR)

GOLD Command (DPH)

Operational Silver

(Will be operationalised in line with agreed triggers)

Unit Silver Command

Health Board-wide Silver Groups

PCS Silver	Singleton Silver	Morriston Silver	NPT Silver	MH&LD Silver	Infrastructure (DOF)	Workforce Silver (WOD)	Community Silver (PCS Unit Director)	Recovery (DOT)
Unit Bronze Infrastructure (as required by units) to manage operational issues					Equipment Supplies (Ordering) Financial Returns Capital Spend	Recruitment OH Training Operational Workforce Medical Workforce Training	MFFD Discharge Pathway Shielding	Immediate Recovery Transforming Care Financial Recovery

Coordinated via CCC

Reports directly to Gold

Reports to Board with input from Gold

Chaired by DPH to support response

GOLD: decision making

SILVER: tactical decision making

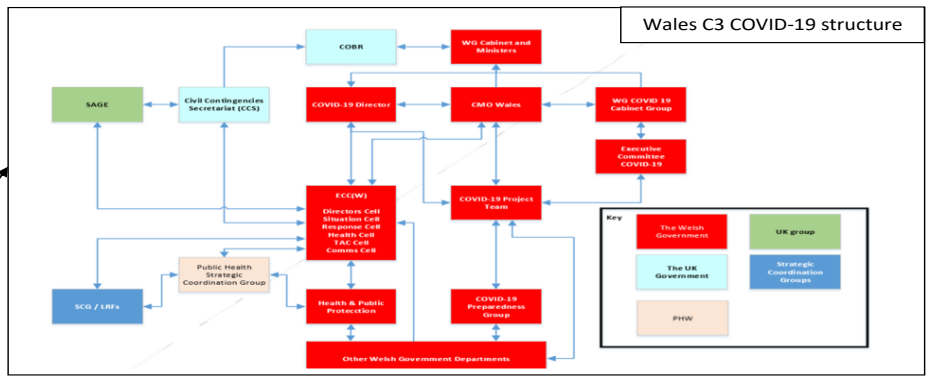
BRONZE: operational decision making

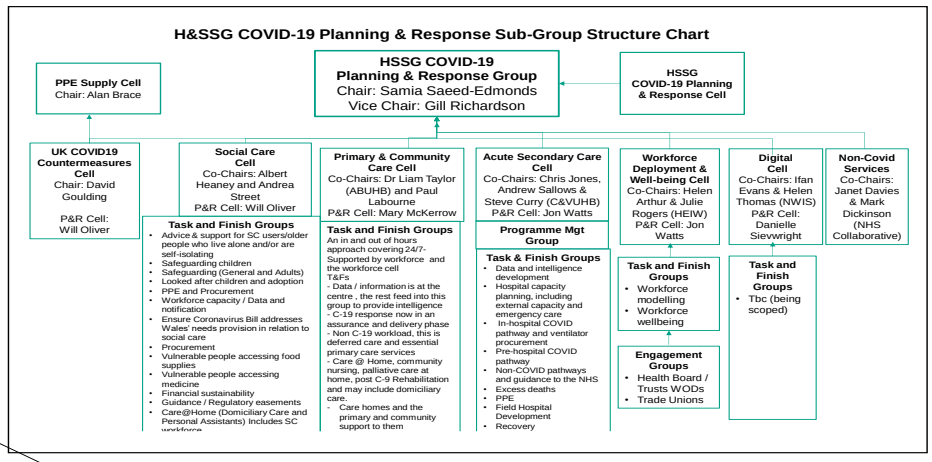
CELLS: cross system wide planning and delivery (reporting and action via RAID logs with escalation to GOLD on key risks and issues)

COVID-19: Sub-Group Reporting and Information Structure Chart

National

Wales C3 COVID-19 structure





Local

Military Liaison Officers

CCC Co-ordination Centre (CCC-19) (DE)

System-wide Capacity Delivery Cell (CW)

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Digital (including modelling cell) (MJ)

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Medicines Management (JV)

Scientific Technical Advisory Cell (KR)

GOLD Command (DPH)

