Public Board Meeting

15 July 2020, 09:30 to 12:30
Executive Meeting Room and Via Teams

Agenda

1. Opening Business/Governance Matters

1.1. Chair's Introductory Remarks

Verbal

Chair

1.2. Apologies for Absence

Verbal

Chair

1.3. Declarations of Interest

Verbal

Chair

1.4. Draft Minutes of the Health Board Meetings held on:

1.4.1. 20th May 2020

Attachment

Chair

1.4 a Draft Minutes 20052020.pdf (13 pages)

1.4.2. 25th June 2020

Attachment

Chair

1.4 b Draft Minutes Board 250620.pdf (4 pages)

1.4.3. 30th June 2020

Attachment

Chair

1.4 c Draft Minutes Board 300620.pdf (6 pages)

1.5. Action Log

Attachment

Chair

1.5 Action Sheet.pdf (2 pages)

1.6. Governance Matters: Report on Sealed Documents and Chair's Actions

Attachment

Chair

1.6 Governance Matters Report July 2020.pdf (10 pages)

1.7. Chair's Report

Verbal

Chair

2. COVID-19

2.1. Operational Plan for Quarter 2

Attachment

Director of Planning, Digital and IT

- 2.1 a Q2 Operational Plan Cover Paper.pdf (2 pages)
- 2.1 b Quarter 2 Operational Plan.pdf (82 pages)

3. Items for Decision

3.1. Inter-site Transport

Attachment

Director of Finance and Performance

- 3.1 Inter Site Transport.pdf (12 pages)

3.2. Energy Strategy

Attachment

Director of Operations

- 3.2 Energy Strategy cover report.pdf (6 pages)
- 3.2 Energy Strategy.pdf (30 pages)

4. Items for Assurance

4.1. Risk Report

Attachment

Chief Executive

- 4.1 Risk Report - June 2020.pdf (5 pages)

4.2. Financial Report

Attachment

Director of Finance and Performance

- 4.2 Finance Board report.pdf (28 pages)

4.3. Performance Report

Attachment

Director of Finance and Performance

- 4.3 Performance Report.pdf (10 pages)

4.4. Key Matters from Committees

Attachment

Committee Chairs

- 4.4 Committee and Advisory Groups Assurance Reports.pdf (10 pages)
- 4.4 Attachment WHSSC.pdf (2 pages)

5. Closing Matters

5.1. Date of the Next Meeting

5.1.1. Wednesday 23rd September 2020 at 09:30am

Verbal

Chair

Aneurin Bevan University Health Board

Minutes of the Public Board Meeting held on Wednesday 20th May 2020, in the Executive Meeting Room and via Skype, Aneurin Bevan University Health Board Headquarters, St Cadoc's Hospital, Caerleon

Present:

Ann Lloyd	-	Chair
Judith Paget	-	Chief Executive
Glyn Jones	-	Director of Finance and Performance/Deputy Chief Executive
Dr Sarah Aitken	-	Interim Medical Director
Geraint Evans	-	Director of Workforce and OD
Nick Wood	-	Director of Primary Care, Community and Mental Health
Nicola Prygodzicz	-	Director of Planning, Digital and IT
Emrys Elias	-	Vice Chair
Shelley Bosson	-	Independent Member (Community)
Pippa Britton	-	Independent Member (Community)
Katija Dew	-	Independent Member (Third Sector)
Louise Wright	-	Independent Member (Trade Union)
Mererid Bowley	-	Interim Director of Public Health and Strategic Partnerships
Keith Sutcliffe	-	Associate Independent Member (Chair of the Stakeholder Reference Group)
David Jones	-	Independent Member (ICT)
Chris Koehli	-	Special Adviser to the Board (Finance)
Philip Robson	-	Special Adviser to the Board
Paul Deneen	-	Independent Member (Community)

In Attendance:

Richard Bevan	-	Board Secretary
Claire Birchall	-	Director of Operations
Bryony Codd	-	Head of Corporate Governance
Angela Mutlow	-	Chief Officer, Aneurin Bevan CHC

Apologies:

Cllr Richard Clark	-	Independent Member (Local Government)
Rhiannon Jones	-	Director of Nursing
Peter Carr	-	Director of Therapies and Health Science
Dave Street	-	Associate Independent Member (Local Authority)
Louise Taylor	-	Associate Independent Member (Chair of the Healthcare Professionals Forum)

ABUHB 2005/01 Welcome, Introductions

The Chair welcomed members to the meeting.

On behalf of the Board, the Chair paid tribute to all staff and volunteers of the Health Board for their outstanding work and dedication to continue to deliver health and care services during the unprecedented time of the COVID-19 Pandemic. The Chair also thanked the Executive Team and Local Resilience Forum for its leadership and the significant work undertaken in response to the pandemic, but also to continue to provide services, care and support.

The Chair welcomed back Richard Bevan following his bereavement leave. She also expressed regret that the Board had been unable to bid farewell to Paul Buss, Medical Director, prior to his taking up his new post in Powys teaching Health Board. She hoped that they might have the opportunity to rectify this in the near future.

The Chair welcomed Mererid Bowley to the meeting as Interim Director of Public Health and Strategic Partnerships and Dr Sarah Aitken in her new role as Interim Medical Director.

The Chair also welcomed Paul Deneen, Independent Member (Community) to his first meeting.

ABUHB 2005/02 Declarations of Interest

There were no declarations of interest to note.

ABUHB 2005/03 Minutes of the Last Meeting 25th March 2020

The minutes were agreed as a true and accurate record subject to the following amendments:

ABUHB 2305/17 Committee and Advisory Group Chair's Assurance Reports: David Jones confirmed that in relation to the Information Governance Committee Report, at the last meeting, that he as Chair was waiting for further information to assure the Committee and therefore the submitted report was draft until this was received. The Board accepted this position.

ABUHB 2005/04 Action Log and Matters Arising

It was noted that all of the actions in the log were complete or in progress.

ABUHB 2005/05 Governance Matters

Richard Bevan presented the Chair's Actions undertaken between the 13th March and the 5th May 2020, which all related to the Health Board's response to the COVID-19 Pandemic.

The Board ratified the actions taken in line with Standing Orders.

ABUHB 2005/06 Chair's Report

The Chair provided a verbal update to the Board outlining that:

- Weekly briefings for Independent Members had been undertaken with positive feedback.
- Weekly meetings to provide updates and agree actions had also been held with the Minister for Health and Social Services and the Chief Executive of NHS Wales/Director General of Health and Social Services and also Local Authority leaders.
- Two weekly meetings had been held with Chairs in NHS Wales and the Chair was grateful for the mutual support provided between NHS organisations.

ABUHB 2005/07 COVID-19 Plan and Update

Nicola Prygodzicz presented the COVID-19 Plan and response, which summarised the preparation and response to the pandemic.

An overview was given of the structures established and explained that emergency planning procedures had been enacted at the end of February 2020. The Strategic Co-ordinating Group (SCG) was set up with partners through the Local Resilience Forum and also early connection had been made with national structures.

The key objectives of the Plan were:

- Protecting staff
- Creating capacity
- Sustaining essential services

In relation to protecting staff, in was noted that the Health Board was the first organisation in Wales to test staff. It was highlighted that work was undertaken with operational teams to ensure the right Personal Protective Equipment (PPE) equipment had been available and the challenges were noted with regard to changing guidance and communication and advice to staff. The wellbeing of staff was highlighted as being

of huge importance and the Executive Team had been very mindful of how to continue to support staff during the Pandemic.

In terms of capacity and services, it was noted that there had been changes to existing provision, with the centralisation of some services. A number of Clinical Futures themes had been implemented at pace, including pre-hospital streaming and single site working. A significant amount of work had also been undertaken in primary and community based care and services and also advances in virtual working platforms.

Nicola Prygodzicz explained that, based on early modelling, the Health Board could have required 3000 beds and an early decision was taken to escalate the handover of ward areas at The Grange University Hospital to support this assessed surge capacity. These additional beds were ready at the end of April, but have not been needed to date, as the total number of beds required had been significantly less than initially anticipated. An additional 1000 beds have been identified as surge capacity and these are a key part of the planning going forward.

Non urgent appointments and elective work had been suspended during the response, but urgent work had been maintained as safely as possible. It was noted that there had been a reduction in non COVID emergencies presenting such as heart attacks. There had been a significant amount of communication to encourage patients to attend when needed and the numbers were starting to increase.

For the first two weeks of the Pandemic, the Health Board had been following a 50% mitigation model, which would have required 1500 additional beds. This had stabilised following lockdown restrictions, with a new model based on compliance. 40% and 60% compliance models were now being used for the next phase of planning.

It was highlighted that a significant amount of work had been undertaken in relation to recruitment and redeployment of staff. Robust workforce plans had been developed to support surge capacity. Staff absence due to sickness, shielding and required self-isolation had posed a significant challenge.

The financial impact of the Pandemic had been captured and monitored with conversations ongoing with Welsh Government.

Significant work had also been undertaken by the informatics team in relation to homeworking, moving services, and implementation of the Attend Anywhere platform.

The Health Board was now in Phase 2, entitled Adapt and Respond, which would build on new ways of working. It was acknowledged that Phase 3, which would be during the winter months, would be very challenging.

The Chair thanked Nicola Prygodzicz for the very clear repot, which highlighted the difficult decisions that had been required and would still be required and the plans that had been developed and implemented based on a clear assessment of risks.

Shelley Bosson requested further information in the future on the uptake of staff welfare support. It was confirmed that uptake was being tracked and monitored and this would be further outlined in future reports. **Action: Geraint Evans**

Shelley Bosson asked why the Health Board had started from a lower critical care capacity per head of population. Nicola Prygodzicz explained that this was due to historical levels of activity and constraints of physical capacity. Two additional beds were funded from critical care monies the previous year, which increased the number to 25. There would be space for 30 at The Grange University Hospital. Ann Lloyd confirmed that this was previously considered by the Board when discussing Critical Care funding.

Shelley Bosson requested further information regarding the temporary posts which had been appointed to during the Pandemic, those that had not yet started working and those who had agreed to return to work. Geraint Evans confirmed that those appointed would be brought in to the service on a phased basis. This would take account of vacancies. Some appointments would be made permanently.

Emrys Elias asked if, from a risk assessment/management perspective, there was an informed plan to respond to the probable mental health challenge. Nick Wood explained that a range of services within mental health had continued to be delivered and also had been delivered virtually or via phone triage. Plans were in place in mental health to ensure the division can respond to any surge in demand when lockdown was eased.

Chris Koehli asked how confident the organisation was that when the next surge of the virus comes, that it could maintain emergency services and adapt and reset elective care. Nicola Prygodzicz explained that the model was based on a 6 month lockdown with 60-70% population compliance. There were different levels of escalation and plans to maintain services

based on different levels of COVID prevalence. Currently planning was based on a 40% level to account for any easement.

Chris Koehli commented that it had been acknowledged that patients with suspected COIVID-19 were presenting late and asked how the Health Board could encourage people to attend earlier. Sarah Aitken explained that primary care services were in the process of reviewing 100 consecutive admissions to hospital for COVID. To date, all of those reviewed went straight to hospital. It was explained that patient respiratory rates were increasing, but patients did not feel breathless, therefore, this was affecting their decisions. Communications around this were being reinforced. There were also national clinical discussions regarding loaning pulse oximeters to measure oxygen levels at home.

David Jones asked if this 'hidden breathlessness' could form a significant part of the modelling. Sarah Aitken explained that this would not affect the incidence, but could potentially affect the proportion admitted to hospital and ITU. There would be improved outcomes through early intervention.

It was acknowledged that the Health Board was ahead of recognising and addressing issues with BAME staff and this needed to be reflected within the document and form part of future reports. **Action: Nicola Prygodzicz/Geraint Evans**

Pippa Britton asked if there were plans for how we might vaccinate the population, when a vaccine becomes available, given the challenges experienced with uptake of seasonal flu vaccinations. Sarah Aitken said that the Health Board would be ready to vaccinate when one becomes available and the uptake would depend on the population attending. The importance was also emphasised with regard to the population having the flu vaccinations this year.

Paul Deneen asked what the key messages would be post lockdown for people to understand how to look after themselves. Sarah Aitken explained that the main communications come from Welsh Government with local systems used to cascade the messages The Health Board along with partners had well developed mechanisms for communications to reach all households.

Judith Paget said that locally, the organisation had worked hard to take the national message and translate it to what it meant for the local people. There had been a significant increase in the numbers engaging on social media during the pandemic.

The Board acknowledged the amazing work undertaken by the Communications Team, responding to individual messages. Also, using our own clinicians to convey national government messages had been very powerful. It was noted that the Health Board had increased its social media followers from 22,000 to 90,000 and congratulations were extended to all involved in this significant achievement.

Katija Dew commented that the 'Facebook Live' question and answer session was excellent.

The Board received the COVID-19 Plan and Update.

ABUHB 2005/08 COVID-19 Draft Operational Plan for Quarter One

Nicola Prygodzicz presented a high level operational plan which was explained provided the framework for how the Health Board would continue to respond to COVID 19, whilst ensuring that essential services were maintained and more routine care could safely recommence. It had been prepared in response to a request from Welsh Government on the 6th May.

The document was framed around the specific areas that Welsh Government had requested.

The following key areas were highlighted:

- Essential Services – cancer was a key concern nationally and locally.
- New ways of working – maintained a significant amount of outpatient activity through different ways of working.
- Demand and Capacity – capacity for general COVID patients, any pressure arises for the requirement for ventilated patients. There was important learning for future surge capacity. Work was on going to look at the potential of using The Grange University Hospital earlier. Also the use of St Joseph's Hospital.
- Re-establishing routine services was the key focus at the moment. This included safety, ensuring proper testing, triggers for escalation etc.
- Complexity due to PPE requirements was leading to less activity on lists etc.
- Aware that waiting lists were increasing and looking at harm based risk assessments for prioritising patients.
- Workforce – how to enable our workforce to change quickly at different levels of escalation.
- Risks to delivery and next steps were outlined.

Sarah Aitken commented that the balance between any potential harm and the benefits of treatment for each individual was key. If an individual was waiting for a procedure that was not life limiting, the balance between harm and benefit may be to continue to wait or take an alternative approach. The COVID environment provided a different balance of risks for patients.

Pippa Britton said that the communications and engagement risk within the COVID risk register referenced stakeholders, but did not specifically mention public and citizens and this needed to be highlighted.

Shelley Bosson requested further information regarding the risks relating to tertiary surgical/oncology services. Nicola Prygodzicz confirmed that this related to pancreatic and thoracic surgery at Cardiff and Vale and Swansea Bay UHBs and conversations were continuing with both Health Boards regarding their re-start plans.

Shelley Bosson asked what the main risks were regarding the provision of inter-site transport. It was noted transport had continued to be raised as a key enabler for the GUH. Glyn Jones was leading this work and a further meeting would be held with WAST the following week.

It was confirmed that new ways of working were continuing and would be evaluated.

The Board noted and approved the Operational Plan for submission to Welsh Government.

ABUHB 2005/09 Establishment of Clinical Ethics Committee

Sarah Aitken explained that, as part of the Health Board's response to the Pandemic, the Executive Team had agreed to establish a Clinical Ethics Committee. This would have three functions:

- Policy Input: Providing ethics input into organisational policy and guidelines around patient care;
- Case Consultation: Providing ethics advice to clinicians on individual cases, and;
- Education: Facilitating ethics education for health professionals

The composition, membership and Terms of Reference were outlined. The Ethical Framework used four key principles:

- Respect for autonomy
- Beneficence
- Non maleficence
- Justice – ensuring not creating non-COVID harm

Pippa Britton had been nominated as an Independent Member of the Committee and had spoken to the Chair of the Committee. The Committee would initially meet monthly to look at policy and guidelines. The Board was being asked to note the establishment of the Committee for the duration of the Pandemic, but asked whether this should be a permanent Committee.

Board members agreed that the Committee would become a permanent part of the structures and would report to the Quality and Patient Safety Committee. **Action: Dr Sarah Aitken**

Chris Koehli asked what the level of legal input to the Committee was. Sarah Aitken confirmed that the Committee provided clinical ethical advice, it did not make decisions. The Committee provided an ethical opinion, not a medico-legal opinion. It was agreed that the requirement for legal representation on the Committee would be kept under review. **Action: Dr Sarah Aitken**

The Board noted the establishment of the Committee and confirmed that this should be a permanent Committee, reporting to the Quality and Patient Safety Committee.

ABUHB 2005/10 Draft Multiagency Contact Tracing Services – Operational Plan for Gwent

Mererid Bowley outlined the draft plan for delivering a multi-agency contact tracing service for Gwent. It was highlighted that contact tracing was an essential measure as part of the COVID-19 response, in conjunction with active case finding and testing, and wider measures such as social distancing.

It was noted that 'once for Wales' documents would be prepared and the national, regional and local tiers were outlined.

It was highlighted that 270-330 staff would need to be recruited in the Gwent area, to include clinical leads, contact tracers to identify and interview individuals and contact advisors. Local Authorities had identified staff who could be redeployed, along with Health Board staff.

Mererid Bowley explained that contact tracing was labour intensive. The initial approach was to contact people via phone, however there might be opportunities with the development of a contact management system, to make this a more automated approach with text messages etc.

Pippa Britton asked if there had been an impact on staff and the local population with the recent changes to the testing system. Mererid Bowley explained that there had been an announcement earlier in the week that Wales would now link to the UK Government testing portal and the media had reported teething issues with this system. At a local level, the established routes for key worker and partner testing were still in place.

Phil Robson asked when this would be operational. It was confirmed that this would be dependent on the national data management system anticipated by mid-June. At a local level, operational plans were being developed and tested over the next 7-10 days.

David Jones asked how this would integrate with Clinical Workstation. Mererid Bowley said that Welsh Government was procuring a data management system. Nicola Prygodzicz said that IT was looking at this and would monitor to ensure the Health Board was not adversely affected if the Welsh Clinical Portal was used.

The Board noted the report.

ABUHB 2005/11 Risk Report

Judith Paget provided an overview of the current risks of the organisation as at the end of April 2020, based on the Principal Risk Areas. The COVID risk register had also been provided.

It was noted that the principal risks had been reviewed in light of the pandemic and the highest scoring issues related to workforce availability.

Richard Bevan explained that work would now be undertaken to convert these into the new arrangements for the Corporate Risk Register and a new dashboard in readiness for the July meeting along with a further review of the risk appetite statement and Board Assurance Framework.

Phil Robson asked if the maximum risk rating was still justified for the COVID-19 risk given all the work that had been undertaken. Judith Paget said that it was felt that this was still a significant risk at the current time. This would be

reviewed through the Strategic Gold structure. There were still patients in hospital with COVID and the organisation were still balancing the harm to risk ratio of COVID and non-COVID patients, together with contact tracing and care homes etc. As clarity was received on some of these issues, the risk level may reduce.

David Jones raised concern that WCCIS was not a feature in the principal risks and it was noted that the review work being undertaken would ensure this this was captured.

Geraint Evans confirmed that, where staff had been redeployed there had been appropriate training to ensure they had the required skills. Sarah Aitken explained that there was also supervision in place for medical staff. Feedback had been received that although some staff were nervous to go in to new environments, they were well supported and had a positive experience from a personal development point of view.

In terms of learning from primary care, Nick Wood explained that Attend Anywhere had been introduced, with approximately 4500 consultations per day. Ability to undertake phone triage and virtual appointments would be retained and may help to improve the sustainability of certain practices in the future.

Judith Paget explained that the Health Board stopped routine and elective work very early which gave time for training and familiarisation. This would benefit COVID surges in the future.

The Board noted the report.

ABUHB 2005/12 Financial Report

Glyn Jones confirmed that the draft Accounts for 2019/20 were presented to the Audit Committee on 7th May ahead of their planned approval at the end of June. These were currently being reviewed by Audit Wales and showed a small surplus. The Health Board had achieved its Statutory Financial Duties in 2019/20.

Glyn Jones explained that the plans for 2020/21 were moving at pace and highlighted:

- A COVID financial plan had been produced which aimed to take the existing IMTP and financial plan and overlay these with what was understood about the COIVD response and the financial impact.
    - Additional costs to respond to COIVD

  - Avoided costs due to fewer elective and out-patient services
  - Savings plans not being delivered at present due to the response.
  - Investment in new services may have been deferred due to COVID.

- Not sure what this is referring to, is it correct?
- First 4 months – net additional costs of £30m revenue. A plan for capital funding had also been prepared with £14.5m additional funding, particularly the early opening of The Grange University Hospital (GUH).
- Revised plans were in line with the operational plan.

Glyn Jones explained that it was only realistic to plan 5-6 months ahead at the current time. The revenue position would increase to circa £41m to the end of October. Capacity would be opening later, but for a longer period. ?

It was noted that GUH transition costs had not been included and a separate submission to Welsh Government was made on this with the IMTP.

Glyn Jones outlined the financial position to date:

- Expected £10.6m deficit in April;
- Actual was a £7.5m deficit. Fewer hospital beds had been purchased in April, but some would be purchased in May and June.

It was recognised that savings programmes would not be delivered in most areas for the first few months.

Paul Deneen said that this was a thoughtful and realistic approach. It was agreed that a future development session would focus on remodelling and rebuilding for the future. **Action: R. Bevan**

It was agreed that consideration would be given to the financial outcome for 2019/20 at the June meeting of the Board. **Action G. Jones.**

ABUHB 2005/13 Performance Report

Glyn Jones provided an overview on the current performance of the Health Board at the end of month 12 of 2019/20, where available. It was noted that Welsh Government had relaxed most targets to September 2020. Data was continuing to be

collected, but the Health Board were not required to publish at the moment.

It was acknowledged that there would be significant increase in waiting times over the next few months, therefore there would be a focus on areas that may cause harm to patients.

Emrys Elias asked if there would be quality of life assessment for those waiting. Sarah Aitken said that this linked to the work of the Value Based Healthcare Team and completion of patient outcome measures to help measure their risks.

Shelley Bosson asked if there were any specific issues relating to the Never Events highlighted in the report. Sarah Aitken said that each Never Event was fully investigated and systems reviewed and was not aware of any systems issues identified.

The Board noted the report.

ABUHB 2005/14 Committee and Advisory Group Chair's Assurance Reports

The Board noted the Assurance Reports from the following Committees:

- Audit Committee
- Quality and Patient Safety Committee

The Board accepted the committee assurance reports.

ABUHB 2005/15 Date of Next Meeting

The next scheduled Public Board meeting to be held on Wednesday 15th July 2020.

Aneurin Bevan University Health Board

Public Board Meeting

Minutes of the Public Board Meeting held on Thursday 25th June 2020, in the Executive Meeting Room and via Microsoft Teams, Aneurin Bevan University Health Board Headquarters, St Cadoc's Hospital, Caerleon

Present:

Ann Lloyd	-	Chair
Judith Paget	-	Chief Executive
Glyn Jones	-	Director of Finance of Finance and Performance
Peter Carr	-	Director of Therapies and Health Science
Emrys Elias	-	Vice Chair
Shelley Bosson	-	Independent Member
Pippa Britton	-	Independent Member

In Attendance:

Richard Bevan	-	Board Secretary
Bryony Codd	-	Head of Corporate Governance
Mark Ross	-	Assistant Director of Finance
Estelle Evans	-	Head of Financial Services and Accounting
Richard Harries	-	Audit Wales

Apologies:
Apologies were received from all other Board Members in line with the agreement to operate the meeting on the basis of a quorum.

ABUHB 2506/01 **Welcome and Introductions**
Ann Lloyd welcomed everyone to the meeting and explained that the purpose of the meeting was to approve the Annual Accounts of the Health Board for the financial year 202019/20, together with the Annual Governance Statement. The meeting had been organised as a procedural meeting of the Board and therefore had been organised with only the minimum of a quorum required to approve the accounts and Annual Governance Statement.

ABUHB 2506/02 **Apologies for Absence**
The apologies were noted.

ABUHB 2506/03 **Declarations of Interest**

There were no Declarations of Interest relating to items on the agenda.

ABUHB 2506/04 **Audit Committee Review of Accounts and Annual Governance Statement**

Shelley Bosson, Chair of the Audit Committee, explained that the Audit Committee had considered the Annual Account on the 7th May and also submitted questions to the Director of Finance and Performance. The Committee had also reviewed the draft Annual Governance Statement (AGS) which had been further revised due to COVID. Committee members had commented on further drafts of the AGS to enable full scrutiny. The draft Head of Internal Audit Opinion was also considered. The Committee met again on the 24th June to receive the final Accounts and AGS. Also, the Committee noted the unqualified opinion from Audit Wales and a reasonable Head of Internal Audit Opinion.

Subject to minor amendments to the AGS, the Audit Committee endorsed the Annual Accounts and Annual Governance Statement for submission to the Board. Shelley Bosson thanked all those involved in the preparation of the Accounts and AGS, in particular Audit Wales, Internal Audit and the Finance and Corporate Teams.

ABUHB 2506/05 **Final Accounts 2019/20**

Glyn Jones presented the final Annual Accounts for 2019/20 which had been reviewed by the Audit Committee and were presented to the Board for approval.

Glyn Jones highlighted that producing and auditing accounts during a pandemic had been very challenging and thanked the finance team in producing the accounts and also Audit Wales and Internal Audit for their support and approach.

Glyn Jones confirmed that all financial targets had been achieved including the statutory targets to

break even over a rolling 3 year period and the public sector payment policy requirements.

It was noted that the approved status of the current IMTP was ongoing due to the pandemic.

Additional notes to the accounts this year were highlighted;

- COVID-19 – recognising the impact
- Scheme pays pension contingent liability – enables the organisation to ask for tax liabilities to be picked up by the NHS/WG to avoid impact on pensions for hospital consultants undertaking additional work. This would be a future liability

Glyn Jones said that he recognised the particular challenges of the last year as the Health Board moved towards the opening of the Grange University Hospital and then the impact of COVID-19. Delivering good financial performance during this time had required a tremendous effort across the organisation.

Glyn Jones thanked Audit Committee members for their support and ongoing challenge.

The Chair congratulated Glyn Jones and the finance team in producing a comprehensive set of Annual Accounts.

The Board approved the Annual Accounts 2019/20.

ABUHB 2506/06 **Annual Governance Statement 2019/20**

Richard Bevan presented the Annual Governance Statement 2019/20 and explained that this was one of the key public disclosure statements and formed part of the Annual Accounts.

It was highlighted that the AGS for 2019/20 also reflected an additional three months and the adjusted governance arrangements during the COVID-19 pandemic.

Thanks were extended to all staff involved in the completion of the AGS.

Richard Bevan confirmed that work would continue with Audit Wales and the Board Secretaries to look at the structure and framework of the AGS going forward.

The Board approved the Annual Governance Statement 2019/20.

ABUHB 2506/07 **Wales Audit Office (WAO) – Audit of Financial Statements Report**

Richard Harries extended his thanks to the finance and corporate teams for their work this year and acknowledged the unprecedented challenges presented by COVID-19. All outstanding issues raised in the report had been addressed and an unqualified audit opinion would be recommended.

It was agreed that Audit Wales and Health Board would undertake a review of the end of year accounts processes to ensure learning was identified and used to shape the process for next year and thereafter.

The Accounts and associated statements would be signed by the Auditor General.

ABUHB 2506/08 **Formal Approval of the Accounts and Public Disclosure Statements 2019/20**

The Board formally approved the Accounts and Annual Governance Statement for 2019/20.

The Chair thanked everyone for the hugely cooperative approach and said that she looked forward to taking forward the different ways of working and learning from this years process.

ABUHB 2506/09 **Date and Time of Next Meeting**

Tuesday 30th June 2020 at 1pm

Aneurin Bevan University Health Board

Minutes of the Public Board Meeting held on Tuesday 30th June 2020, in the Executive Meeting Room and via Teams, Aneurin Bevan University Health Board Headquarters, St Cadoc's Hospital, Caerleon

Present:

Ann Lloyd	-	Chair
Judith Paget	-	Chief Executive
Glyn Jones	-	Director of Finance and Performance/Deputy Chief Executive
Dr Sarah Aitken	-	Interim Medical Director
Geraint Evans	-	Director of Workforce and OD
Nick Wood	-	Director of Primary Care, Community and Mental Health
Nicola Prygodzicz	-	Director of Planning, Digital and IT
Emrys Elias	-	Vice Chair
Shelley Bosson	-	Independent Member (Community)
Pippa Britton	-	Independent Member (Community)
Katija Dew	-	Independent Member (Third Sector)
Louise Wright	-	Independent Member (Trade Union)
Mererid Bowley	-	Interim Director of Public Health and Strategic Partnerships
Keith Sutcliffe	-	Associate Independent Member (Chair of the Stakeholder Reference Group)
David Jones	-	Independent Member (ICT)
Chris Koehli	-	Special Adviser to the Board (Finance)
Philip Robson	-	Special Adviser to the Board
Paul Deneen	-	Independent Member (Community)
Cllr Richard Clark	-	Independent Member (Local Government)
Rhiannon Jones	-	Director of Nursing
Peter Carr	-	Director of Therapies and Health Science

In Attendance:

Richard Bevan	-	Board Secretary
Claire Birchall	-	Director of Operations
Bryony Codd	-	Head of Corporate Governance
Angela Mutlow	-	Chief Officer, Aneurin Bevan CHC

Apologies:

Dave Street	-	Associate Independent Member (Local Authority)
Louise Taylor	-	Associate Independent Member (Chair of the Healthcare Professionals Forum)

ABUHB 3006/01 Welcome, Introductions

The Chair welcomed everyone to a special meeting of the Board to consider two important proposals for the future health and well-being of the people in Gwent.

The Chair advised that the meeting was being live streamed on You Tube for the first time and welcomed those following the meeting.

ABUHB 3006/02 Declarations of Interest

There were no declarations of interest to note.

ABUHB 3006/03 Proposed Unified Breast Unit

Nicola Prygodzicz presented the Outline Business Case (OBC) to support the development of a new Unified Breast Unit and requested approval from the Board to submit the OBC to the Welsh Government.

Nicola Prygodzicz set out the case for change, highlighting that breast services were currently provided from 3 hospitals, many of which were in facilities that were not fit for purpose. Together with increasing referrals, the current service did not provide the best experience for patients.

The preferred option was to centralise services at Ysbyty Ystrad Fawr in a dedicated unit providing integrated services and a one stop clinic approach. This was consistent with national guidelines, the Health Board's Clinical Futures Strategy and Cancer Strategy. The majority of services would be provided at YYF with a small number of higher risk patients receiving their surgery at the Royal Gwent Hospital.

The estimated capital cost of the proposed new unit was £10.2 million.

It was noted that engagement had been undertaken with the CHC and stakeholders.

Subject to approval by the Board, the OBC would be submitted to Welsh Government later that day and it was proposed that the Health Board immediately progress to developing the Full Business Case (FBC) whilst awaiting confirmation from Welsh Government. The timescales were outlined including submission of the FBC in March 2021; work commencing on site in May 2021 and completion in June 2022.

Nicola Prygodzicz said that a significant amount of work had been undertaken by the operational and clinical teams and this was an exciting opportunity for the Health Board.

The Chair thanked all those involved in preparing an extensive OBC.

Paul Deneen congratulated all those involved in preparing a very detailed OBC with a comprehensive assessment.

Chris Koehli asked if the OBC could be more explicit on patient outcomes and workforce issues. Nicola Prygodzicz explained that the improved patient outcomes was a key driver. The proposals would enable more surgery to be undertaken as a day case which would reduce length of stay. Also, better access and quicker diagnosis, all of which would improve patient outcomes. Claire Birchall said that it was hoped that the wider knowledge of the service would also encourage people to seek help and advice as soon as possible. Rhiannon Jones said that the new environment would also enhance dignity for patients. A new facility would also attract staff in terms of recruitment.

Pippa Britton asked if there would be opportunity to increase capacity on the new site to allow future expansion. It was confirmed that a level of resilience and future growth had been built in to the Business Case.

Katija Dew commented that this proposal was originally presented to the Board and a very compelling argument was made at the time and detailed discussions and questioning had taken place since. The OBC reflected these discussions.

David Jones asked if artificial intelligence technologies were included within the proposal. It was noted that there was nothing specific in the OBC but AI would be picked up as part of the wider radiology strategy.

Angela Mutlow confirmed that the Community Health Council fully supported the project and there had been strong engagement from the start.

Ann Lloyd said that she was pleased to see that, despite the significant increase in referrals the service would be moving to increased day surgery and asked what impact this would have on waiting times. Nicola Prygodzicz explained that part of the case for change was to increase the day case approach which increases the number of patients seen and reduces waiting times thus improving patient outcomes. Claire Birchall confirmed that this approach was built in to the demand and capacity modelling and highlighted that current issues related to first outpatient appointment.

Judith Paget explained that the impact of the development on waiting times was best undertaken at the time of the FBC in order to understand waiting lists at that time.

The Board supported OBC for submission to Welsh Government.

ABUHB 3006/04 Early Opening of the Grange University Hospital

Nicola Prygodzicz presented the case to bring forward the opening of the Grange University Hospital from March 2021 to November 2020 to support the resilience of the system during the winter in the context of COVID-19.

It was noted that the project was on track before COVID-19. A decision was taken in mid-March to accelerate the commissioning of the ward areas as part of the Health Board's COVID-19 response plan. Fortunately, the additional capacity had not been needed to date but remained available as part of Health Board surge capacity plan.

A number of clinically led sessions had been held to discuss optimising the use of the ward areas in winter or the full opening of the GUH. A clinically led options appraisal had been undertaken to identify the option to best support patients:

- Low acuity step down facility- this was assessed as beneficial but would not provide the maximum benefit.
- Elective site – this was assessed as providing limited use of the hospital.
- Specialist and critical care centre, with some small interim variations – this was the preferred option and had full clinical consensus.

The key benefits of the preferred option were highlighted as:

- Service sustainability for those services struggling to run across 2 sites, such as women and children's services.
- Provide increased surge capacity.
- Single rooms provide more flexibility and the ability to isolate more patients during a pandemic.

Nicola Prygodzicz explained that following agreement of the preferred option a significant amount of work had been undertaken regarding the feasibility and key enablers.

It was noted that:

- The current forward programme provided by LOR states that in order to deliver an operational hospital by Monday 16th November 2020, LOR would complete works by 24th September and then focus on the Radiology fit out and CAT 3 Laboratory work. It was highlighted that a number of ward areas had already been handed over to the Health Board.

- An assessment has been undertaken of the full Clinical Futures acute medical model and this had been adjusted to support four medical intakes from November 2020.
- Ongoing assessment of the nursing workforce required, acknowledging the changing circumstances. Solutions will include early identification and planned use of overseas and newly qualified nurses, along with increased use of bank and agency staff.
- Medical recruitment is being undertaken for a number of key specialities with mitigation plans identified where appropriate.
- Inter-site patient transport was a key issue. Significant progress had been made with WAST to escalate the proposal and a pilot was planned for August to test the model. A further report would be presented to the Board in July.
- Communications and engagement was a fundamental part of the programme.
- A more flexible approach to procurement may be required to ensure that the opening was not compromised.
- Assessment of financial implications had been undertaken and the revenue implications for the different options had been modelled.

Nicola Prygodzicz requested the Board's support for the proposal to open the Grange University Hospital as part of the operational plan, in line with the Clinical Futures model with some small variations and submit to Welsh Government for formal approval.

Ann Lloyd said that this was a comprehensive piece of work and congratulated those involved in the work.

Paul Deneen commented that this was a superb piece of work on the options and working with the contractor. A thorough options appraisal had been undertaken which provided all of the evidence required.

David Jones asked if other elements of transformational work, as part of the Clinical Futures Programme, would not take place following the opening of the GUH. Nicola Prygodzicz said that a lot of work had been undertaken on Clinical Futures models which meant that the organisation was in a good position to respond to COVID-19 and a number of plans were brought forward. The majority of the transformation work would still happen, with a few areas delayed until March 2021. It was highlighted that Clinical Futures had always been longer term plan which would extend beyond the opening of the GUH.

Chris Koehli asked what the financial implications would be in 2021/22. Glyn Jones explained that the preferred option was the most cost effective in the current financial year. The costs for 2020/21 would depend on how quickly surge capacity could be closed. A discussion with Welsh Government would then be required regarding the ongoing impact of COVID-19. Glyn Jones highlighted that it was important to understand that, regardless of the option, there would be a recurring investment in the new hospital network model and the need to look at efficiencies, rationalising estate etc to ensure the Health Board could continue to live within its financial allocation.

Ann Lloyd said that it would be important for the Planning and Strategic Change Committee to closely monitor the additional investment and cost effectiveness of service delivery.

Glyn Jones said that a request had been made to the Welsh Government for transitional funding and they were aware of the Board discussion.

Rhiannon Jones explained that the Executive Team had undertaken a workforce deep dive and the workforce risks were similar whether the GUH opened in November or March. It was recognised that this was the right option but there were a number of workforce risks to work through. A nursing workforce proposal was being developed to ensure safe models of care. Further detail on the proposed bed model was expected in mid-July from which a final workforce plan could be developed.

Angela Mutlow confirmed that the CHC supported the early opening of the Grange University Hospital.

The Board endorsed the proposal to open the Grange University Hospital in November 2020 and thanked the teams involved. It was agreed that the risks would be kept under close scrutiny by the Planning and Strategic Change Committee.

ABUHB 3006/05 Closing Matters

Paul Deneen thanked staff and partner agencies for the significant work and support during the COVID-19 pandemic.

ABUHB 3006/06 Date of Next Meeting

The next scheduled Public Board meeting to be held on Wednesday 15th July 2020.

Aneurin Bevan University Health Board Meetings –
Wednesday 20th May to Tuesday 30th June 2020

ACTION SHEET

Minute Reference	Agreed Action	Lead	Progress/ Outcome
ABUHB 2005/07	**COVID-19 Plan and Update:** It was confirmed that uptake of staff welfare support was being tracked and monitored and this would be further outlined in future reports.	**G. Evans**	The Board has been kept up to date with the support provided for staff on health and well-being during the Pandemic. Updates have been provided in weekly briefings. Further information will continue to be provided in reports to the Board and Committees on progress and ongoing evaluation and survey work.
	It was acknowledged that the Health Board was ahead in recognising and addressing issues with BAME staff and this needed to be reflected within the document and form part of future reports.	**N.Prygodzicz/ G. Evans**	Completed. Risk Assessments for vulnerable staff will be included in future reports.
ABUHB 2005/09	**Establishment of Clinical Ethics Committee:** Board members agreed that the Committee would become a permanent part of the structures and would report to the Quality and Patient Safety Committee.	**S. Aitken**	It is confirmed that this Committee will be linked in to the Health Board's Committee structure reporting to the QPSC.
	It was agreed that the requirement for legal representation on the Committee would be kept under review.	**S. Aitken**	This will be kept under review.

ABUHB 2005/12	**Financial Report:** It was agreed that a future development session would focus on remodelling and rebuilding for the future. It was agreed that consideration would be given to the financial outcome for 2019/20 at the June meeting of the Board.	**R. Bevan** **G. Jones**	This has been included in the forward work programme. Complete. Accounts approved 25.06.20
ABUHB 3006/03	**Ysbyty Ystrad Fawr Breast Services Proposal:** The Board approved the submission of the Outline Business Case to Welsh Government.	**N. Prygodzicz**	Submission completed.
ABUHB 3006/04	**Early Opening of The Grange University Hospital:** The Board approved submission of the proposal to Welsh Government.	**N. Prygodzicz**	Included as part of the draft Quarter 2 Operational Plan submitted to Welsh Government.

GIG CYMRU NHS WALES Bwrdd Iechyd Prifysgol Aneurin Bevan University Health Board	Aneurin Bevan University Health Board Wednesday 15th July 2020 Agenda Item:1.6

Aneurin Bevan University Health Board

Governance Matters:
Report of Sealed Documents and Chair's Actions

Executive Summary

This paper presents for the Board a report on the Chair's Action and use of the Common Seal of the Health Board between the 4th May 2020 and 30th June 2020.

The Board is asked to note that there have been four documents that required the use of the Health Board seal during the above period and is asked to note these.

As the Board will be aware, adjusted arrangements to maintain good governance with the appropriate level of Board oversight and scrutiny during the period of the COVID-19 Pandemic was approved through Chair's Action on the 9th April 2020. This has enabled the Health Board to continue to discharge organisational responsibilities through effective and timely decision making whilst satisfying appropriate governance and assurance arrangements and therefore Chair's Action provisions in Standing Orders have been used, where required.

Chair's Action in Standing Orders requires approval by the Chair, Chief Executive and two Independent Members, with advice from the Board Secretary. This process has been undertaken virtually, with appropriate audit trails, for the time of the pandemic and where necessary conference have been put in place to obtain approvals and the decisions recorded. All Chair's Actions require ratification by the Board at its next meeting.

During the period between the 4th May and the 30th June 2020, six Chair's Actions have been agreed. This paper provides a summary of the Chair's Actions taken during this period, which are appended to this report.

The Board is asked to: (please tick as appropriate)	
Approve/Ratify the Report	✓
Discuss and Provide Views	
Receive the Report for Assurance/Compliance	
Note the Report for Information Only	

Executive Sponsor: Richard Bevan, Board Secretary

Report Author: Bryony Codd, Head of Corporate Governance

Report Received consideration and supported by :

Executive Team	**N/A**	**Committee of the Board [Committee Name]**	**N/A**

Date of the Report: 3rd July 2020

Supplementary Papers Attached: Appendix 1 – Chair's Action Schedules

Purpose of the Report

This report is presented for compliance and assurance purposes to ensure the Health Board fulfils the requirements of its Standing Orders in respect of documents agreed under seal and also situations where Chair's Action has been used for decisions.

Background and Context

1. Sealed Documents

The common seal of the Health Board is primarily used to seal legal documents such as transfers of land, lease agreements and other contracts. The seal may only be affixed to a document if the Board or another committee of the Board has determined it should be sealed, or if the transaction has been approved by the Board, a committee or under delegated authority.

2. Chair's Action

Chair's Action is defined by the Health Board's Standing Orders as:

Chair's action on urgent matters: There may, occasionally, be circumstances where decisions which would normally be made by the Board need to be taken between scheduled meetings, and it is not practicable to call a meeting of the Board. In these circumstances, the Chair and the Chief Executive, supported by the Board Secretary, may deal with the matter on behalf of the Board - after first consulting with at least two other Independent Members. The Board Secretary must ensure that any such action is formally recorded and reported to the next meeting of the Board for consideration and ratification.

3. Key Issues

3.1 Sealed Documents

Under the provisions of Standing Orders the Chair or Vice Chair and the Chief Executive or Deputy Chief Executive four documents were sealed between the between the 6th May 2020 and 30th June 2020, as outlined below:

Date	Title
4th May 2020	Revised Lease and simple declaration for Land at former Whiteheads Works, Newport
13th May 2020	Section 28A Agreement between ABUHB and Newport City Council 1st April 2020 to 31st March 2021 – resettled from LGH to Community and Residential
13th May 2020	Section 28A Agreement between ABUHB and Newport City Council 1st April 2020 to 31st March 2021 – to support residential care needs of Older Adults in Newport
30th June 2020	Form of Agreement by deed relating to appointment of NEC3 Supervisors for Hospital Sterilisation Unit, LGH

3.2 Chair's Action

All Chair's Actions undertaken between 6th May and 30th June 2020 related to the Health Board's response to the COVID-19 Pandemic are listed below:

Date	Title
28th May 2020	Extension of the Flexible Reward incentive for Bank Nursing and also registered nurse 'off contract agency' to assist with the organisations response to the COVID19 Pandemic
3rd June 2020	Magnetom Avanto Fit MRI Scanner. YYF
9th June 2020	Attend Anywhere Enterprise Tier 5 – G-cloud 11 (RFA613)

9th June 2020	Development of Tredegar Health and Wellbeing Centre and the demolition of the existing Tredegar General Hospital
9th June 2020	Serennu Children's Centre – Rebound Facility
12th June 2020	Omnicell Pharmacy Vending Cabinets for GUH

Assessment and Conclusion	
In endorsing this report the Health Board will comply with its own Standing Orders.	
Recommendation	
The Board is asked to note the documents that have been sealed and to ratify the action taken by the Chair on behalf of the Board.	
Supporting Assessment and Additional Information	
Risk Assessment (including links to Risk Register)	Failure to report the sealing of documents to the Health Board would be in contravention of the Local Health Board's Standing Orders and Standing Financial Instructions.
Financial Assessment, including Value for Money	There are no financial implications for this report.
Quality, Safety and Patient Experience Assessment	There is no direct association to quality, safety and patient experience with this report.
Equality and Diversity Impact Assessment (including child impact assessment)	There are no equality or child impact issues associated with this report as this is a required process for the purposes of legal authentication.
Health and Care Standards	This report would contribute to the good governance elements of the Health and Care Standards.
Link to Integrated Medium Term Plan/Corporate Objectives	There is no direct link to Plan associated with this report.
The Well-being of Future Generations (Wales) Act 2015 – 5 ways of working	**Long Term –** Not applicable to this report
	Integration –Not applicable to this report
	Involvement –Not applicable to this report
	Collaboration – Not applicable to this report
	Prevention – Not applicable to this report
Glossary of New Terms	None
Public Interest	Report to be published in public domain

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Aneurin Bevan University Health Board
Note of Chair's Action

Extension of the flexible reward incentive for bank nursing and also registered nurse 'off contract agency' to assist with the organisation's response to the COVID-19 Pandemic

I have today agreed retrospective approval (original decision by Strategic Group on the 30th March 2020) under the arrangements for Chair's Action, as per the Health Board's Standing Orders for the extension of the flexible reward incentive for bank nursing and also registered nurse 'off contract agency' to assist with the organisation's response to the COVID-19 Pandemic.

The initial agreement was provided by the COVID-19 Strategic Group, but it has been assessed that due to the potential levels of financial spend that this might incur, it has been agreed that this will require Chair's Action. The extension of the flexible rates have been agreed between the 1st April 2020 and the 30th June 2020. It will be reviewed following that date. The arrangements are outlined below and in the attached proposal paper/decision note.

- Bank nursing: extension of Flexible Reward incentive to 30th June – estimate up to £41k/week (13 weeks @ **£41k = £533k)**
- RN "off-contract" agency: increase block-booking from 35wte to 73 wte – estimate up to £71k/week (13 weeks **@£71k = £923k)**

Approvals:

Signature .....
Ann Lloyd, Chair

Signature .....
Judith Paget, Chief Executive

Richard Clarke
Signature.....
Independent Member

Pippa Britton
Signature.....
Independent Member

28th May 2020
Date: .....

GIG CYMRU NHS WALES
Bwrdd Iechyd Prifysgol Aneurin Bevan University Health Board

Aneurin Bevan University Health Board
Note of Chair's Action

I have today approved under the provisions of Chair's Action the agreement of a maintenance and ongoing service contract for the Magnetom Avanto Fit MRI Scanner at Ysbyty Ystrad Fawr. The contract is awarded and will be provided by Siemens. The contract will run for seven years from 18/03/21 – 17/03/22. The National Framework Agreement via the NHS Supply Chain has been utilised in terms of the negotiation and agreement of this servicing contract.

The contract will be for £62,136.00 + VAT per annum (fixed for 7 years). Therefore, the total cost of the contract will be £434,952.00, plus VAT of a total cost of (£86,990.40).

This Chair's Action approval is given due to the cumulative cost plus VAT of the seven year contract period.

This will be reported to the next Health Board Meeting.

Approvals:

Signature .....
Ann Lloyd, Chair

Signature .....
Judith Paget, Chief Executive

Emrys Elias
Signature.....
Independent Member

Shelley Bosson
Signature.....
Independent Member

3rd June 2020
Date: .....

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Aneurin Bevan University Health Board

Note of Chair's Action

Attend Anywhere Enterprise Tier 5 – G Cloud-11 (RFA613)

I approved a Chair's Action on the 31st March 2020 for the procurement of the annual subscription for the Attend Anywhere Platform for the period of the 9th April 2020 to the 8th April 2021. Subsequent to the original Chair's Action, Welsh Government has given approval for the extension of the scope of the Attend Anywhere Platform. Therefore, the original approval requires updating following a new procurement agreement having been negotiated. This will run from 24th April 2020 to the 23rd April 2021 at an estimated value of £1,200,000. This cost of over £1 million has also been approved by Welsh Government.

Therefore, I have approved under Chair's Action, as per the Health Board's Standing Orders, the amended agreement for the Attend Anywhere platform, as outlined above.

Approval Signatures:

Signature: .....
Ann Lloyd, Chair

Signature: .....
Judith Paget, Chief Executive

Emrys Elias
Signature: .....
Independent Member of the Board

Pippa Britton
Signature: .....
Independent Member of the Board

Date 9th June 2020

Bwrdd Iechyd Prifysgol Aneurin Bevan University Health Board

Aneurin Bevan University Health Board

Note of Chair's Action

Development of Tredegar Health and Wellbeing Centre and the Demolition of the existing Tredegar General Hospital

I have today approved a Chair's Action, in line with Health Board Standing Orders, for the awarding of a contract for Keir Construction Limited, with a value of £650,125.00 for the demolition of Tredegar General Hospital, as part of the development of the Tredegar Health and Well Being Centre. The overall capital funding for the development has been approved by Welsh Government and the demolition costs are part of the overall budget of the development of £1,468,000.00 as outlined in the attached approval letter.

Approval Signatures:

Signature: .....
Ann Lloyd, Chair

Signature: .....
Judith Paget, Chief Executive

Richard Clark
Signature: .....
Independent Member of the Board

Emrys Elias
Signature: .....
Independent Member of the Board

9th June 2020
Date .....

GIG CYMRU NHS | Bwrdd Iechyd Prifysgol Aneurin Bevan University Health Board

Aneurin Bevan University Health Board

Note of Chair's Action

Serennu Children's Centre – 'Rebound' Facility

I have today under the provisions of Chair's Action in the Health Board's Standing Orders approved the following project arrangements and the financial expenditure relating the project.

Project Description:
Provision of a new build Rebound facility to the rear of the existing Serennu Children's Centre.

Serennu is an integrated children's centre hosting health, social care and voluntary sector services for children with disabilities and developmental difficulties under one roof.

The Health Board has, in collaboration with Local Authority Social Services partners and the voluntary sector charity Sparkle, tested and implemented new integrated models for delivering health care, including ISCAN, Care Co-ordination and a Helping Hands psychology intervention service (1:1 counselling, befriending, dads and siblings groups, toolkits, etc).

Rebound Therapy is well established as a treatment modality and used with a wide variety of children and young adults. Children who find it difficult to engage in therapy are more motivated as it is a fun activity. Sessions can be tailored to be more stimulating or calming depending on the intensity and rhythm of the bounce. It affords better breathing control, encourages blood flow and lymphatic return and regulates muscle tone in addition to providing a sense of movement for children who are normally immobile.
As a therapy intervention it is useful for a variety of client groups – those with motor co-ordination difficulties, autism and more profound physical difficulties. From clinical experience it provides many functional outcomes – for those with little active movement it provides an opportunity to experience movement (enabling different muscle activity, impacting on comfort and function). The positive impact on muscle tone can enable active movement, which you may not have been able to achieve on dry land treatment. It enables a hands-off approach as it is possible to use the movement of the trampoline bed to facilitate rolling for example without the need to touch the child. This is especially important for children who are resistant to being physically handled. It would also provide additional opportunities for children currently using the sensory room as sessions on the trampoline can be adapted to suit the sensory needs of the child, but adds the sense of movement to the overall experience.

Additional Information is attached in appendices 1 & 2.

Funding:
The major proportion of funding to deliver this project will be awarded via the Wales ICF Capital Allocation. This is an additional funding stream outside the Health Board's Discretionary Capital Allocation (DCP) and will not affect the approved DCP programme for 2020/21.