Operational Silver

(Will be operationalised in line with agreed triggers)

Unit Silver Command

Health Board-wide Silver Groups

PCS Silver

Singleton Silver

Morriston Silver

NPT Silver

MH&LD Silver

Unit Bronze Infrastructure (as required by units) to manage operational issues

Community Silver

(PCS Unit Director)

Workforce Silver

(WOD)

Recruitment
OH
Training
Operational Workforce
Medical Workforce
Training

MFFD

Discharge Pathway

Shielding

Recovery

(DOT)

Immediate Recovery

Transforming Care

Financial Recovery

Coordinated via CCC

Reports directly to Gold

Reports to Board with input from Gold

Chaired by DPH to support response

GOLD: decision making

SILVER: tactical decision making

BRONZE: operational decision making

CELLS: cross system wide planning and delivery (reporting and action via RAID logs with escalation to GOLD on key risks and issues)

COVID-19 LEADERSHIP ARRANGEMENTS - SWANSEA BAY UNIVERSITY HEALTH BOARD

v1 Effective 26th March 2020

Key Strategic Risk (Lead Executive responsible for overall coordination)	Work Plan		Executive Accountability	Unit Accountability	Management Lead (support)	Command Arrangements (see attached)
Testing (Keith Reid)	Testing – Staff and Community Plans		Keith Reid	PCS Unit accountable for CTU	Julie Morse (Tanya Spriggs Jocelyn Jones)	Scientific, Technical & Advisory Cell (STAC)
Digital (Matt John)	Access to Patient Records		Matt John	All Units	Sian Richards. Jen Nagle	Bronze digital services reported via ccc-19
	Virtual working – electronic data capture and provision				Sian Richards Carl Mustad, Deirdre Roberts, Gareth Westlake, Matt Knott)	
System Wide Capacity Plan (Chris White)	Modelling & Intelligence		Matt John		Lee Morgan	Modelling cell
	Primary and Community Care – Pre Hospital & pathways into hospital		Richard Evans (Clinical) Hannah Evans (Management)	Hilary Dover Unit UMDs	Anjula Mehta Aidan Byrne	Coordinated through Unit Silver and Gold
	In Hospital	Pathways	Richard Evans	All Unit Directors/UMDs	Tersa Humphreys	Clinical Directors Forum
		Critical Care			Craige Wilson	
	Post Discharge Care & Pathways		Sian Harrop- Griffiths	Hilary Dover	Field Hospital – Jo Abbot Davies	LRF (Tactical) Swansea Bay
					MFFD – Nicola Johnson	Silver Multi-agency reporting to Gold
	Fatalities		Chris White	Jan Worthing	Christine Morrell (Rhodri Davies, Chris Bowden)	LRF Mass Fatalities
	Mental Health & LD (Safeguarding)		Chris White	Janet Williams	Stephen Jones	Unit Silver with escalation to Gold
Logistics (Gareth Howells)	Logistics (supplies)		Gareth Howells	All Units	Mark Parsons Lisa Hinton	Logistics Silver with escalation to Gold
	Logistics (equipment & capital)		Darren Griffiths	All Units	Ian MacDonald Simon Davies	
Workforce (Hazel Robinson) Overall coordination at CCC-19 – Julian Rhys Quirk	Medical Workforce		Hazel Robinson	All Units	Sharon Vickery	Workforce Silver reporting to Gold
	Operational Workforce				Kathryn Jones	
	Recruitment				Guy Holt	
	Occupational Health				Paul Dunning	
	Staff Health & Well Being				Debbie Rees-Adams	
	Training – mapping requirements				Ian Langfield	Training Cell reporting to Workforce Silver
Intelligence & Reporting (Matt John)	Information flows		Matt John		Lee Morgan	Date & Modelling Cell coordinated through CCC-19
	Financial Intelligence		Darren Griffiths		Samantha Lewis	Executive Team
	Performance Reporting		Darren Griffiths		Hannah Roan	Executive Team
Communications (Tracy Myhill)	Communications – External AMs MPs, partners		Irfon Rees		Dorothy Edwards Keith Reid	Communications cell embedded into CCC-19 and on Gold
	Communications – Public		Keith Reid		Dorothy Edwards Susan Bailey	
	Communications – Staff		Tracy Myhill (dep Hazel)		Dorothy Edwards Lee Leyshon	
	Communications – correspondence & concerns		Pam Wenger		Hazel Lloyd	
Volunteering (TBC)	Using Volunteers/Community Resilience		TBC	TBC	Alison Clarke	TBC