In addition to the ICF allocation, 'Sparkle' voluntary sector organisation has contributed £100,000 towards the total cost of this project.

Table 1 Identifies Budget Breakdown

Funding Stream	Funding Allocation £	Comments
ICF	718,840	Funding bid to be submitted
'Sparkle'	100,000	Funded by charitable organisation. £52k incurred during 2019/20 from grant contribution.
Total Scheme Budget	**£818,840**	2019/20 £52k, 2020/21 £

Following detailed design development, the estimated cost of the project is £838,360. This is an increase in the original PPD of approx. £51k. This has since been revised (see attached) and increased costs identified in the ICF Bid to be submitted subject to this paper being approved to proceed.

Financial Value:	Total: **£818,840** (Inclusive of VAT. Of the £819k total project value, £52k was incurred during 2019/20 funded via the Sparkle grant contribution)

Other Related Approvals:
This project early design development was approved in the Capital Group - financial year 2019/20.

The scheme is included in the regional ICF plan for 2020/21. The part two submission is required to unlock the grant funding for 2020/21.

Approval Request:
In accordance to the Financial Limits of the Health Boards SFIs and Standing Orders, the Board (via Chair's Action) has approved the financial limit of this project, and:

a) Approved the attached formal ICF part 2 bid submission.
b) And subject to ICF Funding award, approval for the project to proceed.

Approval Signatures:

Signature: .....
Ann Lloyd, Chair

Signature: .....
Judith Paget, Chief Executive

Katija Dew
Signature: .....
Independent Member of the Board

Shelley Bosson
Signature: .....
Independent Member of the Board

Date .... 9th June 2020 .....

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Chairs Action

Omnicell Pharmacy Vending Cabinets for GUH

I have today approved a Chairs Action for the procurement of an Omnicell Pharmacy Vending Cabinet to support the commissioning of the Grange University Hospital. This new contract is awarded to Omnicell alongside our existing contractual agreement. The new contract will be for a value of £1,352,387.85 + VAT.

Signature .....
Ann Lloyd, Chair

Signature .....
Judith Paget, Chief Executive

Pippa Britton
Signature.....
Independent Member

Shelley Bosson
Signature.....
Independent Member

12th June 2020
Date .....

Aneurin Bevan University Health Board

QUARTER 2 OPERATIONAL PLAN

Executive Summary

This report presents the proposed Quarter 2 Plan for Board approval in line with the requirements set out the revised planning framework and guidelines for NHS Wales issued by Welsh Government. The Integrated Medium Term Planning process is currently paused and has been replaced by Quarterly Operational Plans in response to the COVID-19 pandemic.

The Quarter 2 Plan following an overview presentation to the Planning and Strategic Change Committee on the 17th June 2020 and further development via the Executive Team was submitted to Welsh Government, in line with the requirements of the Welsh Government revised planning guidance, for the 3rd July 2020 submission date and marked as a draft pending Board consideration and approval.

The Board is asked to consider and approve the Quarter 2 Plan.

The Board is asked to: (please tick as appropriate)	
Approve the Report	√
Discuss and Provide Views	
Receive the Report for Assurance/Compliance	
Note the Report for Information Only	

Report Received consideration and supported by : Executive Team

Executive Team	29th June 2020	**Committee of the Board [Committee Name]**	Presented to the Planning and Strategic Change Committee on the 17th June 2020/

Date of the Report: 6th July 2020

Supplementary Papers Attached: Draft Quarter 2 Operational Plan and supporting appendices.

Purpose of the Report

This report sets out the revised planning framework and guidance for NHS Wales issued by Welsh Government, with conformation that the Integrated Medium Term Planning process is currently paused and replaced by Quarterly Operational Plans in response to the COVID-19 pandemic.

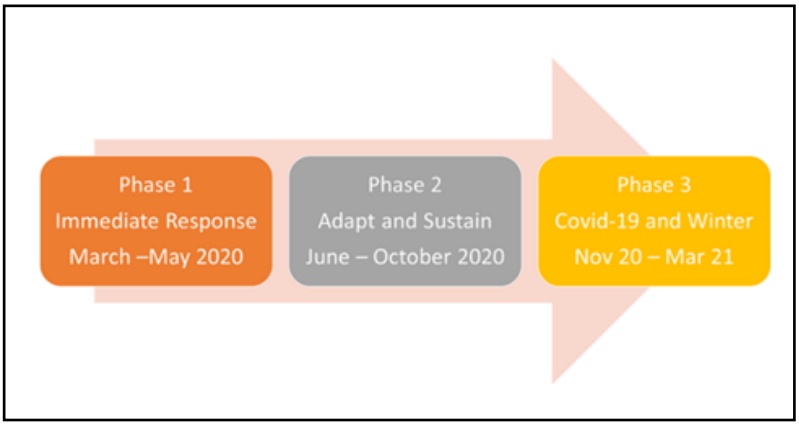
The Quarter 2 plan was submitted to Welsh Government in line with the guidance for the 3rd July marked as a draft pending Board consideration and approval. The Quarter 2 Plan is presented to the Board for approval.

Background and Context

On the 16th March 2020, and in response to the unprecedented challenge associated with the COVID-19 pandemic, the Integrated Medium Term Planning process for NHS Wales was paused. Welsh Government has subsequently adopted a quarterly COVID-19 operating framework with Health Boards required to develop operational plans describing their response to COVID-19 and the delivery of essential and routine health services.

Assessment and Conclusion

The Health Board has adopted the following three phased approach to planning in 2020/21.



Having completed this immediate response to the pandemic, the focus of the Health Board has moved to Phase 2: **Adapt and Sustain**. This Quarter 2 plan describes how the Health Board will cautiously re-establish elements of routine services whilst ensuring it has the capacity to respond to COVID-19 and maintain essential services. It also describes the work to be undertaken by the Health Board and its partners in preparing for winter, and Quarters 3 and 4 Operational Plans.

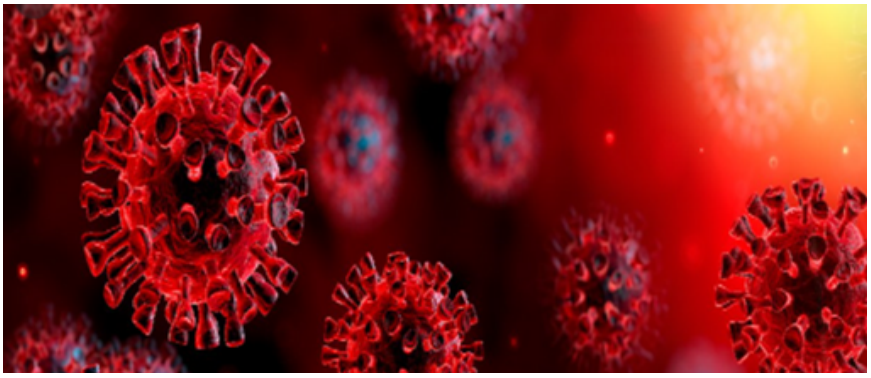
The second phase of the Health Board's planning approach broadly equates to the Second Quarter and the operational plan is structured around.

- Our continuing response to COVID-19
- Essential services and key quality safety issues
- Implementation of infection prevention and control guidance
- Capacity plans, including operational and surge plans
- An update on Unscheduled Care and Winter Planning
- Progress update on routine services including paediatrics
- Support plans for care homes and social care interface
- Workforce plans
- Financial implications
- Risks to delivery and mitigation
- Mechanisms of stakeholder engagement

Recommendation

Board members are recommended to consider and approve the Quarter 2 Operational Plan.

Aneurin Bevan University Health Board



Operational Plan
2020/21 Quarter 2

CONTENTS

1. Introduction

This high level operational plan provides the framework for how the Health Board will continue to respond to COVID 19 whilst ensuring that essential services are maintained and more routine care is safely recommenced. It has been prepared in response to a request from Welsh Government on the 22nd June and its structure follows the format provided.

COVID 19 has presented an unprecedented challenge to the Health Board and its partners. In common with NHS Wales, it has successfully managed to respond to the myriad challenges of the pandemic. The peak incidence of infection in Gwent was in early April and extraordinary steps were taken to ensure that the Health Board was able to effectively respond. Supported by the Ministerial framework, the Health Board created the capacity to meet the demands of COVID 19, most notably doubling its critical care beds. More recently the Health Board has successfully introduced the Test/Trace/Protect scheme with its Local Authority Partners.

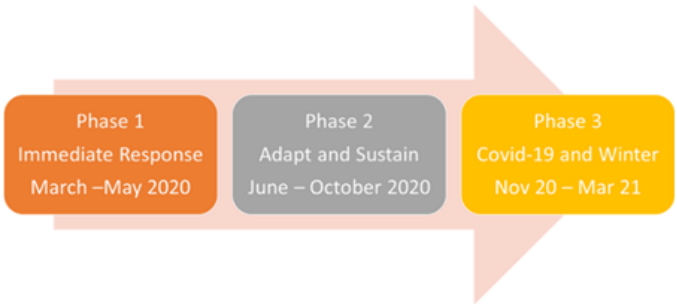
The Health Board has ensured that the principles underpinning its Clinical Futures Strategy and Planning are integrated in its response to COVID, and it has accelerated the pace and scale of new ways of working.

The burden of COVID 19 has continued to reduce since the peak in April, with a relatively low level currently of community transmission and hospital admission. Whilst responding to COVID 19 has been a priority, the Health Board has maintained an equal focus on the provision of essential services across the wide space of its responsibilities.

Mindful of the impact of the steady and cautious approach of lockdown arrangements and the potential for an increase in infections, the Health Board will continue to ensure that it has the surge capacity to respond to the scale of COVID whilst re-establishing more routine services without compromising the Health Board's ability to respond to COVID and provide essential services.

The Health Board has adopted a three phase approach to its planning and this is summarised in Figure 1 opposite. These plans encompass Track 1 (COVID) and Track 2 (Essential and Routine Services).

Figure 1 ABUHB Phased Planning Response



Phase 1: **Immediate Response** the Health Board:-

- Redirected staff and capacity to meet the demands of COVID 19
- Created pathways and streaming for the management of COVID patients

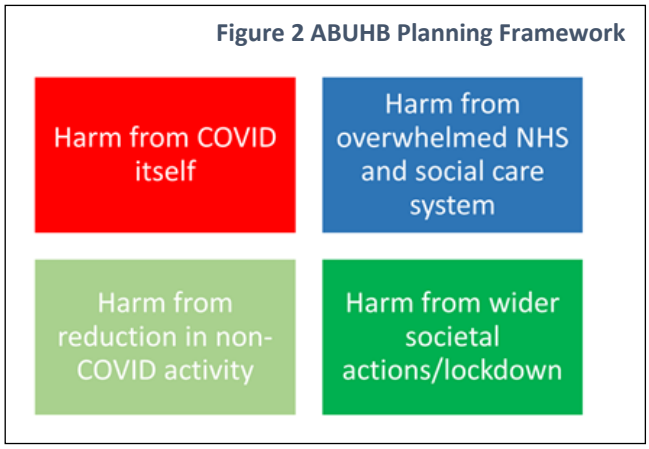
- Implemented the All Wales Framework to release workforce and physical capacity
- Maintained essential services across the spectrum of primary, community and hospital services
- Carefully reviewed its responses to ensure it was effective, timely and proportional

Having completed this immediate response to the pandemic, the focus of the Health Board has moved to Phase 2: **Adapt and Sustain**. This Quarter 2 plan describes how the Health Board will re-establish elements of routine services whilst ensuring it has the capacity to respond to COVID and maintain essential services. It also describes the work to be undertaken by the Health Board and its partners in preparing for winter.

This operational plan is structured around the guidance for the Quarter 2 Operational Plan:

- Essential services and key quality safety issues
- Implementation of infection prevention and control guidance
- Capacity plans, including operational and surge plans
- An update on Unscheduled Care and Winter Planning
- Progress update on routine services including paediatrics
- Support plans for care homes and social care interface
- Workforce plans
- Financial implications
- Risks to delivery and mitigation
- Mechanisms of stakeholder engagement

The Health Board's planning continues to be framed by the 4 types of harm and recognises the need to carefully consider these in the development of its operational plans.



It is recognised that COVID 19 will have an enduring, albeit uncertain impact on the Health Board and its activities. As described below, the Health Board has embraced the opportunity to adopt new ways of working. Whilst these are overwhelmingly positive, COVID 19 and the need to prevent transmission in health care settings, will have a profound effect on the Health Board's productivity and the delivery of services will need to take these carefully into account, in primary care, in the community, in outpatients, on wards and in theatres.

2. Managing COVID 19

2.1 Preparing for a Pandemic

The overall objectives of the UK's approach to preparing for a Pandemic are to:

- Minimise the potential health impact of a pandemic;
- Minimise the potential impact of a pandemic on society and the Economy;
- Instil and maintain trust and confidence.

The UK Influenza Pandemic Preparedness Strategy 2011 (Department of Health 2011) set out a series of phases: Detection, Assessment, Treatment, Escalation and Recovery, referred to as 'DATER'.

- Detection
- Assessment
- Treatment
- Escalation
- Recovery

Reducing the risk of transmission and infection with the virus within the local community by:

- actively finding cases;
- self-isolation of cases and suspected cases;
- Pathways to isolate suspected cases (Acute Hospital/Primary Care)
- Protection of staff (PPE)

(Health Board began response to Detection/Assessment phase 27th January 2020)

The stages are not numbered as they are not linear, may not follow in strict order, and it is possible to move back and forth or jump stages. It should also be recognised that there may not be clear delineation between stages. These offer useful considerations for the current pandemic:

Detection and Assessment	These first two phases form the initial response. This may be relatively short, and phases maybe combined depending on the speed with which the virus spreads, or the severity with which individuals and communities are affected. The detection phase would commence on the basis of reliable intelligence or if a Pandemic "Public Health Emergency of International Concern", (a PHEIC) is declared by the World Health Organisation. In relation to assessment, in a pandemic emergency, all resources are potentially going to be fully stretched and the impact on health and other services is likely to be intense, sustained and wide spread. It may bring with it higher than normal rates or morbidity and mortality, as well as causing direct interruption of many services due to staff absence, and knock on effects because of food and fuel shortages, over demand for health and social services, and the need for social distancing measures to reduce the spread of infection. Due to the nature of the Pandemic, the response teams co-ordinating responses are likely to be Health led but will include representation from agencies appropriate to the emergency being faced. The higher the policy level the more non-health issues are likely to be the most significant and the greater the need for non-health leadership. As the specifics of the Pandemic will be unknown until it occurs, detailed assessment and agreement of necessary actions will only be able to be completed at the time.
Treatment	The focus would be the treatment of individual cases and population treatment, and the enhancement of the health response to deal with increasing numbers of cases. The focus would also include the implementation and enhancement of public health measures to disrupt local transmission of the virus and the targeting of vaccinations as vaccines become available.

	Detailed surveillance activity will continue for community cases, hospitalised cases and deaths. When demands for services start to exceed the available capacity, additional measures will need to be taken. The decision is likely to be made at a regional or local level, as not all parts of the UK will be affected at the same time or to the same degree of intensity.
Escalation	There may be no need for escalation to assist with the surge management arrangements in health and other sectors. There may be the need to prioritise and triage service delivery with the aim of maintaining essential services. Whilst escalation measures may not be needed in mild pandemics, it would be prudent to prepare for the implementation of the Escalation phase at an early stage of the treatment phase, if not before.
Recovery	Is defined in 'Emergency Response and Recovery' guidance on part one of the Civil Contingencies Act 2004 as: *'The process of restoring and rebuilding the community and supporting groups particularly affected, in the aftermath of an emergency'.* Rebuilding can be further defined as regeneration of the infrastructure, people (community) and environment, which has suffered in the emergency. It must be noted that a pandemic will not necessarily follow the classical lines of command and control with an incident scene and it is highly likely that the lead agency in the response phase will be the Health Service. The recovery phase is primarily going to be about people issues; however, other disruptions cannot be discounted and these must be factored into the recovery strategy. Considerations for the recovery phase will include: • Completion of urgent vaccination requirements • Rest and emotional support of staff • Prioritisation of return of services • Maintenance of flu vaccination campaign • Continue communication with key stakeholders • Replenishment programme and stock take • Maintenance of staff welfare As the focus moves from the response phase to recovery and regeneration, consideration will be needed in relation to changes of leadership and personnel. Continued multi- agency partnership working is however, essential if the community is to recover. Details of recovery arrangements can be found in the Gwent Local Resilience Forum Recovery Plan (Gwent LRF 2014)

As we learn more about the virus, its effects and its behaviour, estimates will be revised of its potential spread, severity and impact. At present, there is neither a vaccine against COVID-19 nor any specific medication. The overall objective is to manage symptoms and provide support to patients, the wider public and healthcare workers.

The health and socio-economic impacts of a pandemic are the responsibility of individual organisations including all category 1 and 2 responders under the Civil Contingencies Act 2004.

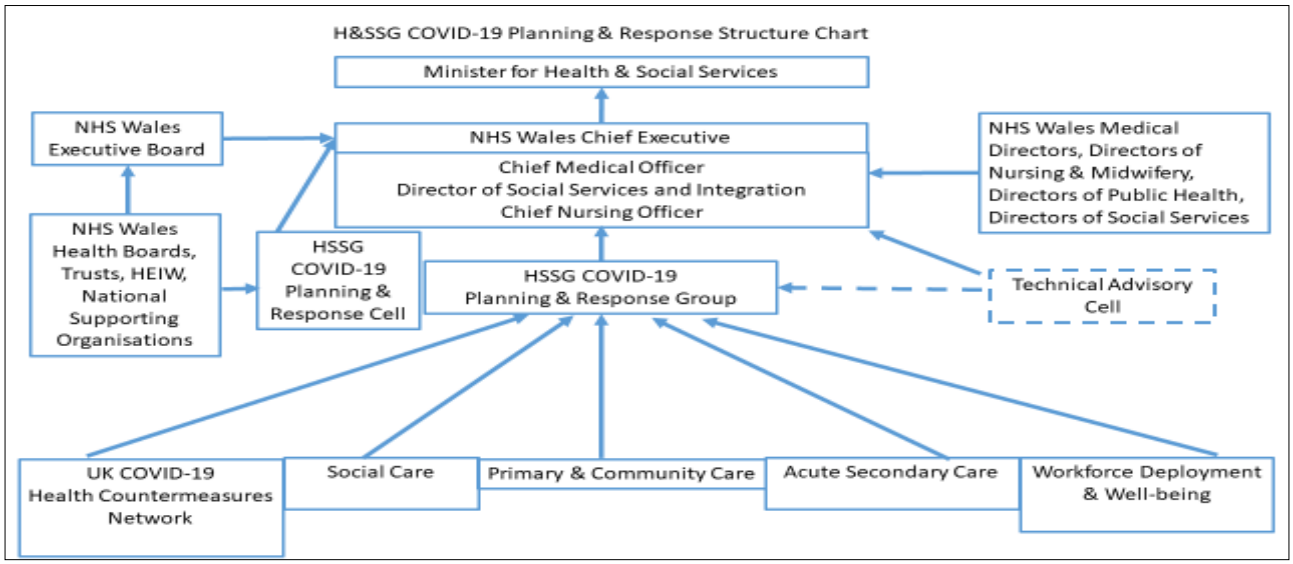
2.2 National, Regional and Local Response Structures (Working Together to Respond to COVID-19)

Plans are needed at many levels from National UK, Wales, local regions and local organisations. Each level will cover specific responses to managing Pandemics

and its direct impact, as well as the indirect consequences of the pandemic in order to ensure business continuity.

Welsh Government

Whilst National UK guidance and plans have set much of the overall policy objectives, Wales as a devolved nation has set the framework for the Welsh response and established the following planning structure which was set out in *'COVID-19 preparedness and response: framework for the health and social care system in Wales'* and is set out below:



The Health Board is working closely with Welsh Government through the structures to ensure appropriate representation at all levels to ensure shared learning, influence of national approach and consistency of policy across Wales where appropriate.

Gwent Local Resilience Forum

The Aneurin Bevan University Health Board, is part of the Gwent Local Resilience Forum (GLRF). The GLRF is established to prepare for, and respond to emergency planning events. During a pandemic it will mobilise a number of multi-agency reporting structures in order to:

- Support the NHS and wider health system
- Minimise the spread of the virus
- Protect our most vulnerable residents
- Maintain essential local public services

The Gwent LRF was the first region to establish its Strategic Co-ordinating Group (chaired by Gwent Police) and the required sub structures on 13th March 2020 with the following collective objectives to:

- Take all reasonable steps to protect and preserve life, prevent loss of life or serious harm being caused to members of public and responders
- Work collaboratively with all partners to ensure a co-ordinated, effective and proportionate response to this public health emergency driven by medical evidence and guidance
- Provide consistent, timely and accurate information to the public, our staff and to stakeholders affected by COVID-19 in the Gwent LRF area
- Maintain trust and confidence amongst the organisations and people who provide key public services, and those who use them
- Protect and maintain essential public services through the implementation of business continuity plans
- Ensure that any civil unrest caused by the issues surrounding the COVID-19 outbreak are dealt with proportionately and in accordance with the legislative powers available
- Prepare and plan for an unprecedented increase in deaths across the Gwent area
- Maintain and support the continuity of normal daily life as far as practicable and restoration of disrupted services at the earliest opportunity
- Identify and take action to implement lessons identified
- Ensure robust infection control measures and monitoring are put in place to protect the health of staff and the general public

The SCG met daily thereafter throughout the first stages of the pandemic, through the peak and only recently reduced its frequency to twice/three times a week as the issues have been managed and the situation is more stable. The SCG has been managed very well with strong collaboration between partners and a critical part of the response structures.

A Recovery Co-ordinating Group has now been established to run in parallel the SCG supported by a number of sub groups to work collaboratively on elements of recovery across the public sector where possible recognising the pandemic response will continue for some time yet.

Health Board Emergency Response

Within this partnership context, Aneurin Bevan University Health Board set out its own objectives by means of response as follows:

- Create an emergency planning response across the organisation in order to manage the outbreak across Gwent strategically, tactically and operationally
- Endeavour to keep our staff safe through appropriate control of infection measures, good supply of PPE and effective management of stock
- Create capacity across our whole system in order to be ready to respond to the growth of cases of COVID-19 across our communities:
    - Enable a Primary Care and community services response to the pandemic that includes close working with our partners;
    - Enable a bed capacity and surge plan and execute its implementation appropriate to predicted spikes in activity
- Enable the maintenance of essential care services

The Health Board's fundamental role and purpose has not changed during the COVID-19 pandemic, however recognises that in such a fast moving emergency, its approach needs to be agile, use good governance as an enabler to facilitate an effective response to the Pandemic and also maintain its responsibilities. The Health Board made a decision to:

- Refocus the agenda for the Health Board and key committees to maintain good governance, assurance arrangements and scrutiny
- Focus on essential business only and particularly on the governance required, key decisions and, a continuing emphasis on the quality and safety of Health Board services for the population we serve
- Enable Executives to appropriately manage the COVID-19 response, whilst also discharging the Health Board's responsibilities and accountabilities to Welsh Government, our partners and the communities of the Health Board area

With regard the last point and in line with the first objective above, the Executive Team gave approval to move towards the mobilisation of an **Emergency Planning response** during February 2020.

Figure 3 illustrates the COVID-19 Command Structure that was adopted by the Health Board during February which has been and refined and adapted through the response and implementation phases of the pandemic. This ensured that appropriate command and control structures were in place to effectively manage the Health Boards response to COVID-19. The revised structure approved during April is illustrated below.

Figure 3 ABUHB COVID Command Structure

The Strategic Group (Gold) sets the strategic aim and objectives and establishing the framework within which the tactical group works. It also maintains overall control of resources and manages the internal and external communications.

Tactical Group (Silver) has overall responsibility for ensuring the key objectives of the Strategic Group are delivered and is each sub group is responsible for the identification and delivery of actions that enable the organisation, specifically the bronze groups, to deliver surge management arrangements in health whilst maintaining essential services. During June a new clinically-led Reducing Nosocomial Transmission Group was established to provide oversight of the COVID and non-COVID pathways, interpret national guidance for local use and to stipulate processes for the safe restart of essential services. The RNTG reports to the COVID Strategic Group.

Bronze Operational Groups a series of bronze groups established have focused on reviewing, testing and strengthening business continuity arrangements for specific service delivery areas in the context of the response that is needed for COVID-19. Each group is primarily responsible for identifying:

- Key services and critical activities that must be delivered
- Important services, where partial or temporary suspension is acceptable, to redirect resources to essential services
- Donor services that can be suspended with resources allocated to priority 1 and 2 services
- Deployment of **existing resources and capacity** to meet anticipated COVID-19 demand

The local structures will continue to be reviewed and refined as we continue to respond to the pandemic over the coming months.

Communication and Information Flows

It is critical that effective communication and information flows support our response. An outline of how we are managing these is set out below.

Information Channels – Internal & External

During the organisations response to COVID-19, it is essential that the flow of information internal and external to the organisation is managed effectively to enable staff, partners and the public to be kept informed of key issues. The approach adopted by ABUHB is outlined below:

Internal logistics	A logistics cell has been created as part of the overall response structure in order to manage information flows in respect of PPE, stock, IT and facilities. This cell also holds the daily reporting and recording of the number of individuals having been tested or having tested positive for COVID-19, as well as the daily reporting into the Local Resilience Forum
Internal communications	A communications cell has been enabled as part of the structure and manages a public health led dedicated programme in relation to COVID-19, with weekly COVID-19 briefings. All guidance, policies, procedures and national materials are managed through this cell. The corporate communications team support daily social media conversations, a corporate daily message and interface with the media.
Information flows across the	All operational groups are required to prepare a daily situation report for consideration at tactical group. A summary of the key issues is reported upward to strategic as well as any issues that require escalation for decision making. A

command and control structure	daily organisation message is shared across the whole organisation and a daily (more detailed) brief is shared back through tactical and operational structures
Stakeholder Engagement	• There is a daily commitment to engage our Community Health Council colleagues. • Assembly Members are briefed in a weekly basis by Skype with a written brief that follows. • Local Authority, Police, Ambulance and Fire partners are briefed daily through the Local Resilience Forum structures. • Both WAST and Powys Teaching Health Board receive briefings as and when changes are taking place that may impact them.

Communication continues to be an essential part of our response and is an area of constant review and opportunity to ensure the staff, public, key partners and other stakeholders are well informed and working together towards the strategic objectives.

2.3 Test/Trace/Protect

In response to the Welsh Government's Test, Trace, Protect strategy, partners including Aneurin Bevan University Health Board (ABUHB), the five Local Authorities in Gwent and Public Health Wales (PHW) have established a Test, Trace, Protect service for Gwent, which went live on Monday 01 June 2020.

Service Model

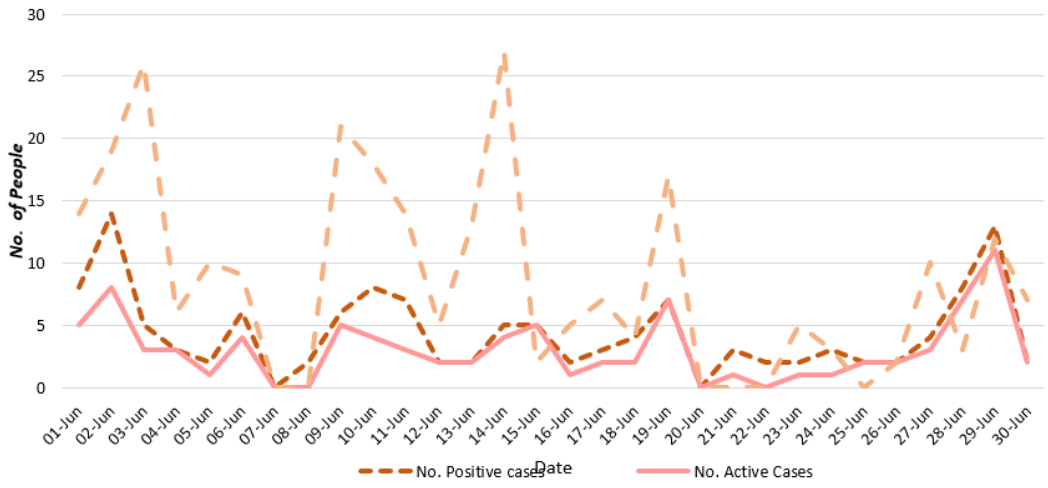
The service model has three tiers, with the regional cell and local team responsibilities being developed and delivered by the partners in Gwent.

Level	Responsibilities
National	• SOP's & Scripts • Support Welsh Government with specialist advice • Respond to cases involving more than one region
Regional Call	• Proactive Surveillance (Inc. data cell) & Data cleanse • Strategic Gwent Overview (Inc. mutual aid) • Coordinate & Manage response to clusters & outbreaks • Deliver training locally • Daily queries • Addressing clinical matters • Directing testing activities to support incidents • Dealing with complex issues • Dealing with non-responders & obstruction • Advise to settings on social distancing & TTP • System testing & ensuring compliance with national standards
Local	• Daily follow up to contacts (call/text) • Advice on isolation & Public Health advice • Answering queries & arrange testing for symptomatic • Interview straight forward cases

Service Activity

As of 30 June 2020, 91 positive cases have been allocated to the local teams to trace, with 259 contacts identified who have been advised to self-isolate for 14 days.

Figure 4 Contact tracing activity in Gwent - 1st to 30th June 2020



Achievements to date:

i. Integrated delivery model and governance

A fully costed delivery model and governance plan for the Test, Trace, Protect service in Gwent has been developed in partnership with the five Local Authorities and submitted to Welsh Government on 15 June 2020. As part of the governance arrangements, it has been agreed that the Local Authorities will hold lead responsibility for their local teams, that ABUHB will hold lead responsibility for the regional cell and that a Local Authority (to be agreed) will lead the programme management. The delivery model and governance plan was agreed at the G-10 group and is now going through each organisation's formal sign-off processes.

Predicting future demand for the service is challenging and a flexible modelling tool has been developed to assist with service planning. The tool includes a number of assumptions which can be changed to reflect different variables, for example, weekly COVID-19 tests conducted, operational hours, positivity rate, average call lengths, ongoing work activity.

A scoping of options for premises has been undertaken and fed into the delivery model to support office-based working as well as a remote working model, as both are in place across Gwent.

ii. Workforce recruitment and training

A significant amount of work has been undertaken to recruit and train all the roles required for the service to go live on 01 June. During phase 1, these roles have been drawn from re-deployed staff within the Health Board and Local Authorities. A total of five teams are in operation, with 265 staff trained see table 1.

Training includes a Public Health Wales e-learning module and a practical session developed and delivered by Aneurin Bevan Gwent Public Health Team. Training has been delivered by a mixture of in-person and virtual sessions.

Table 1 Overview of ABUBH Test, Trace, Protect service teams and staffing

Teams Operational @ 21 June 2020	Staff Temporarily redeployed and trained @ 21 June 2020	
• Blaenau Gwent (remote working) • Caerphilly (remote working) • Newport (remote working) • Monmouthshire (based at Ty Blaen) • Torfaen (based at Ty Blaen) • ABUHB Internal Staff	**265**	
	Clinical Leads **14**	Contract Tracers/call advisors **251**

iii. Data management system

Launch of the new Wales Contact Tracing Data Management System has been challenging with issues around functionality and access to the live data. The teams used an interim system until the national system was available, and dual systems (interim and national system) for a time while issues with the live national system were resolved.

A User Guide/Manual for the Data Management System has been developed by staff in the Aneurin Bevan Public Health Team for local use and training, this has been shared with NWIS for use across Wales.

iv. Supporting socially vulnerable groups

A Standard Operating Procedure for socially vulnerable groups has been developed, to include language support, training and links with organisations working with relevant groups.

All teams have been provided training and local contact details for supporting people who are isolating to access practical support such as help with shopping, food banks and letters to enable claims for sick pay.

v. Communications

The Aneurin Bevan Public Health Team has co-ordinated public communications between Local Resilience Forum (LRF) partners via the Warning and Informing Group to ensure the public are informed of the Test, Trace, Protect messages. This includes using Welsh Government social media assets, briefing stakeholders to carry appropriate messages, identifying hyper-local communications channels and developing additional resources for those who cannot access messages via online channels. A letter has been sent to all Care Inspectorate Wales enclosed settings to inform them of the TTP service going live and reinforcing the importance of control measures to prevent spread of COVID-19 between staff.

Priorities for Quarter 2:

i. Implement sustainable delivery model

A delivery model and governance plan for the formal establishment of the Gwent Contact Tracing Service has been developed and now needs to be formally signed off by the six organisations involved, underpinned by a jointly signed MoU / SLA.

Once the delivery model is signed off, the operation of the local and regional teams within the structure can be finalised. This includes arrangements for transferring the Programme Management Office functions, currently hosted by the Health Board, but which will become a local authority responsibility.

An exploratory piece of work is required regarding options for premises and IT for office-based and remote working models (to replace Ty Blaen which is an interim premise).

ii. Develop a sustainable workforce

Existing staff will return to their substantive posts in August, including Environmental Health Officers who are bringing crucial local knowledge and expertise in contact tracing. Therefore a major priority is to establish a sustainable workforce for the next 9 months (subject to funding confirmation from Welsh Government). This includes establishing a sustainable pool of Clinical Leads, to be employed by the Health Board, and working with Public Health Wales to secure health protection capacity and expertise to support the Regional cell.

iii. Develop data / surveillance

Further establish the Regional Cell based with ABUHB, to include a data cell to monitor / report activity, provide intelligence on trends/outbreaks and undertake modelling to enable the workforce to be scaled up/down in response to need.

iv. Further develop testing services

There will be a need for an ongoing communications effort to increase the numbers presenting for testing, and for the workforce modelling to be responsive to increasing demand as a result. The testing service will need to respond to new testing work streams bought forward in Welsh Government policy e.g. proposed schools mass testing.

v. Quality assurance and service improvement

Robust quality assurance mechanisms will need to be developed, and an ongoing programme of service improvement to improve efficiency and effectiveness.

2.4 COVID-19 Testing

Aneurin Bevan University Health Board was the first Health Board in Wales to begin testing staff. It established an occupational response and temporary testing centre on the Llanfrechfa site from approximately13th March 2020. On the 25th March 2020, the Health Board moved its initial staff testing facility from Llanfrechfa Grange Hospital, to Rodney Parade, Newport in order to scale up the staff testing capability. As a result, we now have the ability to test up to 1000 staff and key workers through the drive through facility at Rodney Parade.

Throughout the pandemic response, we have followed the Welsh Government guidance on roll out of antigen testing, from the initial testing of health board staff, then expanding to other key workers, and eventually for any member of the public. The Health Board worked closely with partners through the Local Resilience Forum so as to develop appropriate governance frameworks for the testing of frontline workers. Protocols have now been developed for all Local Authority partners, as well as with partner care providers.

The Rodney Parade testing unit also deploys mobile units to undertake home tests for those unable to travel to the drive through centre. There is a substantial backroom function at Rodney Parade which delivers the booking centre and all associated administrative tasks.

Our testing facility at Rodney Parade has also established a clinical hub and results cell, to deliver the antigen testing response for Gwent care homes residents and staff.

To date, antigen tests have been provided for 3,836 Health Board staff and 18,030 LRF partner and care home staff. We have also provided antigen tests for 7,648 patient tests.

The Health Board has also started to roll out antibody testing at the request of Welsh Government. As prioritised by Welsh Government we have undertaken a 10% sample of staff from school hubs in Gwent. We are now progressing with delivering antibody tests for health care workers.

Looking ahead, and depending on what emerges from a Welsh Government COVID-19 testing strategy, the health board is preparing to further expand both antigen and antibody testing, so that we can respond to the epidemiology of the pandemic.

2.5 Infection, Prevention and Control

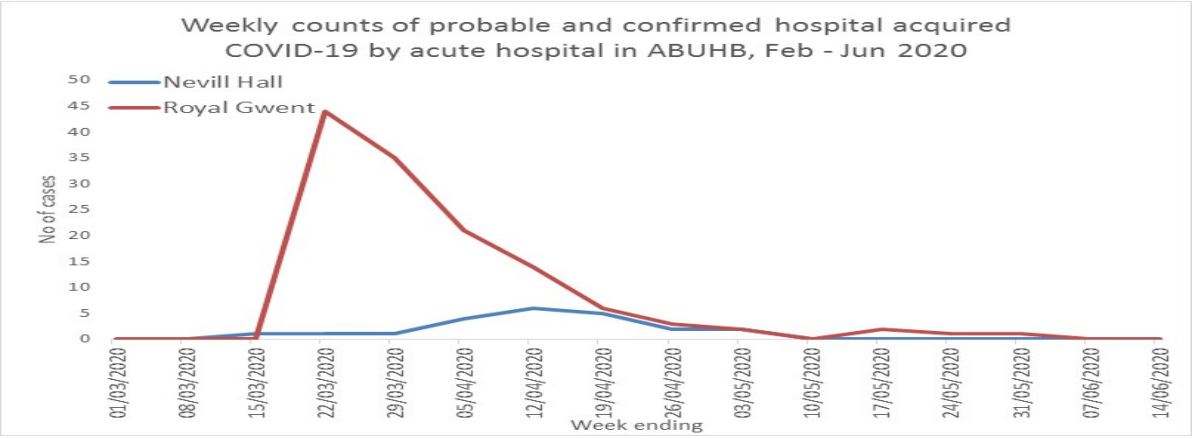
The Health Board has continued to embrace the National Infection Prevention and Control Manual, as advised by Public Health Wales, for the effective management and control of the pandemic. Infection Control principles, in

terms of standard and transmission based precautions, have been the cornerstone of the Health Board response together with robust recognition of potential infection incidents, outbreak management and processes for data exceedance. The approach has been one of reducing the risk of Healthcare Associated Infection and ensuring the safety of those being cared for, staff and limited visitors in the care environment, optimising infection control practices and aligning practice, monitoring and quality improvement.

Robust COVID & Non COVID pathways were rapidly introduced from March 2020, with effective patient segregation, the appropriate use of Personal Protective Equipment was an organisational priority, with PPE hubs established across the Health Board footprint, staff swabbing (based on national guidance) was introduced together with protocols for patient swabbing underpinned by consistent promulgation and messaging of the importance of hand hygiene and social/physical distancing.

The Quarter 1 Plan outlined the Health Boards' position in terms of COVID infections and it is positive to note the improvement being seen throughout June, with low levels of infection both for community and hospital acquisition. The following graph depicts the COVID journey from an acute hospital perspective, from the first case identified early March to mid-June, using the nationally agreed definition for specimens taken in a hospital setting:

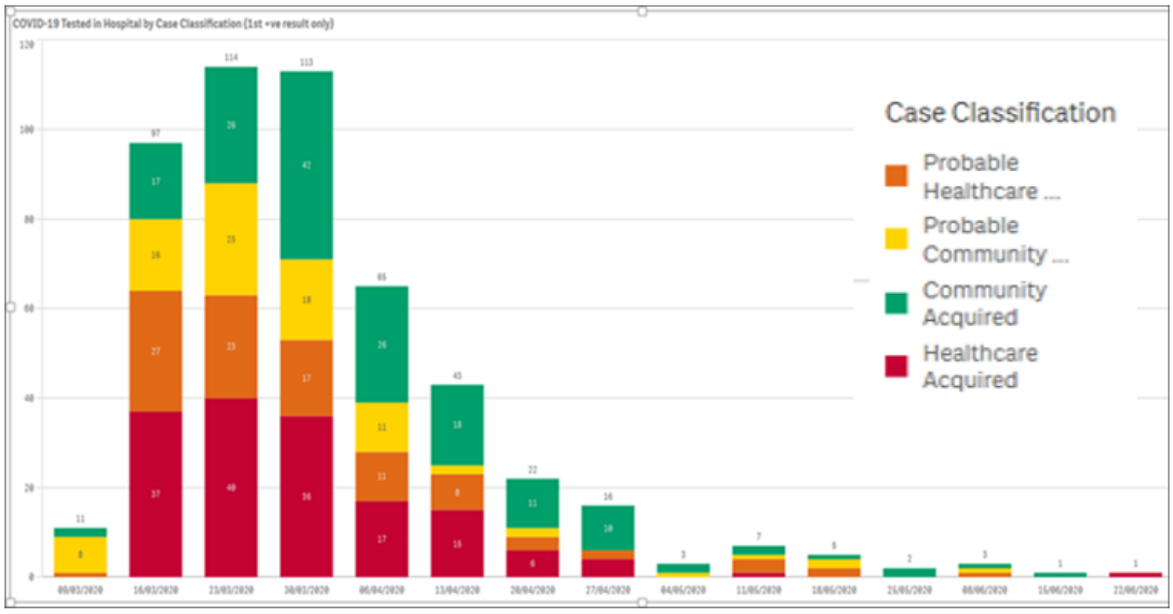
- Community onset: specimens taken on day of admission or day after (days 1 and 2)
- Hospital onset, indeterminate healthcare associated: specimens taken on days 3 to 7 of admission
- Hospital onset, probable healthcare associated: specimens taken on days 8 to 14 of admission
- Hospital onset, healthcare associated: specimens taken >14 days after admission



Using national definitions a dashboard has been developed locally which is critical for informed decision-making regarding the re-start of services for non-COVID activity. The following graph illustrates the pattern of health care

acquired infection versus community acquired COVID from March to June 2020 and shows the impact of pathway implementation, patient segregation, swabbing and importantly the bearing of 'Table 4' PPE Guidance implemented in April 2020.

Graphic 1: ABUHB COVID-19 TESTED IN HOSPITAL BY CASE CLASSIFICATION (1ST +VE results only)



The Infection Prevention and Control Team have been instrumental and influential in the Health Boards response to the pandemic, ensuring the demands of COVID have been managed together with being central to the discussions and planning for essential services (non-COVID emergency demand) and routine services (primarily elective services) as we enter phase 2: adapt and sustain. Quarter 2 will see us continue to develop flexibility in the delivery of services, safely and efficiently stepping up and optimising non-COVID activities as the ABUHB system pressure de-escalate, as well as carefully planning to increase COVID capacity again as the need arises.

A number of organisational and speciality-specific reflection sessions have been undertaken, reviewing the Health Boards' response to the pandemic, identifying areas for improvement. The feedback has been used to refine the formal

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A number of organisational and specialty-specific reflection sessions have been undertaken reviewing the Health Boards' response to the pandemic, identifying areas for improvement and this has been shared with the Health Board's Quality and Patient Safety Committee. The feedback has been used to refine the formal command response, which includes infection prevention and control membership of the Bronze and Tactical groups, together with a prominent role in the Reducing Nosocomial Transmission Group.

Multiple local guidance has been developed, based on Welsh and UK publications, to ensure consistency, to protect the public and the safety of staff. The Infection Prevention and Control Team have been the drivers of this local guidance to include: personal protective equipment, hand hygiene, cleaning standards, social and physical distancing, environmental risk assessments and significantly for Quarter 2 the safe restart of non-COVID activity. This includes Standard Operating Procedures for pre-admission clinics and outpatients as well as a framework for clinicians to aid decision making for the safe restart of services. In terms of this period, the Welsh Government advice issued in June 2020 on bed-spacing in healthcare settings during COVID 19 will be embraced, with an assessment of impact and the development of mitigation plans.

Priorities for Quarter 2 include:

- Infection rate surveillance with rapid actions in the event of exceedance
- Continued embedding of standard ad transmission based precautions for ABUHB and closed settings, to include PPE
- Advice and support for COVID & non-COVID pathways and visitor footfall minimisation
- Advice and support for effective physical distancing
- Timely investigation of infection incidents and outbreaks
- Timely implementation of serious incident and death reviews

Infection Prevention and Control Team capacity has been stretched because of the COVID-19 Pandemic. The level of complex analysis required during an outbreak, with a limited evidence base and frequently changing national guidance, has been extremely high and reiterates the need to provide an expert and adequately resourced team. The team structure is under review and will be strengthened to meet the demand of this multifarious and unpredictable agenda.

3. Demand and Capacity Planning

The Health Board continues to apply a dynamic approach to meeting the actual and projected demands of COVID and has continuously updated its plans based upon the actual demands of infection and its resultant impact on hospital services. The Health Board has sought to provide capacity to meet the modelled peaks in infection and the hospitalisation of patients. It successfully delivered a series of actions that ensured there has been capacity when required. At the peak of infection, the Health Board doubled its critical care capacity and has 349 inpatients with COVID and suspected COVID.

An integrated approach has been adopted, with a co-ordinated system-wide plan to manage clinical and operational interdependencies in acute hospital setting, not least the staffing of capacity to meet demand and the increase in critical care capacity. The Health Board will continue to update its COVID and non-COVID demand/capacity plans in response to the impact of changes in social distancing and has segmented its demand/capacity approach into three phases:

- Immediate response to COVID
- Adapt and Sustain
- COVID 19 and winter

The integrated approach ensures that the demands of COVID, essential services (non-COVID emergency demand) and routine services (primarily elective services) are fully captured in Health Board's capacity plans. The demand capacity plan is based on the following elements**:**

Component	Element	Zoning	Occupancy
COVID	COVID suspected and confirmed	RED	Low
Essential Services	Non-COVID emergency	AMBER	Normal
Routine	Elective surgery	GREEN	Low

The plan seeks to reconcile the demand and capacity of these streams across the sites of the Health Board, taking into account guidance on physical and social distancing, 80% occupancy and clinical interdependencies.

3.1 Demand

i. COVID 19 Demand

The modelling that underpins the Health Board's COVID demand capacity plans has been provided by Welsh Government. For the purposes of the Health Board's capacity planning the following assumptions are now used to underpin its capacity plans in the second phase of its response to COVID (from June to September 2020).

Scenario	Purpose
More Likely Case	Operational Plan capacity
Reasonable Worse Case	Surge Plan Capacity

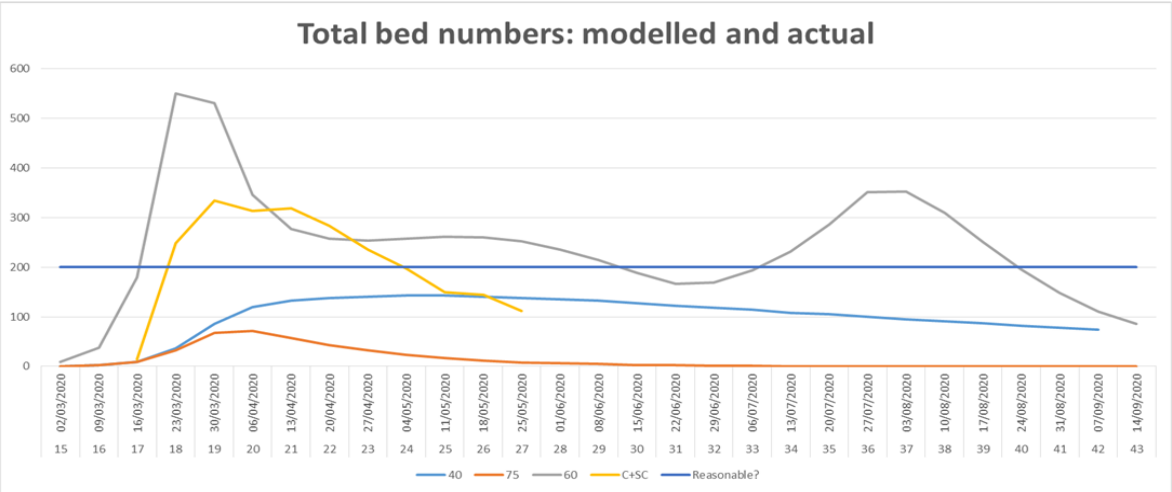
In its Quarter 1 Operational Plan, the Health Board used the 60% compliance in the V2.4 model as its More Likely Scenario as this was then the "Best Fit" comparison of current data with the V2.4 and V2.5 models. Comparison of actual data however now shows that the 40% compliance V2.5 model is the "Best Fit" and is now used as the More Likely Scenario (Figure 5).

Having reviewed local data, the Health Board is using an 8.7% admission for the ventilated bed demand for COVID patients in the More Likely scenario. The V2.4 and V2.5 models are based on lockdown assumptions that have subsequently been revised in Wales. As such the models do not predict timing of peaks of future infection but provide the intelligence to inform the capacity that the Health Board should reasonably plan for COVID for the purpose of this operational plan. It is important to note that these scenarios are not forecasts or predictions.

As noted by the COVID Technical Advisory cell "They do not represent the full range of possible outcomes and no likelihood is attached to any of these scenarios at this stage. The precise timings and scales of peaks in infection and demand on healthcare, in particular, are subject to significant uncertainty". This assumes that the R value does not increase significantly and is distinct from the Health Board's plans to manage a subsequent second wave in COVID which would prompt the implementation of the Health Board's COVID surge plan. This is based on a continuing relatively low level of infection, which provides the hospital's bed capacity at approximately 60% of the previous peak.

Following careful consideration, the Health Board has identified 200 beds for COVID at a low level of occupancy and consistent with the latest guidance on infection prevention and control. This is considered a reasonable provision, with the Health Board having been below this level since the 7th May. As at the 30th June there are 54 COVID and suspected COVID patients (11 and 43 respectively) as inpatients across the Health Board, with a single COVID patient recovering in Critical Care.

Figure 5 Modelling total bed demand and actuals for ABUHB



This approach has been mirrored for critical care beds, with 17 beds identified as the more likely demand for COVID and this is described in greater detail in Section 3.4.

A summary of COVID demand in Quarter 2 based on currently available assessment of demand is illustrated in Table 2.

Table 2 Quarter 2 Inpatient COVID Demand

Purpose	Scenario	Ward beds	ITU beds	Data Service
Operational Plan	More likely	200	17	40% V2.5
Surge plan	Second Peak Eventuality	942	73	WG Q2 Guidance

The Health Board will continue to work with Welsh Government in updating its demand/capacity plans in response to changes in policy that affect demand, in particular the relaxation of social distancing and other measures. The next phase of the Health Board's demand/capacity work will be planning for winter in the context of COVID and the third phase of the Health Board's response.

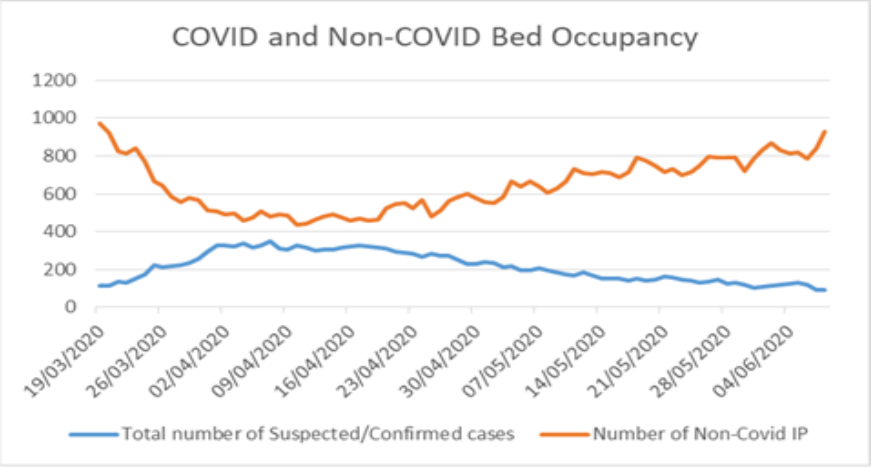
ii. Essential service demand

For the purposes of the capacity plan, 950 beds are identified as the demand for Quarter 2. It is anticipated that by the end of June, non-COVID essential services demand will have returned to pre-COVID levels. (Figure 6)

iii. Routine Elective Demand

Following a corporately led exercise underpinned by specialty specific plans, Section 5.1 below describes the Health Board's plans for re-establishing elective services in a COVID environment. Based on the phased return of elective activity provision has been made for 50 beds. The number of beds across the Health Board occupied by COVID and non-COVID patients is summarised below.