Recovery (Hannah Evans)	Recovery & Transformation Psychological Support - Staff	Hannah Evans Sian Harrop-Griffiths Darren Griffiths	TBC	Finance, Planning, Workforce and Transformation Teams	Recovery Group reporting to Gold
Mass Vaccination (Keith Reid)	Planning	Keith Reid	TBC	TBC	Scientific, Technical & Advisory Cell (STAC)

Group:	Name:	Chair of Cell/Silver:	Exec Lead:	CCC Leads:	RAID Log Support	Finance Support
Silver	Infrastructure (Equipping)	Darren Griffiths	Darren Griffiths	Michelle Shorey, Sam Lewis, Ian MacDonald & Joanne Abbott-Davies	Sonja Anderson	Darren Griffiths (Lead) Sam Lewis Ian MacDonald Karen Evans Geraint Norman / Michelle Shorey
Silver	Workforce	Julian Rhys Quirk	Hazel Robinson	Julian Rhys-Quirk	Julian Rhys-Quirk	Sam Lewis Michelle Shorey / Geraint Norman
Silver	Workforce - Occ Health	Julian Rhys Quirk	Hazel Robinson	Paul Dunning		
Silver	Workforce - Operational	Julian Rhys Quirk	Hazel Robinson	Julian Rhys-Quirk		
Silver	Workforce - Recruitment	Julian Rhys Quirk	Hazel Robinson	Guy Holt		
Silver	Workforce - Deployment	Julian Rhys Quirk	Hazel Robinson	Kathryn Jones		
Silver	Community	Rotas between; Dave Howes (Swansea Council); Andrew Jarret (NPTC) and Hilary Dover (SBuHB)	Hilary Dover	Nicola Johnson		Michelle Shorey Sally Killian Richard Bowmer
Silver	Recovery		Hannah Evans	?		Darren Griffiths Sam Lewis Charlie Mackenzie / Paul Harry Michelle Shorey / Geraint Norman Chris Bimson
Silver	Multi-Agency Health Protection (Track & Trace)		Sian Harrop-Griffiths	Joanne Abbott-Davies, Patricia Jones,		
CELL	Capacity Delivery	Chris White	Joanne Abbott-Davies	Michelle Davies NPT, Rhian Edwards & Maxine Evans Singleton, Karen Stapleton, Stephen Evans Morriston, Gareth Bartley MH&LD, Kerry Broadhead - Surge Capacity, Vicky Thomas		Darren Griffiths Charlie Mackenzie / Paul Harry Karen Evans - COVID Chris Bimson - non-COVID
CELL	Field Hospital	Chris White	Joanne Abbott-Davies	Aileen Flynn, Calvin Smith & Thomas Howley MLO's		Julie Field Ian MacDonald
CELL	PPE	Mark Parsons	Gareth Howells & Cathy Dowling	Mark Parsons		Richard Bowmer
CELL	Digital	Sian Richards	Matt John	Carl Mustard, Gareth Westlake & Lee Morgan		Geraint Norman Paul Harry
CELL	Medicine Management	Judith Vincent for SMT Roger Williams for procurement	Judith Vincent	?		Chris Stevens Chris Bimson
CELL	Scientific Technical Advisory	Haven't met yet as of 24/4/20	Keith Reid	Keith Reid		N/A
CELL	Mass Fatalities	Christine Morrell	Chris White	Christine Morrell, Jordan Tucker	Jordan Tucker	Chris Bimson
CELL	TRIM		Dougie Russell	Khan Prince ?		
CELL	Communications	Susan Bailey	Tracy Myhill & Irfon Rees	Sue Bailey - public Lee Leyshon - Staff		N/A
CELL	Psychological Health & Well Being	Paul Dunning	Hazel Robinson	Paul Dunning		Rachel Hook Emma Doolan
CELL	Training	Ian Langfield	Hazel Robinson	Ian Langfield		
CELL	Testing	Julie Morse	Keith Reid Jennifer Davies	Julie Morse		Michelle Shorey Jeremy Lewis
QUERY	Volunteering Cell			Alison Clarke		
QUERY	Professional Leads		Dorothy Edwards - Operations Commander Aidan Bryne - Medical Craige Wilson - Operations	Lisa Hinton - IPC Helen Griffiths / Allyson Rees - Nursing Karen Jones & Jocelyn Jones - EPRR Kerith Jones, Andrea Folland & Juhi Uddin - CCC Support		
CCC-19						Sam Lewis
Gold						Darren Griffiths

Swansea Bay University Health Board
SENIOR LEADERSHIP TEAM (Execs plus triumvirates)

Modelling Cell

Workforce cell

National Guidance and responses

CLINICAL FRAMEWORK

Clinical Lead - Conor Marnane
Multi professional membership
Areas of Focus:
- Prioritisation Framework
- Pre-operative process
- Clinical input into operational solutions/zoning

RESPONSE & RECOVERY COORDINATING GROUP

CW/HE CO-Chair

PRIMARY AND COMMUNITY

Operational Lead - Hilary Dover

Clinical Lead - Anjulha Mehta

Planning Lead - Ruth Tovey

Areas of Focus (national guidance)
Access to GMS - models for delivery
Communtity Pharmacy
Emergency dental (red alert)
Optometry
111/OOH
Communtiy Nursing and AHP services

MEDICINE/SINGLE ACUTE TAKE

Operational lead - Jan Worthing

Clinical Leads - Aidan Byrne with
Andrea Bradley - Acute Take
Rhodri Edwards - Older People

Planning lead - Karen Stapleton - Acute Medical Take
Heledd Rehab/Older People

Areas of Focus
- Feasibility on single acute take including timescales, workforce, displacement -
- Ambulatory Care Model
- Older People
- Rehab model - national guidance (These may be sub groups)
- discharge pathway
- H2H

SURGICAL

Operational Lead - Deb Lewis

Clinical Lead - Conor Marnae

Planning lead - Maxine Evans

Areas of Focus
- Operational solutions and options for surgical capacity
- Prehabilitataion
- Independent sector capacity
- zoning solutions
- Alignment with workforce models
- National Guidance on essential surgery

CANCER & PALLIATIVE

Operational Lead - Jan Worthing

Clinical Lead - Martin Rolles

Planning Lead - Michelle Crossland

Areas of Focus
- Non surgical cancer services
- Cancer network and national guidance
Guidance on palliative care - link with clinical prioritisation work
- Engage with WCN/WG on regional solutions (as per Op F/W)

DIAGNOSTICS

Operational lead - Brian Owen

Clinical Leads - Rhodri Stacey/Derrian M/? path

Planning Lead - Steven Evans

Areas of Focus
- access to urgent diagnostics path, endoscopy, rad
Impact of service increases in other areas that will impact on diagnostic demand/capacity
- National guidance expected

MENTAL HEALTH & LD

Operational Lead - Dai Roberts/Janet Williams

Clinical Lead - Richard Maggs

Planning Lead - Gareth Bartley

Areas of Focus
- Link with WG MH incident Group
- National guidance on LD
- National guidance on substance misuse

OUTPATIENTS

Clinical Lead - Phil Coles
Operational Lead - Craige Wilson
Programme/Planning lead - Michelle Davies
Unit leads - Sam Williams, Michelle Mawson Gawne, Sue Jones, PCS

Areas of Focus
- Analysis of performance legacy position
- Prioritised plans
- Chronic conditions with PCS/Demand management
- Digital solutions rolle out - Anytime
- National guidance on SOS
- National Outpatients Framework
- Plan to respond to additional monies

MORRISTON SERVICE AND SITE PLAN (Deb Lewis)

SINGLETON SERVICE AND SITE PLAN (Jan Worthing)

NPT SERVICE AND SITE PLAN (Brian Owen)