Figure 6 COVID and Non-COVID bed occupancy

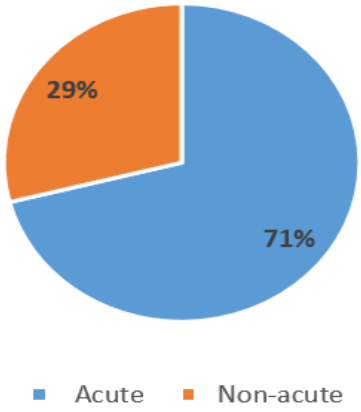


This recovery in non-COVID emergency demand is reassuring from a clinical perspective, but will reduce the Health Board's flexibility in responding to future surges in COVID demand and place greater reliance on contingency plans.

3.2 Capacity

In response to variations in demand, the Health Board has adopted a flexible approach to providing the capacity required to meet the demands of COVID. In response to the initial estimates of high demand, the Health Board identified the potential to significantly expand bed (>additional 1,500 beds) and ventilated bed capacity (>125) as part of its surge plans.

Through the structures used to manage the pandemic, the Health Board has carefully considered the need for additional hospital bed capacity in the context of overall hospital demand and capacity for both operational and surge capacity. Beginning in mid-March, and associated with the marked reduction in non-COVID activity, there were a large number of empty beds across the Health Board, and in particular at its three acute sites. Although the Health Board still has empty beds, the reassuring recovery of non-COVID emerging activity has occupied a significant greater proportion of beds and this is close to the pre-COVID levels. In Quarter 2, the Health Board will update its capacity plans to reflect the recent (26th June) COVID guidance for bed-spacing in healthcare settings.



i. COVID Capacity

To meet the demand of 200 COVID and suspected COVID beds, these have been split between acute and non-acute sites based upon actual during the Quarter 1 peak are shown opposite.

The distribution of acute beds by site and ward location is shown below, with a low level of occupancy on the wards to fully reflect infection control guidance.

Hospital site	Wards	Number
Royal Gwent Hospital	C6E, C6W, D6E, D6W	66
Nevill Hall Hospital	4/1, Glan Usk	27
Ysbyty Ystrad Fawr	Bargoed, Bedwas	49

The need for additional capacity will continue to be subject to weekly review through COVID structures and now in the context of the work programme to sustain essential hospital services and increase non-COVID routine elective activity.

ii. Elective and non-COVID emergency capacity

Paralleling the approach for COVID, elective capacity at the relevant hospital sites has been identified in a green pathway with a low level of occupancy. The figures below show the zonal distribution of services at the Royal Gwent and Nevill Hall Hospitals:

Figure 7 Elective and Non-COVID Emergency Capacity RGH

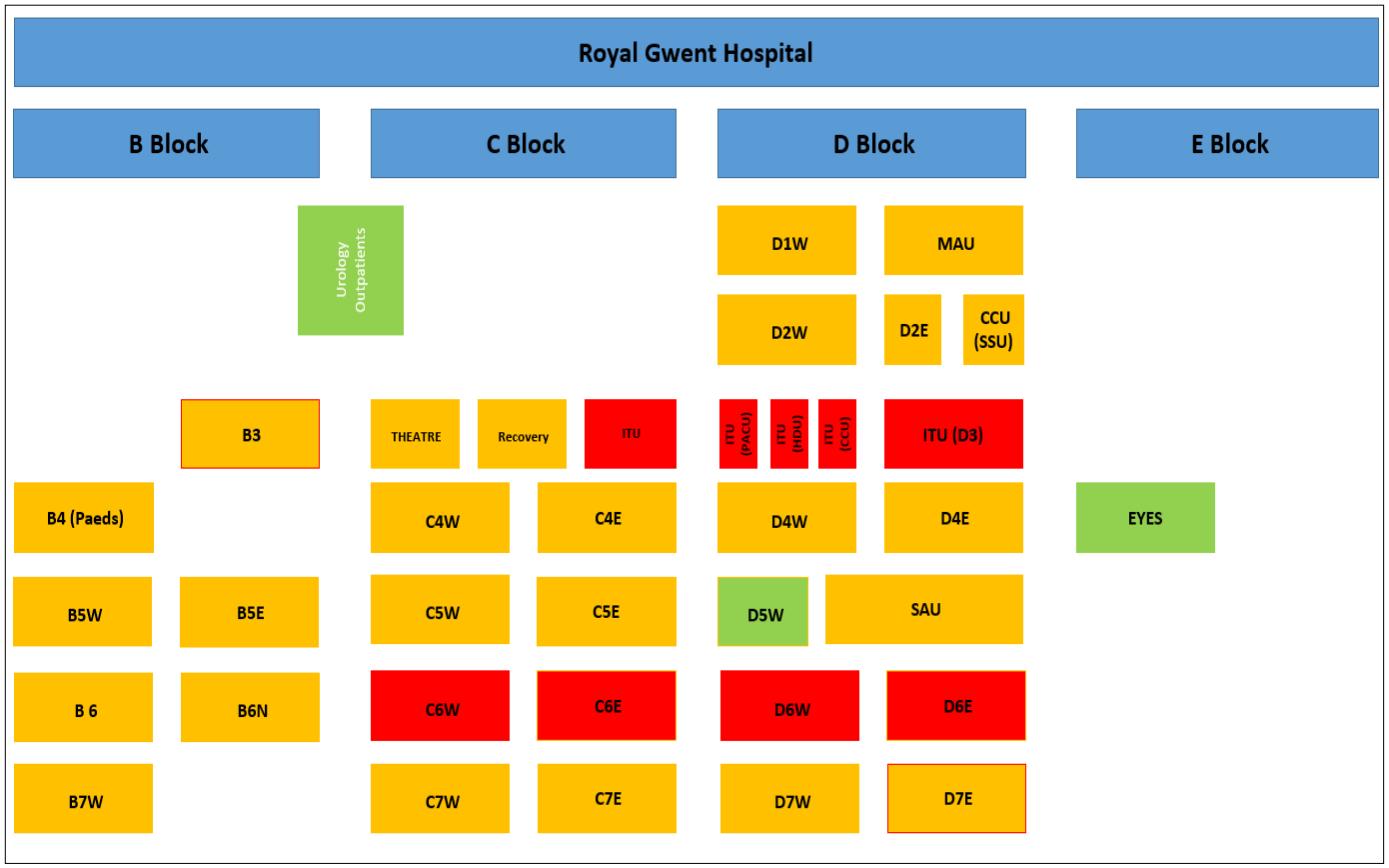
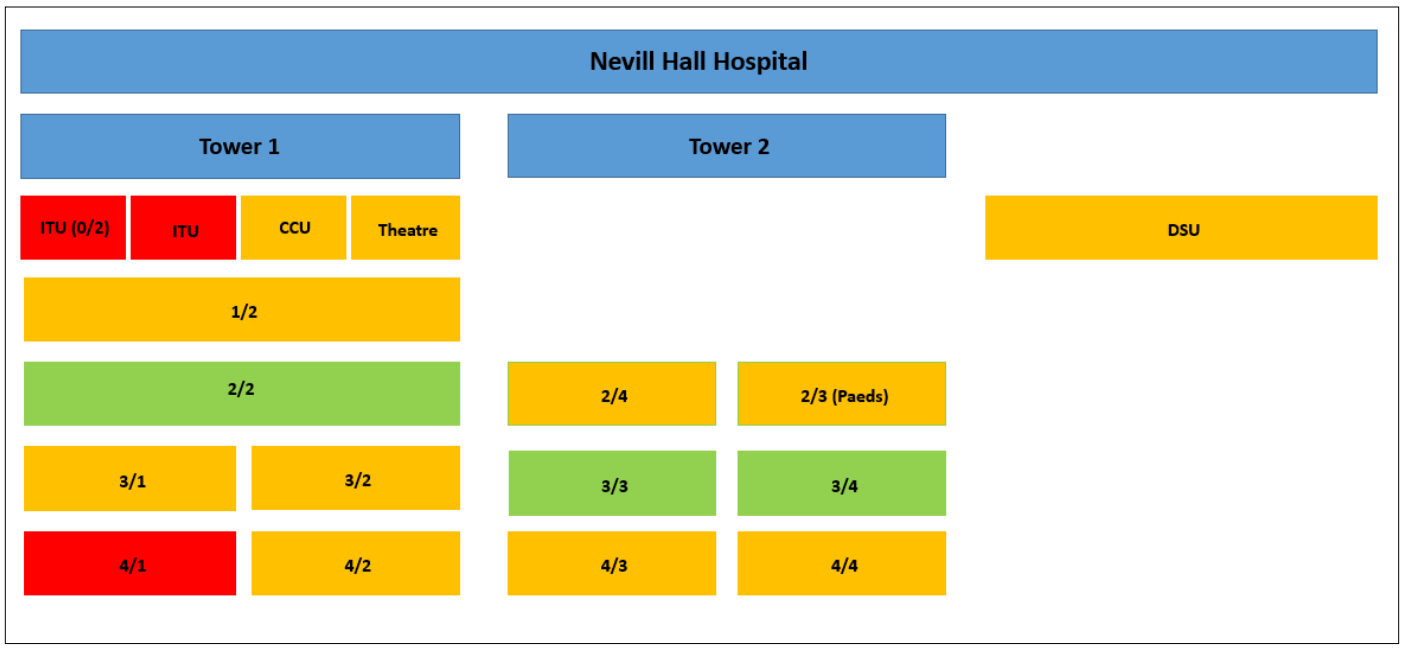
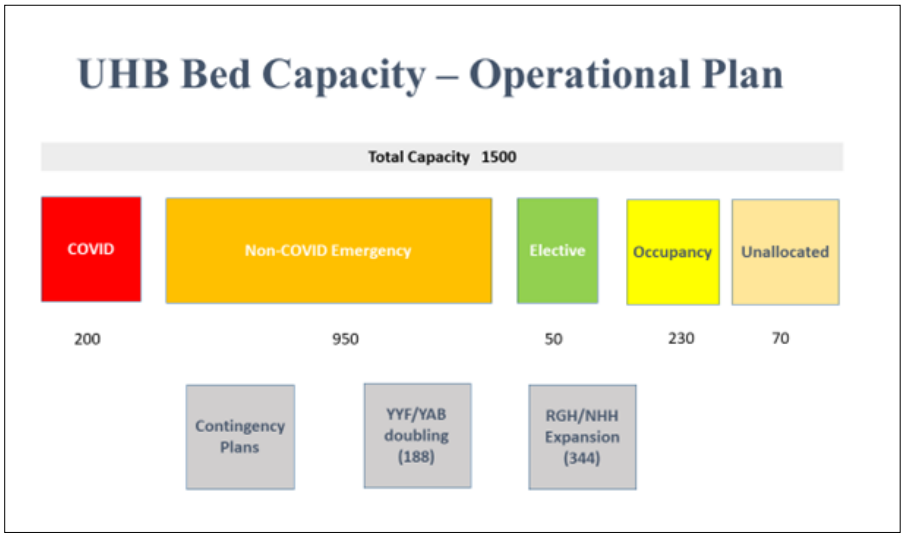


Figure 8 Zoning of NHH (Phase 2)



The Health Board's Operational Bed plans are the outputs of the above and is summarised below in Figure 9.

Figure 9 ABUHB's Operational Capacity Plan



3.3 Critical Care

As noted above, the critical care bed demand for COVID under the More Likely Scenario is 17 beds based on 8.7% occupancy of total COVID beds.

With a current demand of 10 non-COVID beds, the total Critical Care demand is shown opposite:

Critical Care Demand	Bed capacity requirement
Non-COVID	10
COVID	17
Occupancy Factor	10
DEMAND	**37**

Following review with the specialty, and echoing the approach taken on Quarter 1, the Health Board would provide additional capacity above the baseline of 25 at both Nevill Hall and Royal Gwent Hospitals.

The Health Board has carefully considered whether it is desirable or feasible to centralise Critical Care (or COVID critical care) in Quarter 2. It has been concluded that when workforce, clinical and operational dependencies are then taken into account, and in particular the need to support emergency medical take at RGH and NHH, when the current configuration of services is the optimal model. This has been reinforced by the centralisation of Emergency General Surgery and Trauma at the Royal Gwent Hospital and the need for both sites to play a role in the Critical Care COVID Surge Plan.

3.4 Surge Plan (Second Peak Eventuality)

In the event of a significant increase in COVID demand above the levels provided in the operational plan, then the Health Board would implement its surge plan.

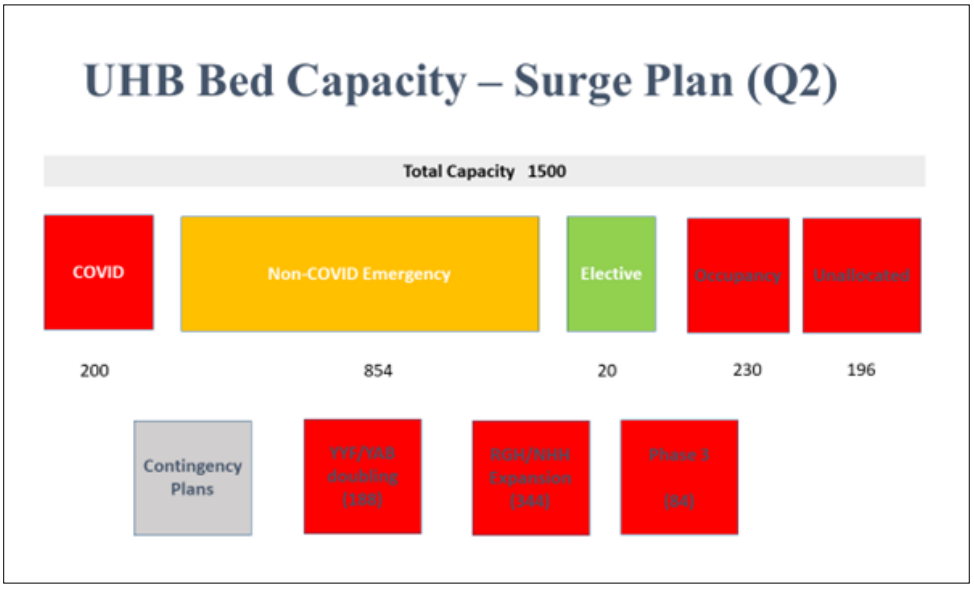
The Health Board has updated this plan to reflect the Second Peak Eventuality (Reasonable Worse Case Scenario) which identifies the potential need for 942 beds and 73 critical care beds. Table 4 shows how this capacity would be provided for COVID in Quarter 2 prior to the opening of GUH.

Table 3 COVID Surge Capacity prior to opening of GUH

	Bed	ITU	Notes
Baseline Capacity	1483	25	
Non-COVID	854	10	Assumes modest reduction in non-COVID demand in event of Second Peak
Occupancy at 80%/60%	297	10	As per WG guidance
Residual capacity for COVID	332	5	
Phase 1 expansion	182	85	Beds: YYF/YAB expansion ITU: Expansion at RGH & NHH
Phase 2 expansion	344		Pre GUH: Increases at RGH/NHH
Phase 3 expansion	84		Further GUH expansion to meet demand or increased occupancy
COVID capacity	942	90	
RWCS demand	942	73	Based on WG guidance 5th June
UHB 2nd Peak reconciliation			

A pictorial representation of the Health Board's surge plan is shown in Figure 10. The current phasing of additional capacity should it be required is summarised below. It should be noted that phase 5 and 6 are not required to deliver the Second Wave Eventuality but are part of the Health Board's Surge Capacity Plans:

Figure 10 ABUHB surge plan (Phase 2)



ABUHB Bed Expansion Plan

As @ 30th June - V.9

	RGH	SWH	NHH	YYF	YAB	Chepstow	County	GUH	Monow	Rhymney	Total
Existing Capacity	695	81	401	171	94	30	50	0	19	11	1552
less Non-covid protected capacity											-550
Remaining Capacity for Covid	**695**	**81**	**401**	**171**	**94**	**30**	**50**	**0**	**19**	**11**	**1002**
Capacity Increase Phasing (phases 1 - 6)											
Phase 1 - Starting 6th April											
Additional Ventilation	54		31								85
Sub Total Phase 1	**749**	**81**	**432**	**171**	**94**	**30**	**50**	**0**	**19**	**11**	**1087**
Phase 2 - TBC											
YYF & YAB doubling & community				118	64						182
Sub-total Phase 2	**749**	**81**	**432**	**289**	**158**	**30**	**50**	**0**	**19**	**11**	**1269**
Phase 3 TBC											
RGH Increase	193										193
NHH Extraordinary			151								151
Sub-total Phase 3	**942**	**81**	**583**	**289**	**158**	**30**	**50**	**0**	**19**	**11**	**1613**
Phase 4 - TBC											
GUH comes online								384			384
Sub-total Phase 4	**942**	**81**	**583**	**289**	**158**	**30**	**50**	**384**	**19**	**11**	**1997**
Phase 5 - TBC											
GUH Doubling								232			232
Sub-total Phase 5	**942**	**81**	**583**	**289**	**158**	**30**	**50**	**616**	**19**	**11**	**2229**
Phase 6 - TBC											
Further Ventilation	13		30								43
Final increases - phase 6			71					54			125
Sub-total Phase 6	**955**	**81**	**684**	**289**	**158**	**30**	**50**	**670**	**19**	**11**	**2397**
Total Beds	**955**	**81**	**684**	**289**	**158**	**30**	**50**	**670**	**19**	**11**	**2397**

The Health Board has defined an escalation framework for its hospital capacity and this is summarised below:

Criteria	**Level 1**	**Level 2**	**Level 3**	**Level 4**
COVID new inpatient positives	0-25	25-50	50-100	>100
COVID & Suspected COVID inpatients	0-125	125-300	300-1000	>1000
COVID and suspected COVID in Critical Care	0-15	15-30	30-50	>50
Non-COVID inpatients	<800	800-1200	1200-1500	>1500
Non-COVID in Critical Care	0-15	15-25	25-40	>40
COVID occupancy of aligned capacity	70%	90%	100	>100%
Non-COVID occupancy of aligned capacity	85%	92.50%	100	>100%

7 day rolling average trend	**Green**	**Amber**	**Red**
COVID new inpatient positives	Reducing	Static	Increasing
COVID & Suspected COVID inpatients	Reducing	Static	Increasing
COVID and suspected COVID in Critical Care	Reducing	Static	Increasing
Non-COVID inpatients	Reducing	Static	Increasing

Tracking against modelled scenarios	Green	Amber	Red
Reasonable worse case - non ventilated beds	Below profile	At profile	Above profile
Reasonable worse case - ventilated beds	Below profile	At profile	Above profile
More likely case - non ventilated beds	Below profile	At profile	Above profile
More likely case - ventilated beds	Below profile	At profile	Above profile

This framework will be strengthened in Quarter 2 to include a wider range of indicators, including primary care and testing data. This will be used by the Executive Team to review progress and to underpin the flexible approach that will be necessary to manage variations in COVID demand. This will necessarily include interdependent clinical services and staffing required to respond in balancing COVID, essential services and re-establishing routine services.

3.5 Opening of the Grange University Hospital

Since the Grange University Hospital (GUH) reached a state of readiness to support the response to COVID-19 on 27th April 2020 there has been a coordinated effort to plan for the fuller opening in November of GUH this year to support what is predicted to be a difficult winter for the Health Board. The opening of tGUH in November was supported by the Board on 30th June and the resources required to enable this which are identified in this plan is plan will require Welsh Government. The opening of tGUH is a direct response to COVID-19 and will ensure our key services are stabilised and there is the required capacity and resilience across the hospital system.

There are a number of key variables which will be closely tracked and developed throughout the summer to ensure a successful operational commissioning of GUH as we moved into November:

Construction and technical commissioning of the building - although the Health Board now has all the inpatient ward areas, there is still a large area being developed by the builder, including the Theatres and Radiology areas. These highly technical areas involve multiple teams working together to ensure a high quality working space is produced for specialist clinical teams to work effectively in. The current forward programme provided by LOR state that in order to deliver an operational hospital by Monday 16th November 2020, LOR would complete works by 24th September and then focus on the Radiology fit out and CAT3 Laboratory. It is intended to continue to work collaboratively during the commissioning periods to enable Health Board access and handover of various areas prior to the 24th September where possible.

Workforce & Consultation - staff consultation in in train and 1-2-1 conversations with staff will take place over the course of the summer, with staff questions and concerns needing to be addressed. This is in preparation for many staff to move base as required with their services. Recruitment of staff is also a key area being developed with interview panels being held over the summer months to meet the workforce requirements.

Operational Commissioning planning - from July there will be a Service and Operational Commissioning Group established which will meet on a weekly basis to ensure there are robust plans in place to move services safely in November. This group will be chaired by the Director of Operations and the Medical Operations Director. This forum will oversee the work of the relevant groups, seek assurance for planning work and ultimately provide the Executive Team with regular information for them to take decisions where necessary.

Communications - ensuring our 600,000+ citizens in Gwent and those of South Powys understand the changes and what it means for them will be very important. This will help them make the right decisions and turn up to the right hospital site for their needs ('right place – first time'). There are plans to host virtual social media Q&A sessions as well as conduct focussed campaigns on key areas of the transformation, such as the centralisation of women and children's services as well as educating the public about what a Minor Injury Unit can offer compared to what the GUH's Emergency Department will cater for.

Clinical Service readiness - throughout June there have been a whole series of service readiness workshops to assess each clinical service in terms of its progress to preparing to move to GUH, or being impacted by service moves to GUH. These have progressed positively with some key issues to be addressed throughout Quarter 2.

Developing the inter-site transport – the means by which we 'step up' or escalate patients between eLGH sites to the GUH and 'step down' or de-escalate patients from GUH to eLGHs is still being developed. There has been very close working with the Welsh Ambulance Service to ensure an agreement is made which will ensure patient safety at all times, but will also ensure a smooth flow around the acute hospital system, preventing any blockages. Additionally the Health Board has established a Pre-Hospital Streaming Service which is planned to be expanded into a wider 'Flow Centre' encompassing how we control inter-site transport effectively. By ensuring a level of control over transport of certain patients, it will ensure the right patients are moved to the right hospital at the right time.

3.6 Field Hospital Capacity

The Health Board will continue to consider the potential for regional working in the context of field hospitals, winter planning and increasing routine activity.

These considerations are not confined to COVID capacity but the wider, integrated approach to capacity encompassing COVID, non-COVID essential services and routine services. In Quarter 2, the Health Board does not anticipate requiring the broader regional field capacity, however this is kept under regular review. The position will be formally reviewed again in developing the Health Board's Quarters 3 and 4 plans.

4. Essential Services

4.1 Essential Services Update

Note: Paediatric and Primary Care Services updates are shown at section 5.5 and section 6 respectively.

Urgent Surgery	RAG

Throughout Quarter 1, surgery has continued as per the Royal College's guidance issued 10 June 2020 with priority 1a & 1b patients having been operated on, with priority level 2 being monitored clinically and listed as necessary. Planning for Quarter 2 has seen:

- A review of patients that are priority level 3 whose surgery has been delayed more than 3 months from where they normally would have been scheduled
- Patients in 1a and b priority groups have been contacted and surgery discussed

Trauma surgery has continued throughout the COVID response with the service being centralised at the Royal Gwent Hospital. Minor low acuity and mobile trauma patients have been facilitated at St Woolos Hospital to free up bed capacity at RGH. Plans to continue in Quarter 2.

Dedicated fast track hip fracture pathway has been implemented at RGH with emphasis on prompt surgery to ensure that hip and fragility fracture patients are managed in a timely and efficient manner, despite reduced theatre capacity. This will be maintained throughout Quarter 2.

The Health Board has completed a readiness assessment in support of the implementation of the Major Trauma Network and is able to support Go Live on the 14th September 2020 subject to formal approval at WHSSC on the 14th July.

Gynaecological Surgery	RAG

Gynaecology urgent surgery will continue to be provided in accordance with the five priority levels included in the "Clinical prioritisation of surgery during the coronavirus pandemic". Women are offered surgery on 2 sites. Nevill Hall Hospital and St Joseph's Hospital.

During Quarter 2, urgent cancer treatments will continue to be delivered in accordance with the guidelines published from Wales Cancer Network.

At the onset of the pandemic, some women were offered a holding treatment to reduce COVID19 risk in theatre. Quarter 2 will see these patients being offered definitive treatment. Women referred to the tertiary centres for treatment

remain supported by the Oncology CNS whilst they await a date for definitive treatment.

Termination of Pregnancy Services	**RAG**

In Quarter 2, patients will continue to access the service via a telephone triage system and if required will be given an appointment. The Service will maintain delivery of Manual Vacuum aspiration (MVA) terminations and medical management in existing community settings. Moving into Quarter 2, the ability to request prescribed drugs via the post remains in place, with surgical terminations continuing to be delivered by the BPAS at a reduced capacity. In Quarter 2, the health Board will look to re-establish local theatre provision for the Sexual Reproductive Health Service in ABUHB as terminations of pregnancy for a young person are only performed in BPAS for those over the age of 15 years.

Ophthalmology services	**RAG**

Ophthalmic activity throughout Quarter 1 was based on prioritisation of very urgent patients only, concentrating on the following conditions:

- Very urgent Trabeculectomy (glaucoma)
- USC (mostly oculoplastic)
- Very Urgent Cataracts
- Very Urgent Cornea

Outpatient prioritisation is based Eye Health Risk Factor triage into R1, R2 and R3 patients – with the most urgent R1 category being most likely to have permanent sight loss. The planning challenge for Quarter 2 is therefore to deliver sufficient capacity to see all patients within the R1 category. The challenge is exacerbated by (i) COVID-directed constraints on usual capacity (ii) increased demand as patients in categories R2 and R3 deteriorate and become R1.

Key actions to be implemented in Quarter 2 will be as follows:-

- Ensure optimal use of conventional outpatient clinic capacity, consistent with social distancing and other COVID-related constraints. This activity will be reserved for very urgent cases that cannot be managed by virtual means.
- Ensure maximum use of Ophthalmology Diagnostic & Treatment Centres and optometrist-led community appointments wherever clinically appropriate
- Enhanced emphasis on maximising use of technology, with virtual ways of working adopted wherever possible.
- Re-commencement of ophthalmic theatres for urgent cases. It is currently considered that approximately 40% of historic activity levels can be safely delivered within COVID constraints, equating to around 120 cases /month. These lists will be used for patients whose procedures cannot safely be delayed for >3months.

- Continued active participation in longer term regional / national service innovation initiatives e.g. development of ophthalmic electronic patient record and future high volume cataract treatment facility

Lifesaving medical services – inpatients	**RAG**

In-patients all medical speciality inpatient services are operational and will remain throughout Quarter 2.

Lifesaving medical services - outpatients	**RAG**

- **Cardiology** urgent access clinics will remain across Gwent (County Hospital, Chepstow Hospital and YAB) with one stop clinics for echocardiogram reinstated alongside. All Cardiology Diagnostic services for urgent patients have restarted with Quarter 2 seeing the restart of diagnostics for trans-oesophageal echocardiogram from 29th June. New SOP required for stress echocardiogram – which will recommence mid-July. Work on-going regarding social distancing and PPE.
- **Diabetic Care** secondary Care Diabetes services will continue to run as telephone and virtual services with limited urgent face to face clinics being reintroduced from 22nd June.
- **Respiratory** urgent access clinics will remain in place for sub speciality patients including ILD, Asthma, Sleep, home oxygen TB and COPD
- **Nephrology** urgent access clinics have now been reinstated, including access to urgent diagnostic testing.
- **Neurology** urgent services maintained with rapid access via telephone clinics, urgent clinics reinstated on 2 sites will continue in Quarter 2.
- **Stroke** inpatient stroke services have been maintained during COVID-19, with access to HASU and all urgent investigations. Pathway to rehabilitation has also been maintained across the period with beds available at STW and NHH. TIA services will continue to be held virtually by telephone to screen for urgent patients with face to face clinic in NHH. Plans will remain in Quarter 2.
- **CoTE** - Urgent patients will continue to be triaged by telephone with urgent face to face appointments to recommence within this quarter.

Mental Health and Learning Disability	**RAG**

The Health Board has been able to maintain all essential services. During the initial stage of the pandemic the main focus was on maintaining safe inpatient services, the 24/7 crisis services and continuing to provide virtual support to a range of vulnerable groups. Where required some staff from community teams were redeployed to support inpatient services. Significant use of digital technology has been developed in a short space of time, with many clinicians using Skype, Teams and Attend Anywhere. Home working became the default wherever possible.

Risks	Issues
• Timely availability of IT equipment and capacity (eg laptops) due to significant demand to support home working and social distancing. • Lack of alternative environments to see patients safely • Some environments not easily adapted to comply with IPC requirements • Staff well-being and availability due to isolation/sickness during any second peak • Increasing demand anticipated	• Environmental quality and physical space on some wards and community facilities. • VPN capacity • Lack of Wi-Fi capability on some sites

With exception of Older Adult inpatient and Older Adult MAS, whose services are rated as amber with mitigating actions in place, all services are RAG rated Green.

Priorities for Quarter 2 include:

- Reviewing and finalising ward configuration and continuity plans in readiness for the potential second surge in conjunction with IPC advice
- Implementing social distancing and finalising standard operational procedures across inpatient and community environments in order to enable a safe return to face to face contacts for essential services.
- Continuing to roll out the use of digital technology to support remote working and home working for clinical and non-clinical staff
- Developing innovative ways to support individuals safely (for example 'walk and talk' in outside areas)
- Expand group and individual based on-line interventions
- Continuing to provide staff wellbeing and support and developing an action plan following analysis of data from the divisional staff survey
- Continue the work with PHW and Primary Care regarding support at Foundation Tier and Primary Care levels in taking initiatives forward to increase capacity and capability to support individuals' mental health and wellbeing

4.2 Cancer Services

All Tumour site specialties within Aneurin Bevan Health Board have continued to provide a diagnostic and treatment pathway during Quarter 1 based on local risk stratification mirroring the guidance published on the 16th of March by the National Cancer Clinical Director for Wales. The Health Board continue to monitor key metrics such as access to 1st appointment with 10 days and diagnosis within 28 days of referral to Secondary Care. In recent weeks 90% of patients have had access to their first appointment within 10 days during and up to 98% diagnosed with 28 days. During this period, surgical activity has continued, although with reduced levels of capacity distributed across the Royal Gwent, Nevill Hall and St Joseph's hospitals.

Decisions made at MDT have taken into account the risk associated with COVID-19 and have where necessary treatment plans have been adjusted. Radiotherapy

and SACT delivery have continued at VCC throughout. Although, due to VCC having to repatriate all Outreach capacity during COVID-19, both the Outpatient and SACT delivery service has come under significant pressure as demand starts to return to normal levels. Diagnostic capacity is currently sufficient to meet the demand coming through the system, however referral numbers remain 30% down on the same period last year.

Where it is deemed that the risk of surgery in the current climate outweighs the potential benefit outcomes, patients are being offered holding treatments. This is primarily in breast and gynaecology where hormone treatment is being given. These patients are not being removed from tracking to ensure that they are regularly assessed by our Nurse Specialists and Directorate teams with a view to bringing the patients back for review and surgery when appropriate.

The initial risk stratification, accompanied with shielding and patient choice had resulted in a significant increase in the number of deferred patients across all stages of the cancer pathway. Significant work has been undertaken to recommence these patients resulting in a 70% decrease in these deferred patients within the last month. Patients are being contacted regularly by the Clinical Nurse specialist teams to encourage attendance, and where not appropriate, being given advice and support.

It should be noted that infection control measures have reduced the throughput of both diagnostics and treatments. Whilst referral numbers remain reduced this can currently be managed, however an increase in referral numbers will potentially result in increased wait times.

The recommencement of screening services will add an additional work stream of patients who will similarly need to be accommodated in the restricted activity capacity. The provision of a green site has supported the attendance of patients, as well as reducing the risk of hospital acquired COVID-19 in a potentially vulnerable patient population.

Current Risks for Cancer Services

- Ongoing impact of reduced capacity associated with social distancing and IPAC capacity
- Reduced levels of capacity for Regional surgical and oncological treatments provided by our Tertiary Centres providers. We are having weekly conversations with our Tertiary providers to maximise this and provide support
- Low referral numbers may actually shift in cancer stage presentation
- Shielding / deferred patients choosing not to attend for secondary care intervention
- Insufficient capacity due to COVID-19 regulate (IPAC) would not meet "usual" demand

Priorities for Quarter 2 include:

- Clear "Adapt and Sustain" plan to provide green zones and sites where they would undertake more elective cancer work
- Ensuring increased levels of capacity across the entire pathway taking into account increased levels of demand
- Development of a Rapid Access diagnostic (clinic for patients with vague symptoms)
- Better patient engagement strategy and the use of information systems, to engage with deferred/shielding patients to understand change in symptoms, but also to give patients confidence that our system processes are safe for them to access care
- Continue to optimise cancer green zones / sites to support pathways for patients on a Cancer Pathway
- Ensure maintenance of good practice and development in line with national agreed optimal pathways (within the constraints of COVID-19)
- Understanding the potential shift in stage of presented due to the low levels of demand during COVID-19. We are developing a dashboard which will track the impact of COVID-19 on Cancer presentation stage
- Periodic audit of those deferred patients to gain assurance regarding appropriateness of alternative treatment, as well as frequency and type of communication

5. Re-establishing Routine Services

5.1 Health Board Plan

Having successfully managed the first phase in its response to COVID 19, the Health Board is now focusing on the second phase of its response: Adapt and Sustain. A key element of this is the reintroduction of routine services where these have not been maintained.

As noted previously, the Health Board will carefully balance the re-establishment of routine services with the maintenance of essential services and the likely variation in the incidence of COVID. The likely relaxation of social distancing and other measures will probably result in an undulating incidence of infection and the Health Board's plans will be able to respond to this.

The Health Board, supported by detailed demand and capacity planning that is integrated and dynamic, will plan its capacity in 4-6 week cycles, with defined triggers for escalation, encompassing both COVID 19 and non-COVID 19. This approach will be taken for all Health Board services, not just inpatient facilities.

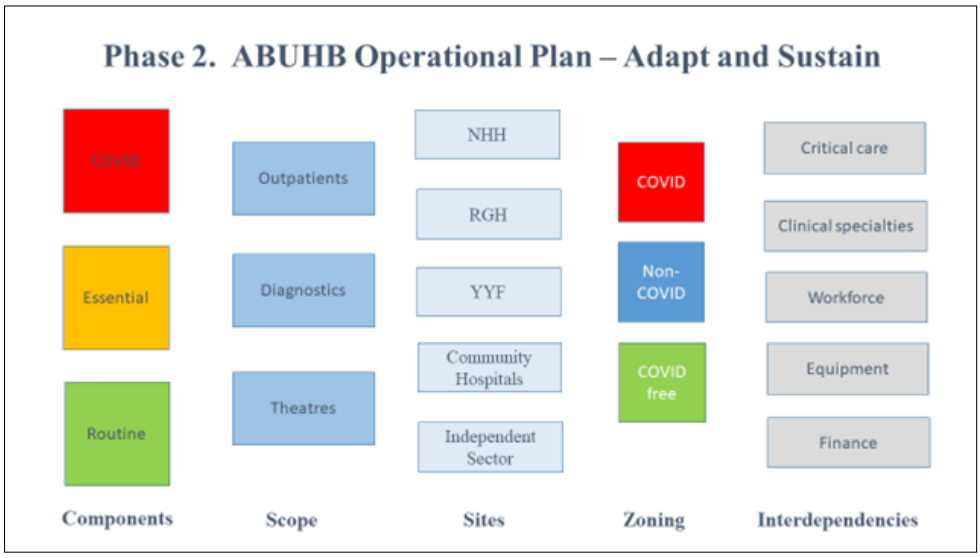
Aneurin Bevan University Health Board has developed the following principles through which to apply its own response:

- Activity should not impact on the ongoing management of COVID-19 containment and treatment for those hospitalised by COVID- 19 illness
- Activity should not put the safety of staff at any additional unnecessary risk, and should be sensitive to resilience and well-being post the first wave of COVID
- Activity should not adversely impact on the capacity, infrastructure, kit or medication required to treat or surge to support COVID (this includes key capacity, critical medication, PPE)
- Any attendance/procedure will be assessed for the benefit to the patient against the risk of acquiring COVID
- Some patients will need to be prioritised for early response due to clinical need/urgency
- Services should be brought back on line within national guidance/College guidance. Where there is any deviation from this, it must be signed off by the Executive Team
- Activity will have alignment to the COVID Phase 2 capacity plan, with the objective to:
    - Maximise access to care and best outcome for COVID-19 patients
    - Embed and opportunity and change which has been adopted over the last 7 weeks rapidly transform our services for the future through innovative ways of working
- Detailed work is underway to develop, agree and finalise the second phase plan by the end of May. This will necessarily cover the following:

- COVID capacity
- Essential Services
- The phased restart of routine services

Its scope is summarised in the figure 11 below:

Figure 11 ABUHB Operational Plan - Phase 2



i. Objectives

The Health Board has defined 4 objectives in framing the hospital components of its Phase 2 response.

No.	Objective
1	To balance demand and bed capacity for COVID and essential services, and to re-establish routine inpatient and day-case services safely during COVID 19
2	To sustain essential outpatient services, and safely re-establish routine outpatients during COVID 19, maximising opportunities for new ways of working
3	To sustain essential diagnostic services, and safely re-establish routine diagnostics during COVID 19, maximising opportunities for new ways of working
4	To sustain essential surgery, and safely re-establish planned surgery during COVID 19

It will deliver these in a corporately led approach underpinned by Specialty Delivery Plans. This will ensure that there is an evidence based approach across the organisation.

The duration of this phase, and the underpinning delivery plans, is from now until the end of September. The third phase of the Health Board's response will run from the end of September and encompass winter.

ii. Guidance underpinning Specialty Phase 2 plans

Specialties, via their Divisions, have developed delivery plans for their services based on the following guidance. Specialties also took into consideration any relevant guidance for their specialities and to clearly flag where the plan

proposed varied from such guidance. The Health Board's Ethical Framework was also used to inform the planning process.

Area	Guidance
Outpatients and Diagnostics Guidance	• Patients should only be required to attend hospital where clinically necessary and maximise all opportunities for remote, multi-disciplinary virtual consultations • Only patients who are asymptomatic should attend, ensuring that they can comply with normal social distancing requirements • Enhance planning and protection of patients who are clinically extremely vulnerable (Shielded) from COVID-19 • Specialty specific guidance for example from Royal Colleges
Surgery and Treatments Guidance	• Patients should only be required to attend hospital where clinically necessary • Only patients who remain asymptomatic having isolated for 14 days prior to admission and having tested negative prior to admission • Enhance planning and protection of patients who are clinically extremely vulnerable (Shielded) from COVID-19 • Speciality specific guidance from Royal Colleges of Surgery, with categorisation of surgery into 5 groups (1ab/2/3/4)
Outpatients and Diagnostics Design Principles	• Directorates should demonstrate how they are adopting and extending new ways of working, e.g. pathway redesign • Where attendance is clinically necessary, Directorates should prioritise their outpatient and diagnostic capacity within the context of activity deliverable in the context of social distancing requirements • Assessment of likely OP or diagnostic activity and how this compares to pre-COVID levels • Where demand exceeds capacity, this should be clearly identified and its impact described (e.g. clinical, waiting times)
Treatment Design Principles	• In the context of COVID-19, specialities should consider their likely surgery volumes • Specialities should prioritise patients on the basis of the RCS framework and treatments that are clinically necessary • Assessment of likely surgery activity and how this compares to pre-COVID levels • Where demand exceeds capacity, this should be clearly identified and its impact described (clinical, waiting times etc.) • Specialities should consider specific interdependencies in their plans (4S: space, staff, stuff, systems • Specialties should identify the need for PACU and ITU in their delivery plans • Specialities should estimate their likely daily elective bed demand to underpin the Health Boards bed demand and capacity plan • Specialties should describe their potential use of the Independent Sector

New ways of working

The Health Board's response to COVID has seen an increase in the scope and scale of new ways of working. With the limitations on capacity that arise from the requirement for social distancing in outpatients, there is an expectation that every opportunity will be taken to:

- Implement virtual clinics
- Extend office based decisions
- Redesign pathways
- Telephone clinics
- Other non-face to face clinics

iii. Specialty Phase 2 Delivery Plans

Using the above guidance, and a defined framework, specialities developed Phase 2 delivery Plans and there have been sued to develop the Health Board's

overarching plan, and in particular the configuration of its sites (beds, specialities, functions, zoning). The outputs of the specialty plans were used to underpin the Health Boards Phase 2 and in particular:

- What outpatient activity is safely feasible and how limited capacity can be used across the UHB to meet clinical need?
- What diagnostic activity is safely feasible?
- What surgery activity is safely feasible and how limited capacity can be used across the UHB to meet clinical need?
- How clinical services and bed capacity will be configured and zoned across the UHB?
- And finally what outpatient, diagnostic and surgery demand cannot be met and its associated risks?

The re-establishment of the routine services is the most complex element of the emerging plan in the context of testing and PPE requirements to protect staff and patients, clinical prioritisation, staffing plans and interdependencies, throughput and treatment location.

As a direct result of the peak in COVID, and the implementation of actions such as those required by the Minister, there has been a significant reduction in the elective activity in outpatients, diagnostics and treatments. This has resulted in a large increase in breaches of the 36-week target, with the table below illustrating the scale and spread of this deterioration.

Month	New OP	Other	Treatment	Total
April (confirmed)	1154	563	2656	4373
May (confirmed)	3528	1084	4081	8693
June (provisional)	6330	1013	5450	12793

These breach volumes will increase in coming months and this work-stream will need to take into account volumes of activity that can safely be delivered in the context of COVID and the recently issued guidance on an "Operating framework for urgent and planned services in hospital settings during COVID-19". The table below identifies the 36 week cohorts for May and June by stage of pathway.

The re-establishment of the routine services is the most complex element of the emerging plan in the context of testing and PPE requirements to protect staff and patients, clinical prioritisation, staffing plans and interdependencies, throughput and treatment location.

5.2 Outpatients

It is apparent that the implementation of the actions required to manage the immediate response to COVID had a significant impact on outpatient activity,

though this has been mitigated to an extent by the exception of New Ways of Working.

Data for May 2020 (Figures 12 and 13) shows an overall reduction in outpatient activity compare to the monthly mean for 2019 (overall reduction of 72% for new outpatients and 67% for follow ups). The expansion of New Ways of Working has accelerated, with this doubling for new outpatients and increasing four fold for follow ups.

Figure 12 May 2020, New Outpatient Activity against monthly average

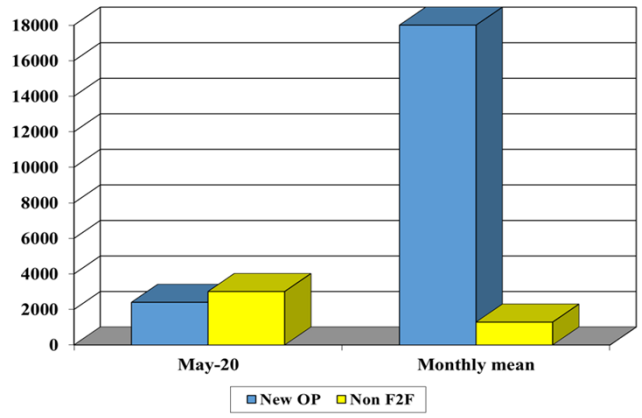
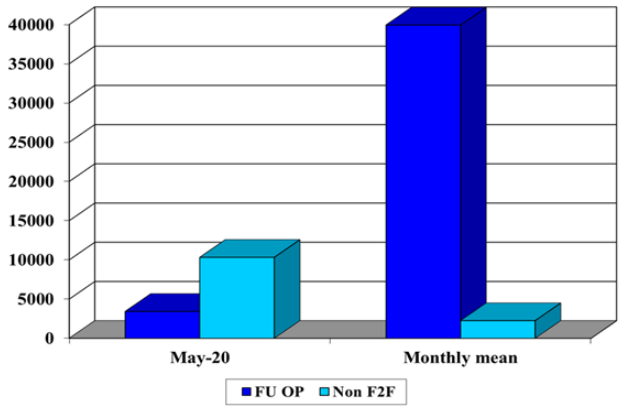
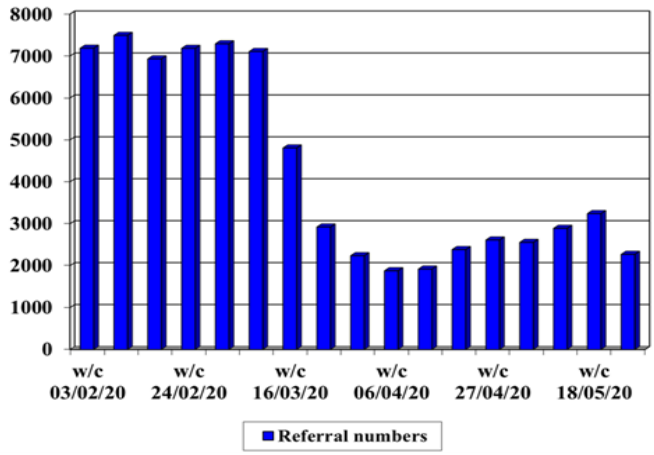


Figure 13 May 2020, Follow-up Activity against monthly average



There has been a large reduction in Outpatient referrals since the advent of the Pandemic (figure 12), which is likely to have a prolonged recovery. The average weekly referral volume fell from 7000/week to 2500, and has slowly increased as the public gain confidence in accessing health care services. This slow recovery for elective care referrals is in contrast to the emergency non-COVID activity which is nearly at pre-COVID levels.

Figure 13 Weekly Referrals Feb - May 2020



Outpatient Delivery Plans

The Health Board's delivery plans are based upon both the specific guidance for Safe Return and Healthcare Treatments after COVID, Health Board specific standard operating procedures and the guidance of the Royal Colleges pertaining to general and specialty services.

There is good and consistent use of prioritisation tools, with active engagement of clinicians in reviewing waiting lists. In the second phase of the Health Board's plans, the volume of clinics undertaking will be increased on a phased base with activity re-established at the main outpatient's suites at the Royal Gwent and Nevill Hall Hospitals. It is anticipated that proposed clinic volumes will be approximately 25% of those normally undertaken, with the number of patients seen reflecting the requirements of social distancing. It is anticipated that there will be a reduction if 40-50% in activity due to social distancing of the reduced capacity available.

There is a desire across all specialties to consolidate and expand new ways of working, and furthermore to reconsider service provision through the lens of value based healthcare. There will be an understandable focus on the provision of services to patients whose needs are prioritised as urgent, which builds upon the current focus of prioritising cancer and the most urgent patients.

The actions planned to re-establish routine outpatient services, and further expand new ways of working, will reduce but not eliminate the gap between outpatient demand and capacity. The Health Board is therefore seeking to:

- Expand service provision where it is safe and feasible to do so.
- Increase further the implementation of new ways of working, with further information on digital enables in Section 9.
- Apply the principles of vale based healthcare in redesigning is pathways to reduce reliance on traditional outpatient models of care.

5.3 Diagnostics

With the advent of the pandemic the Health Board prioritised its diagnostic capacity in support of:

- Emergency patients
- Cancer elective referrals
- Urgent elective referrals

The role of the radiology facilities at Royal Gwent and Nevill Hall Hospitals was repurposed, with the latter focussing on maintaining essential elective radiology. Whilst there has been a reduction in radiology activity in June compared to the annual monthly mean, it has increased in each month since April and is now approximately 60% of the overall mean monthly levels (Table 4).

Table 4 Radiology Activity against monthly mean June 2020

Procedure	June 20	Monthly Mean 2019/20	Difference
MRI	1477	2583	-1106
CT	3865	4580	-715
Ultrasound	4239	6754	-2515
Bariums	35	69	-34
Interventional	86	190	-104
Dexa	97	263	-166
Mammography	422	449	-27
Nuclear Medicine	56	257	-201
Plain film	12585	2109	-9230
Total	22862		

The focus on emergency and urgent patients has resulted in an increase in the waiting time for routine patients such that the current waiting times are approximately 25 weeks for each modality.

For endoscopy, the initial response to COVID mirrored guidance from the British Gastroenterology Society and the Royal College of Surgeons. As was the case for radiology, there was a pro-active communication with patients with active clinical engagement in prioritising patients as capacity became available after the initial peak, with the following prioritisation hierarchy;

- Emergency patients
- Urgent suspected cancer patients
- Urgent patients
- Routine patients

As a consequence of reduced capacity, and with clinical agreement of the physicians and surgeons, the FIT10 test was rolled out with a new pathway for lower GI USC and clinically assessed urgent referrals, augmented increased use of CT and pelvis. Patients are then categorised as follows:

Category	Descriptor
P1	Urgent USC – for immediate endoscope
P2	Urgent following FIT and for clinical review
P3	For FIT testing but not urgent

Notwithstanding this pathway redesign, there is a significant backlog of patients waiting >8 weeks. Using the prioritisation framework above for USC patients, shows the following:

Priority	USC	Booked
P1	109	91
P2	67	6
P3	124	0
Awaiting results	74	0
TOTAL	374	97

Diagnostics Delivery Plan

The radiology Quarter 2 delivery plan includes the following:

Pathway/Procedure	Actions	Scale
MRI	Use of Independent Sector Rutherford centre with relevant time gaps between scans to allow for cleaning Weekend working at YYF. USC/Urgent scans only at RGH/NHH/YYF	5 days a week at Rutherford (only if required)
CT	Use of Independent Sector. USC/Urgent at RGH. Extended weekdays and weekend working at YYF.	SJH Currently 5 days a week to increase to 7 days with staffing support (O/T/Agency) from ABUHB?
Ultrasound	Use of County, Ebbw Vale and St Woolos scanning facilities. RGH/NHH U/S facility to be used appropriately.	Improved Radiologist activity
Barium/screening	Designated template for weekly list	Weekly
HSG	Risk assessment for interventional procedures to be carried out	Only at NHH
Dexa	Lists open from 15.06.2020 with gaps between scans to allow for relevant cleaning	4 days a week
Mammography	Limited lists at NHH and RGH	
MSK Interventional Radiography		No lists currently due to steroid risk
Nuclear Medicine	Limited activity due to doses	

Priorities for Quarter 2 includes:

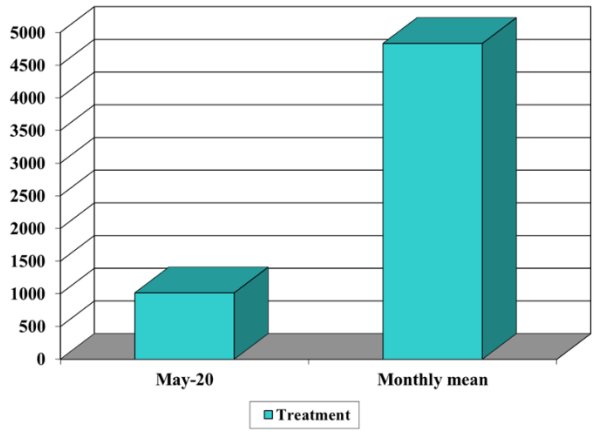
- Re-establishing endoscopy theatres at the Royal Gwent and Ysbyty Ystrad Fawr theatres, albeit at reduced capacity throughout to reflect enhanced infection control procedures
- Considering the re-establishment of services in the Llanwenarth Suite at Nevill Hall Hospital now that COVID demand on the site has reduced
- Enhanced waiting list and referrals, monitoring and management
- Continued use of the revised prioritisation tool, including the use of FIT10 testing
- Backfilling lists to optimise capacity
- Collaboration with the National Endoscopy Programme in the COVID-19 Recovery Plan

5.4 Treatments

As was the case for outpatients and diagnostics, there was a planned reduction in treatment activity in support of the Health Board's acute COVID-19 response. The priority was the maintenance of emergency theatre activity at the Royal Gwent Hospital, following the centralisation of the emergency general surgery

and trauma services at this site. Three theatres have been sustained to meet this emergency demand.
With theatre and anaesthetists essential in the doubling of critical care capacity, there as a reduction in capacity of elective activity, notwithstanding the challenges of safely providing 'elective' operating in the context of COVID. This reduction in elective day-care and inpatient treatment is shown in Figure 14.

Figure 14 May 2020, Day cases and Inpatients against monthly average



The activity in May (1016) is a significant increase in the April activity volume (430), though still only 20% of the monthly norm. The majority of activity are day-cases (80%), with the majority of the May increase being endoscopy.

The Health Board has used the prioritisation from work provided by the Royal College of Surgeons to underpin its specialty plans.

Priority	Descriptor
1a	Emergency (within 24 hrs)
1b	Urgent (within 72 hours)
2	Surgery (can be deferred for 4 weeks)
3	Surgery (can be deferred for 3 months)
4	Surgery (can be delayed by >3months)

It is important to note that categories 2 and 3 have been affected by the duration of the COVID pandemic and procedures categorised as Level 3 in late March have now already been deferred for 3 months.

Surgery Delivery Plan
The ability to safely increase elective theatre activity has been carefully considered and the following taken into account:

- Available workforce (in the context of the requirement to maintain critical care capacity above baseline in the more likely scenario)
- The ability to create safe green channels for patients
- Key interdependencies of equipment and infrastructure

The capacity that is available is summarised below by site:

Site	Number of theatres in Q2	Number of theatres in Q1
RGH	**5**	**2**
NHH	**5**	**3**
YYF	**2**	**0**
STW	**2**	**1**
INDEPENDANT SECTOR	**2**	**2**

The requirements for safely undertaking surgery at a time of COVID are such that it is in hospital that theatre throughput will be at 50% of normal activity. These two in combination suggest that theatre activity will be approaching 25% of normal monthly activity, and that clinical prioritisation is such that the overwhelming majority of activity undertaken will be in urgent patients. As such it can be anticipated that routine activity will be at low levels and that the number of routine long-waiting patients will increase.

In considering the configuration of its elective services, the Health Board has taken into account the British Orthopaedic Association guidance on strategy of elective services in addition to the of the Royal College of Surgeons. This has led to the following configuration and elective service across the Health Board.

Site	RCS status	BOA
Royal Gwent	Green	Bronze
Nevill Hall	Green	Silver
Ysbyty Ystrad Fawr	Green	Silver
St Woolos Hospital	Green	Silver
Independent Sector	Green	Gold

	Gold	Silver	Bronze
Buildings	Single point of access with COVID checkpoint	Single point of access with COVID checkpoint	Single point of access with COVID checkpoint
	Separate site	Building that can be physically separated into distinct areas with completely separate entrance and no contact with blue staff/patients	Department that can be physically separated from other areas, but unable to achieve complete separation eg walk through common area en route to department
Diagnostics	Separate facilities	Separate entrances and rooms	Separate time slots/ strict cleaning
Staff (in work considerations, out of work also needed)	Robust screening/ testing Separate teams	Robust screening/ testing Separate teams for defined time periods	Robust screening/ testing COVID checkpoint and full change/shower
Co-dependancies (eg renal replacement)	Co-dependancies available on same green site	Co-dependancies available on same site but with green/blue split	Co-dependancies available on different site but with green/blue split

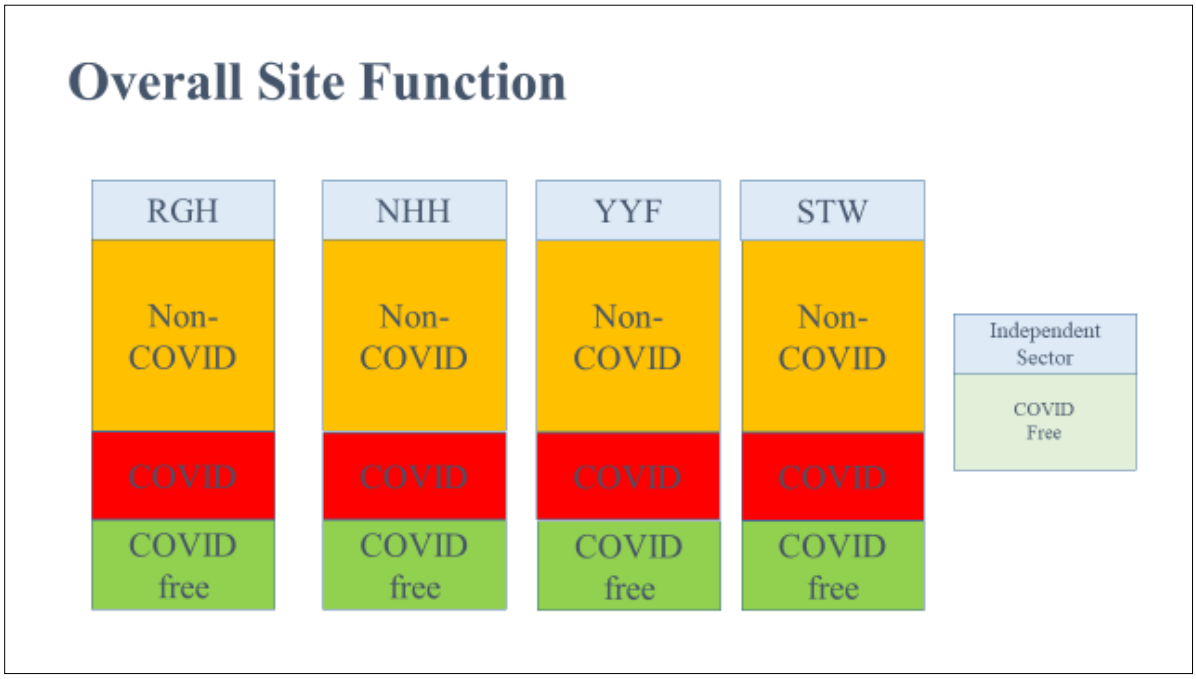
The Health Board has considered whether it is feasible to create a dedicated green/gold site within the Health Board but has concluded that the complex interdependencies of other clinical services, notably critical care and the emergency medical take, are such that this this not feasible.

The Health Board has taken the opportunity of deploying the WHSSC secured contract with St Joseph's Private Hospital in Newport, suspected cancer and urgent outpatient, diagnostic and treatment activity has been undertaken in this facility since April.

The ability to provide urgent planned care in a "COVID secure" facility has given confidence to both patients and clinicians that accessing care. The Health Board has robust processes in place, including careful consent guidance, as well as patient preparation in terms of isolation and screening.

The partnership with the St Joseph's has maturing and the activity undertaken there increased week on week. Going forward, the Health Board would wish to commission a similar contract with the Independent Sector in order to commission a 'COVID secure' elective site. This would ensure the Health Board could continue to provide care even if there were a second surge in the community, and/or any requirement to cancel elective work on acute sites.

Executive team have approved this and the commissioning team are working through securing a contract with an external provider with the aim of providing COVID secure capacity in the early part of Quarter 2. The overall configuration of COVID, non-COVID essential services and elective COVID-free services is summarised below.



5.5. Children's Routine Services (RAG rated amber)

In-Patients - A full acute children's assessment and ward service will continues to operate at RGH in Quarter 2.

Outpatients - Paediatrics will continue to use telephone and Attend Anywhere video consultations with face to face appointments being made available where there is clinical need. Planning to restart community paediatric clinics is underway with due regard to social distancing requirements. The aim in Quarter 2 is that 90% of new referrals will be face to face with 90% follow ups being by telephone/video consultation. Face to Face consultations for general and sub specialty paediatrics will increase in Quarter 2 subject to safeguards around social distancing but will likely remain at <10% (e.g. echocardiography clinics).

In Quarter 2, the paediatric diabetic specialist nurses are maintaining essential paediatric diabetes services through seeing newly diagnosed children in hospital and managing follow up appointments through virtual/ phone clinics/ contacts. A new 'drive through' HbA1c clinic has been initiated at Serennu Children's Centre and Nevill Hall Hospital.

In Quarter 1, bespoke **Safeguarding** arrangements were put in place which included the use of Serennu Children's Centre as a hub for Safeguarding supported by the community paediatricians who temporarily assumed full responsibility for all associated medicals across Gwent. Within Quarter 2, arrangements for medicals are returning to the arrangements that were in place pre-COVID (note there has been a substantial decrease in safeguarding referrals during the pandemic).

Continuing Care during Quarter 1, MDT meetings were not being held resulting in delays to referral to continuing care peer review and panel. In Quarter 2, MDTs have been re-established (sometimes virtually) and as such normal service has been resumed.

Respite Services have remained largely unchanged as a consequence of COVID-19. Throughout Quarter 1, and following an initial risk assessment, there has been weekly contact with families and monthly visits. Moving into Quarter 2, the majority of packages of care are now at the pre-COVID position. Consideration of the segregation of the team needs review within this Quarter.

Care Closer to Home (CCTH) –In Quarter 1, the service extended to support families between 8am and 11pm in order to avoid hospital admission. Moving into Quarter 2 the service is running between 8am – 8pm. Within this period, nursing staff who normally work in special schools and some specialist nurses will be required to return to their substantive roles.

Palliative Care Nurse- Service unaffected and continues

Schools - The 4 CCN special needs schools continued to open as hubs during the COVID 19 pandemic. Initially support was given to one school 5 days a week as the school with the highest need. Moving into Quarter 2, 4 schools are open (limited times and days) and all families have been RAG rated with contact being made as necessary.

Enteral Feeding – For Quarter 2 home visits remain reduced with a telephone triage system in place for advice. The equipment delivery service has been changed to a collection service with 3 months stock being provided.

Immunisation - Throughout Quarter 1, the focus for Public Health Nursing has been on delivery/promotion of immunisations and safeguarding/protection of vulnerable children, women and families. Moving into Quarter 2 the Immunisation team continue to provide immunisations in Community Hubs/Local centres, with a strong emphasis on advertisement through the use of Social Media campaigns, GP communication and continued contact with schools/ other stakeholders.

Neonatal Care	**RAG**

Throughout Quarter 1, access to special care baby unit, high dependency and intensive care for neonates has been maintained. Moving into Quarter 2, outpatient clinics will increase, with approximately 70% of new outpatients being seen face to face. Conversely approximately 70% of follow up outpatients will be enabled via telephone clinics, or Attend Anywhere technology once introduced from July 2020.

6 Primary Care

General Medical Services	RAG

Clinical Assessment Centres have been established in primary care for COVID-19 response, demand is minimal and now largely absorbed by practices but remain prepared if required.

Up to 85% of consultations are now estimated to be completed remotely through a combination of approaches, including Attend Anywhere, AccuRx and phone contacts. The use of remote consultations will continue and be used to introduce a consistent triage model.

GMS Recovery Plan Key actions for Quarter 2:

- Guidance document being prepared for practices covering essential, additional and Enhanced Services
- Review of ES undertaken at HB level for re-activation. Phased approach from 1st July
- Revised Care Home DES Specification agreed and shared with practices
- Influenza vaccination group re-established and plan for mass vaccination of the population to be determined
- Lightfoot Programme commencing with review of 3 key clinical pathways proposed to include MSK, Diabetes and Frailty
- Review Childhood Immunisation queues
- Plans to support clusters in the safety netting of those at risk and people who are symptomatic or have tested positive to COVID-19

On the 8th June 2020, Welsh Government wrote to Health Boards in order to identify priority areas for service recovery in planning to recommence service delivery, albeit in a phased approach from the 1st July 2020. It is anticipated that full service will be resumed by the 1st October 2020 and the work to enable this will be completed in Quarter 2.

To support this, the Health Board developed a detailed GMS recovery plan and toolkit. This provides practices with guidance and is designed to support all general practices with the resumption of services.

Practices should now be offering routine care as usual, wherever safe, making use of virtual options wherever that is possible. There are detailed sections regarding expectations in relation to Access, Delivery of Essential, Additional and Enhanced Services, CDM, Shielded Patients and Premises. Enhanced Services have been reinstated from 1st July with a phased implementation, with full service delivery expected from 1st October.

Practices are also reviewing Business Continuity Plans and "buddying arrangements" to ensure there are clear plans to maintain service delivery.

Practices are supported with dedicated planning sessions, with the outputs discussed at NCN level and shared with the Health Board. National screening programmes such as cervical screening have resumed, via phased approach. The Health Board reviews childhood immunisations queues on a weekly basis.

The Care Homes DES has been issued and currently 50/74 practices have confirmed participation. The Health Board will consider options for service delivery where the service is not delivered via GP Practices.

The Health Board awaits further detail of the national review of Enhanced Services. A review of the Homeless DES will be progressed.

Moving into Q2 the Strategic Programme for Primary Care has resumed its work and has identified the following priorities:

- The 24/7 work stream to work up the required infrastructure and capacity for community services taking account of Right-Sizing the Community, Rehabilitation Guidance, and the Six goals of urgent and emergency care (Section 8 below).
- A proactive review of service models in care homes, rehabilitation settings and community hospitals, prioritising care home focussed work in Q2 and 3 recognising the fragility of the sector and the need to respond swiftly.
- A review of enhanced services aligned to the Welsh Government guidance on restarting enhanced services.
- Implementation of an outcome measures approach.
- National tools to support embedding the rapid digital solutions implemented in quarter one into the operating model for primary and community care

The Primary and Community Services Flu Planning Group, chaired by the Deputy Medical Director, recognises the particular challenges in relation to social distancing and other logistical constraints in delivering the (possibly expanded) Flu immunisation and its possible alignment with a COVID immunisation programme this autumn.

The Group has recommended a strategic approach, with a more constrained programme through the orthodox delivery routes in General Practice, Community Pharmacy, Community Nursing, School Nursing and Occupational Health which would be complemented by a mass immunisation clinics in Neighbourhood Care Network (NCN) level centres. This is now being translated into a detailed implementation plan, including:

i. Venues- need to identify large venues with adequate parking to accommodate social distancing
ii. Staffing- to ensure a sustainable supply of immunisers including consideration of expanding the workforce to include non-registered staff

iii. Information Systems- to support the booking, administration, recording and reporting of immunisation
iv. Vaccine Supply- consideration of how vaccine already ordered by practices and community pharmacies, might be (legally) diverted to a mass immunisation programme by agreement.
v. Contractual issues- to ensure that providers are not de-stabilised by the new arrangements
vi. Communications- to ensure that the target population are actively persuaded to receive the vaccine and are able to access it in a convenient way
vii. Managerial oversight- to ensure the programme is delivered efficiently and effectively with the requisite pace

The emerging plan will be informed by the support and guidance emerges from Welsh Government which is steering the national approach to flu and COVID immunisation. Risks include, patient perceptions of closed practices, telephony capacity, access to diagnostics and potential issues regarding future flu vaccine programmes.

Community Pharmacy Services	**RAG**

To reduce pressure on Community Pharmacies, non-essential activity is suspended and some contractual arrangements have been relaxed, including a reduction in opening hours.

WG 5 Strategic Objectives	**ABUHB position**
To ensure community pharmacies continue to be available to dispense and supply repeat and acute prescriptions, with if necessary a reduction in hours pharmacies are open to the public	Currently 91/132 pharmacies in ABUHB are operating normal working hours, a further 26 just take one hour during the day to maintain staff wellbeing
To support a move away from demand-led to more planned ways of working particularly in respect of repeat prescriptions	Repeat Dispensing and post-dated prescriptions have been extensively used to assist with the increased demands for medicines during the pandemic. Many pharmacies are using SMS texting to patients, and deliveries have increased substantially
To reduce footfall in community pharmacies both to support social-distancing and reduce pressure on pharmacy teams	All pharmacies have had guidance circulated to them regarding safe operation of their pharmacies. ABUHB will provide a checklist adapted from the proposed GMS document to further embed key messages.
To support the public to self-care, through improved access to online information or through telephone advice and medicines from their community pharmacist	Consultations are still being carried out for the Common Ailments service in ABUHB, the demand for hay fever medicines through this scheme has diminished and the uptake is slightly lower than the norm.
To protect the health and wellbeing of all pharmacy staff.	ABUHB has been commended on timely supply of PPE to contractors by Community Pharmacy Wales representatives. Testing is available to all community pharmacy staff as above. Wellbeing Support information has been communicated to all pharmacies.

Dental services	RAG

The Dental Service providers are preparing to move from Red phase to Amber phase from 22nd June 2020.

Over the past three months only urgent dental treatments have been carried out in designated Urgent Dental Centres (UDC), patients have been telephoned triaged and those requiring face to face dental care have been brought in to these designated UDC.

Moving into the Amber phase local dental practices have been contacted with regards to their plans for re-start and to determine which practices wish to be Health Board designated AGP (aerosol generating procedure) or an independent AGP UDC.

To date we have 27 expressions of interest to become HB designated sites, and all dentists have been invited to submit a checklist response to encourage as much access as possible throughout the region.

In order to improve access for patients across the Health Board area, all sites which are designated AGP UDC will be required to accept referred patients from the central dental communication hub which deals with patient enquiries and referrals.

In effect a network of providers will be formed and are plan is to gradual increase the size and scope of the network to bring services back on line and improve patient access to core dental services.

In order to further facilitate the restart of services in dentistry the health board is working with practices to source the required PPE and ensure fit testing of all staff is completed as practices begin to reopen.

A major concern for both dental practices and the health board is the anticipated level of patient activity which will be possible during this Amber period.

Social distancing guidance and the requirements for fallow periods between procedures will significantly reduce capacity in the service, it is estimated that many practices will see only 6-8 patients per day.

With practices prioritising urgent cases the restart of routine care is likely to be slow and limited during this quarter.

Further guidance is being sought with regards to the fallow times and the effective use of air exchange systems and extraction units in order to reduce the 1hr fallow period and provide further patient slots.

It is possible, that for patients with adequate/good oral health may require more treatment longer term due to practices not being able to see these patients until we enter the green phase.

For those practices who will be unable to provide AGP, we will expect them to reopen from the 1st July and work with the HB designated sites to provide AGP and urgent treatments, and also support the delivery of the wider oral health agenda.

Risks include, the availability of PPE, enhanced PPE and fit testing, funding arrangements, arrangements for the provision of AGP's to private and NHS patients, financial viability of practices and capacity within the practice to see patients. These along with a number of common queries have been submitted to Welsh Government for further guidance and support as we move to the Amber phase and in recognition of the likelihood of a very gradual move back to normal dental activity.

Urgent Dental/OOHs

Community Dentistry Services run clinical sessions for ABUHB dental OOHs from Clytha Dental Clinic (Newport) on a Saturday-Sunday and bank holidays. Since the implementation of the red dental escalation phase the providers have been advised to use the AAA approach (Advice, Analgesic, Antibiotics) which has meant that all patients have been telephone triaged by a dentist and those who require face to face dental care are brought in to dental OOH clinical sessions.
An additional Dentist and Dental Nurse session on a Sunday morning was implemented in April.

Now that dental services have moved to the amber escalation phase as of 22nd June, this means that all patients are to be telephone triaged and then seen face to face in dental OOH clinic from 4th July.

Optometry services	**RAG**

Key Actions for Quarter 2:

- All practices available to open – practices are required to confirm their opening arrangements with NWSSP, who then inform the Health Board
- General Ophthalmic services provided
- Eye Health Examination services provided
- Low Vision service provided (with careful consideration for this vulnerable group of patients)
- Considering mobile eye sight test LES providers to become urgent domiciliary providers in order for service provision to remain local
- Need to determine ODTC capacity

Risks for optometry services are that not all practices may be able to open, provision of PPE, financial viability of practices and a reduction in capacity.

Community Nursing and Allied Health Professionals	**RAG**

Community Nursing and AHP Services have largely succeeded in maintaining service provision in Quarter 1, albeit with restrictions due to PPE and social distancing. Demand for Community Resource Teams (Rapid Response, Reablement) is returning to normal levels following a reduction in referrals. Where possible, remote working and consultations have been trialled and learning will be used in Quarter 2 to determine the longer term adoption of these new approaches.

'Discharge to Recover & Assess' (D2RA) pathways established and now need to be consolidated in a systematic way beyond emergency planning period. Actions include:

- Consolidate Business Continuity Planning for Community, Care Homes & Prisons
- Introduce Psychological Wellbeing Practitioners within each NCN
- Evaluate and consolidate use of remote working tools, such as Attend Anywhere and MS Teams in District Nursing, Frailty, Palliative Care
- Introduce eReferrals for District Nursing Services from GPs
- Documentation and systematic adoption of D2RA pathways across all five boroughs

Risks include outbreaks in the residential and care home sector, impacts on rehabilitation pathways, care home bed capacity and subsequent impacts on community bed capacity.

Urgent Primary Care out of hours (OOH)	**RAG**

The UPCOOH team is responsible for providing unscheduled primary care advice and intervention during the hours that GMS is closed, 6.30pm to 8am weekdays, Weekends and Bank Holidays. It also has the ABUHB Overnight DN Service under its operational remit. The service is traditionally staffed through a mix of salaried and sessional staff who work on a 'when available' basis. The ABUHB service has seen a number of high impact changes over the last two years, most recently adopting the 111 Wales model in late 2019. COVID-19 was the latest high impact influence over the service and required a response at pace and scale to manage the effect of the pandemic.

Responding to these challenges the service:

- Recruited 10 new GP's across Gwent to the OOH service (March 2020)

- Rapidly implemented of the COVID 19 OOH Pathway. This identified a COVID receiving centre (RGH PCC) and diverted all Non COVID demand to the other two sites to allow the clinicians to separate the two streams and see both streams within the target response times
- Rapid remodelling of the roster to bolster triage capacity
- Rolled out 'Attend Anywhere' at pace across the OOH service
- Improved the interface with WAST/111
- The out of hours service are providing clinicians and base for COVID Vaccine Research trial in conjunction with Primary Care and the Research team

Urgent Primary Care (OOHs and 111) services have taken significant steps in refining the operating model and will continue to adapt in Q2 and Q3 to align with the wider 24/7 agenda and unscheduled care through:

- Ongoing refinement of the on-line symptom checker for signposting and information (both for public and staff)
- Maximising the use of non-clinical and clinical telephone triage
- Enhancement of the wider MDT clinical assessment function within the 111 support hub.
- Continue to support Video Conferencing (e.g. Attend Anywhere and Consultant Connect) to support patients in their own homes and reduce the need for base visits and /or home visiting.

Risks include the Impact of 111 / Flow Centre Staffing Plan on Urgent Primary Care Out of Hours.

Priority for Quarter 2:

Maintain amber clinical assessment area separate from Outpatients in RGH to maintain appropriate infection control policies and patient and staff safety.

Urgent supply of medications	**RAG**

There have been ongoing medicines shortages prior to the pandemic both in primary and secondary care. The large patient demand for prescription items in March and April has exacerbated this leading to further shortages.

The following areas represent the ongoing concerns which have the potential to impact on essential services.

- **Continuous Renal Replacement Therapy (CCRT):** ABUHB have built up a strong stock-holding currently and the supply chain for CRRT fluids for the last two weeks has been reliable. However, with such a widespread usage of these products across Europe for critically-ill patients, there still remains a

risk that with any level of increased activity, we will once again run quickly into a shortage.

- **Critical care drugs (T20):** Pharmacy has set up a critical care dashboard recording the HB stock levels of the top 20 critical care drugs. This allows the close monitoring of supply against the number of patients and switching choice of therapies where needed. Current stock-holding is stable although there are nationally recognised shortages of neuromuscular blockers, opioids and other commonly used drugs.
- **Capacity/demand:** any future plans to increase capacity of service across the HB, through elective or planned work, should be carefully balanced against the fragility of supply of critical care drugs and CRRT to ensure there is no further exacerbation of shortages.

Welsh Government have published a framework to support the availability of essential medicines as routine care is commenced. In general critical care medicines should only be used for routine care when stock levels are above the minimum level of need anticipates COVID-19 demand. It is therefore essential that discussions about the reintroduction of routine care involve Pharmacy.

Palliative and end of life	**RAG**

The Palliative Care Team has managed to meet the demand on the service for the first quarter with the support from re-deployed staff with specialist palliative experience. The support of redeployed staff has enabled the directorate to maintain admissions within the inpatient unit at SDHC.
'Attend Anywhere' has been implemented within the team and hospices to support remote consultants and triage of patients. Community Palliative Care Services plans have been further aligned to Community Services. Introduction of the Advance Care Plan (ACP) e-form (for persons with and without capacity) is progressing.

Priority Actions for Quarter 2 include:

- Ensure that minimal clinical staff are allocated to each site to mitigate risk over overcrowding, wherever possible
- Consideration of utilising digital dictation
- Consideration of remote prescribing of opioids to support OOH medical cover in the inpatient unit
- Roll out of Treatment Escalation Plans in Secondary Care
- Agreement to proceed to recruitment for ACP posts

Risks for palliative and end of life care are staffing capacity within the team to meet demand, supporting social distancing, recruitment and supporting advanced care planning in care homes.

7. Social Care Resilience

In order to ensure strengthened partnership response during pandemic, the Community Care service cell has continued to meet twice weekly to ensure operational service continuity and delivery of essential services across organisational boundaries. The cell consists of membership from Health and Social Care and Public Health Wales. Discharge planning in Gwent has been enhanced significantly with single point of discharge in each district hospital setting. This ensures an expedited experience for patients with Local Authorities working across organisational boundaries through the Home First service. Since the start of the pandemic the Health Board has been swab (antigen) testing new symptomatic staff and residents to help determine whether they have COVID-19.

- At the beginning of May a programme of mass swab testing was commenced by the Rodney Parade home testing team. This included all care homes with ongoing cases of COVID-19, any home reporting a new outbreak and larger care homes registered for 50 or more beds.
- More recently whole home testing has been offered to care homes that have not had a confirmed case of COVID-19 within the last 28 days.
- Testing is being offered to all people being discharged from hospital to a care homes regardless of whether or not they were admitted to hospital with COVID-19.
- Testing is also carried out with people who are being transferred between care homes and for new admissions from the community.
- To date the Health Board has carried out around 6,000 tests on care home staff and residents.

Following the Welsh Government Antigen Testing Group meeting held on June 3rd it was agreed that from Monday 15th June all care home staff will be offered a weekly test for a four week period. These will be self-administered swabs acquired either through the UK Social Care Portal or directly from the Health Board. To facilitate this, the Rodney Parade home testing team, in conjunction nurses from the Complex Care Division, have offered on-site training for care home staff. They have also produced a competency framework and online training video covering the correct swabbing technique and associated infection control practices. This has been shared with other Health Boards in Wales.

A local strategic closed settings group has been operational throughout chaired by the Executive Director for Primary Care, the group has developed an escalation framework that has been endorsed by all partner organisations. The Health Board has already provided expert Infection Control advice to care homes and plans to work in partnership to provide expert advice to Environmental Health Officers (EHO) across Gwent as a means to support training needs.

8. Unscheduled Care and Winter Planning

Having developed plans to meet demand and capacity for COVID for the second phase whilst maintaining essential services and re-establishing some routine elective services, the Health Board will commence planning of the third and final element of its planning response to COVID the development of Winter 2020/21 demand and capacity in the context of the planned early opening of the Grange University Hospital (section 3.6) subject to the approval of this plan by Welsh Government.

The Health Board will work with Welsh Government on the assumptions underpinning this over the next few months. Integral to the Health Board's approach will be the National Unscheduled Care Programme "Getting ready for Winter during the pandemic" framework.

GOALS		OUTCOME
1	**Co-ordination, planning and support for high risk groups**	Planning and support to help high risk or vulnerable people and their carers to remain independent at home, preventing the need for urgent care.
2	**Signposting, information and assistance for all**	Information, advice or assistance to signpost people who want - or need - urgent support or treatment to the right place, first time.
3	**Preventing admission of high risk groups**	Community alternatives to attendance at an Emergency Department and/or admission to acute hospital for people who need urgent care but would benefit from staying at, or as close as possible, to home.
4	**Rapid response in crisis**	The fastest and best response at times of crisis for people who are in imminent danger of loss of life; are seriously ill or injured; or in mental health crisis.
5	**Great hospital care**	Optimal hospital based care for people who need short term, or ongoing, assessment/treatment for as long as it adds benefit.
6	**Home first when ready**	A home from hospital when ready approach, with proactive support to reduce chance of readmission

The Health Board will retain its COVID-19 planning structures to oversee the planning and implementation of its plans for the second half of 2020/21 and in particular the Winter Plan and its component elements in the context of COVID-19. Executive leadership will be shared, reflecting the system-wide approach that will be required. In addition to the above framework, the following will underpin the Health Board's approach to the development of its Winter Plan:

- A range of interventions to prevent and alleviate increased winter demand on health and care services are already in place in Wales and in Gwent, notably the flu vaccination programme. We are developing a baseline assessment against the PHW's 'Framework for Action', which summarises the key actions required to improve winter health and well-being and ease winter pressures, and those organisations/sectors involved in their planning and delivery, in order to 'map and gap' provision across the ABUHB footprint. Gaps in current

provision would be aligned with the identified evidence based interventions and will form part of the Healthier Gwent Delivery Plan.

- Recognising the risks associated with COVID in Diabetic patients, and consistent with the coordination, planning and support for high risk groups, there will be a particular emphasis on maintaining the existing support and monitoring of our diabetic patients in the community, from our Community Diabetic Specialist Nursing team and primary care practitioners. Also, an emphasis on reinforcing public health advice in our community to promote cardiovascular health.
- A review of the pathways, testing and capacity required to safely maintain essential services, respond to increases in demand from COVID and potential surges, and sustain routine services in the context of seasonal increases in respiratory disease
- Subject to Welsh Government approval, the early opening of GUH to stabilise key services, enable service transformation and provide additional capacity and flexibility

An Executive Team session will be held in July to further develop the framework for Health Board's Winter Plan.

9. Digital and New Ways of Working

ABUHB had approved a new digital strategy aligned to local and national strategy and set out against the priorities for delivery of the Clinical Futures Strategy and shift to care closer to home the role for informatics in enabling the change needed in delivery of health and care in Gwent. The strategy is based on four themes illustrated opposite.

Digital community	Enable people to manage their health and care needs independently wherever possible
Digital Organisation	Enable staff to be equipped to delivery truly holistic care and high quality services
Digital data, information and intelligence	Getting the maximum we can from our data and information
Digital Foundations	Provide fast, highly reliable and secure devices, storage and networks

A comprehensive IMTP (2020 – 2023) was developed and a Portfolio Register modelled which aligned to the strategic themes. Alongside this, a high-level resource assessment was carried out to inform further planning and prioritisation work and build on the progress made to date.

9.1 Leading Nationally and supporting Covid response

The Health Board continues to host to national programmes with very different focusses but both key to delivering national and local goals and both projects played an important role in the initial and ongoing response to Covid-19.

TEC Cymru (https://digitalhealth.wales/tec-cymru) a small Programme led by the ADI in ABUHB providing a national service to evaluate and promote technology enabled care. This has become a cornerstone in the delivery of new ways of working across Primary Secondary and Community Care. The programme were asked in early March to deliver a rapid solution to General Practice during the early phases in the pandemic and has in 100 days supported across Wales over 10,000 video consultations using cloud based services with high ratings from both clinical users and patients. Care Homes in Wales (and 100% in Gwent) have been offered training kit and support in collaboration with Digital Communities Wales allowing remote clinical support, ward rounds and specialist support.

The uptake in Health Boards is now accelerating and increased scope is being planned for Primary Care practitioners in pharmacies, optometry and dental practices commencing in July. This work has been prioritised within the Health Board due to its success to date and the increased demand due to policy drivers and Health Board intent not to "return to normal.

To date over 3200 consultations have been successfully completed in Hospital and Community Practice in Gwent with over 3500 in Primary Care. To build on this success a dedicated team is now required in order to sustain the delivery of this important project.

National Electronic Patient Flow delivered a business case (OBC) to Welsh Government and CEOs in 2019 and this has been under consideration, whilst the Health Board progressed with the local pilot in parallel in order to "demonstrate" the potential scale of benefits. Whilst a decision on a national procurement remains undecided capital investment was agreed to expand the scope of the evaluation project across the Health Board as part of the COVID-19 response. This is now in full implementation and is planned to be realised as minimal viable project ahead of GUH commissioning to support the multi-site model of working and support our risk management across the hospital system in a number of ways:

- Real-time bed status as a consequence of routine care monitoring (every 5 minutes refresh)
- NEWS score for every patient with decision support to clinical teams on escalation/escalation
- Access to critical clinical data in live views across the Health Board to aid planning, flow, bed management and bed usage.

This offers significant benefits to managing patient flow across the system especially in the context of the risk during winter and ongoing challenges of the pandemic.

9.2 Local pressures and demands

Locally the Informatics Team has responded to the pandemic at different stages in order to help the healthcare system operational at a very difficult time. Huge demand on core services saw a dramatic increase on relatively small teams; over 35% of staff were redeployed to help cope, in some areas at a cost of existing priorities:

- Applications service desk experienced a **60% increase** in demand;
- The mobility team experienced a **54% increase in demand** and
- Desktop services saw a **45% demand increase.**
- Incoming service point calls received by the ICT service desk **increased by 85%**
- The business systems team doubled the amount of Citrix users **from 600 to 1200** which enabled 1200 users to access emails and other applications from home without using a VPN token. In addition 581 VPN tokens have been issued so far (against a previous annual average of 114
- **1167 additional laptops** were procured
- Orders placed for **1000 headsets and 1000 cameras**.

- Equipment orders and works for the **Grange University Hospital (tGUH) were also expedited**, including zebra printers, telephony & desktops PCs & the delivery of the network to support early opening.
- Three additional call centres were set-up and over 100 new phones deployed and an additional 100+ network points were installed to support ward and staff moves throughout the Health Board.
- An additional Informatics COVID helpline; a single point of contact between Informatics and Divisional Bronze teams and the team took over 3000+ requests for additional equipment using redeployed staff.
- Health Records and Booking cancelled nearly **2000 clinics & 10,000+ patient appointments** whilst re-booking **4,500 patients and receiving 17,000 calls** from patients to provide information. A revision of procedures was required for COVID-19 red zones and to safeguard staff who were collecting notes.
- The **Digital Health Record** and **Clinical Workstation** proved critical in allowing clinicians to work remotely, view the comprehensive electronic record, and initiate diagnostics and review results as well as being able to digitally dictate. This meant the paper record did not require transport in the majority of cases, and cassettes of dictated notes did not require transport saving time, improving outcomes and critically allowing patient care to be conducted from home where this was needed.

9.3 Adapt and Sustain, not returning to Normal.

The Informatics service is not experiencing a reduction in work as the initial COVID-19 surge recedes indeed demand in all areas continue to increase.

- The acceleration of GUH full opening requires resource to support and deliver the hospital from both an ICT and application perspective
- ICT business as usual work set aside during COVID-19 has created additional programme pressure in the ICT programme and represents additional risk to the service ability to meet its first priority – to deliver safe, secure, reliable and compliant services
- The delivery of ICT equipment has created a new pool of users who are generating support requests
- New requests for digital applications arising from increased awareness of the importance of digital services and therefore expectation that solutions can be provided in short order.

The expanding list of services, projects and programmes now requiring Informatics resources and leadership include:

What is needed	Rationale
WPMMS (Pharmacy system)	CTUHB have deferred deployment and now ABUHB are looking to implement ahead of GUH opening.
C-CIS (Critical Care Information System)	The critical care network are seeking to expedite the programme, need made more acute by COVID.

Malinko (community Scheduling tool)	WG have requested that an e-scheduling tool is rolled out ahead of WCCIS to Community Nursing services.
Pre-Hospital Streaming	The development of an IT solution to enable pre-hospital streaming service that is a recognised priority for Clinical Futures and GUH. This has been brought forward due to COVID.
Value Programme	Integration of DrDoctor with the Health Board's Digital Platform to enable dashboard presentation and use of individual PROMs data by consultants to plan and improve care for individual patients and patent cohorts and the integration with National systems to allow full booking to support reduced DNA, SoS.
Maternity	The integration of a replacement for a previously standalone maternity system with Health Board's digital platform.
Musculo-skeletal (MSK)	Development of a solution for self-help advice and support using videos and other materials for people at home with common musculo-skeletal issues e.g. back pain that can be safely self-managed.
Prostate PSA	Seen as a key follow-up priority identified by the National Planned Care Programme and the Health Board before COVID- now critical.
Citizen Programme	Programme Mandate agreed at Digital programme Board pre-COVID. It is hoped that national funding may be available through collaboration with Digital and Planned Care in WG to use Prostate PSA as the discovery piece for the Citizen Programme and align with national intent and plans. It seems likely also that ABUHB will be asked to also lead this piece of work for other Health Boards and trusts with expressions of interest coming from all organisations with the exception of Swansea Bay who have a solution in place.

These requests sit alongside an existing backlog of requests for development and ongoing project work that was deprioritised for the duration of the COVID-19 emergency.

As a result, the service needs to increase its capacity, capability and resilience to meet the demands of the services, which is now one of the key enablers for future delivery of care, based on evidence for numerous reviews and national and local audit reports.

To progress both the Digital Strategy and meet the immediate needs of the service issues set out above in the context of COVID-19 and GUH acceleration, additional support is required. The service has identified 3 critical areas for investment to start to close the capacity shortfall and avoid an immediate de-prioritisation of existing and planned services and projects. This is a recurring investment required to cope in recovery and to help create capacity to re-plan and realign the strategy in light of COVID. These are summarised in this table.

Category	Cost
ICT Infrastructure team	£310,052
Design, development & commissioning	£234, 146
Programme management & delivery	£470,304
Total recurring critical staff requirement	**£1,014,502**

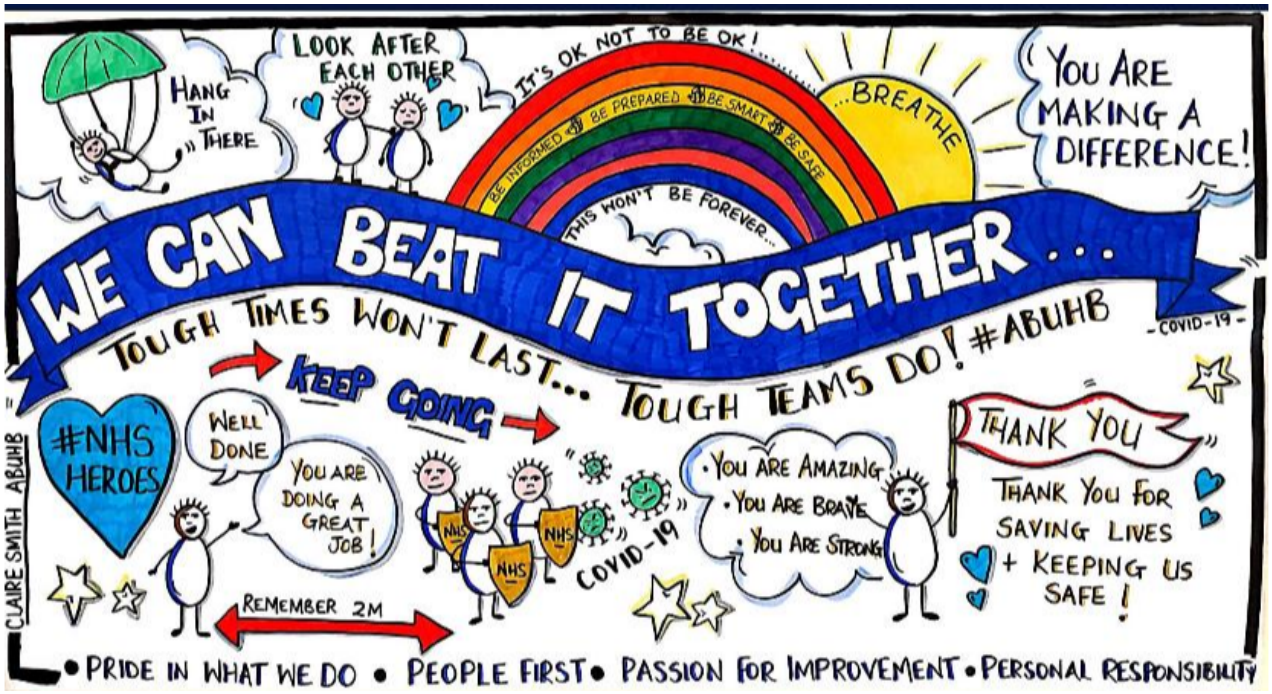
There are also ongoing discussions with Welsh Government to enable faster progress around some of the key national programmes and priorities and funding support totalling circa £1.5m. These include patient flow, office 365 and the citizen platform. All of these play a key role in optimising our Covid response and future service delivery.

The Health Board fully recognises the opportunity presented through acceleration and investment in Digital in all facets of recovery and implementation of new ways of working and the resource challenges this presents. Delivering transformation during the myriad challenges of COVID-19 has been achieved through the collaboration of clinicians, patients, managers and informatics. Sustaining and continuing this transformation in the context of restarting "business as usual" will incur a "cost of change". It is important that support is identified to ensure the organisation is well placed to exploit this unfortunate but very real opportunity.

10. Workforce

10.1 Workforce & Well-being

The wellbeing of our staff continues to be our key priority for Quarter 2. Many frontline and support staff will be feeling the impact of the initial crisis for months to come as well as potentially gearing up again for further peaks in demand. We recognise that demands will not abate in fact they will be added to when resuming normal Health Board services staff well-being and safety has never been more core.



i. Well-being Strategy and Work Plan

An evidence based medium to long term strategy based on a two pronged approach has been developed and adopted. Firstly, identifying and responding to the mental health needs of our staff by strengthening our current well-being service. Secondly, developing a systematic way of supporting teams and Divisions to identify and address the symptomatic causes of poor well-being. We recognise that our plans will have to address chronic stress and acute mental health issues.

Our plan includes the development of a Well-being Centre of Excellence and locally based embedded resources. An outline proposal was presented to Welsh Government in January 31st 2020 for the establishment of a Well-being Centre of Excellence on the Llanfrechfa Grange site. This is in the process of being further developed in light of the COVID-19 Pandemic whilst we await a response to our outline proposal. The revised proposal will be presented to the Executive Team for consideration in July 2020.

ii. Employee Well-being Service (EWS)

The in-house Employee Well-being Service has continued to fully function and to provide (self-referred) psychological support to all staff, as well as access to other means of support. The EWS intranet site is updated weekly and now hosts a wide range of high quality resources to guide, support and inform staff. A bid is being considered by the Charitable Funds Committee to secure funding to employ two additional WTE psychologists for the next 12 months to help meet the anticipated increase in demand.

iii. Peer support phone line

The Peer Support phone line, staffed by volunteers (all employees of ABUHB) continues to function and offer support to staff. This service will be reviewed by the end of June to ensure all volunteers are still able to offer their time given that many clinical services are returning to pre-COVID operational status.

iv. Hub and Spoke Teams

This model has been highly successful and popular with staff across the Health Board. It will however require review by the end of June as virtually all redeployed members of the psychological workforce who staffed the spoke teams will return to their substantive posts. It is anticipated that as an interim measure the 15 local spoke well-being teams will be reconfigured into two or three teams with the central hub providing expert professional advice whilst the medium to long term strategy is operationalised.

v. Well-being Survey

The first Well-being survey for all staff since the COVID-19 Pandemic was launched in May and has now closed with a record total of 2,260 responses. Data is currently being analysed and recommendations developed which will be fed back to both the Executive Team and wider workforce early in July. A second well-being survey will be launched in July.

vi. Well Being Site

The proposal for an ABUHB well-being website was approved and a domain name has just been secured. The website will be developed over the next 4 weeks with a view to being launched in late July early August. In addition the TotalMobile App being developed for use with Urgent Care is close to completion. A three month trial is planned that includes an evaluation of the well-being related value. This is a collaboration between WOD, Well-being, Informatics and the Urgent Care division.

vii. Food

At the start of the COVID-19 response the seating areas in the canteens were closed in line with recommendations and to support social distancing. The canteens stayed open during the day and food has been available to all hospital staff via a take away service. Food has also been available on a 24 hour basis and has been delivered to the wards on request. Free food has been delivered

to staff in "Red" areas. Free tea, coffee, juice, and healthy snacks have been delivered to all wards on a regular basis. Since 13th May the canteen seating areas have been re-opened with strict social distancing arrangements in place. This will provide staff with opportunities to take their rest breaks away from the ward.

viii. Accommodation

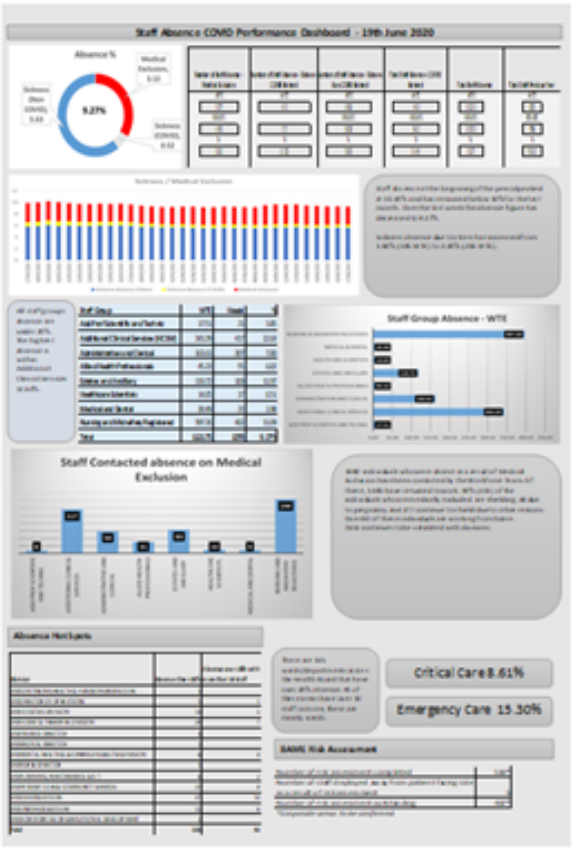
We have been actively identifying staff who require support with accommodation during COVID-19. This allows key staff to isolate from vulnerable family members, be deployed to other hospital sites and accommodate additional staff. We have worked with PHW and Environmental Health Officers to agree a protocol to provide funding to those most in need and to ensure the accommodation they were offered met safety standards.

ix. Rest

We continue to review rosters and Working Time Regulations reports to ensure staff have adequate rest. We are actively encouraging our staff to take their annual leave to ensure that they have adequate rest and recuperation. Specific provision is being considered to provide in shift and post shift rest facilities at the Grange University Hospital site once this facility is commissioned.

10.2 Workforce Metrics

We monitor key workforce data on a weekly basis through our Workforce Dashboard. The dashboard is reported weekly to the Health Board's Strategic Gold Command and provides information on a range of workforce metrics including recruitment and redeployment, absence, variable pay usage and training.



i. Absence

Overall absence peaked at 16.71% at the end of March 2020 and is currently 9.27%.

COVID-19 related absence is currently at 0.42% with normal sickness absence at 5.63%, compared to 5.4% in June 2019. The current number of staff who are shielding or self-isolating is 3.12%. We have seen an increase in stress related sickness absence and have considered this in our well-being

approach. This is currently 2.30% compared with an average of 1.60% (pre-COVID).

ii. Staff Turnover

Overall staff turnover has reduced since Quarter 1 (2.6%) compared to Quarter 2 (1.1%) compared to an average turnover of 7.8% across all staff groups. Turnover has decreased as a result of the pandemic and this has been partly due to the agreement of NHS Wales's employers to retain staff who may have secured employment elsewhere until the situation stabilised. Some staff have delayed retirement dates and others have returned to support the COVID-19 response. As part of our Clinical Futures agenda, the Health Board will launch its Retention Framework in the summer of 2020 to help ensure we retain valuable skills and experience.

iii. Risk Assessment for Staff

Our initial COVID-19 Workforce risk assessment tool included staff who identified as being in a vulnerable group, including those pregnant, with underlying conditions and identifying as BAME. This was adopted by NHS Wales on an interim basis pending further work at a national level which has now been completed. The COVID-19 Workforce Risk Assessment Tool is available via the Learning@NHS Wales platform and is being widely publicised to all staff.

We have communicated with staff and managers to encourage completion of the ethnicity field in ESR to identify staff who require a risk assessment. The current position is outlined below:

Staff Group	BME Heads	BME %
Add Prof Scientific and Technic	27	5.11%
Additional Clinical Services	128	4.07%
Administrative and Clerical	65	2.33%
Allied Health Professionals	32	3.62%
Estates and Ancillary	47	3.46%
Healthcare Scientists	22	8.70%
Medical and Dental	277	16.72%
Nursing and Midwifery Registered	349	8.44%
Students		0.00%
Grand Total	**947**	**6.42%**

Managers have actively been working with staff to ensure risk assessments are being undertaken, recording the evidence and making adjustments where needed. 556 risk assessments for staff have been completed with more actively underway in Divisions. However, there were already a number of staff in this category who are shielding due to the severity of their underlying health conditions and/or being over 70. Of the 556 assessments undertaken five BAME staff have been identified as high risk. In addition over 800 risk assessments

have been completed for bank/agency workers identifying themselves as BAME. Where required PPE has been reviewed/provided and alternative duties arranged. We have shared the all Wales COVID-19 Workforce Risk Assessment Tool with all agency providers to ensure all staff who may be at risk are identified.

Work is already underway to address the First Minister`s BAME COVID-19 Advisory Group Report and the findings of the Advisory Document to the Cardiff School of Medicine.

10.3 Agile Working/New Ways of Working

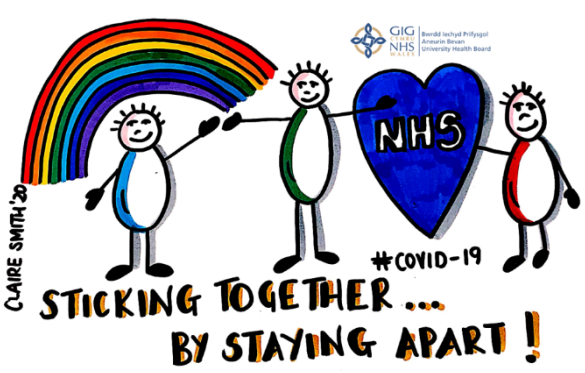
The Coronavirus pandemic has rapidly and profoundly changed the way we have all worked. The recent pandemic has in many ways delivered a three month pilot of agile working and much of what we have learnt we will want to sustain going forward. To ensure we capture what we have learned ABCi has run a survey to capture examples of innovative practice during this period. We are also surveying staff in their experience of agile working. The intention is to bring these two pieces of work together in July so that the Executive Team can consider how we embed these different ways of working.

An Agile working Group is already in place and a strategy, toolkit and delivery plan will be considered by the Executive Team towards the end of July. The work will be done by three sub groups, Technology, Estates and Workforce who will focus on delivering priorities through the co-ordination of short term (by September 2020) and medium term (by December 2020) objectives that underpin the overall strategy. Importantly this group is linked up with our Social Distancing Group. As part of this work we will be asking the fundamental question as to whether it is essential that people return to their original places of work and whether it is safe to do so. The reality is that opening up the Health Board is going to be more problematic than locking it down particularly in relation to maintaining social distancing. We recognise that this will involve changing a cultural mind-set that many of us have grown up with. It is however a real opportunity to reduce stress at work, improve well-being, make the workplace more inclusive and improve productivity.

10.4 Test, Trace, Protect (TTP) Programme

It may not be practical to "cohort" staff groups in all settings however, the Health Board identified the importance of early action following a member of staff testing positive. As a result a specific team has been established within the TTP Programme to contact any member of staff who has tested positive in order to trace their contacts without delay.

In addition, social distancing measures, based on Government Guidance have been issued and implemented in the Health Board with a Standard Operating Procedure (SOP). This contains information and guidance for staff and managers on taking all reasonable measures to maintain physical distancing within the Health Board. Risk assessments are currently being undertaken across the organisation with all measures being considered to mitigate any risks identified.



The workforce team have led the regional TTP workforce planning work to support this new initiative. We have developed job descriptions, identified recruitment pipelines feeding from the Health Board's COVID-19 recruitment campaign and are recruiting Clinical Leads and deploying AHP students to our regional cell in roles that will offer them experience relevant to their studies.

10.5 COVID-19 Surge Plans

Detailed workforce plans have been developed to respond to sustaining ITU workforce supply, opening surge capacity as set out above and for the potential early opening of the Grange University Hospital.

These plans were developed with clinical colleagues and shared with Trade Unions, LNC and BMA representatives. The additional resources required were considered in the context of existing vacancies levels and variable pay expenditure.

Our detailed surge workforce plans reflect a number of anticipated changes to workforce supply. These include the timing of the return of 8 remaining medical students in September, over 300 nursing students in July 2020 and 66 AHP students in early autumn. The plan also takes account of turnover increasing to usual rates, opportunities for the deployment of existing clinical staff in the future and future recruitment plans through national initiatives such as registered nursing student streamlining. Our workforce plans also assume overall absence at 20%. This is higher than experienced through the first COVID-19 surge and therefore provides some headroom should we require it.

The suspension of overseas recruitment over recent months has had a significant impact on our pre- COVID-19 recruitment plans. 46 overseas nurses have joined us and have been working with temporary NMC registration as part of the COVID-19 response. This approach has been welcomed and has supported the Health Board's ability to respond and care for patients safely. We have plans for a further 52 overseas nurses to travel to join the Health Board with a further

number to interview. However, with travel restrictions and uncertainty of how testing centres may operate we have re-profiled our registered nursing recruitment and assumed that any overseas nurses will not join us until September 2020 at the earliest.

Risk assessments have been completed to assess the workforce risks of potentially opening the Grange University Hospital earlier than planned in November as part of the Health Board`s response to COVID-19 and winter pressures.

The implementation of our workforce plans will be supported by the work we have undertaken in Quarter 1 to train and prepare staff. Our central redeployment process is well established and has supported the deployment of over 240 staff. 358 Registered Nurses have received Clinical Skills Training to enable redeployment across the Health Board. Further clinical skills training has also been delivered to 148 HCSWs and 314 Students.

We have also built upon new roles such as Physician Associates. The temporary relaxation of working hours rules for our current cohort of 22 Physician Associates (PAs) has enable them to support services out of hours. Their commitment and flexibility during the pandemic has been outstanding. We have also shortlisted 21 candidates and have a further 11 posts available for new recruits. The anticipated start date will be November 2020 following completion of the national examination. These additional PAs are factored in to our workforce plans.

10.6 Recruitment

We continue to recruit in line with our recruitment surge plans. We launched a specific COVID-19 recruitment campaign via Social Media on 24 March 2020 and have received over 2,000 responses. This has resulted in over 500 confirmed new engagements on our resource bank.

The new recruits, which included NHS returners and new applicants, are placed initially on the resource bank to support swift on boarding and to ensure efficient use of resources. We have worked closely with NWSSP Recruitment Services to link this activity with the all Wales COVID-19 Recruitment Hub to provide offers of employment. This activity will help secure resources to respond to any future surge in COVID-19 demand.

To date we have progressed fixed term or permanent employment contracts for Registered Nurses, HCSWs, Patient Care Assistants and Facility Operatives to directly support COVID-19 surge workforce plans. To date 3RNs, 28 HCSWs, 48 Patient Care Assistants and 33 facility operatives have been confirmed and trained. This accounts for approximately 25-30% of the workforce required to surge. However, the remaining additional workers that have been engaged on

our resource bank will be used to support surge staffing. We are also refreshing our recruitment campaign to try and improve our overall supply of resources particularly in relation to registered nurses and health care support workers. .

The acceptance of offers of employment has been lower than anticipated for various reasons. A small number of medical and registered nursing staff recruited through our COVID-19 campaign were ex-employees who had returned following retirement, approximately 25wte in total. Whilst this group have not wanted to secure employment contracts at this time, the majority have indicated a desire to remain engaged with our resource bank to support any future surges.

Others who have since turned down offers of employment have returned to previous employers or wish to work flexibly via our resource bank.

Working with our Complex Care Team, we have developed job descriptions and are recruiting to a small pool of registered nurses that will enable us to provide staff to undertake NHS tasks in care homes. This is a positive development which we will build upon our work in partnership with other sectors to support the health and social care needs of our population.

10.7 Partnership Working

Weekly meetings with our local Trade Union representatives as well as the BMA and LNC continue. These have provided valuable opportunities to share updates and to continue to review and communicate staff guidance and influence the Frequently Asked Questions developed through our all Wales networks. This relationship will be particularly important for Quarter 2 as we formally consult with our workforce on the opening of the tGUH.

The Health Board has actively worked closely with WOD teams across NHS Wales to share and develop a once for Wales approach to workforce advice and guidance including leading a development session for Workforce Directors on our early experiences of the pandemic.

Priorities for Quarter 2 include:

- Continue to implement and refine our wellbeing offer as outlined above, with a focus on supporting staff to recover from their recent experience
- Encourage and support our workforce to undertake COVID-19 risk assessments wherever appropriate to support the necessary PPE or alternative working arrangements and thereby ensure the safety of our staff and patients. This includes working with our agency suppliers
- Respond proactively to the findings of two key reports in relation to BAME staff recognising the importance of diversity and inclusion in our workforce
- Review our workforce demand and supply in line with any local and national developments, specifically any changes to overseas recruitment

- Continue to work in partnership with our Local Authority Partners to implement the Trace, Track and Protect workforce plans
- Facilitate learning from Quarter 1, highlighting the innovation in our workforce practices with a view to embedding new ways of working. This will be supported through ongoing work with our Agile Working Strategy, Retention Framework and longer term vision of a Well-being Centre of Excellence
- Build upon the first steps we have taken to support staffing for care homes.
- Facilitate the tGUH staff consultation and change management programme of work with a focus on retaining and developing the skills and experience of our existing and future workforce
- Execute our Clinical Futures recruitment plans and supporting OD strategy
- Maintain positive and productive partnership working relationships with Staff Side

11. Finance

The Health Board produced a COVID-19 financial plan at the end April 2020, which it submitted to Welsh Government. This provided a revised assessment which identified the net additional cost impact of COVID-19 plans, overlaying the existing IMTP, during the first 7 months of the 2020/21 financial year. The position identified a likely forecast deficit of £41m, with additional risks of £39m for the full year.

The Health Board May reported financial position included a forecast for COVID-19 up until October 2020, this was felt the most reasonable time span given the Board is yet to make a decision to open the GUH at this time and considered the uncertainties surrounding the spread/containment of the virus. These unknowns could have a significant impact to the service level required such as the impacts of the reduced level of 'lockdown', the behaviour of the local population in social distancing and self-isolation, the 'R rate' and other factors such as winter and the re-implementation of elective activity.

As at May 2020, no additional revenue funding has been agreed with Welsh Government for the 2020/21 financial year and therefore this position is being reported as a financial deficit.
At the end of May 2020, the year to date financial position is a £10.956m (£11m) deficit. This is attributable to the impact of the Health Boards response to the COVID-19 pandemic.

The May forecast identified a deficit of £41m with a risks of £39m including:

- £22m for the early opening of the GUH (£17m) and additional surge bed capacity (£5m) that may be required in the last 5 months of 2020/21, plus
- £17m of cost implications of other services; for testing (£4m), contact tracing (£6m) and winter pressures of £7m

Thus a forecast risk range of £41m to £80m for 2020/21.

11.1 Mid-June Update

During June the operational plan for quarter 2 has been developed and the financial planning assumptions refreshed to correlate with operational plans.

To reconcile with the Second Peak Eventuality, surge capacity plans for Q2 have been increased to the level of 695 beds, an increase of 44 beds over previous plans. The profile of these 'going live' has uncertainties with current recruitment in place for quick response and future recruitment plans including returners, students and other temporary staff being recruited to support further surge and the proposed scaling up of the early opening of the GUH from November.

Phase 1	Phase 2	Phase 3
182 acute, 85 ITU	**344 acute**	**84 acute (tGUH)**

In addition to the above there will be a proposed additional 380 acute beds at the GUH, included within the financial plan. (A funding bid has been submitted to WG to support early opening as part of the transition to transformation for clinical futures).

Note: Phase 5 (232 beds) and 6 (168 ventilated beds) surge capacity options have currently not been factored into the financial forecast, these beds, if established will significantly increase the costs for ABUHB if other services are not reduced to support their operational requirements.

The £41m estimated staffing costs for these surge beds and other COVID response schemes are identified in the revised forecast below and when fully recruited includes the workforce costs for;

- Operating the GUH as an additional site (due to COVID) during 2020/21 for 514wte
- 5.3wte 'returners'
- Between 121wte and 277wte students for the first half of the year and
- An average of 940wte temporary staff employed each month for the year.

The Non Pay costs of £46m include estimates for the following significant elements for:

- GUH £10.8m
- Contact tracing £10.7m (this is the 'Gwent Partnership' costed plan full cost)
- Extended Pathology testing (tbc) £5.2m
- Medical and surgical supplies and equipment, including PPE £7.9m
- Discharge support schemes £2.5m
- Additional External Elective capacity £3m

The Savings Strategy as part of the IMTP for 2020/21 identified a planned delivery of £33.8m, current estimates identify a forecast delivery of £5.2m, and the focus of attention by services has quite appropriately been to respond to the COVID pandemic. This intense focus has had a detrimental impact on the savings and efficiency programme. However there are opportunities being taken to change ways of working, including digital solutions and agile working arrangements, which need to be capitalised upon to support sustainable service models going forward.

The Health Board re-focussed its services to respond to COVID, the result has been to halt all non-emergency and non-urgent elective care. This has resulted

in staff redeployment opportunities and a reduced cost in delivering elective services across the health board across all divisions. With the gradual restart of elective services this cost avoidance is now expected to reduce somewhat, however to comply with patient management cross infection and protection regimes for COVID risk, the elective throughput is expected to be a fraction of usual activity, potentially circa 40%.

The uncertainty of surge timings and elective delivery profiles makes forecasting difficult, current financial estimates of cost avoidance are up to £27m for the year.

Redirection of proposed funded plans and developments, including partnership schemes is estimated to be circa £4.5m, much of this assumes agreement to redirect resources through RPB arrangements.

During June, Welsh Government non recurrent funding of £8.5m has been received for COVID workforce cost estimates for the first quarter of 2020/21.

There remain several risks and uncertainties to be recognised for 2020/21, key issues are:

- COVID-19 pandemic 'surge' profiles and when and to what degree escalation is required will drive the financial profiling and costs
- Phase 5 and 6 surge plans have not been factored into the financial forecast, if these are established without reducing existing non-COVID services the additional costs will be significant
- Government policy changes may drive further expansion of testing requirements and represents a significant uncertainty and potential financial cost pressure risk. The expansion of contact tracing and associated population testing to wider population cohorts and new testing regimes, for both COVID antigen and the new anti-body test, may require additional facilities to be established, along with additional health board pathology testing capacity requirements. These may require revenue and capital solutions to be deployed
- Non-delivery of savings required to fund the delegation of budgets agreed at the March board
- The opportunity to divert existing funding to support COVID-19
- Treatment plans and associated costs – where elective services are resumed and/or reset
- COVID-19 pandemic and managing seasonal pressures (e.g. winter)
- The impact of any agreed changes to the commissioning of GUH during 2020/21 financial year

11.2 Updated Forecast Position

Following a review of operational plans and risks, the above updated information can be summarised as follows:

The full year forecast for 2020/21 has moved from a risk of £80m to a reported forecast of **£77m**, this forecast now includes recognising the funding received and elements of identified risks into likely costs for the full year.

The forecast now updates the previous estimates to the end of October and includes a refresh of estimated costs for the full year and specifically:

- the additional forecast costs of the GUH (£17m)
- surge bed capacity (£5m)
- Gwent Partnership Contact tracing programme (£10.7m) with associated pathology testing (£5m)
- potential external elective commissioning (£3m)

Due to the level of additional beds planned to be available to meet the Second Peak Eventuality (assuming the proposed GUH operating model is approved) and the challenge of recruiting the appropriate workforce, the forecast does not include the potential costs of further expansion (Phase 4 and 5). This specific risk in the context of Winter Planning is estimated at **£4m**. In addition, any government policy which requires the further expansion of testing, with the associated pathology costs, will drive cost pressures that are not currently accounted for in the forecast. These will be reviewed as service plans are refreshed and updated, and an indicative figure of **£3m** is estimated as the financial risk at this time.

11.3 Conclusion

The mid-June updated financial position for ABUHB has identified a forecast financial deficit of £77m, with a risk of £7m related to winter pressures and the potential expansion of population testing.

The forecast should be considered as a best estimate at this point in the year, acknowledging there remains significant uncertainty in service operational delivery plans. Specifically the implications of COVID surge profiles and the significant challenges of opening a new site and implementing significant additional services with appropriate workforce availability, during the year.

11.4 Capital Finance Position

The Capital Programme was approved by the Board in March 2020. The current approved resource limit is £100.0m with a year-end forecast of £109.9m. The

adverse variance against plan of £9.8m relates to the additional expenditure being incurred in relation to the Health Board's Covid-19 response.

An additional AWCP funding allocation has been received in month for Covid-19 related digital costs (£2.490m). A funding request has also been submitted to Welsh Government for £5.8m to cover Covid-19 essential building works and equipment requirements related to the surge capacity at existing sites. A funding allocation of £2.6m has been received in June in relation to this request to reflect items received/works completed to date.

The Grange University Hospital scheme is progressing well. The works required to enable the partial early opening of the hospital by the end of April are complete, for which a further bid for £7.5m has been submitted to WG. A funding allocation of £0.9m has been received in June in relation to this request to reflect equipment items received to date. As the acceleration works required for the April early opening have come in under budget, the Health Board has requested that circa £1.6m be retained to address the potential acceleration costs associated with a proposed November opening of the hospital. There continues to be significant pressure on the approved equipment budget (circa £7m). As other areas of the scheme budget are now expected to under spend, the Health Board has submitted a bid to Welsh Government to request these savings be reallocated towards addressing equipment pressures. As reported in the opening capital programme board report, Discretionary Capital Programme allocations are being released on a project by project basis to ensure that adequate funding is held back until such time the Health Board is clear on the funding route for essential GUH equipment.

If the GUH early opening is approved by the Board, the capital funding requirement would potentially increase by £2.5m to support an accelerated works programme for a November opening date.

Assuming funding coverage for the Covid-19 expenditure is received, the year-end capital forecast is breakeven.

12. Risks to Delivery

The Health Board adopted a revised Risk Management Strategy and Board Assurance Framework in March 2020. The COVID-19 Risk Register has recently been updated and summarises risks in nine principle risk areas.

A COVID risk dashboard has been developed and this had identified 15 risks that were initially assessed as RED risk. Of these, 8 have been managed to reduce the risk from RED to AMBER with 5 remaining categories as RED, with a summary below and the dashboard included at Appendix 2.

Principle risk area	Risk	Current risk rating	What more needs to be done
Infection Control	Infection prevention, control & response arrangements are not robust, timely and effective.	**16**	Early engagement of IPAC in any future ward/dept. reconfiguration & repurposing. Public Health/Information Dept. support with the systematic analysis of outbreaks in acute, community and closed settings. Re-establish the IPAR Committee (virtually). Closely monitor the resilience of the IPAC team. Executive approval for a systematic HPV cleaning programme for 2020/'21 - Secured Identify IPAC support for the closed settings. Introduce the Test, Trace and Protect model for ABUHB staff, led by IPAC. Appoint a Lead Infection Control Doctor. Review the IPAC Team infrastructure and present a proposal to the Executive Team.
Population Health	Insufficient capacity & capability for mass community testing	**16**	The development and Gwent preparedness for a multi-agency mass testing, tracing and person management plan.
Population Health	The clinical outcomes for non-Covid patients compromised as result of decreased contact with NHS Services	**20**	Executive approval of an ABUHB Essential Services plan. Maximise the opportunities, through GLRF & other partners, to promote the messages that the public must seek NHS support.
Finance	Failure to meet statutory financial duties as a Health Board.	**15**	Iterative planning approach to reflect changes to financial plans and commitments. Ongoing reporting and dialogue with Welsh Government and contribution to Finance Cell (to inform/ advise Welsh Government and provide greater clarity and consistency to financial management across NHS Wales.
Restart	Inability to restart non-Covid associated patient activity and inability to maintain essential services.	**16**	Iteration 2 of the self-assessment to be developed with pace. Welsh Government essential services guidance to be assessed for ABUHB impact. A 'recovery plan' for elective services to be developed by week commencing 15th June to include adapt and sustain plan for urgent and cancer work and zoning of COVID/Non-COVID. Restart of Primary care services to be embedded and communicated to the public. Review of all shielded and vulnerable patients to be carried out to ensure clear clinical plans in place. Adopt the best practice guidance from right sizing community services.

13. Stakeholder Engagement

Mechanisms for stakeholder engagement, including staff side and Community Health Councils

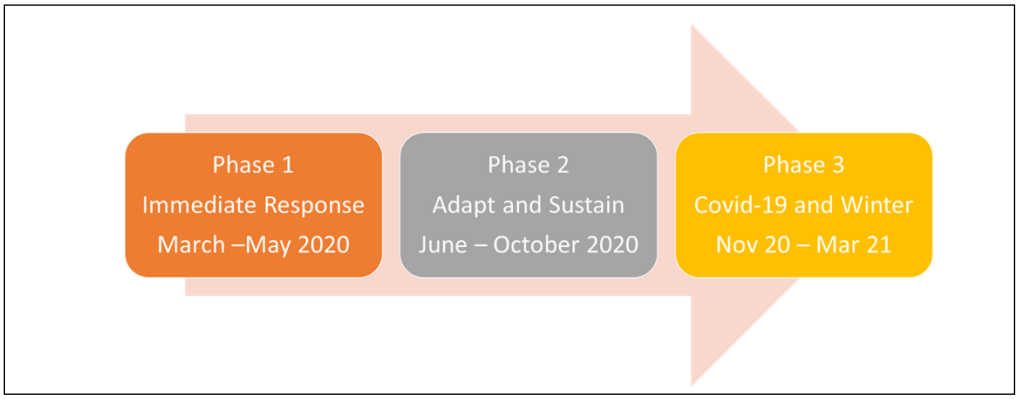
Throughout its response to COVID19, the Health Board has maintained a strong stakeholder engagement framework, with the following being in place:

Community Health Council	At the outset of the pandemic emerging in Gwent, daily briefings were being sent to the Aneurin Bevan Community Council in order to keep the Chief Officer informed of all service changes as part of our response. As the changes reduced in number, these briefings became less frequent. There is a weekly check in between the Associate Director of Engagement for the Health Board and the Chief Officer. Monthly meetings continue with the Chief Executive and Chair.
Trade Unions	There are established and on-going links between TUPF members and Dir of Workforce and OD as well as on-going discussions with TUPF partners regarding staff changes, workforce plans and proposals. Trade Union representatives have been regularly invited to WOD Bronze Group and there are weekly meetings established (from 8th April) dedicated to staff side communications. Weekly meetings are in place with the LNC and BMA.
SM/MPs	The Chief Executive and the Medical Director have a weekly call with SMs and MPs from across Gwent. A formal written brief is provided following the call.
Powys Teaching Health Board	A weekly telephone call is in place between Powys teaching Health Board and Aneurin Bevan University Health Board. Where service changes as part of our COVID19 response have impacted services utilised by Powys residents, PtHB have been included as part of the communications regarding that service change.
Welsh Ambulance Service Trust	WAST have been kept briefed regarding any service changes that may affect conveyancing. There was an original written brief prepared in the early few weeks due to the extent of change that was happening.
Use of social media and Health Board website	The Health Board has extensively used social media throughout the pandemic to share key messages. It has also utilised Facebook live (which was very popular) in order to have real time question and answer sessions on important topics.
Daily LRF briefings	Local Authority and police and fire partners are kept briefed through daily situation reports through the LRF structures.

14. Summary and Next Steps

The Health Board responded effectively to the immediate demands of the COVID pandemic whilst sustaining essential services. It ensured that there was capacity to meet demand, notably doubling its critical care beds and in radically reshaping its workforce to enable this alongside introducing new ways of working to maintain services.

The Health Board has adopted a three-phase approach to its planning as set out below and this Quarter 2 plan covers Phase 2 of the Health Board's planning approach in 2020:



During the first phase of its response, the Health Board maintained an equal focus in maintaining essential services but in second phase of its planned response: Adapt and Sustain the Health Board will carefully and safely increase the scope and volume of its routine services in primary and community settings and in hospitals.

During the next phase the Health Board will also focus on the final phase of its 2020/21 Plan: COVID-19 and Winter. This will include the early opening of The Grange University Hospital and the actions required to respond to COVID-19 when demand for essential services is high.

Aneurin Bevan University Health Board

Grange University Hospital (GUH) Inter-site Patient Transport July 2020

Executive Summary

This paper sets out the progress that has been made with inter-site patient transport, which is always an essential feature for the safe and timely movement of patients between care settings, but particularly for the Health Board as our system and model will change with the opening of the Grange University Hospital.

Inter-site patient transport has been reported as a key dependency and risk in the early opening paper for the GUH and this paper describes the model in more detail, the plans being put in place to mitigate the risks and requesting approval to enter in to formal commissioning discussions with Welsh Ambulance Services Trust (WAST). The paper also describes the work to be undertaken to pilot certain important aspects of the model ahead of the middle of November 2021.

The Committee is asked to: (please tick as appropriate)	
Approve the Report	✓
Discuss and Provide Views	
Receive the Report for Assurance/Compliance	
Note the Report for Information Only	

Executive Sponsor: Glyn Jones, Executive Director of Finance and Performance / Deputy Chief Executive

Report Author: Debra Wood-Lawson, Chief of Staff

Report Received consideration and supported by :

Executive Team	✓	**Committee of the Board [Public Partnerships & Wellbeing Committee]**	Planning and Strategic Change Committee

Date of the Report: 6 July 2020

Supplementary Papers Attached: None

Purpose of the Report

This paper sets out the case for entering into formal commissioning discussions with Welsh Ambulance Services Trust (WAST) via Emergency Ambulance Services Committee (EASC) as the Commissioner, to put in place an additional inter-site patient transport service to support the early opening of the Grange University Hospital in November 2020 and beyond.

The paper describes the work already undertaken on additional inter-site patient transport and highlights the system and process testing activities that need to be undertaken between July and November 2020. The changes to process, systems and performance will also help address the known difficulties around ambulance handover delays, which are experienced within our current system.

Background and Context

In June 2020, the Health Board agreed to recommend the early opening of the Grange University Hospital in 2020 to Welsh Government as part of the Health Board's Plans for winter. Since the submission of The Grange University Hospital (GUH) Full Business Case in 2015, there has always been the understanding that a responsive and reliable inter-site patient transport service would be an essential part of patient safety in a system that will have a centralised specialist and critical care centre and a changed service provision at the enhanced Local General Hospitals (eLGHs), which will be Nevill Hall Hospital, Royal Gwent Hospital and Ysbyty Ystrad Fawr.

At the simplest level inter-site transport will ensure:

- **Step up** – for deteriorating inpatients or self-presenting patients to an eLGH who require transport to the GUH for definitive treatment.
- **Step down** – for patients who have been treated at the GUH and are well enough to be transferred via appropriate transport to their local eLGH or community hospital for onward recovery but not well enough to go home.

Over the past two years there has been substantial work undertaken to determine the required inter-site patient transfer requirements and assess the demand for the future inter-site transfer system. It has been acknowledged that a transitionary period needs to be put in place to ensure the timeliness and safety of patients stepping up or stepping down from the GUH in the period of the first 12 months after the GUH first opens.

Clinicians have been involved in all stages of the inter-site patient transfer model development and in discussions with partners. This has been essential to the overall design and to address the level of clinical concern regarding timely and effective patient transport. This risk has been reported in previous Clinical Futures Programme reports to the Board.

In July 2019, a transport specification/service model was developed by the Health Board for taking forward with WAST. A GUH Transport Group with representatives from WAST, the National Collaborative Commissioning Unit (NCCU) on behalf of EASC and the Health Board have met regularly to collaboratively develop the transport model.

In March 2020, WAST proposed an alternative option for the delivery of additional inter-site transport and since mid-April, the GUH Transport Group has met weekly to develop a mutually acceptable solution for the transitionary period of the first 12 months following the opening of The Grange University Hospital.

The transitional period will enable the system to settle in to the new service models. Regular monitoring of delivery against performance and quality metrics will provide data on real rather than predicted demand. These factors together will enable the Health Board to determine what level of additional inter-site patient transport needed beyond the transitionary arrangement.

The new arrangements for patient transfer between hospital sites are an addition to the existing provision of ambulance services for the population of the ABUHB.

Section 2 - Options appraisal on inter-site transport

In March 2019, the Clinical Futures Delivery Board (CFDB) considered the options for the delivery of additional inter-site transport. These options were developed through extensive discussions with clinicians and other stakeholders and are summarised below:

- 1 – Do nothing
- 2 - Additional capacity into existing WAST rota
- 3 - Dedicated paramedic led service provided by WAST
- 4 - Dedicated Urgent care service (UCS) provided by WAST and Health Board escort
- 5 - Dedicated service commissioned from a private provider
- 6 - Purchase Health Board ambulance/s and crew
- 7 - Hybrid of the options – dedicated paramedic led service provided by WAST (as in option 3) and dedicated urgent care service provided by WAST and Health Board escort

The CFDB agreed to pursue a hybrid approach (option 7) to inter-site patient transport, but to also review the availability and feasibility of private provider arrangements (option 5). Option 7 was preferred based on in-depth analysis of anticipated demand, patient safety, system stability and current transport pressures.

In July 2019, the CFDB considered both options and agreed to enter in to discussions with WAST, retest the numbers of patients requiring step up and step down and develop enablers for a safe and efficient inter-site patient transport system. The enablers included the implementation of Transfer Practitioners and a Transport Hub so that Health Board clinicians could prioritise transport at eLGHs for time critical patients and ensure flow out of the GUH hospital by co-ordinated step down and discharge transport. The need to have formalised monthly contract monitoring of all performance data related to patient transport was also identified as essential.

In March 2020 WAST's response to the Health Board's inter-site transport specification was to propose an alternative model of delivery. Their proposal was for a three tier pool of an emergency ambulance, Urgent Care Service vehicles and non-emergency Patient Transport vehicles and staff. Discussions continued with WAST, but the Health Board also took the opportunity to again review external providers.

A procurement led process considered the market availability of alternative solutions. Whilst procurement identified that other providers do exist, their overall conclusion was that they are limited in number, that multiple providers for different contract elements would increase cost and risk, and that neither of the main emergency service providers currently have the capacity to be able to mobilise in Wales at the pace and scale needed to provide a transport solution which could support the early opening of the GUH. It was recommended that the Health Board follow the WAST provided service model, with any sub-contracting of additional capacity (vehicles and staff) being managed through WAST on a sub-contracted basis.

Following the initial weeks of the COVID-19 pandemic, discussions between the Health Board and WAST have increased in intensity and pace, and have included an Executive to Executive meeting to agree key priorities. A Clinical Forum with senior clinicians from both organisations and NCCU agreed a Transfer Triage Tool and call prioritisation arrangements.

Key to future arrangements will be constructive relationships, clear accountabilities and agreed arrangements for the joint monitoring of performance standards.

Section 3 - Delivery of inter-site patient transport and risks

3.1 PLANNING ASSUMPTIONS

A number of assumptions were made in determining the numbers of patients that would move between Health Board sites:

- This would be a transitionary arrangement until the system settles and the accurate numbers can be determined for future commissioning.
- Where possible learn from the lessons of Northumbria regarding planning and actual performance on step up and step down of patients.
- Members of the public (adults and children) who had previously self-presented to Emergency Departments (ED) at Nevill Hall Hospital and Royal Gwent Hospital may continue to do so in the short/medium term.
- Members of the public living close to GUH would appropriately self-present at GUH ED and would not need an onward transfer
- Pre hospital streaming will ensure community patients (999 and GP admissions) are taken to the right site for their clinical need.
- Surgical patients would be pre-admission booked to the right site.
- Overnight admissions to GUH as a result of medical takes at eLGHs closing at 10pm, will result in some patients requiring transfer to an eLGH the following morning.
- There needs to be a scheduled step down transport arrangement to ensure patient flow.

3.2 NUMBER OF TRANSFERS

The estimated number of transfers per day in the transitionary period, has been developed through detailed analysis of activity in the current system and an assessment on where patients may present in the short/medium term in the future service model. The auditing of patient data, by speciality, has been undertaken twice and most recently between the period September – December 2019.

The majority of step up numbers assumes some patients will continue to present to an eLGH site who need a higher level of care than can be provided, this is particularly so for the Royal Gwent and Nevill Hall Hospitals. The Health Board has reviewed the data of those patients (between 1 and 3 per day) who still self-present at Ysbyty Ystrad Fawr and require onward transfer to the appropriate services at Royal Gwent Hospital, this is despite signage and public messages. Existing transfer arrangements with WAST for Ysbyty Ystrad Fawr will be included and managed as per the new commissioned inter-site transport model.

Transitionary and estimated future state step up and step down numbers by level of patient transfer:

Inter-site transfers	*Transitionary Period - per day*	*Future estimate numbers after 12 months – per day*	*Detail*
Step up	33	10 – 15	• includes approx. 30 sick patient transfers per day (25 adult and 5 child) from Minor Injury Units at NHH and RGH to GUH
Step down	39	28-36	• includes approximate overnight admissions to GUH and those to be stepped down to eLGH

Overview of Step Up and Step Down numbers by level of patient transfer:

Severity of Illness	**Response time**	**No. of step ups per day**	**No. of step downs per day**
Level 0 Transfer	<4 hours	10.45	35.90
Level 1 Transfer	<60 mins	22.42	2.77
Level 2 Transfer	<60 mins		
Level 3 Transfer	<60 mins	0.48	0
Total predicted transfers		**33.35**	**38.67**

Based on the audited numbers, WAST used Optima Predict software to model a range of scenarios utilising the predicted increases in activity and making assumptions around drop off and pick up times for each journey. The modelling is not built on numbers of journeys per shift, but historical demand data, response patterns, actual journey times between Health Board sites with some additional assumptions built in that have been jointly agreed, such as:

- 30 minutes drop off and 30 minutes pick up time on scene
- Transfers are collected and dropped off at wards
- No adjustment made for multi-person vehicles, one patient per vehicle assumed

In addition, staff bases, vehicle storage areas, equipment and consumable storage were assumed to be based on or near GUH and eLGH sites.

As a result of more recent GUH Transport Group discussions it is anticipated that final modelling work will need to be undertaken which will also require updated financial costings.

3.3 FLOW CENTRE/TRANSPORT COORDINATION HUB

An output from the various work-streams under the Clinical Futures Programme separately but consistently recognised the need for an integrated transport co-ordination function within the Health Board's Flow Centre.

The Senior Clinical Leaders Forum has consistently and unanimously agreed on the need for responsive inter-site transport with a focus on the patient being in the right place first time and using a Transfer Triage Tool to determine the transfer requirements and time frame needed for transport.

The scope of the Flow Centre work-stream includes patient pathways, transport, hospital processes and pre-hospital streaming. The ability to manage capacity and flow of patients across the Health Board with WAST, using live, up to date information on vehicles location/proximity and the ability with WAST to prioritise patients will respond to the concerns of Health Board clinicians.

A version of the Flow Centre was rapidly implemented in March 2020 in response to COVID-19 and now the full model will be implemented in readiness for the opening of the GUH. In June 2020, the Executive Team reviewed the evaluation and lessons learned and approved the implementation of the Flow Centre from October 2020. The workforce model for the resourcing of the Flow Centre and the underpinning IT solution that will be needed is work that is ongoing. A pilot of the Flow Centre which will take place in August 2020 to test the proposed model to inform any adjustments to the model that need to be made before the GUH opens.

3.4 TRANSFER PROTOCOLS

In June 2020, a Transfer Triage Tool was agreed as a joint WAST/ABUHB tool to enable clinician to clinician discussion on transfer requirements and the timeliness of the transfer for individual patients. The Transfer Triage Tool allows a consistent approach to this process and will enable a clinician to clinician discussion to reach agreement on call prioritisation. This new Tool will help alleviate Health Board clinician concerns regarding the call taking system within WAST and its ability to identify patients who have the potential to deteriorate whilst waiting for transport to arrive.

Health Board and WAST senior clinicians working jointly in this way will provide clinical assurance that for scenarios where a sick patient self-presents to a Minor Injury Unit, the right level of transport has had a senior clinician to clinician discussion and agreement about the transport transfer plan.

The application of the jointly owned Transfer Triage Tool in a Flow Centre setting will form part of the pilot in August 2020, and will be evaluated for learning and re-piloted if necessary ahead of the GUH opening in November 2020.

3.5 ROSTERED TEAM OF TRANSFER PRACTITIONERS

The GUH Transport Group has reviewed current practice for Health Board escorts with specialist skills accompanying WAST crews for the transfer of some patients. This requirement is in part due to the current competency framework for WAST paramedics, but also the Health Board's current clinical practice on preparing patients for transfers. It has been concluded that some changes in Health Board practices eg; how patients who are on some infusion pumps are prepared for transfer may reduce the need or number of Transfer Practitioner transfers and enable more paramedic level transfers in the future. This change in practice will be considered by the Director of Nursing and the Medical Director.

The introduction of rostered Transfer Practitioners will enhance core site safety by having additional skills on site instead of the current arrangement which takes staff from wards which can result in depleted skills and capacity.

Retrospective analysis has shown the need for Transfer Practitioner is around 5 transfers per day. It was considered that a rostered arrangement, with enhanced transfer skills would be more resilient than the current ad-hoc arrangements. Including these roles as part of the Health Boards approach to inter-site transfers and patient safety was approved by the Executive Team in March 2020.

The Scheduled Care Division will host this new role and governance arrangements. Appointments to circa 5.6 wte will be made and depending on the core skills of Transfer Practitioners they will also cover activities within the Emergency Department, Critical Care and eventually Theatres.

Recruitment to these posts has commenced and will align to the planned piloting of these arrangements in October 2020. As part of the Clinical Future's Investment Panel process, £751k was approved in October 2019. This included revenue costs for Transfer Practitioners to deliver a 12 hour, 7 day per week service.

3.6 SERVICES TO DELIVER THE INTER-SITE TRANSPORT MODEL

3.6.1 Staffing numbers

WAST's assessment of the appropriate transfer arrangement for the numbers and levels of patient illness indicates a range of paramedics, urgent care assistants and non-emergency patient transfer staff will be needed to provide the inter-hospitals transfer system.

WAST has confirmed that additional staff recruited to paramedic and urgent care assistant roles will be ready by the end of November 2020. Whilst they continue to review their recruitment processes and timelines, WAST has confirmed that any bridging needed between the middle and end of November 2020 will be a combination of agency staff and overtime arrangements.

WAST has confirmed that there is no risk to the staffing required for Non-Emergency Patient Transfer Service (NEPTS) and has already established a 365 procurement framework which has built additional capacity available within this sector.

A draft sequence of inter-site moves of patients on the opening of the GUH is to be revised at the Clinical Futures Service and Operational Commissioning Group starting mid-July. WAST resources are unlikely to be needed to move those critical care patients at eLGHs to the GUH as the Health Board is in discussion with the Royal Air Force.

The forces model for the opening of a hospital and the move of existing patients has been adopted previously at Southmead and Oxford.

3.6.2 Vehicles

In response to COVID-19, WAST decided not to undertake their normal vehicle replacement and have confirmed that they have adequate vehicle capacity to meet the transitionary needs of the Health Board for inter-site transport.

In order to ensure prudent principles and the best use of resources, the model proposed will use an appropriate level of emergency, urgent care and NEPTS vehicles. Part of this

discussion has been a scheduled step down service for the timely movements of patients so there is flow around the system.

From a commissioning perspective, the proposal that has been modelled by WAST suggests that the following vehicle groups are optimal:

Vehicle Type	Vehicle Numbers	Vehicle Operational Hours
Emergency Ambulance	1	12 hours per day over 7 days
Urgent Care Ambulance	3	24 hours per day over 7 days
NEPTS/Urgent Care Ambulance	7	12 hours per day over 7 days

The vehicle numbers that were modelled have not changed since WAST's original proposal in March 2020.

3.6.3 Other capacity

To provide additional capacity for vehicles and staffing, WAST has confirmed their intention to add additional patient transport providers and employment agencies who have paramedic and urgent care assistants to their procurement frameworks providing both WAST and the Health Board with the flexibility to flex up and down as the model matures.

3.7 OTHER ENABLERS

3.7.1 Communications and Engagement Plan

The Health Board has a dedicated Communications and Engagement work- stream in place to ensure that citizens and staff of the organisation understand the Clinical Futures Programme and the changes to hospital and wider primary and community based system of care and support. Effective communications and engagement ahead of the opening of the GUH in November 2020 will be essential to enable citizens to know where and how they will access services in the future. The plans and activities of the work-stream will ensure that the boroughs of Gwent, as well as our neighbouring organisations, understand the changes being made so that patients present to the right hospital site or access the right service on the basis of the 'right place, first time'.

3.7.2 Digital

The Health Board will use its Digital Strategy and digital solutions to maximise technology solutions for diagnostics and to enable clinician to clinician conversations to remove the need for unnecessary transport of patients from an eLGH to GUH for a medical opinion. We saw at the start of the COVID-19 pandemic the speed at which we accelerated our use and confidence in technology as an essential and prudent component of patient care.

A Flow Centre IT specification document which includes IT system changes to support new transfer and discharge processes will be developed and appraised as these are considered to be essential for November opening. This includes the 'end to end' single patient record

for inter-hospital transfers and the development of an electronic handover document for the receiving site.

3.7.3 Hospital road signage

The change to the role of hospitals will be accompanied by changes to road signage. The eLGHs will all be signposted 'H – Minor Injury Unit' and the GUH will be signposted 'H – A&E'. This reflects approved Welsh Government guidance.

3.7.4 Discharge Lounge area and Stabilisation area within Minor Injury Units

An appropriate area will need to be put in place for step down patients waiting to be transferred from GUH to eLGHs, plus a stabilisation area for step up patients waiting to be transferred to GUH. This approach will support a safe and efficient transfer process to meet/ reduce the 30 minute drop off and pick up time on site as modelled by WAST.

Revising and re-designing hospital processes and procedures to support and optimise vehicle availability is a key part of the Clinical Futures Flow Centre Development Group between June and November.

3.8 CLINICAL CONCERNS

The clinical body had expressed significant concerns that inter-site transport was a key risk particularly:

- Transport delays to step up deteriorating patients
- Inappropriate clinical skill set to manage the need of the patient during transfer

The involvement of senior clinicians in the design of the solutions, set out in this paper particularly being able to influence the prioritisation of patients needing transfer has helped to address the concerns of clinicians. It will be essential that they continue to be involved in performance management/monitoring moving forward and their real life lived experience is part of the regular evaluation.

3.9 PERFORMANCE AND CONTRACT MANAGEMENT

In order to successfully monitor and challenge the ambulance contracts (Emergency Medical Services [EMS], NEPTS and the new inter-site transport contract), discussions have been ongoing with WAST to ensure that the appropriate information is provided.
This will enable the relevant managers across the Health Board to measure, check and challenge actual delivery against set key performance indicators and quality deliverables.

Currently, this has been discussed collaboratively by Health Board and WAST representatives, supported by the Head of Commissioning at the NCCU during weekly Grange University Hospital Transport Group meetings.

A first draft of the performance dashboard has been and it has been acknowledged by all parties that further development is required to finalise a dashboard that meets the Health Board's requirements. To facilitate this, a sub-group of the Transport Group Meeting has been set up and the first meeting took place at the beginning of July 2020 with an

anticipated dashboard completion date of end of July 2020. The final performance dashboard will include DATIX and SI reporting/investigations and all other matters that arise from transporting of patients from the community and between Health Board sites.

3.10 COMMISSIONING

Whilst discussions have already taken place between the Health Board and WAST which are chaired by NCCU, pending the decision by the Board, commissioning intentions and arrangements will need to be formalised via EASC as per the usual arrangements. To include:

- A commitment from WAST and EASC to act on regular issues/problems highlighted via the commissioning performance and quality management.
- Decommissioning arrangements.
- A commitment from WAST/EASC to work with the Health Board on developing and refining KPIs and dashboard which will need to be adjusted over time.
- To work towards a commissioning plan for 2022/23 based on actual activity and requirements in the new Clinical Futures health system.

An assessment by EASC on their level of confidence in the model for mid-November opening was requested. EASC recognises that good progress has been made on a number of areas and that it is possible to deliver the model if rapid and unimpeded progress is to be made, however, expressed concern over the volume of work still to be concluded.

3.11 FINANCIAL IMPLICATIONS

An option appraisal was submitted by WAST in March 2020, the emerging solution being progressed currently has the following draft cost implications:

- Annual revenue cost £4.7m
- Set up costs (revenue year 1) £0.6m
- Capital costs (vehicles) estimated £2.3m – the Health Board presumes this will remain a WAST asset

The Health Board is seeking to make financial provision in line with the emerging model and recognises the need to reduce the number of step up patients during the transitionary period therefore enabling the overall costs to decrease.

The annual revenue cost will need to be re-modelled due to recent changes in WAST's proposal. Through performance management and finance discussions a focus on benchmarking and costs comparators will be carried out to ensure value for money.

The financial implications will require Welsh Government funding to be sought as part of the transition funding request for revenue and for capital funding to be identified for vehicle costs.

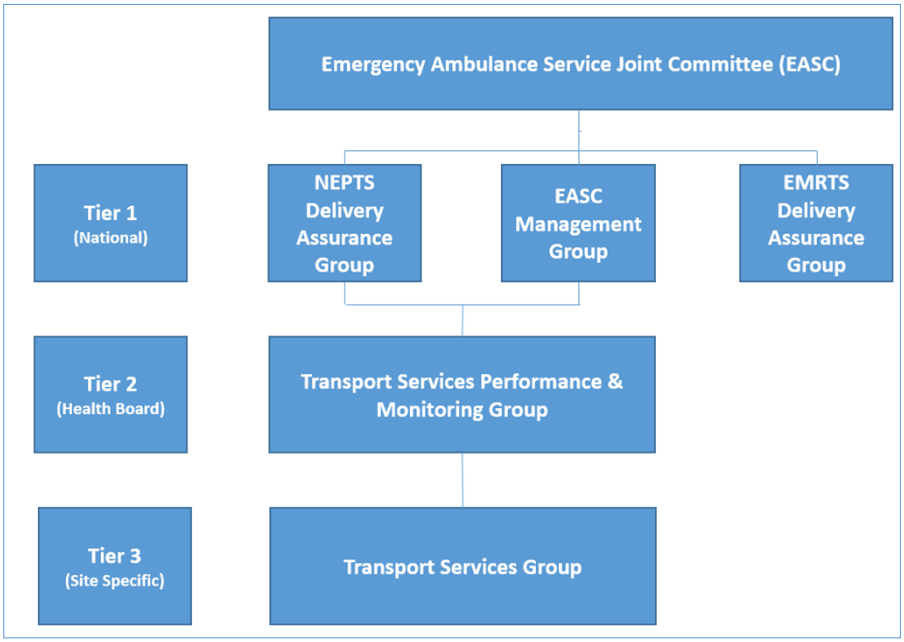
The contractual framework for the inter-site patient transport service with WAST is expected to be established as a separate discrete agreement to the EASC main contract for WAST.

3.12 BUSINESS AS USUAL

It is anticipated that as part of the process for operational commissioning of the GUH the performance monitoring of all ambulance transport contracts will be strengthened to ensure there is a consistency in understanding all of the Health Board's transport matters and any issues are resolved in real time.

These revised governance arrangements will be in place from August 2020 and will be overseen by the Director of Operations. With representation at the EASC Management Group and the NEPTS Delivery Assurance Group internal arrangements will be introduced to ensure that appropriate visibility and the ability to challenge at both a Health Board to Provider level (Tier 2) and a Site Specific level (Tier 3) is provided. This will also facilitate the forums to raise concerns or improvement solutions from Tier 3 to Tier 2 and from Tier 2 to Tier 1.

The future governance structure is proposed as below:



Following the implementation of the inter-site transport model, there will become a requirement to 'operationalise' this service and move to a business as usual as the transport transformational project naturally ends with a potential November 2020 GUH opening.

Recommendation

The Board is asked to:

- Note the work that has taken place to explore and test the options regarding inter-site transport in collaboration with clinicians, WAST and the NCCU.
- Note that this is a transitionary arrangement that will be in place from mid-November and will be reviewed on a monthly basis via governance structures and performance metrics to inform the transport commissioning arrangements moving forward.
- Continue to work and listen to our clinicians so that they have confidence in the new inter-site patient transport arrangements.

- Note that the joint WAST/ABUHB Transfer Triage Tool and Flow Centre/WAST process will be piloted from August and that adjustments and re-piloting will take place as necessary ahead of GUH opening.
- Note that following the recruitment of Transfer Practitioners, this will be piloted in October in advance of the GUH opening.
- Agree to the commencement of the formal commissioning of WAST and approve the financial implications set out in the report.
- Note that Executive to Executive conversations between the Health Board and WAST will be scheduled at key points in advance of the GUH opening and during the transitionary period to identify and manage any risks to delivery of the agreed inter-site transfer model.

Supporting Assessment and Additional Information	
Risk Assessment (including links to Risk Register)	Risk section provided within section 7 of this paper.
Financial Assessment, including Value for Money	A financial provision has been provided for both the capital and revenue impacts. The financial assessment will be undertaken during the formal commissioning process.
Quality, Safety and Patient Experience Assessment	Some of the key benefits supporting the GUH opening are centred on improving quality, safety in our system and a better patient experience throughout pathways and will require robust, flexible and prudent inter-site patient transport.
Equality and Diversity Impact Assessment (including child impact assessment)	Equality impact assessments were carried out supporting the Full Business Case of the GUH.
Health and Care Standards	Patient experience and safe care are designed to meet relevant standards of care set out by various clinical bodies.
Link to Integrated Medium Term Plan/Corporate Objectives	The Clinical Futures programme has input to the latest IMTP.
The Well-being of Future Generations (Wales) Act 2015 – 5 ways of working	The Clinical Futures Programme and opening of the GUH contributes directly to the wellbeing of Gwent's future generations by ensuring sustainability of healthcare and standards.
Glossary of New Terms	Outlined within the paper.
Public Interest	Paper developed for the public domain.

Bwrdd Iechyd Prifysgol Aneurin Bevan University Health Board	Aneurin Bevan University Health Board Wednesday 15th July 2020 Agenda Item:3.2

Aneurin Bevan University Health Board

Estates Energy Strategy

Executive Summary

The Estates Energy Strategy (attached) demonstrates the Health Board's commitment to continue to build upon previous successes in reducing energy consumption and carbon emissions (down 33% from 2015) and to strive to meet and exceed our 3% year on year carbon emissions reduction target.

The Estates Energy Strategy has been developed in response to growing environmental, financial and regulatory pressures. The "climate emergency" declared by Welsh Government, the growing volatility of global energy markets and increasing regulation and legislation are all drivers to improve. The Environment Act (Wales) 2015 reflects the Welsh Government's carbon reduction target of 80% by 2050. The Well Being of Future Generations Act 2015 commits the Welsh public sector to align their activities around the principles of sustainable development and new innovative ways of working.

The Energy Strategy sets out 12 key objectives around carbon reduction, culture change, improving building performance and aspiring to compliment the Welsh Government's carbon neutral public sector by 2030 aspiration.

It also includes a set of carbon reduction projects with budget costs that can be worked up and bids placed for appropriate funding. It identifies a governance, monitoring and reporting mechanisms.

The Health Board are requested to approve the Energy Strategy.

The Committee is asked to: (please tick as appropriate)			
Approve the Report			✓
Discuss and Provide Views			
Receive the Report for Assurance/Compliance			
Note the Report for Information Only			
Executive Sponsor: Claire Birchall, Director of Operations			
Report Author: Matthew Lane – Energy & Carbon Manager			
Report Received consideration and supported by :			
Executive Team	**6/7/2020**	**Committee of the Board [Public Partnerships & Wellbeing Committee]**	
Date of the Report: 7th July 2020			
Supplementary Papers Attached: Estates Energy Strategy 2019-2024			

Purpose of the Report

The purpose of this report is to outline the key elements of the Energy Strategy 2019-2024 and to demonstrate the Health Board's commitment to reduce its carbon emissions from energy use in Health Board premises, thus helping to mitigate climate change and reduce the impact of rising/volatile energy costs.

Background and Context

The Energy Strategy has been developed in response to growing environmental, financial and regulatory pressures. The "climate emergency" declared by Welsh Government, the growing volatility of global energy markets and increasing regulation and legislation are all drivers to improve. The Environment Act (Wales) 2015 reflects the Welsh Governments carbon reduction target of 80% by 2050. The Well Being of Future Generations Act 2015 commits the Welsh public sector to align their activities around the principles of sustainable development and new innovative ways of working.

Over the last decade the Health Board has achieved consistent annual carbon emissions reductions and energy consumption savings. Since 2015, an average of 4% gas consumption savings have been realised; with a 13% saving in electricity consumption over the same period – equating to a 33% reduction in carbon emissions.

The strategy and implementation plan will be flexible and take into account of changing service demands. The objectives are ambitious whilst taking into account those of the Estates Strategy and Clinical Futures Strategy. Energy efficiency and carbon impact will inform decision-making regarding potential estates rationalisation or asset transfer.

Commitment to Tackling Climate Change and the Well Being of Future Generations Act:

The strategy and implementation plan will help meet the growing expectations of staff, patients, visitors and the communities we serve, in demonstrating that the Health Board is committed to tackling climate change through reducing carbon emissions and water consumption through our work in response to the Well-Being Future Generations Act 2015 and the seven Well-Being goals.

"A Prosperous Wales – An innovative, productive and low carbon society which recognises the limits of the global environment and therefore uses resources efficiently and proportionately; and which develops skilled and well-educated population in an economy which generates wealth and provides employment opportunities…"

"A Globally Responsible Wales – A nation which, when doing anything to improve the economic, social, environmental and cultural wellbeing of Wales, takes account of whether doing such a thing may make a positive contribution to global wellbeing".

Furthermore the Energy Strategy will directly help the delivery of the Health Board Well-Being objective number 8, namely:

"*Reduce our negative environmental impact through a responsible capital building programme and a sustainable approach to the provision of building services; including carbon and waste management. Undertaking procurement on a whole life cycle cost basis and promote local sourcing. Promoting sustainable and active travel and advocating improvements in environmental health".*

Implementation of the objectives and goals of the strategy will demonstrate the 5 Ways of working prescribed in the Wellbeing of future Generations Act 2015.

The Facilities "Estates Strategy 2018-2028" specifically sets out key objectives and targets which will directly impact on energy use, cost and carbon emissions under the varying estate rationalisation scenarios that will emerge through the Clinical Futures Programme and the following:

- To reduce the unoccupied/underutilised estates to at least 2.5%.
- To reduce high and significant backlog maintenance by at least 10% year on year.
- To remove or dispose of redundant and poor quality buildings.
- To scope and reduce the amount of space occupied by non-clinical and administrative services.

The Energy Strategy will look to inform and compliment these objectives, where appropriate.

Key Themes and Objectives of the Strategy:

The Energy Strategy centres on key themes, each having objectives, actions and timescales. These will form the wider implementation plan and will identify key stakeholders and responsibilities.

Theme 1 Data Management – there is a need to build upon current data management practices to include the use of smart meter data and sub-meter data to analyse consumption patterns at a higher resolution. We will work with our energy partners to utilise online web platforms to enhance our analytical capability; as well as developing our own "Systems Link Energy Manager" monitoring and targeting software package. There will be an ongoing programme of developing and managing the Health Boards Building Management/Controls Systems.

Theme 2 Emissions Reduction – this will include an increased frequency of surveying and auditing and Display Energy Certificate renewal. This will aid project identification and also be a valuable tool in measurement and verification of future efficiency savings, coupled with improved sources of consumption data. With a suite of potential projects identified, suitable funding can be applied for to allow implementation. Emissions reduction will also be realised by the activity instigated through the Estates Strategy and Clinical Futures Strategy, where premises maybe rationalised or disposed of.

Theme 3 Awareness and Culture Change – the focus will be on engaging with the 14,000+ staff members employed by the Health Board. It is key that a successful mechanism can be developed to encourage individual responsibility for the energy they use. Analogous with the implementation of a strong health & safety culture, energy management needs to become part of everybody's day to day activity. Aims for this theme will comprise creating a well-structured and targeted communications plan. Examples of good practice will be celebrated and rolled out to other sites.

Theme 4 Finance and Funding – Whilst some energy efficiency projects can be achieved at little or no cost, it is inescapable that investment will be required to reduce consumption and emissions towards our targets. Any invest to save projects for consideration should be prioritised on calculated cost and carbon savings and have a payback of less than 5

years. With current and future budget constraints, consideration shall be given to utilising innovative funding mechanisms, Welsh Government funding sources and internal capital and invest to save budgets.

The Energy Strategy sets out 12 objectives, key examples are listed below:

- A commitment to reduce carbon emissions from building energy use by 3% year on year.

- Proactive engagement with staff to promote a culture of energy and environmental awareness.

- To be a leader within NHS Wales in demonstrating commitment to Welsh Government's carbon neutral aspiration by utilising low carbon and renewable technologies where appropriate, at scale and through public sector collaboration.

- To realise carbon reduction potential more widely through Agile Working and Sustainable Travel.

- Continuing "Good" energy performance across the estate, as prescribed by Welsh Government benchmarks and reporting annually through the Estates and Facilities Performance Management System (EFPMS).

- Utilise suitable funding opportunities to maximise investment in energy efficiency.

- Complimenting and aligning to the objectives of the Energy Policy, environmental Policy and ISO14001 Environmental Management System.

- Ensuring energy efficiency through proactive and reactive maintenance regimes.

The proposed governance structure for reporting progress against the strategy and implementation plan shall be via the following forums:

- Facilities Senior Management Board
- Well Being Future Generations Programme Board
- Public Partnerships & Well Being Committee

The Health Board shall continue to remain compliant with its statutory and mandatory reporting requirements in respect of its obligations:

- DEC and EPC Certificate compliance
- ISO14001
- Sustainability Reporting – ABUHB Annual Report
- EFPMS Reporting to Welsh Government

Monitoring and tracking progress towards the 3% carbon reduction target will be facilitated via the following mechanisms:

- Month-End Reporting
- Bi-annual ISO14001 audit
- Sustainability Report (contained within ABUHB Annual Report)

The integrity and robustness of the energy management system, data collection, and reporting methods for the Sustainability Report will be tested and audited, prior to submission, by NWSSP – Internal Audit.

Recommendation
The Board is asked to approve the Energy Strategy, recognising its potential to allow the Health Board to reduce its carbon emissions and climate change impact, whilst also demonstrating commitment and progress towards the Health Boards well-being objectives.

Supporting Assessment and Additional Information	
Risk Assessment (including links to Risk Register)	The risks of not implementing aspects of the Energy Strategy will have the following impacts: • Increased financial risk. • Not complying with other aspects of key strategy and policy. • Not delivering on the Health Boards Well-Being objectives.
Financial Assessment, including Value for Money	Delivering energy efficiency projects will help mitigate the negative financial impacts of energy price volatility. Funding opportunities to implement energy efficiency measures shall be assessed for their carbon reduction potential, financial return and value for money; whilst being procured appropriately.
Quality, Safety and Patient Experience Assessment	n/a
Equality and Diversity Impact Assessment (including child impact assessment)	n/a
Health and Care Standards	n/a
Link to Integrated Medium Term Plan/Corporate Objectives	Delivering on the Health Board's Estates Energy Strategy is integrated into the IMTP in the following ways: • The WBFGA including the Health Boards 10 well-being objectives (including the objective focussed on the environment) are embedded throughout the IMTP. • Opportunities for embedding energy efficiency in new developments and other capital and estate/facility related initiatives are included within the IMTP. • Strategic Objective 22 of the Estates Strategy sets out development and implementation of an Energy Strategy.

The Well-being of Future Generations (Wales) Act 2015 – 5 ways of working	**Long Term –** Improving the energy efficiency of the Health Boards premises and reducing carbon emissions will contribute towards the "resilient Wales" goal and also the Health Board's Well-Being objective number 8 to "reduce our negative environmental impact. **Integration** – The Health Board's carbon reduction activities will compliment and make progress towards objectives shared by other local partners e.g. Local Authorities and PSB's and supporting to deliver some well-being objectives focussed on the environment. **Involvement** – Through work to improve energy efficiency of our building stock, we will engage and consult where necessary with relevant local organisations, staff, local authorities and Welsh Government. **Collaboration** – This will be demonstrated by working with local partner organisations to leverage best practice and deliver energy efficiency projects. **Prevention –** Continuing to maintain and enhance our natural environment and air quality by reducing carbon emissions to help mitigate the effects of climate change.
Glossary of New Terms	DEC – Display Energy Certificate. EPC – Energy Performance Certificate. EFPMS – Estates & Facilities Performance Management System.
Public Interest	The paper is written for the public domain.

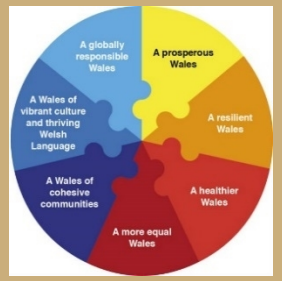
Bwrdd Iechyd Prifysgol
Aneurin Bevan
University Health Board

Estates Energy Strategy

July 2020

Data Management

Emissions Reduction



Awareness & Culture Change

Investment and Funding

Estates Energy Strategy 2019 - 2024

Introduction

The Estates Energy Strategy will outline the main areas of focus for energy management; the goals and objectives required to meet performance targets and provide a time-scale and action plan. The proposals set out in this document will identify how the Health Board plans to implement energy efficiency and promote carbon reduction over the coming years, while also providing a mechanism for governance and reporting.

The low carbon and wider sustainability agenda must become a driver for positive change and promote innovative ways of working and forward thinking through 2020 and beyond. The Health Board will need to challenge "business as usual" ways of working and exploit existing and emerging technologies to change the way it delivers its services; and to operate its premises portfolio more efficiently.

The Energy Strategy will also align with other key strategies such as the Estates Strategy, Agile Working Strategy and the Clinical Futures Programme.

By reducing energy consumption and carbon emissions, the Health Board will be making a positive contribution to the Welsh Governments aspiration for a carbon neutral public sector by

For 2019/20 the Health Board will report carbon emissions from its buildings as **21,651 tonnes**

Energy Strategy (key drivers)

Aneurin Bevan University Health Board (ABUHB) faces a number of key drivers to reduce energy and water consumption, carbon emissions and its environmental impact:

Environmental & Social: Welsh Government's declaration of a "climate emergency" in 2019 draws attention to the magnitude and significance of the challenge to mitigate climate change; and its threats to health, economy, infrastructure and natural environment. Through a proactive approach to decarbonisation, the Health Board can lead by example in ensuring our buildings and fleet are as low carbon as possible, and that we can continue to deliver effective services to the population we serve.

Financial: The Health Board will continue to face substantial pressure and risk through the volatility of the global energy markets from fluctuations in commodity prices, geo-political influences and more recently COVID-19 pandemic. Changes to building occupancy and clinical activity within the hospital estate means that the cost of energy, water and carbon will continue to be an important factor in delivering high quality services. Proactive management, forecasting and reporting of cost against budget will support us to drive efficiencies.

Regulatory: Several key pieces of legislation will influence the direction of the Health Board's low carbon journey. **The Climate Change Act** has set a target for the UK to reduce its carbon emissions by **80%** by **2050** from **1990** levels. **The Environment (Wales) Act 2015** reflects this target and sets out interim targets as published in **"Prosperity For All: A Low Carbon Wales".** A raft of policy measures will contribute to a **27% reduction by 2020; a 45% reduction by 2030 and a 67% reduction by 2040**

Energy Strategy (key drivers)

The Well Being of Future Generations Act 2015 commits the Welsh public sector to improve the social, economic, environmental and cultural well-being of Wales. The Act sets out 7 national well-being goals; and within the Health Boards set of objectives we have one specifically aligned to sustainable carbon management. The Health Board must use the sustainable development principle to follow the key 5 ways of working – by looking longer term, taking an integrated approach through collaboration and involving people.

The **Energy Performance of Buildings Regulations 2012**, drive improvement and opportunity through the requirement for surveying and audit of public buildings and production of Display Energy Certificates and Energy Performance Certificates.

Reputational: The Health Board recognises and accepts its responsibility to reduce its carbon emissions and indeed to promote wider efficiencies in the public sector. The Health Board will continue to publish data relating to its environmental performance (energy, water & waste) in its Annual Report. In addition, the **Energy Policy** demands a **3%** reduction in carbon emissions year-on-year. This is also reported and published annually.

The Health Board is also represented on five public service boards across its geographical boundary; where climate change adaptation and mitigation is a common goal with other public sector organisations. By working collaboratively with partner organisations we can demonstrate our long-term commitment to reduce our energy use and carbon footprint.

Energy Strategy

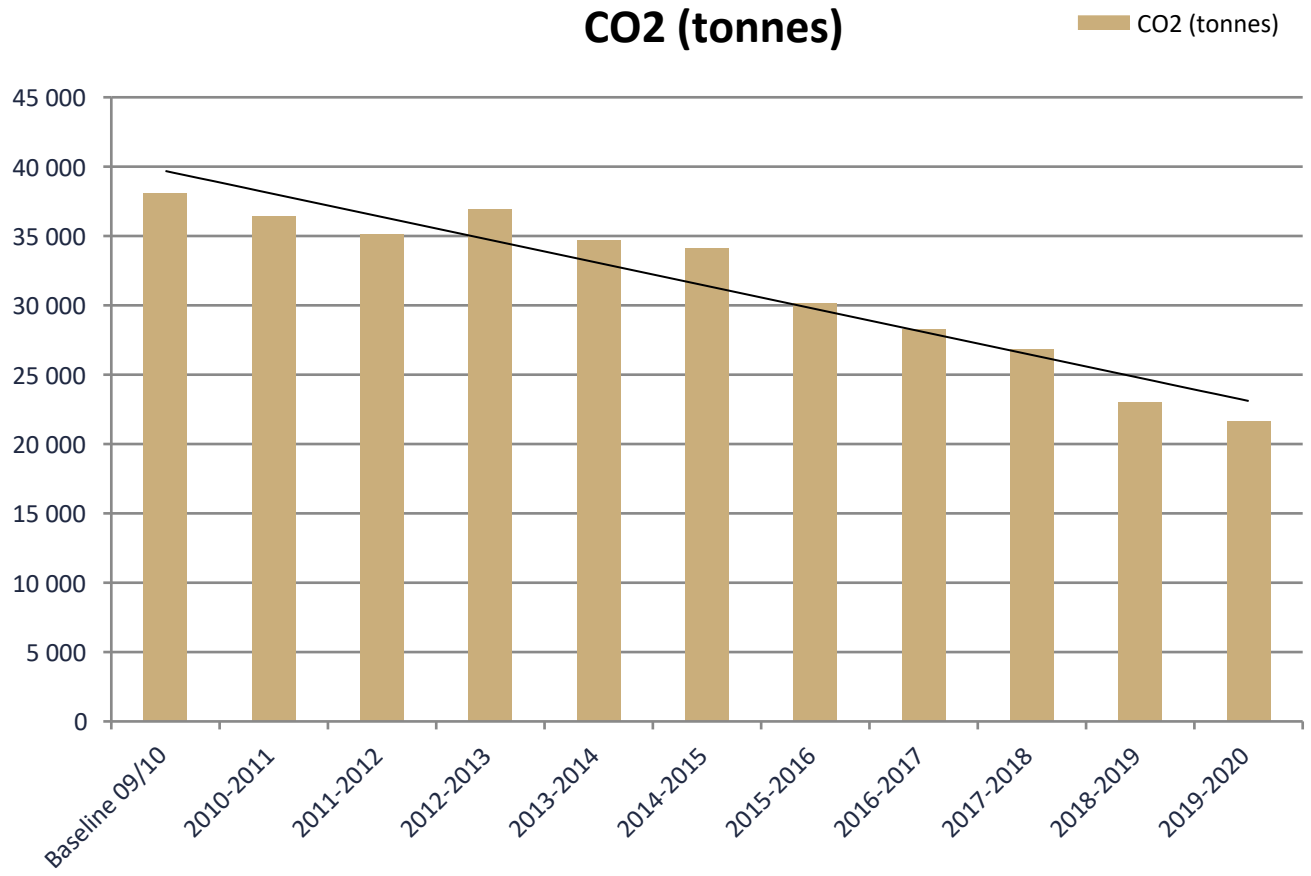
Context

In the last decade the Health Bard has made consistent progress with reducing both energy consumption and carbon emissions.

Between **2009-2015** a reduction of **18%** was realised in energy consumption, with an associated **6%** reduction in carbon emissions.

Since **2015** further efficiencies have been made; namely a **13%** reduction in electricity use and a **4%** reduction in gas use. Leading to a **33%** reduction in carbon emissions.

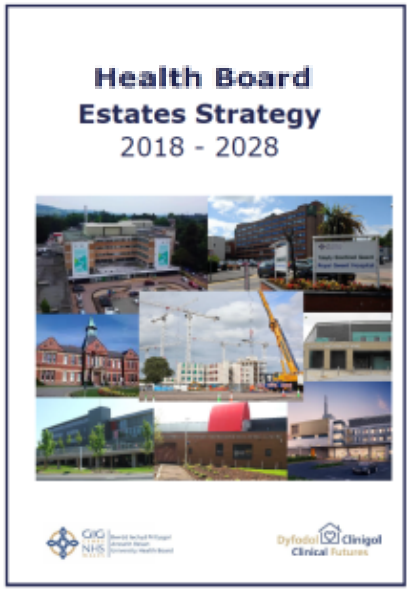
Since the original baseline in **2009/10** the Health Board has cut carbon emissions by **16,412 tonnes CO2**, equating to a **43%** reduction.



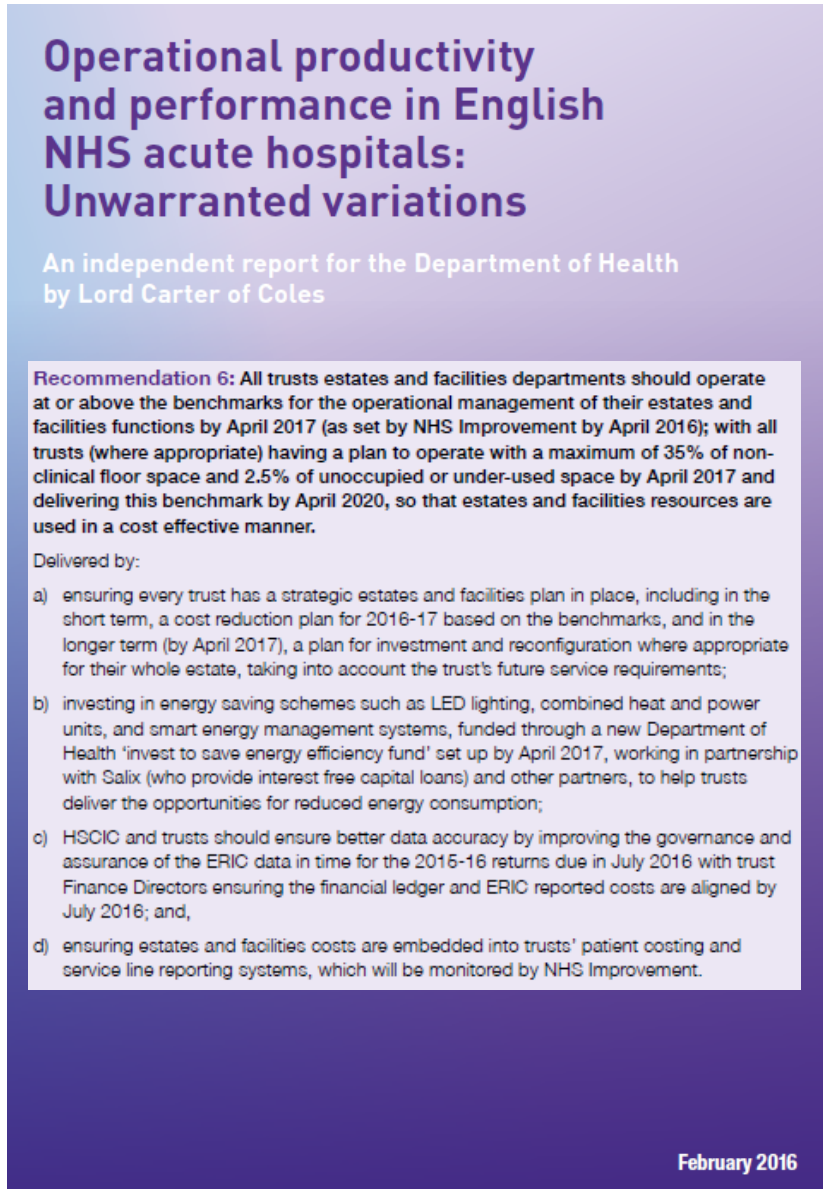
Energy Strategy

Strategic Direction

The Strategic Energy Plan will outline the Health Board's objectives for energy and water management, responding to the Lord Carter of Coles' Report on Operational productivity and performance in English hospitals 2016, to improve efficiency across the NHS estate through technical innovation and the power of staff engagement.



Flexibility to meet changing service demands will be achieved through the Clinical Futures Programme and Estates Strategy informing decision making regarding potential asset transfer or rationalisation. Clinical Futures sets out a 'future focused' vision for the estate that are fit for purpose supporting service delivery that enhances patient outcomes and experience, motivates and enables staff to deliver safe, efficient quality services with partners and is financially viable and sustainable.



Operational productivity and performance in English NHS acute hospitals: Unwarranted variations

An independent report for the Department of Health by Lord Carter of Coles

Recommendation 6: All trusts estates and facilities departments should operate at or above the benchmarks for the operational management of their estates and facilities functions by April 2017 (as set by NHS Improvement by April 2016); with all trusts (where appropriate) having a plan to operate with a maximum of 35% of non-clinical floor space and 2.5% of unoccupied or under-used space by April 2017 and delivering this benchmark by April 2020, so that estates and facilities resources are used in a cost effective manner.

Delivered by:

a) ensuring every trust has a strategic estates and facilities plan in place, including in the short term, a cost reduction plan for 2016-17 based on the benchmarks, and in the longer term (by April 2017), a plan for investment and reconfiguration where appropriate for their whole estate, taking into account the trust's future service requirements;

b) investing in energy saving schemes such as LED lighting, combined heat and power units, and smart energy management systems, funded through a new Department of Health 'invest to save energy efficiency fund' set up by April 2017, working in partnership with Salix (who provide interest free capital loans) and other partners, to help trusts deliver the opportunities for reduced energy consumption;

c) HSCIC and trusts should ensure better data accuracy by improving the governance and assurance of the ERIC data in time for the 2016-16 returns due in July 2016 with trust Finance Directors ensuring the financial ledger and ERIC reported costs are aligned by July 2016; and,

d) ensuring estates and facilities costs are embedded into trusts' patient costing and service line reporting systems, which will be monitored by NHS Improvement.

February 2016

Energy Strategy

Strategic Direction

The energy and water demand and consumption profile of the Health Board owned estate is varied and subject to many diverse factors such as hours of operation, occupancy, service delivery and weather.

The Health Board's **"Estates Strategy 2018-2028"** sets out key objectives and targets which will directly impact on energy use, cost and carbon emissions under the varying estate rationalisation scenarios that will emerge through the Clinical Futures Programme and the following objectives:

- Reduce the unoccupied/underutilised estate to at least 2.5%
- Reduce high and significant backlog maintenance by at least 10% year on year
- Remove or dispose of redundant and poor quality buildings
- Scope and reduce the amount of space occupied by non-clinical and administrative services

Objectives and activities will align to, and compliment those of the emerging All Wales NHS Carbon Strategy, currently under development with Welsh Government Energy Service (as at July'20)

GIG CYMRU NHS WALES
Bwrdd Iechyd Prifysgol Aneurin Bevan University Health Board

Dyfodol Clinigol Clinical Futures
Gofalu amdanoch chi a'ch dyfodol
Caring for you and your future

Energy Strategy

Strategic Direction – 5 Ways of Working

Implementation of the Health Board's objectives for energy and water management will demonstrate the 5 ways of working prescribed in the Well Being of Future Generations Act 2015, namely Long Term, Integrated, Involving, Collaboration and Prevention

A Prosperous Wales

An innovative, productive and low carbon society which recognises the limits of the global environment and therefore uses resources efficiently and proportionately…

A Globally Responsible Wales

A nation which, when doing anything to improve the economic, social, environmental and cultural wellbeing of Wales….

The Health Board's Well Being Objective

Reduce or negative environmental impact through a responsible capital building programme and a sustainable approach to the provision of building services; including carbon and waste management. Undertaking procurement on a whole life cycle cost basis and promote local sourcing. Promoting sustainable and active travel and advocating improvements in environmental health

Energy Strategy

The Energy Strategy will focus on four key themes ..

Data Management – Working with our energy partners to enhance analytical capacity through use of online platforms, and to develop our Systems Link monitoring & targeting software. There will be an ongoing programme to identify and implement efficiencies in our Building Management Systems.

Emissions Reduction – We will increase our surveying of premises and identification of opportunities through Display Energy Certificate renewal, and thus provide a valuable tool to measure and verify savings being made. Emissions reduction will also be realised through activity such as estate rationalisation, agile working practices and investment in efficiency projects.

Cultural Change – We will engage the 14,000+ staff to encourage responsibility for their individual energy use. Analogous with the implementation of a strong health & safety culture, energy management needs to become part of our daily working life. Aims for this theme will be to create and maintain a well-structured and targeted communication plan to engage and empower staff groups to contribute.

Investment – Whilst some energy projects can be delivered at little or no cost, it is inevitable that some investment will be required if we are to reduce consumption in line with our targets. Investment will be prioritised on cost and carbon savings potential and also ideally a payback <5 years. With budget constraints, consideration shall be given to utilising more innovative funding mechanisms, WG funding and internal I2S monies.

Energy Strategy – Objectives

This Strategy has 12 key objectives that align with the four key themes;

Organisational Objectives

- A commitment to reduce carbon emissions from building energy use by 3% year on year.
- To be a leader in NHS Wales in demonstrating commitment to WG's carbon neutral 2030 aspiration by utilising low-carbon and renewable technologies where appropriate, at scale and through public sector collaboration.
- Proactively engaging with staff to promote a culture of energy & environmental awareness.

Divisional Objectives

- Continuing "good" energy performance across the estate as prescribed by Welsh Government and reported annually through EFPMS.
- Utilise available funding to maximise investment in energy efficiency opportunities.
- Implementation of appropriate energy efficiency projects to reduce carbon emissions and increase operational efficiency (Appendix 1)
- To realise carbon reduction potential more widely through Agile Working & Sustainable Travel.

Team Objectives

- Further development of the Health Boards energy monitoring, targeting, and Systems Link
- Continued financial forecasting development with energy partners to aid reporting and accurate revenue accrual.
- Project identification through increased surveying and renewal of Display Energy Certificates.
- Activities will compliment the needs of the Energy Policy, Environmental Policy and ISO14001 management system.
- Proactive and reactive maintenance regimes consider energy efficiency.

Energy Strategy – Governance & Funding

Governance

Progress against the aims and objectives of the Energy Strategy shall be reported through the following forums at appropriate intervals:

- Health Board
- Public Partnerships & Well Being Committee
- Well Being of Future Generations Programme Board
- Facilities Senior Management Board

The Health Board shall continue to remain compliant with its statutory and mandatory reporting in respect of it obligations towards:

- ISO14001 Certification
- EFPMS Reporting to Welsh Government
- Annual Sustainability Reporting
- DEC & EPC certificate compliance

Monitoring and Review

Monitoring and tracking of emissions performance against the 3% target will be facilitated through:

- Financial and usage reporting
- Biannual ISO14001 audit
- Annual Sustainability Report

The integrity of the energy management system, data collection and reporting methods for both the Sustainability Report and ISO14001 are both subject to audit processes.

The Implementation Plan (Appendix 2) will be subject to annual review and changes made to time-scales if needed. As a "live" plan it will be subject to new work-streams as necessary.

Investment & Funding

Appendices 3 & 4 identify a range of potential carbon saving projects across the existing estate. These can be further prioritised and feasibility studies & business cases developed as required. These can be phased into the Implementation Plan.

In order to realise the energy & cost saving potential of these schemes a variety of funding streams will be evaluated for their applicability and merit. Potential funding will be sourced from:

- Capital & Revenue budgets
- Invest-2-Save
- EPC arrangements
- Shared Savings mechanisms
- Welsh Gov Re:Fit (or similar)

Energy Strategy – Appendix 1

Operational Building Efficiency

The **Energy Performance of Buildings Directive 2010** legislates that for all public buildings over 250 sq.m gross floor area, and that are regularly accessed by large numbers of members of the public that a Display Energy Certificate (DEC) highlighting operational efficiency should be on display in public areas. The DEC certificate illustrates an energy rating based on metered energy consumption and carbon emissions, compared to a typical building of that type.

The Health Board estate, given its age and condition has a carbon performance of typically "D". The majority of premises performing similar to those of similar building types.

Energy Strategy – Appendix 2

Implementation Plan – Year 1 2019/2020

Action	Stakeholder(s)	Responsibility	Timescale	Progress
Rolling programme of improving BMS/building control regimes – switching off non-essential plant and equipment out-of-hours or using overnight setback parameters.	Energy Team Honeywell Estates Officers BMS Technician	ML	Ongoing	COMPLETE – at main hospital/community sites. Monitoring ongoing
Annual renewal of Display Energy Certificates (>1,000sq.m)	Energy Manager Estates Officer BMS Technician Site Personnel	ML	Mar 20	COMPLETE – all 19/20 certificates renewed
Re-survey and recertification (DECs) of 10 healthcare establishments to identify energy efficiency projects	Energy Manager Estates Officer BMS Technician Site Personnel	ML	Mar 20	PARTIALLY COMPLETE
Submission of 18/19 Carbon Reduction Commitment (CRC) Annual Report	Energy Team BGB Systems Link NWSSP-Audit	ML	July 2019	COMPLETE
Completion of CRC Audit by NWSS Audit	Energy Team NWSS Audit	ML	July 2019	COMPLETE
Health Board representation in utility contract procurement negotiations with NWSSP-Procurement for biomass & gas contracts	Energy Manager NWSSP Proc	ML	Ongoing	COMPLETE – biomass contract extended and gas contract due out to tender in Q2 2020
Aquafund Water Efficiency Project – • **Completion of estate leakage detection surveys** • **Bi-annual project review and next steps**	Energy Team Estates Teams ADSM Ltd	ML	July-Dec 19	COMPLETE – for acute sites but ongoing monitoring. and rectified

Energy Strategy – Appendix 2

Implementation Plan – Year 1 2019/2020

Action	Stakeholder(s)	Responsibility	Timescale	Progress
Bi-annual update of energy cost and consumption forecasting to inform financial position and Exec Team of impending in-year cost pressures	Energy Manager BGB SMB Finance Team	ML	OCT 2019	COMPLETE
Continue to work with Facilities Finance Team to report accurate energy cost against budget, update forecast intelligence and improve current reporting strategies	Energy Team Finance Team	ML	Ongoing	PROGRESS – new forecasting tool developed in conjunction with British Gas
Completion of the All Wales Retrospective Utilities Billing Audit	Energy Team NWSSP-Proc Finance Team	NWSSP-Proc ML	Oct 19 to Mar 20	PARTIALLY COMPLETE – initial report rec'd but further work req'd
Well Being of Future Generations – Facilities Ambition Narratives Survey and Workshop	Energy Team SMB FOG Jeff Brown	ML	July-Sept 19	COMPLETE
Forecast utilities cost / consumption projections for 2019/2020	Energy Team BGB Finance Team	ML	April 2019	COMPLETE (SUBJECT TO BIANNUAL REVIEW)
Identify suitable energy efficiency projects for funding (capital or revenue) Submission of PIDs / PPDs where appropriate.	Energy Team Estates Team Finance Team Capital Team	ML	April 19 & Ongoing	ONGOING
Application to Welsh Government Invest-2-Save / Green Growth funding for large scale LED rollout	Energy Team Estates Team Finance Team	ML	Oct 19 to Mar20	COMPLETE – Capital funding preferred over WG I2S. PPD submitted Q4.

Energy Strategy – Appendix 2

Implementation Plan – Year 1 2019/2020

Action	Stakeholder(s)	Responsibility	Timescale	Progress
Review and Implement where practicable the recommendations of the TM44 Air Conditioning Inspection Reports	Energy Team BMS Technician W&E A/C Tech	ML BMS Technician W&E A/C Tech	Apr 19 to Sep19	PARTIALLY COMPLETE – elements completed as part of BMS improvements
Review and update energy / environmental Intranet content	Energy Manager Env. Manager	ML CD	July 19 to Dec 19	PARTIALLY COMPLETE – monthly intranet messages published
Roll out of E-Learning Waste & Energy E-Learning Module to ESR (mandatory for all staff – 2yr)	Energy Manager Env. Manager	ML CD	Oct19 to Mar20	DELAYED – carry over to 20/21, post COVID
Forecast revenue implications for Grange University Hospital energy costs	Energy Manager Finance Team GUH Team	ML	Jul19 to Sep19	COMPLETE
Final year Carbon Reduction Commitment reporting	Energy Team	ML	July 2019	COMPLETE – EXCESS CARBON ALLOWANCES SOLD
Development of strategy to secure a continued Technical Services Contract at RGH (post contract September 2020)	Energy Team SMB NWSSP Proc NWSSP Legal Honeywell Finance Team	TBC	TBC	
Explore options to extend current NHH Honeywell Technical Services Contract to allow for further investment in energy efficiency measures	Energy Manager SMB NWSSP Proc NWSSP Legal Honeywell Finance Team	TBC	TBC	
2019 Energy Policy review – renewal requiring Executive approval	Energy Team SMB Exec Team	ML	July19 to Sep19	UPDATE to be carried over to 20/21

Energy Strategy – Appendix 2

Implementation Plan – Year 1 2019/2020

Action	Stakeholder(s)	Responsibility	Timescale	Progress
Well Being of Future Generations work programme	Energy Team Env. Man WbFG Programme Board SMB	ML	Oct19 to Dec19	ONGOING – report on biodiversity and ecosystems duty approved by Exec Team (Dec19)
Development of Systems Link software reporting capabilities and smart meter data analysis	Energy Team Systems Link ICT Dept	ML	Ongoing	Exploring suite of additional reports and integrating with forecasting data
Demonstrating efficiency - Sustainability data submission for Annual Report	Energy Team Env. Manager	ML CD	Apr 19 to June 20	COMPLETE
Options appraisal / feasibility study to decentralise the main St Woolos boiler plant and relocate to Royal Gwent site. • **Large scale infrastructure implications** • **Potential energy & carbon savings** • **Disposal of St Woolos site ?** • **Relocation of RGH HSDU ?**	Energy Team Estates Officers Carbon Trust Wales SALIX Finance Welsh Gov ABUHB Planning	ML	July 19 to Sep19	ONGOING – REPORT RECEIVED AND OPTIONS PRESENTED. CONSULTANCY TO BE ENGAGED FOR FURTHER FEASIBILITY/DETAILED DESIGN

Energy Strategy – Appendix 2

Implementation Plan – Year 2 2020/2021

Action	Stakeholder(s)	Responsibility	Timescale	Progress
Annual utilities cost and consumption forecast	Energy Team Finance Team BGB	ML	April 2020	COMPLETE – monthly monitoring against budget and periodic update to reflect market trends
Re-survey and recertification (DECs) of 10 healthcare establishments to identify energy efficiency projects	Energy Manager Estates Officer BMS Technician Site Personnel	ML	End Mar 21	TO BE PHASED IN-YEAR (post COVID)
Finalise contractual arrangement for replacement RGH Comprehensive Technical Services Contract and possible NHH extension options.	Energy Team Estates Team NWSSP-Legal NWSSP-Proc Honeywell		Nov 2020	
Annual renewal of Display Energy Certificates (>1,000sq.m)	Energy Manager Estates Officer BMS Technician Site Personnel	ML	End Mar 21	PARTIALLY COMPLETE – 2 of 24 certificates renewed as they expire
Planning for energy impacts of the Estates Strategy – premises rationalisation/reconfiguration of RGH/STW/NHH	Energy Team SMB Estates Team	ML	Ongoing	
Aquafund Project – Yr 2	Energy Team ADSM Ltd Estates Team	ML	TBC	
Completion of internal audit of Sustainability data	Energy Team NWSSP-Audit	ML	June/July 20	PROGRESS – internal audit engaged and time scales agreed for July

Energy Strategy – Appendix 2

Implementation Plan – Year 2 2020/2021

Action	Stakeholder(s)	Responsibility	Timescale	Progress
Sustainability data submission for Annual Report	Energy Team Env. Manager	ML/CD	Apr20 to June 20	PROGRESS – draft report due 5/6/20 for comment
Identify suitable energy efficiency projects for funding (capital or revenue)	Energy Team Estates Team Finance Team	ML	Annually ongoing	
Well Being of Future Generations work programme	Energy Team Env. Man WbFG Programme Board	ML	TBC	
Rolling programme of reinvestment in BMS; updating and improving controls and optimising parameters	Energy Team Honeywell Estates Officers BMS Technician	ML	Ongoing	PROGRESS – BMS technician embedded with GUH team in readiness for opening
Energy Policy review – renewal requiring Executive approval	Energy Team SMB Exec Team	ML	Jul20 to Sept20	
Roll out of E-Learning Waste & Energy E-Learning Module to ESR (mandatory for all staff – 2yr)	Energy Manager Env. Manager	ML CD	Oct20 to Mar 21	

Energy Strategy – Appendix 2

Implementation Plan – Year 3 2021/2022

Action	Stakeholder(s)	Responsibility	Timescale	Progress
Annual utilities cost and consumption forecast	Energy Team Finance Team Energy Supplier	ML	April 2021	
Re-survey and recertification (DECs) of 10 healthcare establishments to identify energy efficiency projects	Energy Manager Estates Officer BMS Technician Site Personnel	ML	End Mar 22	TO BE PHASED IN-YEAR
Planning for energy impacts of the Estates Strategy – premises rationalisation/reconfiguration of RGH/STW/NHH	Energy Team SMB Estates Team	ML	Ongoing	
Undertake carbon reporting in line with SECR requirements (CRC replacement)	Energy Team	ML	TBC	
Aquafund Project – yr3	Energy Team ADSM Ltd Estates Team	ML	TBC	
Completion of internal audit of Sustainability data	Energy Team NWSSP-Audit	ML	May21 to July21	
Sustainability data submission for Annual Report	Energy Team Env. Manager	ML/CD	Apr21 to May21	
Identify suitable energy efficiency projects for funding (capital or revenue)	Energy Team Estates Team Finance Team	ML	Annually ongoing	
Post-occupancy review and optimisation of energy consumption at Grange University Hospital	Energy Team Estates Team Laing O'Rourke	TBC	Jul21 to Dec21	
Well Being of Future Generations work programme	Energy Team Env. Man WbFG Programme Board	ML	TBC	

Energy Strategy – Appendix 2

Implementation Plan – Year 3 2021/2022

Action	Stakeholder(s)	Responsibility	Timescale	Progress
Annual renewal of Display Energy Certificates (>1,000sq.m)	Energy Manager Estates Officer BMS Technician Site Personnel	ML	End Mar 22	ONGOING
Rolling programme of reinvestment in BMS; updating and improving controls and optimising parameters	Energy Team Honeywell Estates Officers BMS Technician	ML	Ongoing	ONGOING

Energy Strategy – Appendix 2

Implementation Plan – Year 4 2022/2023

Action	Stakeholder(s)	Responsibility	Timescale	Progress
Annual utilities cost and consumption forecast	Energy Team Finance Team Energy Supplier	ML	April 2022	
Annual renewal of Display Energy Certificates (>1,000sq.m)	Energy Manager Estates Officer BMS Technician Site Personnel	ML	End Mar 23	ONGOING
Aquafund Project – yr4	Energy Team ADSM Ltd Estates Team	ML	TBC	
Completion of internal audit of Sustainability data	Energy Team NWSSP-Audit	ML	Apr22 to May22	
Sustainability data submission for Annual Report	Energy Team Env. Manager	ML/CD	May22 to Jul 22	
Identify suitable energy efficiency projects for funding (capital or revenue)	Energy Team Estates Team Finance Team	ML	Annually ongoing	
Well Being of Future Generations work programme	Energy Team Env. Man WbFG Programme Board	ML	TBC	
Re-survey and recertification (DECs) of 10 healthcare establishments to identify energy efficiency projects.	Energy Manager Estates Officer BMS Technician Site Personnel	ML	End Mar23	TO BE PHASED IN-YEAR
Carbon emissions baseline review (post GUH)	Energy Team	ML	Apr22 to June 22	

Energy Strategy – Appendix 2

Implementation Plan – Year 4 2022/2023

Action	Stakeholder(s)	Responsibility	Timescale	Progress
Rolling programme of reinvestment in BMS; updating and improving controls and optimising parameters	Energy Team Honeywell Estates Officers BMS Technician	ML	Ongoing	ONGOING
3yr Energy Policy review – renewal requiring Executive approval	Energy Team SMB Exec Team	ML	Oct22 to Dec22	

Energy Strategy – Appendix 2

Implementation Plan – Year 5 2023/2024

Action	Stakeholder(s)	Responsibility	Timescale	Progress
Annual utilities cost and consumption forecast	Energy Team Finance Team Energy Supplier	ML	April 2023	
Annual renewal of Display Energy Certificates (>1,000sq.m)	Energy Manager Estates Officer BMS Technician Site Personnel	ML	End Mar24	ONGOING
Aquafund Project – yr5	Energy Team ADSM Ltd Estates Team	ML	TBC	
Completion of internal audit of Sustainability data	Energy Team NWSSP-Audit	ML	June/July 23	
Sustainability data submission for Annual Report	Energy Team Env. Manager	ML/CD	May/June 23	
Identify suitable energy efficiency projects for funding (capital or revenue)	Energy Team Estates Team Finance Team	ML	Annually Ongoing	
Well Being of Future Generations work programme	Energy Team Env. Man WbFG Programme Board	ML	TBC	
Re-survey and recertification (DECs) of 10 healthcare establishments to identify energy efficiency projects.	Energy Manager Estates Officer BMS Technician Site Personnel	ML	End Mar 24	TO BE PHASED IN-YEAR
Rolling programme of reinvestment in BMS; updating and improving controls and optimising parameters	Energy Team Honeywell Estates Officers BMS Technician	ML	Ongoing	ONGOING

Energy Strategy – Appendix 3

Identified Projects for Investigation/Feasibility

Site	Project	Elec Saving (Kwh)	Gas Saving (Kwh)	Total Saving (Kwh)	£ Saving Yr 1	CAPEX (£)	IRR (%)	Payback (yrs)	Saving (tCO2)
Ysbyty Ystrad Fawr	CHP	3,952,800	(5,019,196)	(1,066,396)	£205,828	£800,000	27%	5.1	843.6
Royal Gwent Hospital	Interior Lighting	1,019,743	-	1,019,743	£96,791	£633,241	16%	7.2	455.4
St Woolos Hospital	Interior Lighting	311,078	-	311,078	£25,618	£176,524	15%	7.5	138.9
St Cadocs Hospital	Loft Insulation	-	735,687	735,687	£13,271	£61,320	22%	4.8	135.1
St Cadocs Hospital	TRV Replacement - VT	-	662,256	662,256	£11,946	£63,000	20%	5.6	121.6
County Hospital + Ty Siriol Clinic	TRV Replacement - Non -VT	-	501,422	501,422	£9,045	£39,750	24%	4.6	92.1
Royal Gwent Hospital	Chiller Sequencing	189,191	-	189,191	£21,453	£20,600	106%	1.0	84.5
Royal Gwent Hospital	BMS - Overall Optimisation	95,307	215,533	310,840	£16,062	£100,000	16%	6.7	82.1
County Hospital + Ty Siriol Clinic	Loft Insulation	-	432,914	432,914	£7,809	£31,511	26%	4.3	79.5
Llanfrechfa Grange	Interior Lighting	140,006	-	140,006	£12,473	£78,753	16%	6.7	62.5
Nevill Hall Hospital	BMS - Overall Optimisation	31,436	207,373	238,809	£6,502	£50,000	13%	8.5	52.1
Royal Gwent Hospital	Pump VSDs	106,529	-	106,529	£11,831	£55,214	22%	5.0	47.6
County Hospital + Ty Siriol Clinic	Interior Lighting	88,928	-	88,928	£7,653	£52,023	15%	7.4	39.7
Maindiff Court	Loft Insulation	-	189,859	189,859	£3,584	£10,510	35%	3.1	34.9

Energy Strategy – Appendix 3

Identified Projects for Investigation/Feasibility (Data from Virtus Estate review 2018)

Site	Project	Elec Saving (Kwh)	Gas Saving (Kwh)	Total Saving (Kwh)	£ Saving Yr1	CAPEX (£)	IRR (%)	Payback (yrs)	Saving (tCO2)
Royal Gwent Hospital	Pipework Insulation	-	171,970	171,970	£3,116	£10,000	32%	3.4	31.6
St Cadocs Hospital	Interior Lighting	55,033	-	55,033	£4,700	£30,632	16%	7.1	24.6
Maindiff Court	TRV Replacement - VT	-	129,276	129,276	£2,441	£19,800	12%	9.1	23.7
St Woolos Hospital	Pipework Insulation	-	91,235	91,235	£1,625	£3,000	55%	1.9	16.8
Royal Gwent Hospital	Armstrong Pumps	36,123	-	36,123	£4,012	£20,000	21%	5.3	16.1
Clytha Park Clinic	Loft Insulation	-	84,694	84,694	£1,603	£6,576	25%	4.3	15.6
County Hospital + Ty Siriol Clinic	Armstrong Pumps	34,178	-	34,178	£3,276	£20,000	20%	5.5	15.3
Risca Health Centre	Loft Insulation	-	81,307	81,307	£1,539	£6,313	25%	4.3	14.9
St Cadocs Hospital	TRV Replacement - Non-VT	-	75,686	75,686	£1,365	£6,000	24%	4.6	13.9
County Hospital + Ty Siriol Clinic	TRV Replacement - VT	-	74,952	74,952	£1,352	£11,100	12%	9.2	13.8
St Cadocs Hospital	BMS - Overall Optimisation	6,196	58,134	64,330	£1,697	£10,000	17%	6.4	13.4
St Cadocs Hospital	Pipework Insulation	-	68,788	68,788	£1,241	£4,000	32%	3.4	12.6
St Cadocs Hospital	Condensing Boiler - VT	-	66,661	66,661	£1,202	£10,000	12%	9.3	12.2
Ysbyty'r Tri Chwm	Interior Lighting	25,439	-	25,439	£2,267	£17,425	13%	8.4	11.4
County Hospital + Ty Siriol Clinic	BMS - Overall Optimisation	8,292	39,435	47,728	£1,590	£10,000	16%	6.7	10.9

Energy Strategy – Appendix 3

Identified Projects for Investigation/Feasibility

Site	Project	Elec Saving (Kwh)	Gas Saving (Kwh)	Total Saving (Kwh)	£ Saving Yr1	CAPEX (£)	IRR (%)	Payback (yrs)	Saving (tCO2)
Maindiff Court	Interior Lighting	23,528	-	23,528	£2,011	£12,705	16%	6.7	10.5
Royal Gwent Hospital	Pump Replacement	22,577	-	22,577	£2,507	£12,259	21%	5.2	10.1
County Hospital + Ty Siriol Clinic	Pump Replacement	21,361	-	21,361	£2,047	£10,561	20%	5.5	9.5
Abertillery Resource	Interior Lighting	20,989	-	20,989	£2,530	£14,376	18%	6.2	9.4
Royal Gwent Hospital	Loft Insulation	-	47,287	47,287	£857	£2,618	34%	3.2	8.7
Llanfrechfa Grange	Exterior Lighting	18,667	-	18,667	£1,427	£7,467	20%	5.6	8.3
Llanfrechfa Grange	Pump VSDs	13,619	-	13,619	£1,328	£7,059	19%	5.6	6.1
Llanfrechfa Grange	BMS - Overall Optimisation	12,185	2,408	14,593	£1,342	£10,000	13%	8.2	5.9
Newport Dock Street Drugs Office	Loft Insulation	-	31,745	31,745	£602	£2,465	25%	4.3	5.8
Cwm Clinic	Loft Insulation	-	31,208	31,208	£592	£2,423	25%	4.3	5.7
Pengam Health Centre	Loft Insulation	-	31,180	31,180	£591	£2,421	25%	4.3	5.7
County Hospital + Ty Siriol Clinic	Exterior Lighting	12,704	-	12,704	£912	£5,082	19%	6.1	5.7
Central Clinic	Loft Insulation	-	25,077	25,077	£456	£1,947	20%	5.6	4.6
St Cadocs Hospital	Exterior Lighting	10,166	-	10,166	£728	£4,066	18%	6.1	4.5
Cwmbran Clinic	Interior Lighting	10,099	-	10,099	£1,245	£6,917	19%	6.0	4.5

Energy Strategy – Appendix 3

Identified Projects for Investigation/Feasibility

Site	Project	Elec Saving (Kwh)	Gas Saving (Kwh)	Total Saving (Kwh)	£ Saving Yr1	CAPEX (£)	IRR (%)	Payback (yrs)	Saving (tCO2)
Nevill Hall Hospital	Pipework Insulation	-	24,076	24,076	£431	£2,000	22%	5.0	4.4
County Hospital + Ty Siriol Clinic	Pump VSDs	9,269	-	9,269	£887	£4,804	19%	5.7	4.1
County Hospital + Ty Siriol Clinic	Pipework Insulation	-	20,636	20,636	£372	£1,200	32%	3.4	3.8
Cwmbran Clinic	Solar PV	8,456	11	8,467	£1,391	£11,330	12%	9.0	3.8
Ebbw Vale C + HC	Interior Lighting	7,874	-	7,874	£870	£5,393	17%	6.6	3.5
Risca Health Centre	Interior Lighting	6,700	-	6,700	£740	£4,589	17%	6.6	3.0
Ysbyty'r Tri Chwm	Exterior Lighting	4,487	-	4,487	£302	£1,795	17%	6.4	2.0
Maindiff Court	Pipework Insulation	-	10,318	10,318	£195	£600	34%	3.2	1.9
Llanfrechfa Grange	Pipework Insulation	-	10,318	10,318	£188	£600	32%	3.3	1.9
Ringland Health Centre	Interior Lighting	3,833	-	3,833	£423	£2,625	17%	6.6	1.7
Central Clinic	Interior Lighting	3,829	-	3,829	£423	£2,623	17%	6.6	1.7
Clytha Park Clinic	Interior Lighting	3,223	-	3,223	£356	£2,207	17%	6.6	1.4
Gold Tops	Interior Lighting	3,219	-	3,219	£355	£2,205	17%	6.6	1.4
Aberbargoed Clinic	TRV Replacement - VT	-	6,480	6,480	£118	£900	13%	8.4	1.2
Pengam Health Centre	Interior Lighting	2,478	-	2,478	£274	£1,698	17%	6.6	1.1

Energy Strategy – Appendix 3

Identified Projects for Investigation/Feasibility

Site	Project	Elec Saving (Kwh)	Gas Saving (Kwh)	Total Saving (Kwh)	£ Saving Yr1	CAPEX (£)	IRR (%)	Payback (yrs)	Saving (tCO2)
Park Square Newport	Interior Lighting	2,446	-	2,446	£270	£1,675	17%	6.6	1.1
Maindiff Court	Pump VSDs	2,146	-	2,146	£204	£1,112	19%	5.8	1.0
Newport Dock Street Drugs Office	Interior Lighting	2,091	-	2,091	£231	£1,432	17%	6.6	0.9
Maindiff Court	Pump Replacement	1,889	-	1,889	£180	£914	20%	5.4	0.8
Cwm Clinic	Interior Lighting	1,427	-	1,427	£176	£977	19%	6.1	0.6
Hafan Coed	Pipework Insulation	-	3,267	3,267	£60	£400	15%	7.4	0.6
Hafan Coed	TRV Replacement - Non-VT	-	3,240	3,240	£59	£300	20%	5.4	0.6
Cwmbran Clinic	Exterior Lighting	1,273	-	1,273	£88	£509	18%	6.3	0.6
Pengam Health Centre	Pipework Insulation	-	2,869	2,869	£54	£400	13%	8.2	0.5
Forglen House	Interior Lighting	1,033	-	1,033	£114	£708	17%	6.6	0.5
Hafan Coed	Interior Lighting	990	-	990	£109	£678	17%	6.6	0.4
Risca Health Centre	Exterior Lighting	845	-	845	£93	£338	29%	3.8	0.4
								Average	
			TOTAL:	5,451,788	£511,030	£2,51m		5.8yrs	2,666

Energy Strategy – Appendix 4

Energy Efficiency Opportunities – (data from Honeywell estate review 2018)

ABUHB ECM's High Level review Dec 2018								
Note -	Removed St Woolos, County and Laundry as requested.							
Site	Capex ECM's from Report	CO2 Tonnes	Improvement price	Total Savings p.a	SPB		Est Project IGA Costs	Est Project M&V Costs
Ysbyty Ystrad Fawr (YYF)	Lighting	237	£565,000	£75,000	7.5			£27,000
	BMS/Controls	37	£10,000	£7,500	1.3		£37,000	£2,000
	CHP/Tri-generation	3	£1,100,000	£185,000	5.9			£18,000
RGH	BMS/Controls	186	£95,000	£20,000	4.8			£10,000
	Pipe Insulation Htg & Clg	20	£10,000	£2,000	5.0			£3,500
	VSDs/motor changes - pumps	14	£25,000	£4,500	5.6			£2,000
	VSDs/motor changes - fans	11	£10,000	£3,000	3.3		£60,000	£3,500
	AHU Changes	9	£10,000	£2,500	4.0			£2,000
	DHWS Changes	29	£35,000	£3,000	11.7			£5,500
	CHP/Tri-generation	34	£1,100,000	£210,000	5.2			£20,000
Nevill Hall	BMS/Controls	54	£70,000	£8,000	8.8			£3,500
	Pipe Insulation Htg & Clg	18	£10,000	£2,000	5.0		£45,000	£3,500
	VSDs/motor changes - fans	17	£50,000	£5,000	10.0			£12,000
	Air compressor	11	£35,000	£3,000	11.7			£3,500
St Cadocs Hospital	BMS/Controls Optimisation	21	£35,000	£3,000	11.7			£3,500
	Lighting	133	£720,000	£50,000	14.4			£25,000
	Htg Pipe Insulation	32	£10,000	£3,500	2.9		£40,000	£3,500
	CT to VT & St Augustine	8	£12,000	£1,000	12.0			£2,000
	Boiler Replacement (Llynn Onn & Ty Bryn)	7	£65,000	£1,000	65.0			£2,000
	Overall	**881**	**£4,000,000**	**£600,000**	**6.7**		**£182,000**	**£152,000**
	Overall Totals (inc IGA & M&V)		**£4,500,000**	**£600,000**	**7.5**			

Energy Strategy – Abbreviations

Abbreviations –

A/C – Air Conditioning

BGB – British Gas Business

BMS – Building Management System

DEC – Display Energy Certificate

EFPMS – Estates & Facilities Performance Management System

EPC – Energy Performance Certificate

FOG – Facilities Operations Group

I2S – Invest 2 Save

NWSSP – NHS Wales Shared Services Partnership

SMB – Senior Management Board (Facilities)

W&E – Works & Estates

WG – Welsh Government

Aneurin Bevan University Health Board

Strategic Risk Report

Executive Summary

This paper provides an overview of the profile of the current risks of the organisation. This report is presented differently for this month. It is presented as an overview dashboard of the risks on the newly revised Corporate Risk Register (as at June 2020), which is to be presented to the Audit Committee in full at its meeting on the 13th March 2020.

As suggested by the Board at the Board Development Session in February, we have moved to presenting the high level risks in overview only. The detailed full Corporate Risk Register prepared by the Executive Team will be considered in detail by the Audit Committee on behalf of the Board and all other committees of the Board will monitor and scrutinise a basket of risks assigned to them from the Corporate Risk Register, appropriate to their terms of reference and key work programmes. The views of the Committee will be reference in their Assurance Reports, which will be reported to each Board Meeting.

The information from the Corporate Risk Register and the Board Assurance Framework principal risk schedules will also inform the programmes of work for the Board and Committees and support the setting of risk based agenda. Currently the specific risks and impact of the COVID-19 have also been reflected and used to inform the revised Corporate Risk Register.

The Board is asked to note this report and the profile of the current highest assessed risks from the Corporate Risk Register.

The Board is asked to: (please tick as appropriate)	
Approve the Report	
Discuss and Provide Views	
Receive the Report for Assurance/Compliance	✓
Note the Report for Information Only	

Executive Sponsor: Judith Paget, Chief Executive

Report Author: Richard Bevan, Board Secretary

Report Received consideration and supported by :

Executive Team	✓	**Committee of the Board [Committee Name]**	Risks will be submitted to each of the Board's Committees.

Date of the Report: 7th July 2020

Supplementary Papers Attached:
None

Purpose of the Report

This report is provided for assurance purposes to highlight for the Board a summary of the current key risks of the organisation.

Background and Context

1. Background

Risk Management is a process to ensure that the Health Board is focusing on and managing risks that are current or might arise in the future and that the organisation or in our partnership work the risks are being responded to appropriately. Active risk management is happening every day throughout all sites and services of the Health Board. Nevertheless, the Health Board's risk management system and reporting seeks to ensure that the Board is aware, engaged and assured about the ways in which risks are being identified, managed and responded to across the organisation and our areas of responsibility. This will be managed via the implementation of the Risk Management Strategy approved by the Board in March 2020.

The strategic risks referenced within this report have been identified through work by the Board, Committees, Executive Team and items reported through the Health Board's management structures with regard to the implementation of the IMTP. It also reflects the specific risk register that has been developed for the COVID-19 Pandemic, which is managed via the Strategic Co-ordinating Group.

Key risks and issues will be regularly considered at each of the Board's Committees and at the Executive Team, which takes responsibility for keeping the Corporate Risk Register under review and updated. There is also a range of specific divisional, departmental and project based risk registers, which inform the Health Board's Corporate Risk Register and are reflected in Executive Team's review.

The profile of organisational risks will also be actively used to inform the setting of agenda for the Board and committees and will be linked to the assessment against the Board Assurance Framework and the principal risk schedules within the Framework.

Going forward the Health Board also need to further review its risk appetite statement agreed in March. This will be done alongside continued implementation of the Risk Management Strategy and Board Assurance Framework arrangements and a special Board Session will be organised in September to reflect on implementation and actively review the risk appetite statement.

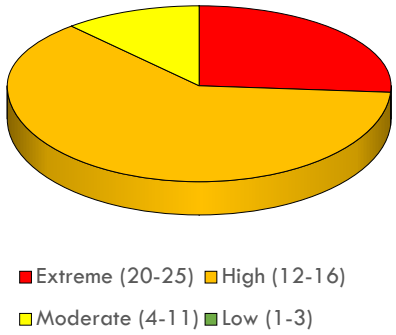
The risks reported within the Corporate Risk Register are assessed by using the following assessment table. These are reflected in in the full Corporate Risk Register and the high level risks outlined below.

Table from the updated Risk Management Strategy – March 2020

Consequence Score	Likelihood Score				
	1 Rare	2 Unlikely	3 Possible	4 Likely	5 Almost certain
5 - Catastrophic	5	10	15	20	25
4 - Major	4	8	12	16	20
3 - Moderate	3	6	9	12	15
2 - Minor	2	4	6	8	10
1 - Negligible	1	2	3	4	5

There are currently 23 risks on the Corporate Risk Register. These are broken down by the following levels of risk severity.

Risk by Severity - June 2020



Risk by Severity	
Extreme (20-25)	4
High (12-16)	20
Moderate (4-11)	5
Low (1-3)	0

Risk Trends	
Total Risks	**23**
New Risks	**0**
Increased Risks	**1**
Risk remains the same	**12**
Risks Reduced	**10**
Risks Removed	**0**

Changes since the last report

In relation to the assessed risks since the last report, the initial risk rating indicates the inherent risk score at the time of first assessment and the current risk rating shows the score at its last assessment in June 2020, when the Corporate Risk Register was re-worked.

Risk with an Increased Score:

- Failure to implement Welsh Community Care Information System (WCCIS) (10 to 20)

Risks with a reduced score:

- There is a risk that the Health Board fails to effectively respond to the COVID-19 Pandemic resulting in harm to patients, staff, and the population (25 to 20)
- Failure to achieve financial balance at end of 2020/2021. However, an additional risk and impact has arisen due to the COVID-19 Pandemic and the significant cost of the organisational response above IMTP planned levels. (20 to 16)
- Complete or partial loss (outages) of Health Board ICT systems, either those provided nationally by third parties or locally provided systems. (20 to 15)
- Malware or ransom ware attack compromising ICT systems. (20 to 15)
- Inability to comply with the Welsh Language Standards as a result of the Welsh Language (Wales) Measure 2011, which will mean that Welsh speakers will not be able to receive services in their language of choice. (16 to 12)
- Potential fragility of GP Out of Hours Services linked to the overall unscheduled care services of the Health Board. Particular risks focus on the availability of GPs to cover the high demand and overnight shifts. (16 to 12)

- Lack of understanding in relation to the needs of citizens if key stakeholders and local people are not appropriately engaged in taking forward the Clinical Futures Programme. This will now include the early opening of The Grange University Hospital. (16 to 12)

- Unsustainable model of care in Primary Care GP services. (16 to 12)

- Health Board Mental Health Crisis Services will not meet the needs of local people. (16 to 8)

- The Grange University Hospital is not delivered as per programme and within approved capital cost/cost profile. (16 to 8)

The top risks on the Corporate Risk Register are as follows:

Risk	**Current Risk Rating**
Failure to reduce healthcare associated infections.	**20**
Failure to recruit and retain appropriately skilled staff and senior leadership to deliver high quality care. Signification gaps in workforce e.g. Nursing	**20**
Failure to meet the needs of the local people in relation to emergency care provision including WAST based on the levels of demand.	**20**
Failure to implement Welsh Community Care Information System (WCCIS)	**20**
There is a risk that the Health Board fails to effectively respond to the COVID-19 Pandemic resulting in harm to patients, staff, and the population	**20**
Inability to restart non-COVID-19 associated patient care and inability to maintain essential services. Risk of being able to start key improvement programmes to delivery increased efficiency and capacity.	**20**
Poor uptake of flu vaccination among Health Board staff, primary school-age children, patients aged 65 and over and people under the age of 65, staff in care homes and delays in vaccine availability. Risk of co-infection with flu and COVID-19.	**16**
Fragility of the Care Home Sector service provision and support.	**16**
Due to the UK to leaving the European Union (BREXIT) the provision of health and care services will be affected	**16**
Failure to achieve financial balance at end of 2020/2021. However, an additional risk and impact has arisen due to the COVID-19 Pandemic and the significant cost of the organisational response above IMTP planned levels.	**16**

Assessment and Conclusion

This paper provides an overview of the current risks.

Recommendation

The Board is asked to consider and not this report.

Supporting Assessment and Additional Information	
Risk Assessment (including links to Risk Register)	The coordination and reporting of organisational risks are a key element of the Health Board's overall assurance framework.
Financial Assessment, including Value for Money	There may be financial consequences of individual risks however there is no direct financial impact associated with this report.
Quality, Safety and Patient Experience Assessment	Impact on quality, safety and patient experience are highlighted within the individual risks contained within this report.
Equality and Diversity Impact Assessment (including child impact assessment)	There are no specific equality issues associated with this report at this stage, but equality impact assessment will be a feature of the work being undertaken as part of the risks outlined in the register.
Health and Care Standards	This report would contribute to the good governance elements of the Health and Care Standards for Wales.
Link to Integrated Medium Term Plan/Corporate Objectives	The risks against delivery of key priorities in the IMTP, will be outlined as specific risks on the risk register.
The Well-being of Future Generations (Wales) Act 2015 – 5 ways of working	Not applicable to this specific report, however WBFGA considerations are included within the consideration of individual risks.
Glossary of New Terms	None
Public Interest	Report to be published.

Aneurin Bevan University Health Board

Finance Board Report – May (Month 02) 2020/21

Executive Summary

This report sets out the financial performance of Aneurin Bevan University Health Board, for the month of May 2020, as reported to Welsh Government and expands on the finance report previously circulated to board members on 12th June 2020. The financial performance is measured by comparing the expenditure with the budgets as delegated in the Budget Delegation paper agreed at the March 2020 Board meeting.

The Health Board has statutory financial duties and other financial targets which must be met. The table below summarises these and the Health Board's performance against them.

May 2020 (Month 02)
Performance against key financial targets 20/21
+Adverse / () Favourable

Target	Unit	Current Month	Year to Date	Trend	Year-end Forecast
Revenue financial target To secure that the HB's expenditure does not exceed the aggregate of it's funding in each financial year. *This confirms the YTD and forecast variance.*	£'000	3,444	10,956		**41,171**
Capital financial target To ensure net Capital Spend does not exceed the Capital Resource Limit. *This confirms the curent month and YTD expenditure levels along with the % this is of total forecast spend.*	£'000 £96.6m	7,400 8%	16,500 17%		**£109.9m spend** **13.3m variance - Covid -19**
Public Sector Payment Policy To pay a minimum of **95%** of all non NHS creditors within 30 days of receipt of goods / invoice (by Number)	%	97.5%	95.2%		**>95%**
Cash balances Cash balance held by the Health Board to not exceed 5% of monthly cash draw down from WG (overdrawn)	£'000	n/a	(1,289)		**Within Target Level**

Performance against Statutory Requirements 20/21		17/18	18/19	19/20	3 Year Aggregate
Ensure the aggregate of the HB's expenditure does not exceed the aggregate of its funding in a 3 year period	✓	-246	-235	-32	-513
Prepare & Submit a Medium Term Plan that is signed off by Welsh Ministers	✓				

The revenue financial risk range assessment identifies a deficit range of £41m to £80m, taking account of the Health Board's response to managing COVID-19 and on the basis that no additional revenue funding has been confirmed by Welsh Government for the 2020/21 financial year. The forecast includes estimated COVID-19 costs including surge capacity required up to end of October 2020, as part of the Health Board's planned

response. Further operational plans for Q2 and beyond are being developed, with a financial plan and forecast for the full financial year. The board will receive these as they are completed and a verbal update will be provided on this and the Month 3 (June) position at the board meeting.			
The Board is asked to: (please tick as appropriate)			
Approve the Report			
Discuss and Provide Views			√
Receive the Report for Assurance/Compliance			
Note the Report for Information Only			
Executive Sponsor: Glyn Jones – Director of Finance & Performance			
Report Author: Rob Holcombe – Assistant Finance Director			
Report Received consideration and supported by :			
Executive Team		**Committee of the Board [Public Partnerships & Wellbeing Committee]**	
Date of the Report: 29th June 2020			
Supplementary Papers Attached: Appendices & Glossary			

Purpose of the Report

This report sets out the following:

- The financial performance at the end of May 2020 and forecast for 2020/21 – against the statutory revenue and capital resource limits,
- The revenue reserve position at the 31st May 2020,
- The Health Board's cash position and compliance with the public sector payment policy,
- A financial assessment of the risks and opportunities impacting on the financial forecast for 2020/21, specifically COVID-19 implications, and
- Value for Money and savings focus – New Ways of Working.

Assessment & Conclusion

1. Revenue Performance:

The Health Board produced a COVID-19 financial plan at end April 2020, which it submitted to Welsh Government. This provided a revised assessment which identified the net additional cost impact of COVID-19 plans, overlaying the existing IMTP, during the first 7 months of the 2020/21 financial year. The position identified a likely forecast deficit of £41m, with additional risks of £39m for the full year (total £80m).

As at May 2020, no additional revenue funding has been agreed with Welsh Government for the 2020/21 financial year and therefore this position is being reported as a financial deficit.

At the end of May 2020, the year to date financial position is a £10.956m (£11m) deficit. This is attributable to the impact of the Health Board's response to the Covd-19 pandemic.

The May position includes:

- additional workforce costs and non-pay costs (e.g. beds, equipment, drugs);
- revenue set up costs involved in making the GUH available for early opening,
- non-delivery of savings, and
- Deferral/delay in some service investments and costs avoided as a result of not delivering some services (e.g. elective outpatients, diagnostics and treatments).

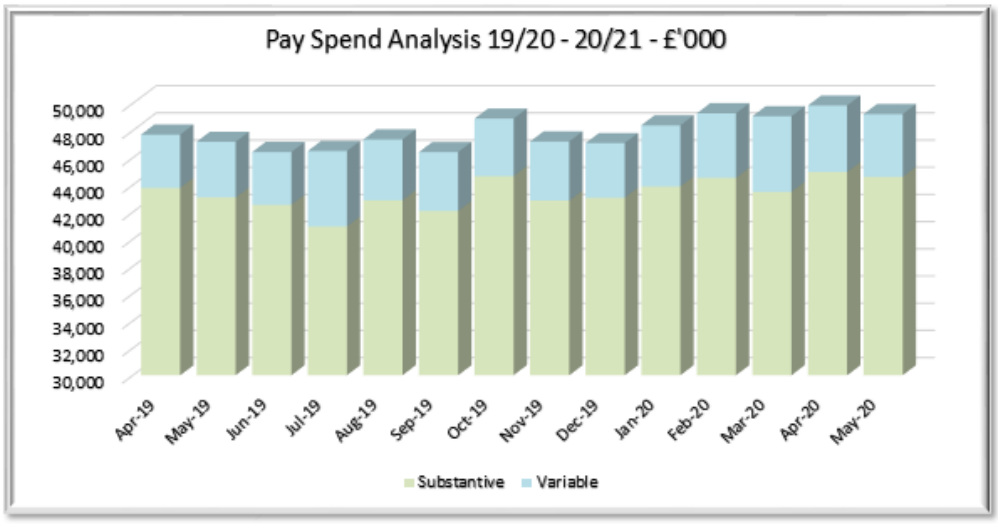
A summary of the May 2020 financial performance is provided in the following table, by operational divisions, corporate functions and externally commissioned services.

Month 02 - May 2020	Full Year Budget £000s	YTD M02 Reported Variance £000s	YTD M01 Reported Variance £000s	Movement M2-M1 £000s
Operational Divisions:-				
Primary Care and Community	247,099	834	562	272
Prescribing	99,187	1,670	210	1,461
Community CHC & FNC	63,032	(31)	304	(335)
Mental Health	91,593	1,081	489	593
Director of Primary Community and Mental Health	497	80	13	67
Total Primary Care, Community and Mental Health	**501,408**	**3,635**	**1,577**	**2,058**
Scheduled Care	197,302	(118)	129	(248)
Unscheduled Care	111,672	1,235	604	631
Family & Therapies	105,507	947	405	542
Estates and Facilities	58,201	1,706	1,187	519
Director of Operations	7,247	(203)	80	(283)
Total Director of Operations	**479,929**	**3,566**	**2,404**	**1,162**
Total Operational Divisions	**981,336**	**7,201**	**3,981**	**3,220**
Corporate Divisions	79,543	3,649	3,381	268
Specialist Services	158,433	(196)	0	(196)
External Contracts	71,081	302	151	151
Capital Charges	114,577	0	(0)	1
Total Delegated Position	**1,404,970**	**10,956**	**7,513**	**3,444**
Total Reserves	11,031	0	0	0
Total Income	(1,416,001)	0	0	0
Total Reported Position	**0**	**10,956**	**7,513**	**3,444**

Workforce Costs

Overall pay:

The Health Board spent £49.8m on workforce in month 2 20/21. This is £2.2m more than the average in 19/20, of which c£1.1 relates to A4C wage awards.

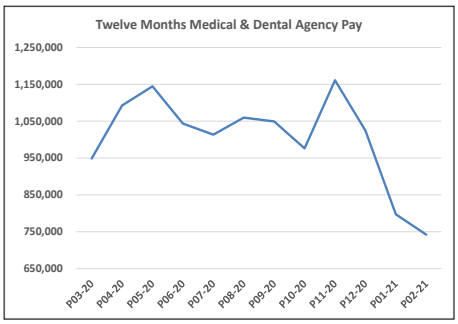


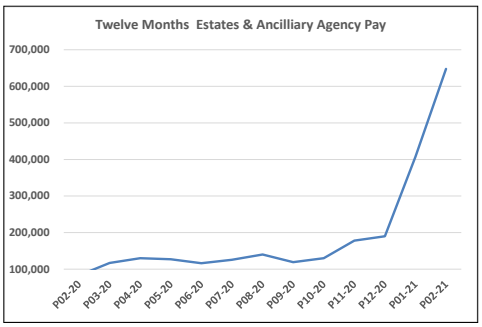
**excludes Pension Costs paid directly by WG and recharged in month12 (£22m 19/20)*

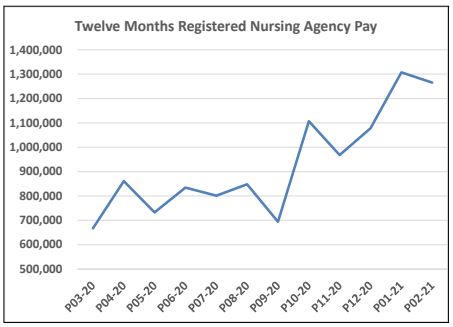
Agency:

The Health Board spent a total of £2.7m on agency staff in May 2020, this is £0.5m higher than the average for 19/20. Spend by categories of agency are:

- £0.7m on Medical Agency (average in 19/20 of £1m),
- £1.3m on Nurse Agency (average in 19/20 of £0.8m),
- £0.6m on Estates & Ancillary (average in 19/20 of £0.1m),

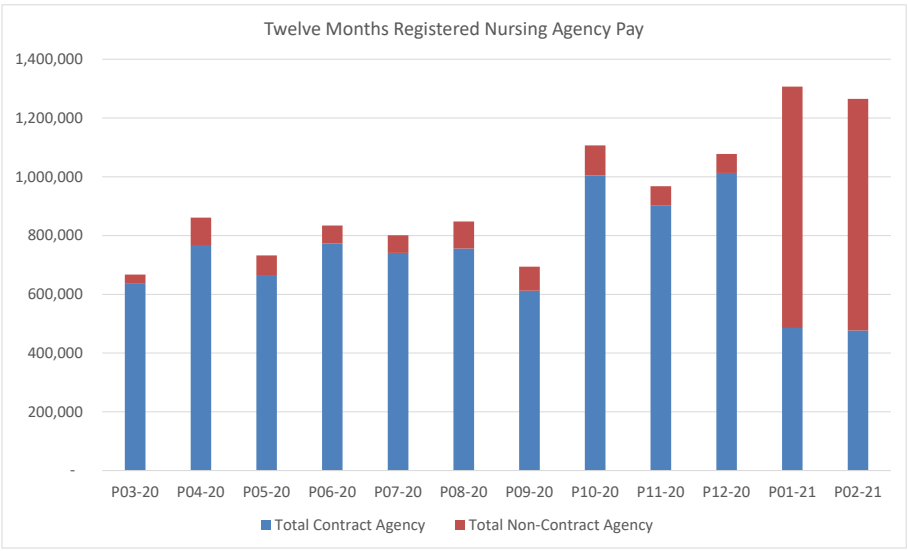






Use of "off-contract" Agency:

The Health Board has used £0.8m 'off-contract' registered nurse agency in May 20; £0.7m higher than the average in 19/20 and compares to £2k spend in May 2019. The graph below demonstrates the increasing spend on 'off contract' agency.



- The reasons for using "off-contract" agency were COVID-19 capacity and related sickness/ isolation, patient safety, vacancies and providing essential support to some care homes.
- Unscheduled Care (£500k): establishing a nurse pool; ED, medicine and supporting additional ITU capacity.
- Scheduled Care (£260k): Critical Care, General Surgery, Trauma & Orthopaedics (£16.8k), Urology, Ophthalmology and PACU.
- Primary Care & Community (£9k): District Nursing, community hospitals and community dental services.
- Family & Therapies (£15.1k): CAMHS crisis team and gynaecology inpatient services.
- Mental Health & Learning Disabilities (£2.2k): Inpatient services.

The Health Board also used 'off contract agency' for HCSW within the CAMHS Outreach Team spending £13.7k during May 2020.

Drugs / Prescribing:

Primary care prescribing is reporting a £1.7m deficit at month 2 with the full year forecast deficit increasing by £2.7m to £5.4m. This is mostly driven by price increases relating to Category M drugs and NCSO price concessions (particularly for an antidepressant drug Sertraline). Category M price changes will take effect from June and have been assumed to continue until the end of September 2020. A risk remains that they will continue beyond this date, and this is included in the financial risk range. Higher NSCO costs are assumed to continue to apply until the end of July. There is uncertainty over the timing of when they will cease to take effect, and so a best estimate view has been taken based on past actual experience.

Normal underlying growth in the number of prescriptions (excluding COVID-19 impact) has been assumed as 2%, based on previous year's growth. This will be reassessed as more up-to-date prescribing data becomes available.

The total estimated increase in prescribing costs is about 4% for 20/21.

Referral to Treatment (RTT):

Elective activity has significantly reduced as part of the Health Board's COVID-19 planned response. As a result, there was limited activity in May 20:

- 363 of the planned 2,557 treatments were undertaken - largely in the specialties of Urology, General Surgery and Dermatology, with a smaller number in ENT, Max Fax and Ophthalmology,
- Year to date the treatments are 4,307 behind the pre COVID-19 plan,
- 2,083 of the planned 6,823 outpatient appointments were undertaken - largely in the specialties of General Surgery, Dermatology, Urology, Ophthalmology and Rheumatology. A smaller number in ENT, T&O and Max Fax were undertaken, and
- Year to date the outpatients appointments are 8,775 behind the pre COVID-19 plan.

There has been an estimated cost reduction of £0.6m in May as a result of reduced elective surgical activity.
There has been an estimated cost reduction of £2m in May as a result of reduced medicine activity.

This has resulted in a significant increase in the number of patients waiting over 36 weeks for elective treatment. The resumption of elective services will feature in the Q2 plans and revised financial plans/forecast.

Non Pay Costs:

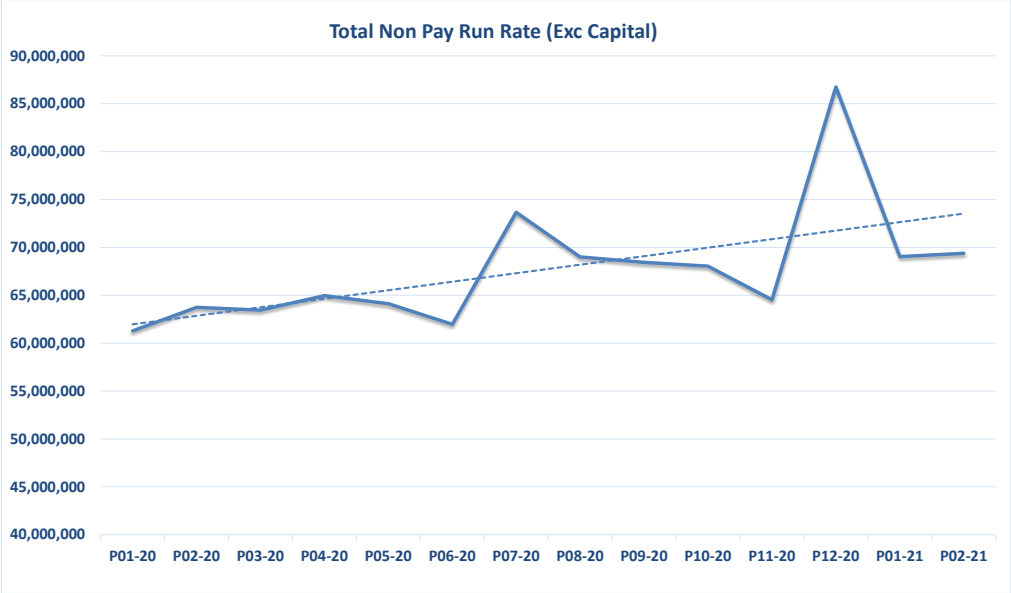
Significant additional non-pay expenditure has been incurred as a result of COVID-19 – including spend on beds, equipment and consumable items (medical, surgical, cleaning, etc.)

However, in month expenditure is lower than the 19/20 average for:

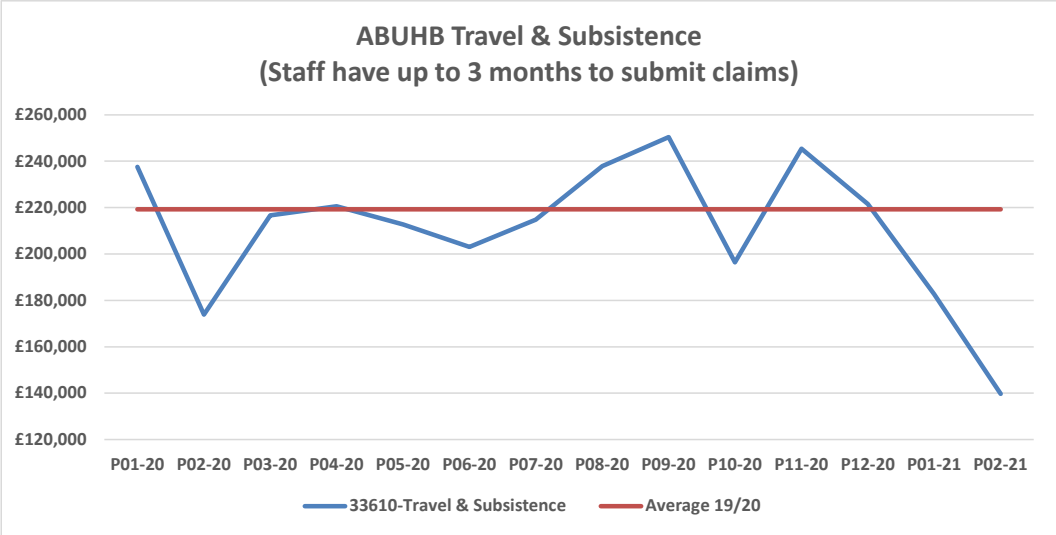
- Secondary Care drugs, particularly in Unscheduled Care
- Appliances expenditure is lower, particularly within Scheduled Care

In month expenditure is higher than the 19/20 average for:

- Prescribing - £3m higher, and



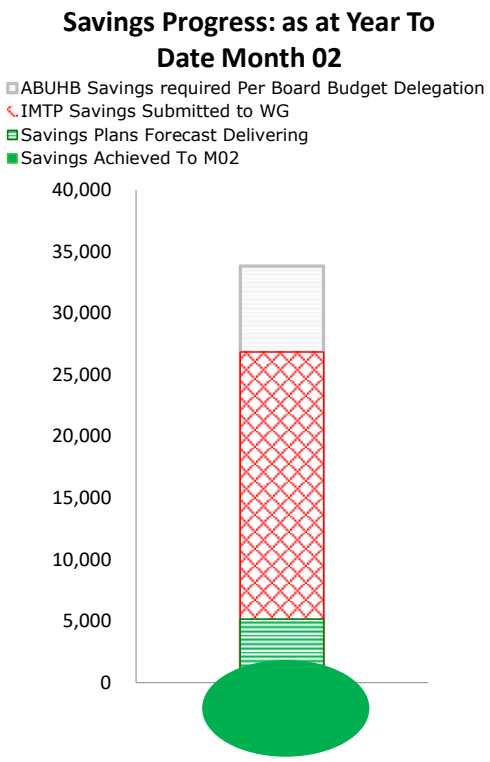
Whilst many expenditure types have increased due to COVID-19, travel and subsistence has decreased. Whilst there may be a time lag between undertaking travel and claiming expenses (staff have up to three months to claim) the lower level of spend is expected to continue whilst the current social distancing and working from home measures are in place. It will be important that some of the new ways of working (increased agile working) are sustained, both in terms of financial benefits but also the non-financial benefits (e.g. reduced travel time and face-to-face contact).



Savings delivery:

As part of the budget delegation, agreed in the March board, the Health Board's financial pan for 2020/21 identified a savings requirement of **£33.8m.**

Actual savings delivered in May amounted to £0.8m, with a forecast delivery for 2020/21 financial year totalling £5.2m (highlighted as green below). This represents about 15% of the total required savings.



As part of the Health Board's response to COVID-19 it will be important that some of the service changes are sustained (e.g. greater use of technology to support remote delivery, alternative pathways of care). As the organisation starts to plan the resumption of services, this provides an opportunity to adapt and sustain services which improve outcomes for patients and make better use of resources. This is in line with value based healthcare principles, enables the Health Board to be more flexible in delivering services given the uncertainty that COVID-19 brings, during the rest of the year, and supports greater service sustainability in the future.

Revenue Reserves:

The Health Board is holding in-year reserves for a small number of specific issues, in line with the budget delegations approved by the Board, these are awaiting final plans, arrangements or start dates. These are:

Description	20/21
RGH Car Park	420,000
Wage Award Pass through - HEIW	197,000
Hospital Pharmacy system	56,130
Total Commitments	**673,130**

The Health Board is also holding specific funding allocations from Welsh Government in reserves, which will be allocated once plans have been finalised. These are outlined in the following table.

Confirmed or Anticipated	Description	20/21
Anticipated	National Director of planned care	155,000
Anticipated	Anticipated Prevention and Early Years (AJ/Mth 8)	832,968
Confirmed	Additional Cluster Funding Primary Care (AJ/Mth 9)	1,895,000
Confirmed	Mental Health Core Uplift Funding 2020/21 (AJ/Mth 9)	381,962
Confirmed	Mental Health Service Improvement Funding	669,500
Anticipated	Liver Disease	1,000,000
Anticipated	Transformation funding Q2-4	2,646,039
Confirmed	WCCIS ICF	548,000
Anticipated	Trans. Fund - Financial Support to Optimise Flow and Outcomes	1,819,724
	Confirmed Allocations to be apportioned	**9,948,193**

There is an expectation that Health Boards and their partners reprioritise uncommitted funding towards the COVID-19 response, where appropriate to do so. The above reserves offer an opportunity to support the COVID-19 cost pressures being experienced.

With the exception of reserves held, for specific purposes, the Health Board has delegated all other budgets. Therefore the Health Board is holding **no** contingency.

Risks & Opportunities

The revenue forecast is subject to the following:

- COVID-19 pandemic and the ongoing financial impact of the Health Board's response. This includes costs of opening additional critical care and other hospital capacity, testing and contact tracing facilities, supporting the wider health system (e.g. care homes, other service providers) and other government policy changes regarding the COVID-19 pandemic,
- GUH and e-LGH network transition during 2020/21 – the transition costs were identified separately and formed part of a separate funding submission to Welsh Government. At this stage, no funding has been confirmed,
- Non-delivery of savings required to fund the delegation of budgets agreed at the March board,
- The opportunity to divert existing funding to support COVID-19 – e.g. Transformation Fund, ICF, NCN and other funding allocations,
- Treatment plans and associated costs – where elective services are resumed and/or reset,
- Increased workforce costs, including agency, linked to service delivery and safety,
- COVID-19 pandemic and managing seasonal pressures (e.g. winter),
- Increased prescribing and pharmacy costs, and
- The impact of any agreed changes to the commissioning of GUH during 2020/21 financial year.

COVID-19 – Revenue Financial Assessment

The current COVID-19 operational plans including the level of elective care service provision have been used to inform the Health Board's financial assessment of the impact of COVID-19. An estimate of the increased workforce required – and associated costs – is included in the financial assessment, resulting in a net additional cost of £41m, which, if unfunded, would result in a deficit of £41m. Given the variation in potential scenarios, the financial forecast assumptions have only been assessed to October 2020.

The table below summarises the forecast:

May-20	ABUHB Covid Forecast	April reported forecast to m7	May reported forecast to m7	Move in plan	Comment
		£000	£000	£000	
	Additional covid spend	46191	41508	-4683	non pay spend reductions in May - revised forecasts
plus	Savings not deliverable	14820	15488	668	elective restart forecast
less	Avoided costs for offset	-18292	-14093	4199	worsening achievement
less	investment redirected	-1628	-1733	-105	
	net	**41091**	**41170**	**78**	

It remains extremely difficult to determine what will happen during the remainder of the financial year, the previous estimates of additional costs have been revisited and currently the assessed financial impact continues to range from a further £22m and £39m (i.e. above the £41m reported forecast). Where the Health Board are planning to establish testing and contact tracing in line with Welsh Government guidance, estimates of these costs are included as 'risks' for the full financial year.

The risk range identifies the potential additional cost above the £41m relating to:

- £22m for the early opening of the GUH (£17m) and additional surge bed capacity (£5m) that may be required in the last 5 months of 2020/21, plus

- £17m of cost implications of other services; for testing (£4m), contact tracing (£6m) and winter pressures of £7m.

Therefore, at this stage a financial forecast of £41m is identified with a risk range which could increase to £80m. As the Q2 operational plans are developed, the options for using the GUH early and other implementation plans are developed (e.g. testing centres, contact tracing, laboratory testing) revised financial plans will be developed for the full financial year.

2. **Capital Performance**:

The Capital Programme was approved by the Board in March 2020. The current approved resource limit is £96.6m with a year-end forecast of £109.9m. The adverse variance against plan of £13.3m relates to the additional expenditure being incurred in relation to the Health Board's COVID-19 response.

An additional AWCP funding allocation has been received in month for COVID-19 related digital costs (£2.490m). A funding request has also been submitted to Welsh Government for £5.8m to cover COVID-19 essential building works and equipment requirements related to the surge capacity at existing sites.

The Grange University Hospital scheme is progressing well. The works required to enable the partial early opening of the hospital by the end of April are complete, for which a further bid for £7.5m has been submitted to WG. As the acceleration works required for the April early opening have come in under budget, the Health Board has requested that circa £1.6m be retained to address the potential acceleration costs associated with a proposed November opening of the hospital. There continues to be significant pressure on the approved equipment budget (circa £7m). As other areas of the scheme budget are now expected to under spend, the Health Board has submitted a bid to Welsh Government to request these savings be reallocated towards addressing equipment pressures. As reported in the opening capital programme board report, Discretionary Capital Programme allocations are being released on a project by project basis to

ensure that adequate funding is held back until such time the Health Board is clear on the funding route for essential GUH equipment.

Assuming funding coverage for the COVID-19 expenditure is received, the year-end capital forecast is breakeven. A separate submission to consider early use of the GUH has identified additional capital funding, should this be supported.

3. Cash Position

The cash position at the end of May was an overdrawn balance £1.3m.

This overdrawn balance occurred at the end of May as a result of a manual input error resulting in a higher cash balance showing than was actually held at the bank. Verification of the actual bank balance to the cash flow spreadsheet was not undertaken immediately, as it should have, and the mistake resulted in an overdrawn balance. The Finance team have immediately put measures in place to mitigate the risk of this occurring again, with daily certified verification of the cash flow spreadsheet to the actual bank balance and spot checks undertaken to ensure compliance.

Welsh Government have been informed and have confirmed that no charges will be levied against the Health Board as a result of this temporary overdrawn position.

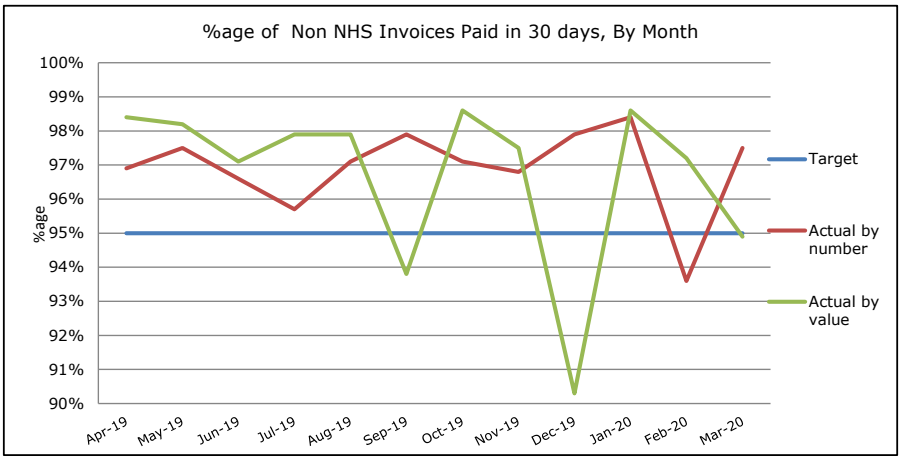
Assuming cash coverage for the COVID-19 expenditure is received, the year-end cash forecast is expected to remain within target levels.

4. Public Sector Payment Policy (PSPP)

The Health Board has achieved the target to pay 95% of the number of Non-NHS creditors within 30 days of delivery in May 2020.

Going forward, all invoices should now be released within the 30 day window so the Health Board should achieve the target of 95% in future months and on a cumulative basis.

The following graph identifies the trend for in month performance for the rolling twelve month period.



5. Value For Money and Savings focus – New Ways of Working

Changes in service delivery

COVID-19 conditions has necessitated and encouraged more innovative ways of working, which have had benefits for both patients and for service delivery. A summary of some of the key changes is set out below and reflects changes that have been made across each of the Health Board's operational divisions:

- Increased use of virtual clinics, pre and post-operative assessments
- Centralisation of fracture clinics (YYF),
- Telephone follow up consultation and advice,
- Virtual exercise classes – e.g. cardiac rehabilitation,
- Use of video/remote consultation in primary care, including between GPs and care homes (using Attend Anywhere), and
- Increased use of ward runners – to reduce burden on clinical staff of undertaking non-clinical duties.

Many of these changes will have improved patient and carer experience, improved access to services and made better use of clinical capacity.

As part of the Q2 operational plans, work is being undertaken to incorporate many of these changes into business as usual. Alongside this, work will be undertaken to identify those which are:

- Efficiency or productivity gains – improved use of existing capacity/resource, and
- Cash releasing savings – reduction in costs by doing things differently.

Agile working

The COVID-19 pandemic has necessitated greater remote working and implementing elements of greater agile working amongst many of the Health Board's staff. In addition to reducing staff travel time and encouraging more focused use of meetings, this has also resulted in a reduction in travelling expenses and varied use of existing accommodation, particularly office accommodation. Therefore, an increased focus on embedding aspects of agile working as part of business as usual offers many benefits including potential financial gains, including:

- Travelling cost reductions – based on spend for April/May 2020, costs are over £50k less per month compared to 2019/20 financial year. Maintained across the whole financial year, this alone presents a ***potential saving of over £0.6m pa***,
- Reduced and more agile use of office accommodation leading to a rationalisation of office based estate, and
- Reduction in administrative workload, with a greater reliance on technology and more effective ways of working.

The Health Board's approach to savings, this year should recognise the new opportunities that have emerged as a result of working differently. These opportunities should now be incorporated in to the Health Board's operational plan, identifying associated savings plans.

Recommendation
The Board is asked to note: ➢ ***The financial performance at the end of May 2020 and forecast for 2020/21 – against the statutory revenue and capital resource limits,*** ➢ ***The revenue reserve position at the 31st May 2020,*** ➢ ***The Health Board's cash position and compliance with the public sector payment policy,*** ➢ ***A financial assessment of the risks and opportunities impacting on the financial forecast for 2020/21, specifically COVID-19 implications, and*** ➢ ***Value for Money and savings focus – New Ways of Working to be incorporated into operational delivery plans.***

Supporting Assessment and Additional Information	
Risk Assessment (including links to Risk Register)	Risks of achieving the Health Board's statutory financial duties and other financial targets are detailed within this paper.
Financial Assessment, including Value for Money	This paper provides details of the financial position of the Health Board as at Month 02 and the forecast position for 2020/21. It identifies the key financial risks and actions required to manage them.
Quality, Safety and Patient Experience Assessment	This paper links to AQF target 9 – to operate within available resources and maintain financial balance. This paper provides a financial assessment of the Health Board's delivery of its IMTP priorities and opportunities to improve efficiency and effectiveness.
Equality and Diversity Impact Assessment (including child impact assessment)	Not Applicable
Health and Care Standards	This paper links to Standard for Health services One – Governance and Assurance.
Link to Integrated Medium Term Plan/Corporate Objectives	This paper provides details of the financial position that supports the Health Board's 3 year plan. The Health Board has a statutory requirement to achieve financial balance over a rolling 3 year period.
The Well-being of Future Generations (Wales) Act 2015 – 5 ways of working	**Long Term** **Integration** **Involvement** **Collaboration** **Prevention** The Health Board Financial Plan has been developed on the basis of the approved IMTP, which includes an assessment of how the plan complies with the Act.
Glossary of Terms	See Appendix
Public Interest	Circulated to board members and available as a public document.

Appendices

Delegated Positions – Highlights

Primary & Community Care	**Mental Health**	**Unscheduled Care**	**Scheduled Care**
• COVID-19 and non COVID-19 prescribing costs are the main pressures along with non delivery of savings plans • Risks – potential ward related costs of opening Tredegar, increasing community staffing, Prescribing uncertainty and loss of Dental Patient Charge Revenue due to decreased activity • Opportunity – reduced activity for direct delivery	• CHC growth in month of net 8 patients • Adult Directorate - high levels of COVID-19 ward staff self-isolation leading to increased cover, offset by some vacancies on Crisis service of Consultant posts and Social worker post. • Risks – CHC growth & Savings non achievement • Opportunity – Mental Health funding held corporately in ABUHB and further funding held in WG	• The overall includes COVID-19 costs which are offset by significantly reduced WLI, MSE and drugs costs due to less non COVID-19 activity. • Some of the costs avoided so far are expected to be incurred when services are resumed • Risk – Endoscopy recovery plan & block booking of nursing agency • Opportunity - possible national heart disease delivery plan funding & new ways of working	• The pre COVID-19 average spend was £17.5m per month, for May it was £15.95m this is a result of reduced activity generally as a result of the effects of COVID-19. • All directorates within the division are experiencing a drop in spend, with the notable exception of Critical Care • Spend in Critical Care has remained high in employee costs during May, but improving compared to April. Non-pay has fallen back to pre-COVID-19 levels
Family & Therapies	**Community CHC**	**Facilities**	**Corporate**
• Cost pressures in month; COVID-19, non-delivery of CIPs, neonates and CHC • Underspending areas in month; Paediatrics, transformation funding, child health projects and sexual health • Risks – additional packages of care Children's CHC • Opportunities – reduction of costs due to early GUH opening & possible stroke delivery plan funding	• CHC patient numbers show a further reduction of 32 in May, to 605, making a net reduction of 96 patients since 31st March • FNC numbers fallen by 42 • An additional 25 patients have also been assessed as eligible and are expected to be added to the database • Opportunity – maintain current patient activity • Risk – extraordinary payments to nursing homes	• Overspend to date due to COVID-19 and GUH, partly offset by a Divisional underspend. • Divisional underspend will be utilised by end of year as and when activity increases • Risks - Laundry transfers to Shared Services without income target, on-call protected and prices may increase & GUH commissioning costs	• Greatest pressure is the COVID-19 costs within Planning • Other pressures include Informatics Schemes such as Care Flow and MS Office Licences also within Planning. • An emerging pressures is the RGH POD opened 15/5/20 for 4 days/week with no funding identified. • Risks – low RTC income

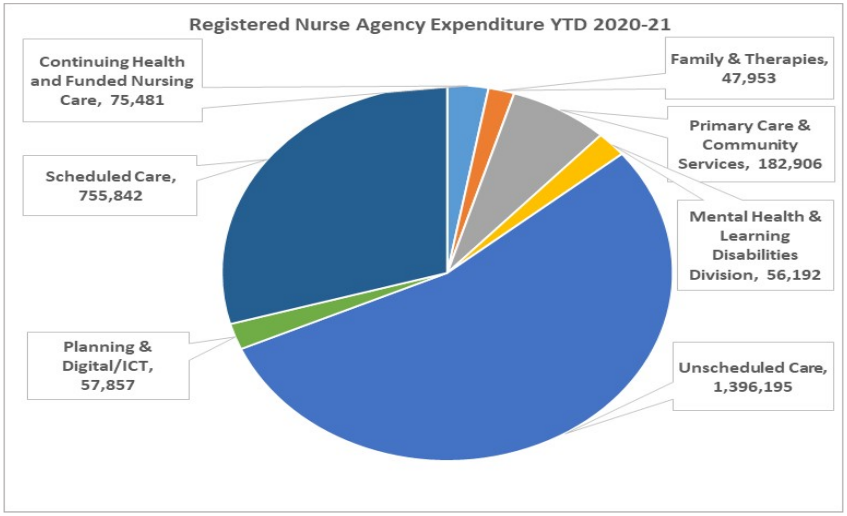
Pay

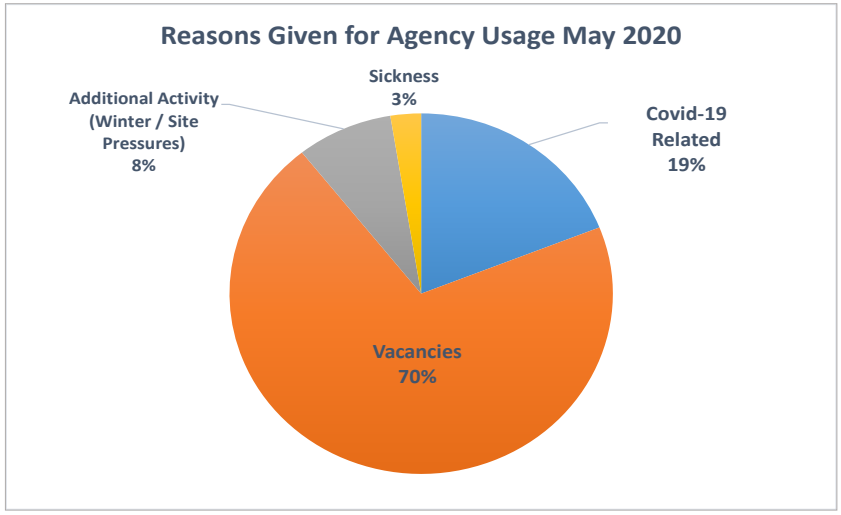
Pay by Staff Group (£m's)	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Total Rolling 12 Months
NURSING & MIDWIFERY REGISTERED	14.5	14.6	14.6	14.5	14.9	14.6	14.3	15.1	15.1	15.4	15.9	15.6	179.0
MEDICAL & DENTAL	11.0	10.7	11.2	10.8	12.3	11.3	11.2	11.3	11.6	11.5	10.8	10.9	134.5
ADMIN & CLERICAL	6.6	6.7	6.9	6.6	7.0	6.9	6.9	7.0	7.4	7.1	7.3	7.3	83.8
NURSING HCSW	5.0	4.9	5.2	4.9	5.0	4.9	4.8	5.0	5.1	5.2	5.4	4.9	60.2
PROF & TECH/HEALTHCARE SCIENTISTS	2.8	2.8	2.9	2.9	2.9	2.9	3.0	3.0	3.1	3.1	3.1	3.1	35.6
ALLIED HEALTH PROFESSIONALS	2.8	2.9	2.7	2.9	2.9	2.8	2.9	2.9	3.0	2.9	3.0	2.9	34.6
ESTATES & ANCILLIARY	2.8	2.7	2.8	2.7	2.8	2.7	2.6	2.7	2.7	2.6	3.2	3.0	33.3
ADDITIONAL CLINICAL SERVICES	1.1	1.1	1.2	1.2	1.1	1.2	1.2	1.3	1.3	1.3	1.3	1.3	14.5
STUDENT NURSES	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.7	0.7
AMBULANCE STAFF	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Total	**46.4**	**46.5**	**47.4**	**46.4**	**48.9**	**47.2**	**47.1**	**48.4**	**49.3**	**49.1**	**49.8**	**49.8**	**576.2**

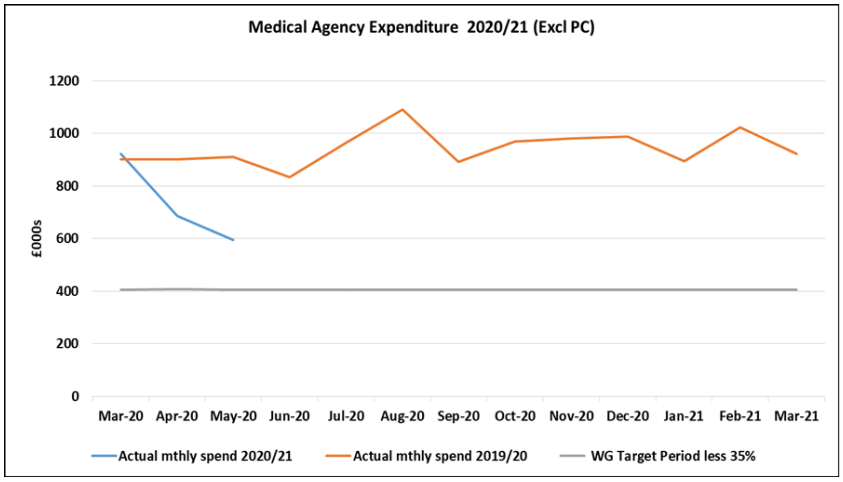
Pay By Division (£'000s)	May-20
Primary Care & Community Services	7,041
Prescribing	24
Continuing Health and Funded Nursing Care	1,001
Mental Health & Learning Disabilities Division	4,871
Scheduled Care	12,393
Unscheduled Care	8,708
Family & Therapies	8,529
Estates and Facilities Division	3,245
Corporate	4,009
Total Pay May 20	**49,821**

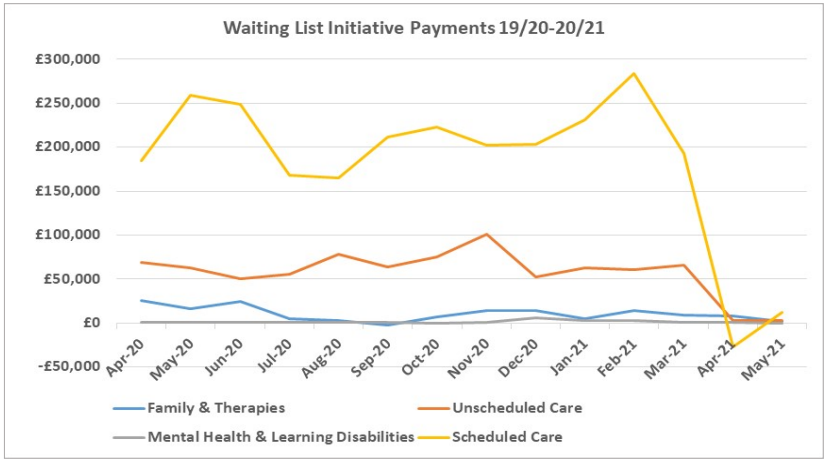
Type of Pay (£'000)	May-20
Substantive	44,218
Agency	2,657
Bank	1,617
Students	761
ADH's	364
Locum	187
WLI	17
Total Pay May 20	**49,821**

Pay (2)



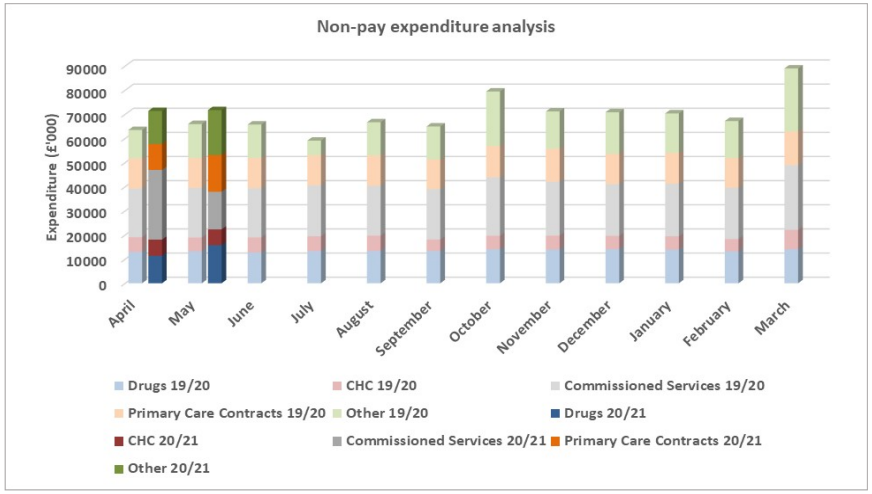


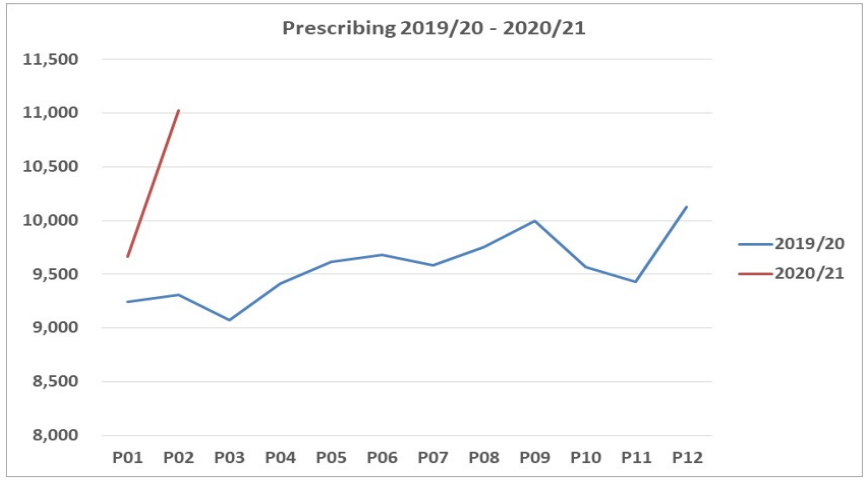


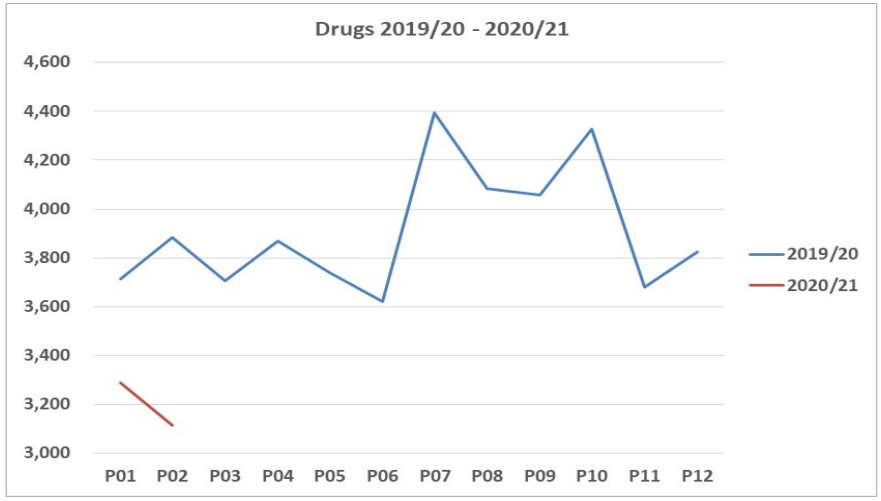


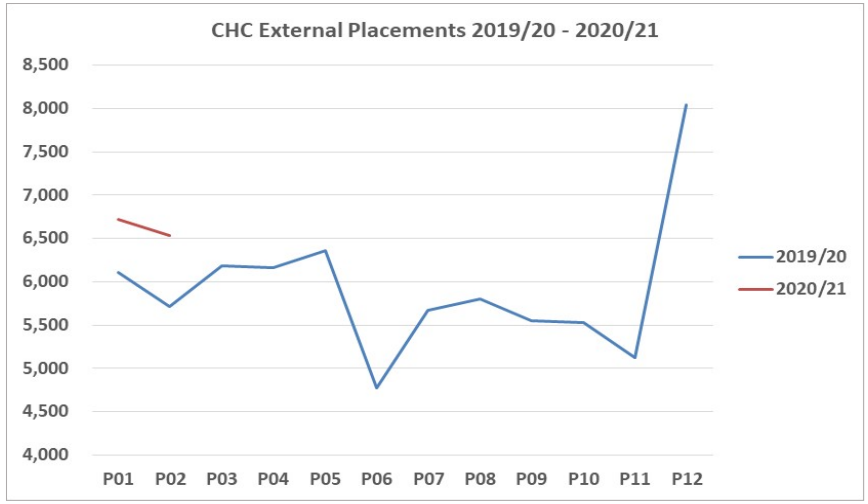
WLI payments in April & May relate to 19/20 apart from Unscheduled Care where they relate to Gastroenterology backfill in May

Non-Pay


Non-pay expenditure analysis
Expenditure (£'000)
90000
80000
70000
60000
50000
40000
30000
20000
10000
0
April
May
June
July
August
September
October
November
December
January
February
March
Drugs 19/20
CHC 19/20
Commissioned Services 19/20
Primary Care Contracts 19/20
Other 19/20
Drugs 20/21
CHC 20/21
Commissioned Services 20/21
Primary Care Contracts 20/21
Other 20/21

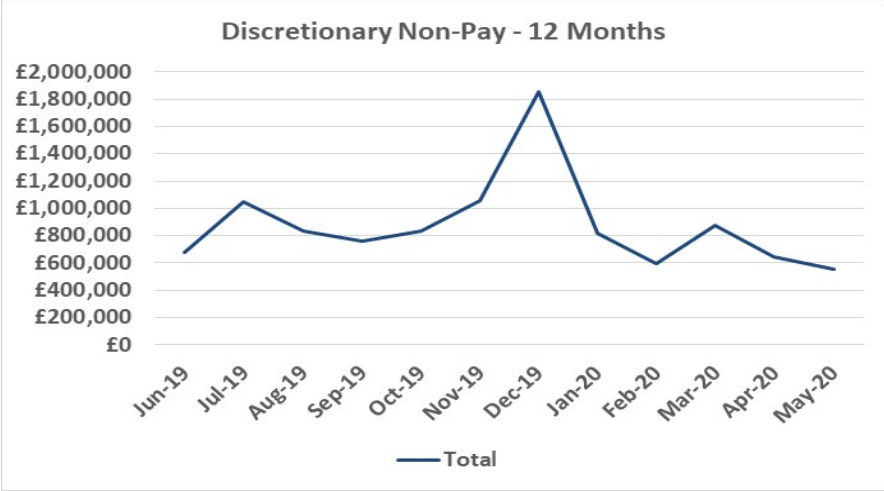

Prescribing 2019/20 - 2020/21
11,500
11,000
10,500
10,000
9,500
9,000
8,500
8,000
P01
P02
P03
P04
P05
P06
P07
P08
P09
P10
P11
P12
2019/20
2020/21


Drugs 2019/20 - 2020/21
4,600
4,400
4,200
4,000
3,800
3,600
3,400
3,200
3,000
P01
P02
P03
P04
P05
P06
P07
P08
P09
P10
P11
P12
2019/20
2020/21

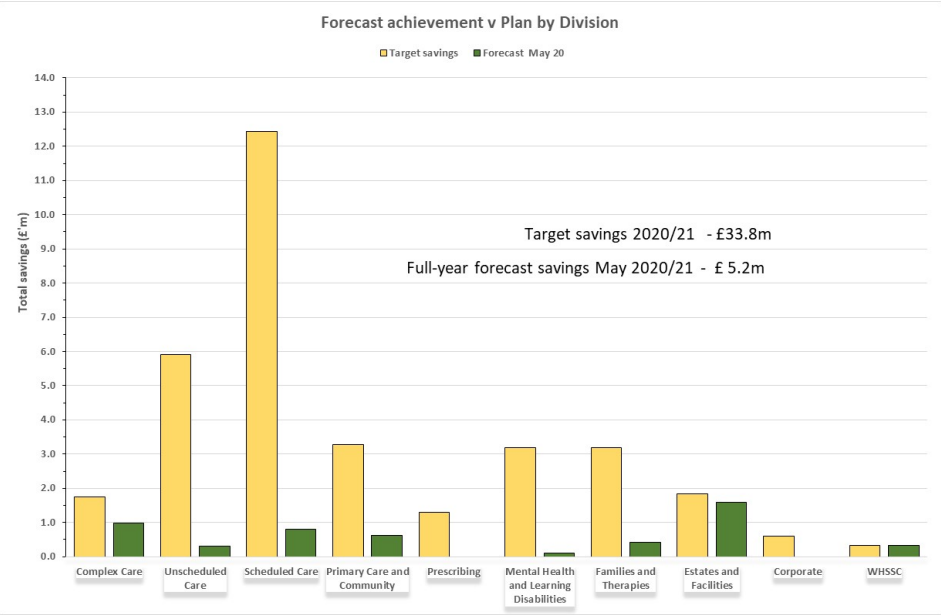

CHC External Placements 2019/20 - 2020/21
8,500
8,000
7,500
7,000
6,500
6,000
5,500
5,000
4,500
4,000
P01
P02
P03
P04
P05
P06
P07
P08
P09
P10
P11
P12
2019/20
2020/21

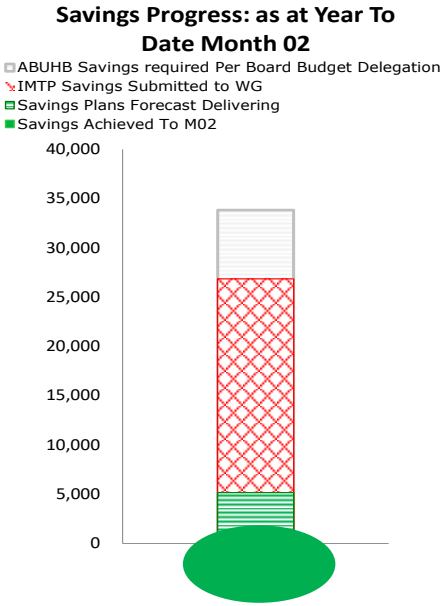
Non-Pay (2) – Discretionary Non Pay

Subjective	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20
33000-Printing Costs	£2,630	-£411	£5,765	£10,314	£3,765	£18,910	£11,638	£31,679	£38,673	£76,640	£20,889	£23,920
33010-Stationery	£47,740	£47,342	£39,135	£64,783	£59,319	£66,108	£48,371	£59,399	£46,355	£75,747	£36,696	£29,543
33610-Travel & Subsistence	£216,672	£220,572	£212,699	£203,061	£214,793	£237,819	£250,364	£196,418	£245,367	£221,562	£182,680	£139,651
34200-Training Expenses	£105,159	£148,912	£83,798	£61,177	£121,462	£137,159	£153,518	£182,038	£224,343	£515,620	£89,838	£86,763
34220-Conferences And Seminars	£90,071	£68,350	£107,957	-£74,955	£100,162	£66,127	£59,352	£86,652	£114,297	£59,065	£45,628	£25,123
34270-Room Hire	£7,611	£10,168	£8,761	£8,862	£14,818	£20,390	£19,151	£8,143	£17,019	£37,434	£3,073	£8,952
35500-Furniture & Fittings	£32,471	£25,957	£30,658	£48,125	£27,522	£112,768	£63,071	£46,340	£29,756	£21,141	£97,188	£34,508
35510-Office Equipment & Materials : Purc	£18,956	£23,812	£26,868	£27,071	£32,614	£64,383	£15,488	£36,471	£43,790	£12,130	£30,125	£18,141
35540-Computer Hardw are Purchases	£109,095	£87,541	£84,172	£93,298	£133,666	£179,674	£130,192	£236,005	-£228,509	£514,118	-£37,485	£163,894
36500-External Consultancy Fees	£55,227	-£1,598	£39,740	£156,273	-£988	£43,979	£266,199	-£12,784	£49,668	£89,728	-£8,134	£9,985
36510-Staff Consultancy & Support	£0	£934	£0	-£712	£1,284	-£1,037	£1,697	£2,180	£1,131	£152,677	£0	-£415
37470-Miscellaneous Expenditure	-£3,908	£418,444	£191,655	£161,663	£125,053	£108,381	£836,882	-£59,087	£13,704	-£900,320	£181,924	£17,438
37650-Recharge : Catering	£0	£0	£0	£19	-£19	£0	£0	£0	£0	£0	£0	£0
37670-Recharge : IT Services	£0	£0	£0	£229	-£229	£0	£0	£0	£0	£0	£0	£0
37710-Recharge : Miscellaneous	£0	£0	£0	£0	-£37	£0	£37	-£36	£36	£0	£0	£0
Total	**£681,722**	**£1,050,025**	**£831,207**	**£759,207**	**£833,186**	**£1,054,660**	**£1,855,959**	**£813,417**	**£595,631**	**£875,543**	**£642,422**	**£557,502**

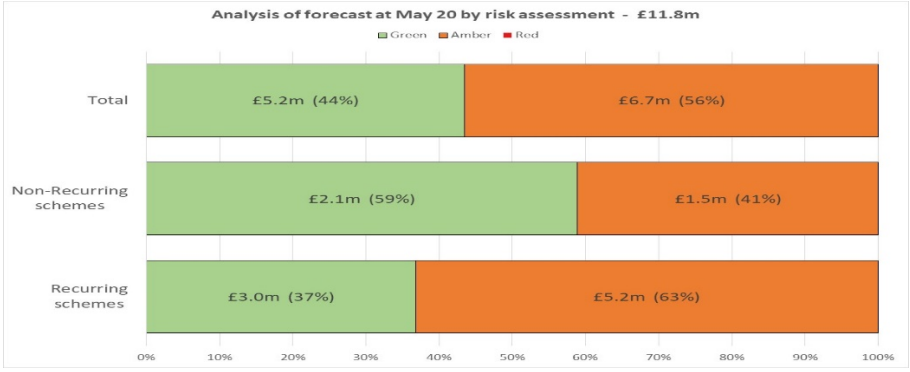


Savings





Green Savings Schemes	Forecast	Non Recurrent	Recurrent	Full year effect of Recurring savings
CHC and Funded Nursing Care	143	0	143	143
Commissioned Services	349	0	349	394
Medicines Management (Primary and Secondary Care)	920	0	920	929
Pay	1,455	212	1,243	1,256
Non Pay	2,286	1,911	375	1,041
Total	**5,154**	**2,123**	**3,031**	**3,763**

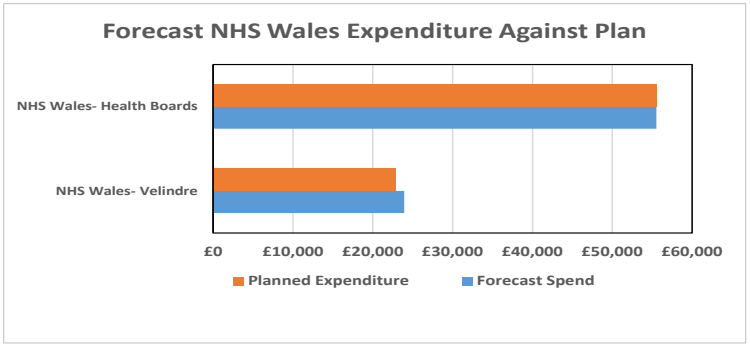


Forecast is £5.2m (Green schemes) with best case achievement of £11.8m, but plans need to be progressed to make these probable

External Contracts

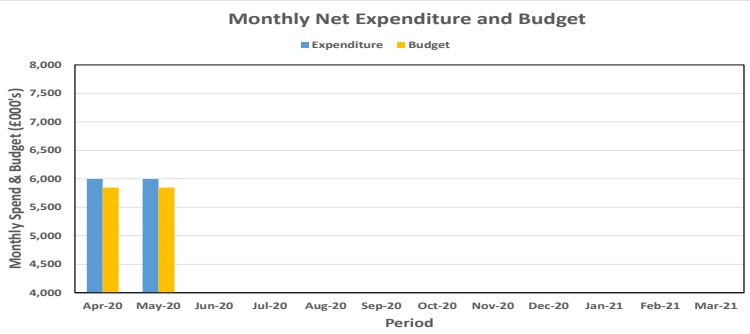
At Month 2 the financial performance for Contracting and Commissioning is an adverse variance of £302k

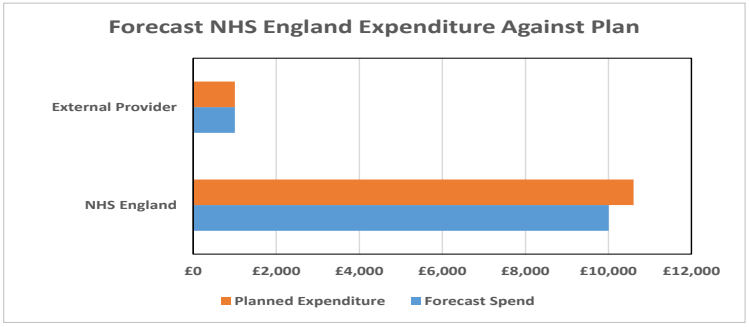
The key elements contributing to this position at Month 2 are as follows:



NHS Wales Expenditure

Commissioning expenditure within NHS Wales is expected in line with plan although this will be reviewed as further information is received.
There is an overspend forecast against Velindre which relates to the reduction of the New Treatment Fund budget of £1.115m.





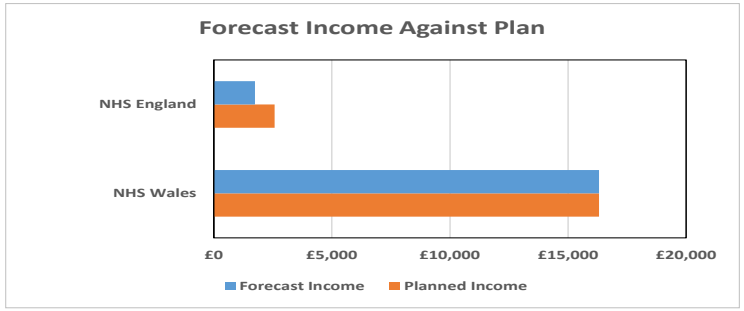
NHS England Expenditure

Expenditure with NHS England organisations is expected to be less than the planned level due to the impact of COVID-19 which is resulting in reduced 'non contract' expenditure for months 1-4 to NHS England.

Key Issues 2020-21

1. All LTAs have been agreed with the other Welsh organisations in line with the Welsh Government deadline of 31st March.

2. The nationally agreed inflationary uplift of 2% and the impact of the NHS Pay Award has been funded and is reflected in the above position.

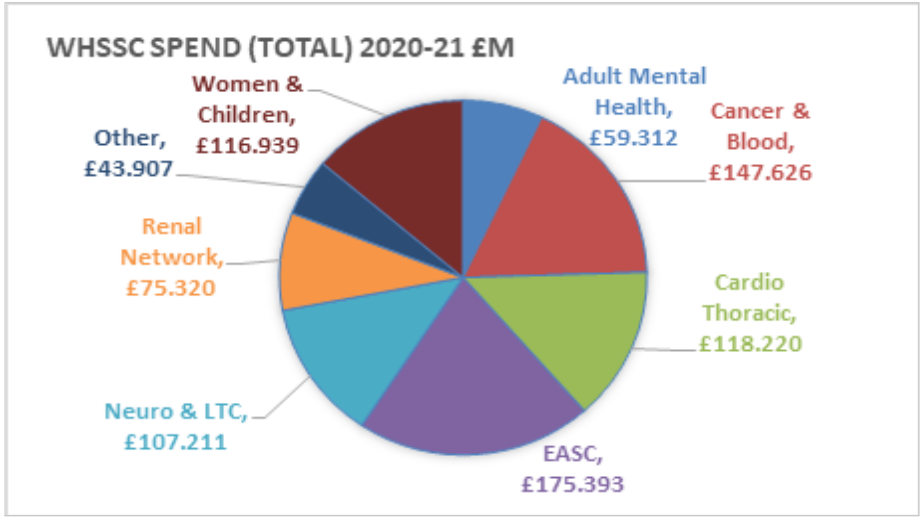


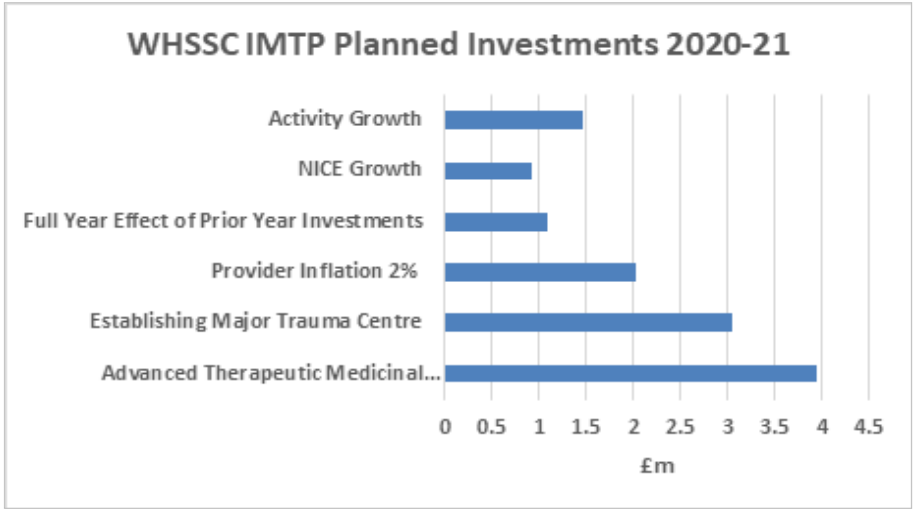
Provider Income

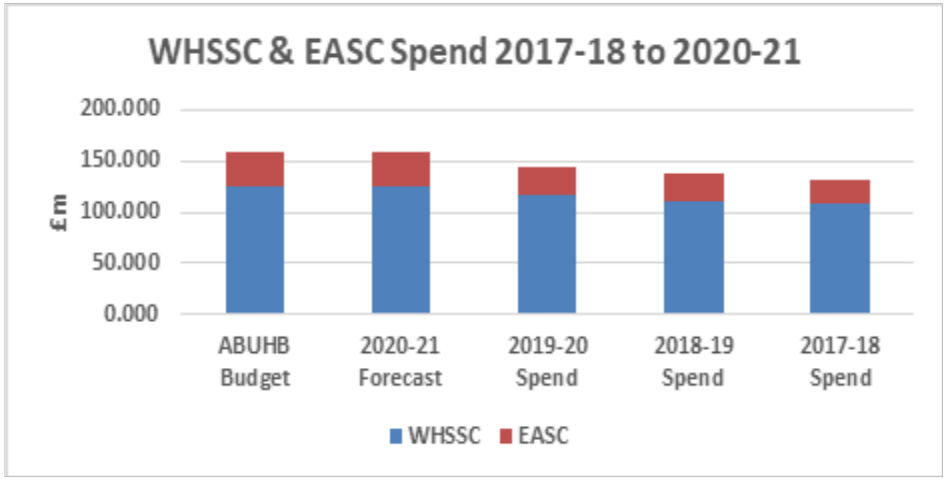
Provider income is expected to fall short of the planned level due to the impact of COVID-19 which is resulting in reduced 'non contract' income for months 1-4 from NHS England.

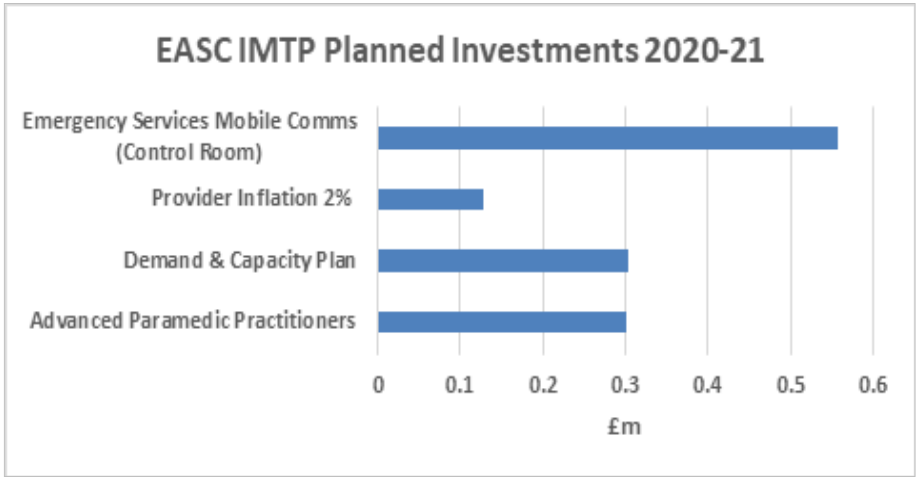
3. COVID-19 has resulted in 'block' agreements being reached for all contracts for the first quarter 2020/21 (M1-4 with NHS England) so no variance on activity is incurred. NICE/High cost drug spend and other recharges will be based on actuals for Quarter 1 and will be reviewed and validated once received

WHSSC & EASC (1)

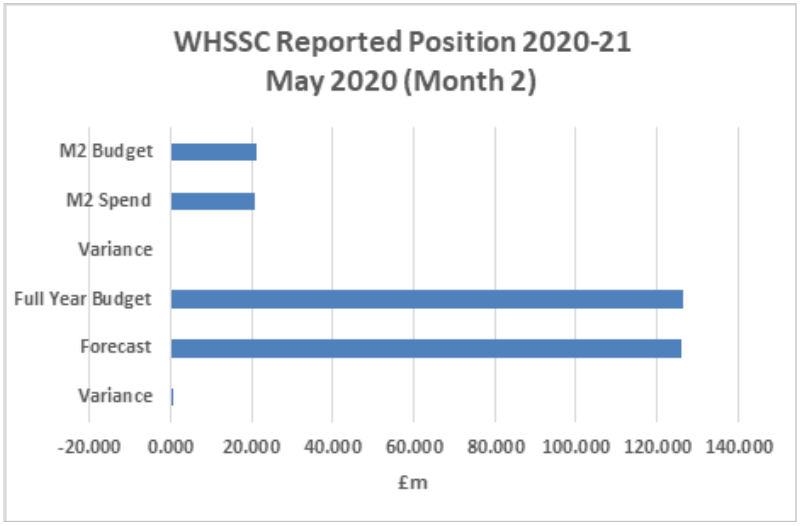

WHSSC SPEND (TOTAL) 2020-21 £M
Women & Children, £116.939
Adult Mental Health, £59.312
Cancer & Blood, £147.626
Other, £43.907
Renal Network, £75.320
Cardio Thoracic, £118.220
Neuro & LTC, £107.211
EASC, £175.393

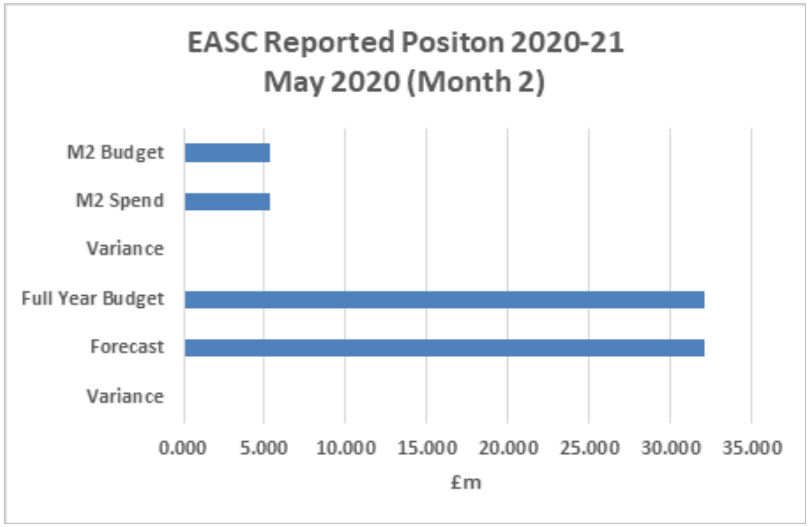

WHSSC IMTP Planned Investments 2020-21
Activity Growth
NICE Growth
Full Year Effect of Prior Year Investments
Provider Inflation 2%
Establishing Major Trauma Centre
Advanced Therapeutic Medicinal...
0 0.5 1 1.5 2 2.5 3 3.5 4 4.5
£m


WHSSC & EASC Spend 2017-18 to 2020-21
200.000
150.000
100.000
50.000
0.000
£m
ABUHB Budget
2020-21 Forecast
2019-20 Spend
2018-19 Spend
2017-18 Spend
WHSSC
EASC


EASC IMTP Planned Investments 2020-21
Emergency Services Mobile Comms (Control Room)
Provider Inflation 2%
Demand & Capacity Plan
Advanced Paramedic Practitioners
0 0.1 0.2 0.3 0.4 0.5 0.6
£m

WHSSC & EASC (2)





WHSSC: the Month 2 position reflects the agreed IMTP. **Key risks** - LTA performance - Delivery against the agreed schemes in the WHSSC IMTP - Risk management of the service implications of the investments not agreed in the WHSSC IMTP	**WHSSC Key Variances** The variance reported against the WHSSC position for Month 2 relates to slippage on investments as a result of COVID-19. The impact of COVID-19 on activity levels delivered is currently being determined	**EASC:** the Month 2 position reflects the agreed IMTP. **Key risks** - LTA performance - Delivery against the agreed schemes in the EASC IMTP - Risk management of the service implications of the investments not agreed in the EASC IMTP	**EASC Key Variances** There are no variances reported for Month 2. The impact of COVID-19 is currently being determined The EASC position currently includes £2.8m in respect of Non-Emergency Patient Transport (NEPTS) Services. The commissioning process around this is being reviewed as part of the 2021-22 IMTP.

Balance Sheet

Balance sheet as at 31st May 20	2020/21 Opening balance £000s	31st May 2020 £000s	Movement £000s
Fixed Assets	760,424	772,429	12,005
Other Non current assets	154,061	151,961	-2,100
Current Assets			
Inventories	9,486	9,681	195
Trade and other receivables	58,592	54,882	-3,710
Cash	1,301	-1,289	-2,590
Non-current assets 'Held for Sale'	1,131	1,131	0
Total Current Assets	70,510	64,405	-6,105
Liabilities			
Trade and other payables	150,150	145,113	-5,037
Provisions	173,831	167,353	-6,478
	323,981	312,466	-11,515
	661,014	**676,329**	**15,315**
Financed by:-			
General Fund	543,040	558,355	15,315
Revaluation Reserve	117,974	117,974	0
	661,014	**676,329**	**15,315**

Other Non-Current Assets:
- The decrease relates to the decrease of Welsh Risk Pool claims due in more than one year since the end of 2019/20.

Current Assets, Inventories:
- The increase in year relates to changes in stock held within the divisions.

Current Assets, Trade & Other Receivables:
- An increase in the value of debts outstanding on the Accounts Receivable system since 2019/20 to the end of May £2.9m
- A decrease in the value of both NHS & Non-NHS accruals of £10.9m, of which £1.0m relates to a decrease of Welsh Risk Pool claims due in less than one year, £9.3m relates to a decrease in NHS & Non NHS accruals and £0.6m relates to a decrease in VAT and other debtors since the end of 2019/20
- An increase in the value of prepayments held £4.3m

Cash:
- The cash position at the end of month 02 is an overdrawn balance of £1.289m

Liabilities, Trade & Other Payables:
- An increase in Capital accruals (£2.4m)
- A decrease in NHS Creditor accruals (£0.5m)
- A decrease in the level of invoices held for payment from the year end (£10.5m)
- An increase in non NHS accruals (£4.7m)
- An increase in Tax & Superannuation (£8.1m)
- An increase in other creditors (£0.5m)
- An increase in payments on account (£9.7m)

Liabilities, Provisions:
- Due to the decrease in the provision for clinical negligence and personal injury cases based on information provided by the Welsh Risk Pool of £6.5m since the end of 2019/20

General Fund:
- This represents the difference in the year to date resource allocation budget and actual cash draw down including capital.

Health Board Income

WG Funding Allocations: £1.4bn

	£'000
HCHS	1,125,775
GMS	98,914
Pharmacy	31,720
Dental	28,599
Confirmed Allocations - as at May 2020	**1,285,008**
Plus Anticipated Allocations - as at May 2020	**110,640**
Total WG Allocations 20/21 - as at May 2020	**1,395,649**

Anticipated allocations are detailed opposite

Other Income:

The HB receives income from a number of sources other than WG, based on the year to date income, this will be approximately £90m for 20/21 (£109m in 19/20). The main areas for income is: other NHS Bodies, Frailty, Education & Training, Dental, Child Health Projects, Managed Practices, Retail and Catering.

Community Dental income accounted for £7m of the income the HB received in 2019/20, this was an average of £0.583m per month. As a result of the COVID-19's impact on dental practices this has reduced to an average of £0.048m per month so far in 20/21, if this were to continue it would be a loss of income of approx. £6.4m to the HB.

Based on the year to date data total funding (allocations & income) for the HB is expected to total £1.49bn for 20/21

WG Revenue Resource Limit : Anticipated Allocations (May 2020)			
Funding Type	**Description**	**Value £'000**	**Recurrent / Non Recurrent**
HCHS	(Provider) Substance Misuse & increase	2,853	R
HCHS	(Provider) SPR's	112	R
HCHS	(Provider) CDA's	285	R
HCHS	I2S Led Lighting	(29)	R
HCHS	Treatment Fund	3,061	R
HCHS	CAMHS In Reach Funding	111	R
HCHS	Technology Enabled Care National Programme (ETTF)	599	R
HCHS	National National Director Primary Care	160	R
HCHS	National Professional Lead Planned Care	155	R
HCHS	Invest to Save DHR Phase 1	(500)	R
HCHS	Invest to Save DHR Phase 2	(143)	R
HCHS	Invest to Save Omnicell	(310)	R
HCHS	Pelvic Health and Wellbeing Coordinator Posts	40	R
HCHS	National Clinical Lead for Primary and Community Care	113	NR
HCHS	National Allied Health Professional (AHP) Lead for Primar	85	NR
HCHS	National Mobilisation Programme	276	R
HCHS	Disability Improving Lives Programme	57	R
HCHS	Health Disability Sports Wales	20	R
HCHS	Liver Disese Implementation Group Funding	1,000	R
HCHS	Augmentative and Alternative Communication (AAC) Path	95	NR
HCHS	Prevention and Early Years	1,171	R
HCHS	DDRB Pay Award GP Trainees	22	R
HCHS	Activity Blades for Children	33	R
HCHS	A Healthier Wales Reablement and Recovery	199	R
HCHS	Hospice Funding	84	R
HCHS	AME Depreciation	372	NR
HCHS	AME Impairment	86,032	NR
HCHS	DEL Strategic Depreciation	3,375	NR
HCHS	DEL Accelerated Depreciation	207	NR
HCHS	DEL Baseline Shortfall Depreciation	865	NR
HCHS	Tansformation Fund	3,907	NR
HCHS	TEC Cymru Tranche 1	1,642	NR
GMS	GMS Refresh	1,603	R
GMS	GMS Contract In Hours Access Funding	1,517	R
Pharmacy	Pharmacy Trainees anticipated allocation	178	R
Pharmacy	Additional Pharmacy Funding	286	R
Dental	Dental trainees anticipated allocation	1,063	R
Dental	Dental PCR	34	R
Dental	Gwen Am Byth	9	R
	Total Anticipated 2020/21 Allocations - May 2020	**110,640**	

Capital Planning

Summary Capital Plan Month 2 2020/21	2020/21			
	Original Plan £000	Revised Plan £000	Spend to Date £000	Forecast Outturn £000
Source:				
Discretionary Capital:-				
Approved Discretionary Capital Funding Allocation	9,955	10,737		10,737
NBV of Assets Disposed (forecast)	1,000	1,000		0
Total Approved and Anticipated Discretionary Funding	10,955	11,737		10,737
All Wales Capital Programme Funding: -				
AWCP Approved Funding	79,659	85,810		85,810
AWCP Anticipated Covid-19 Funding	0	13,311		13,311
Total Approved and Anticipated AWCP Funding	79,659	99,121		99,121
Total Capital Funding / Capital Resource Limit (CRL)	**90,614**	**110,858**		**109,858**
Applications:				
Discretionary Capital:-				
Commitments B/f From 2019/20	2,895	3,557	800	3,557
Statutory Allocations	797	797	7	797
GUH Enabling schemes at RGH	1,150	934	0	934
Divisional Priorities	2,011	1,846	86	1,849
Informatics National Priority & Sustainability	2,000	2,000	94	2,000
Schemes held until property receipt available	1,000	1,000	0	0
Remaining DCP Contingency	1,102	1,603	0	1,600
Total Discretionary Capital	**10,955**	**11,737**	**987**	**10,737**
All Wales Capital Programme:-				
Grange University Hospital	65,071	66,064	5,715	66,064
Fees for East Newport Health & Wellbeing Centre Development	84	99	86	99
Fees for Tredegar Health & Wellbeing Centre Development	0	1,473	188	1,473
Fees for HSDU	13,103	13,443	949	13,443
NHH Gamma Camera Replacement	1,270	1,312	0	1,312
Informatics National Programme - 2019/20 schemes	0	43	43	43
Fees for NHH Satellite Radiotherapy Centre Development	131	314	144	314
ICF - Caldicott Well-being Centre	0	19	0	19
2019/20 EOY Additional Equipment Funding	0	464	402	464
Fees to develop YYF Breast Centralisation Unit	0	89	35	89
Covid Digital Funding	0	2,490	1,206	2,490
Grange University Hospital - Early Opening Covid-19 funding	0	7,480	4,547	7,480
Other Covid-19 Funding	0	5,831	2,169	5,831
Total AWCP Capital	**79,659**	**99,121**	**15,483**	**99,121**
Total Programme Allocation and Expenditure	**90,614**	**110,858**	**16,470**	**109,858**

- The Grange University Hospital scheme is progressing well. By the end of April the works required to enable the partial early opening of the hospital were complete with a saving of £1.6m forecast against the £7.5m allocation requested. The Health Board has requested that this saving be retained to address the potential acceleration costs associated with a proposed November opening of the hospital. There continues to be significant pressure on the approved equipment budget (circa £7m). As other areas of the scheme budget are now expected to under spend, the Health Board has submitted a bid to Welsh Government to request these savings be reallocated towards addressing equipment pressures. As reported in the opening capital programme board report, Discretionary Capital Programme allocations are being released on a project by project basis to ensure that adequate funding is held back until such time the Health Board is clear on the funding route for essential GUH equipment.

- AWCP funding of £2.490m has been received in month to cover COVID-19 related digital expenditure.

- A further funding request has been submitted to Welsh Government for £5.8m to cover COVID-19 essential building works and equipment requirements related to the surge capacity at existing sites.

Glossary

A		
A&C – Administration & Clerical	A&E – Accident & Emergency	A4C - Agenda For Change
AME – (WG) Annually Managed Expenditure	AQF – Annual Quality Framework	AWCP – All Wales Capital Programme
B		
B/F – Brought Forward	BH – Bank Holiday	
C		
C&V – Cardiff and Vale	CAMHS – Child & Adolescent Mental Health Services	CCG – Clinical Commissioning Group
C/F – Carried Forward	CHC – Continuing Health Care	Commissioned Services – Services purchased external to ABUHB both within and outside Wales
COTE – Care of the Elderly	CRL – Capital Resource Limit	
D		
DHR – Digital Health Record	DNA – Did Not Attend	DOSA – Day of Surgery Admission
E		
EASC – Emergency Ambulance Services Committee	EDCIMS – Emergency Department Clinical Information Management System	EoY – End of Year
ETTF – Enabling Through Technology Fund		
F		
F&T – Family & Therapies (Division)	FBC – Full Business Case	FNC – Funded Nursing Care
G		
GMS – General Medical Services	GP – General Practitioner	GWICES – Gwent Wide Integrated Community Equipment Service
GUH – Grange University Hospital		
H		
HCHS – Health Care & Hospital Services	HCSW – Health Care Support Worker	HIV – Human Immunodeficiency Virus

HSDU – Hospital Sterilisation and Disinfection Unit		
I		
IMTP – Integrated Medium Term Plan	IPTR – Individual Patient Treatment Referral	I&E – Income & Expenditure
L		
LoS – Length of Stay	LTA – Long Term Agreement	
M		
MH **–** Mental Health		
N		
NCN – Neighbourhood Care Network	NCSO – No Cheaper Stock Obtainable	NICE – National Institute for Clinical Excellence
NHH – Neville Hall Hospital	NWSSP – NHS Wales Shared Services Partnership	
O		
ODTC – Optometric Diagnostic and Treatment Centre		
P		
PAR – Prescribing Audit Report	PCN – Primary Care Networks (Primary Care Division)	PER – Prescribing Incentive Scheme
PICU – Psychiatric Intensive Care Unit	PrEP – Pre-exposure prophylaxis	PSNC –Pharmaceutical Services Negotiating Committee
PSPP – Public Sector Payment Policy		
R		
RGH – Royal Gwent Hospital	RN – Registered Nursing	RRL – Revenue Resource Limit
RTT – Referral to Treatment		
S		
SCCC – Specialist Critical Care Centre	SCH – Scheduled Care Division	SCP – Service Change Plan (reference IMTP)
SLF – Straight Line Forecast	SpR – Specialist Registrar	
T		
TCS – Transforming Cancer Services (Velindre programme)	T&O – Trauma & Orthopaedics	

U		
UHB / HB – University Health Board / Health Board	USC – Unscheduled Care (Division)	
V		
VCCC – Velindre Cancer Care Centre		
W		
WET AMD – Wet age-related macular degeneration	WG – Welsh Government	WHC – Welsh Health Circular
WHSSC – Welsh Health Specialised Services Committee	WLI – Waiting List Initiative	WLIMS – Welsh Laboratory Information Management System
WRP – Welsh Risk Pool		
Y		
YAB – Ysbyty Aneurin Bevan	YTD – Year to date	

Aneurin Bevan University Health Board

Integrated Performance Report

Report Narrative

It is important to note that performance reporting of many of the national indicators has been suspended to enable the Health Board to focus on the mobilisation phase of the pandemic. Staff time has been released to manage the pandemic and therefore the data included in this report has not been subject to the full level of validation and quality control as would normally be the case.

In line with other Health Boards and Trusts across the UK, COVID-19 has impacted on the Health Boards services resulting in the need to discontinue elective services and undertake major reconfiguration of wards and departments to create COVID-19 and non COVID-19 pathways.

The relaxation of monitoring arrangements included the cessation of all reporting to Welsh Government and consequently the publication of Health Board performance has been suspended until the end of September 2020.

Cases of COVID-19 have now fallen to a level whereby the NHS in Wales is now moving towards a new phase in the response to the pandemic. In addition to providing a high standard of care to patients with COVID-19 and maintaining essential services, there is a need to provide a variety of other routine services, including planned surgery and routine diagnostic procedures. The restarting of services must be agreed in line with the NHS Wales COVID-19 Operating Framework.

The Chief Medical and Nursing Office for Wales is clear that infection prevention and control will be a hugely important component of this next phase where the avoidance of nosocomial transmission of COVID-19 will be key. In light of this, NHS Wales has published "A Principles Framework to assist the NHS in Wales to return to urgent and planned services in hospital settings during COVID-19.

As a consequence of the changes in the planning cycle for 2020-21 and the uncertainty around the future levels of COVID-19 the ability to produce month on month profiles to monitor performance against is severely limited. Therefore the report contains factual information on services as a comparison to pre-COVID-19 levels of activity. It is recommended that the performance reported for April and May is not compared as 'like-for-like' to previous months/year's performance and should be viewed as a snapshot as to how services are managing at present. In addition the accompanying dashboard reflects unvalidated performance for key services still being delivered through the COVID-19 pandemic.

Elective Treatment Access

Planned care services are adapting to deliver virtual support through the use of technology for outpatients. Services where face to face contact is required are completing the re-set safety checklist with a view to recommencement of risk stratified services from June. Only essential surgery is being undertaken at the present time. Surgical capacity is significantly reduced to manage the risk to staff and patients. This does mean that waits for routine treatments have significantly increased. Options for resetting surgical provision are under development with a view to moving from essential services to routine patients during the next quarter.

Elective activity undertaken during the pandemic was based on a clinical risk assessment. This activity was based on the Essential Services Framework guidelines distributed by Welsh Government. This related to Cancer and urgent potentially life-threatening or life-impacting conditions. Waiting times for these patients is relatively short. Therefore activity while clinically appropriate did not support the delivery of the RTT targets. Activity was also low in volume, mitigating against the risk of nosocomial transmission and protecting capacity for the management of COVID-19. Consequently, the volume of elective patients waiting beyond 36 weeks has increased significantly, following the pattern seen in April. The reporting of these measures has been suspended by Welsh Government and will be reviewed at the end of September 2020.

The Health Board maintains an unvalidated position on the number of patients waiting over 36 weeks and is currently in the process of risk assessing routine patients on its treatment waiting lists, these risk assessments will review each patient to determine any risk of potential harm as a result of routine surgery being temporarily suspended. At the end of May the Health Boards unvalidated number of patients waiting over 36 weeks numbered 8,148, the increase from the anticipated end of March position of 850 is attributed to the cancellation of already booked patients and the cessation of any non-essential surgery as a result of COVID-19.

The re-set plans for elective care are being put in place. Outpatient clinics are re-commencing with patients being risk assessed with a view to a virtual consultation taking place where possible.

Moving forward to a re-set of elective activity requires detailed planning to ensure a balanced management of risk while COVID-19 is still circulating. The impact of shielding, social isolation, social distancing and PPE requirements results in activity at a lower level than pre-COVID-19. This will continue to impact negatively on waiting times for patients.

Diagnostic Services
The high volume of previous activity, combined with low level of non-essential service capacity result in significant increases in waiting times for patients. The Health Board were anticipating zero patients waiting over 8 weeks at the end of March however the impact of COVID-19 resulted in all booked patients being cancelled and patients scheduled for April and May not having their appoints arranged. The result of these cancellations and booking only the most urgent patients during the course of the pandemic has resulted in there being 13,171 patients waiting over 8 weeks for a diagnostic at the end of May.

Radiology services continue to provide access for essential services patients whilst supporting imaging of covid-19 patients. The requirements for social distancing and cleaning and PPE is significantly reducing capacity. In addition Endoscopy waits remain a concern and new pathways for this service are being developed as a result of COVID-19.

Therapy Services
The 14 week therapy target was also impacted by COVID 19 with 48 patients breaching at the end of March instead of the forecast of zero. This number has grown to 1991 at the end of May.

Mental health access
Sustained performance above the 80% target for Primary Care Mental Health Measures for both assessment intervention with 85.7% and 87.9% in May 20.

Sustained performance of the CAMHS measures of 80% with 100% of patients waiting less than 28 days at the end of March 20. The implementation of the SPACE wellbeing (development of single

point of access, multi-agency panels) which is operational in all five boroughs has had a continued impact on the excellent performance.

A slight deterioration in the percentage of patients waiting less than 26 weeks to start a psychological therapy in Specialist adult Mental Health with 69.9% at the end of May compared with 72.2% in April against a target of 80%.

A deterioration in performance in the percentage compliance of valid care treatment plans completed with 68.6% in March against the target of 90%. The service is reviewing the process of capturing CTP compliance and working with the Business Intelligence team to develop a more robust reporting tool to assist with improving compliance. The progression of this work has been impacted by significant system problems since May which meant that it was not possible to extract any data from the mental health system to progress this work. The problem was resolved in late June and work will recommence in July.

Performance was stable in March 20 for the CAMHS Neurodevelopmental pathway with 90.1% against the 80% target. The service has introduced additional decision points into the clinical model which reduce the length of the assessment and diagnostic pathway. This is the tenth consecutive month that the service has achieved over 80%.

Unscheduled Care access

Although attendances at the Health Board's Emergency Departments remain below pre COVID-19 levels they have started to increase. 10,086 attendances in May 2020 compared to 15,016 attendances in May 2019 and an average of 14,140 attendances per month over the past 2 years. Performance on the unscheduled care indicators is significantly improved compared to pre-Covid-19 performance due in part to the reduced number of attendances over this period. The 4 hour compliance for April improved to 80.7% compared to 77.6% for March and improved again to 84.4% for May. The May performance of 84.4% is the best since November 2017.

The number of 12 hour breaches and ambulance handover delays have also seen a significant reduction, again due to the unprecedented reduction in numbers attending Emergency Departments. However, given the reduction in the number of attendances there has been a small rise in the number of patients experiencing delays over 12 hours, up from 189 in April to 213 in May 2020.

Ambulance handovers over 60 minutes improved to 149 In April compared with 456 in March but deteriorated to 220 in May. The 149 handovers in April represents the best performance since September 2017.

Emergency admissions are increasing week on week and combined with care home safe discharge policies are contributing to increasing bed occupancy.

Cancer Access

Referrals for cancer services are starting to recover from the low volumes experienced in April. However it remains lower than pre-COVID-19. The reduction in referrals has resulted in a reduction in the waiting list size from 2,569 at the end of February to 1,807 at the end of May. This is a concern, if patients present later and with more advanced disease. Communication has been increased to encourage patients to present as early as possible.

The reduction in referrals for cancer has also been impacted by many screening programmes run by Public Health Wales being stopped in March 2020 due to the covid-19 pandemic. Cervical

screening will recommence in June 2020 with Bowel and breast screening services recommencing in July 2020.

Within the cancer pathways the latest guidance is being applied for patients who are at the treatment stage. This means that some patients have been deferred for surgery or managed via alternative treatments.

Performance for the 62 day cancer pathway deteriorated to 74.1%in April and improved slightly to 74.4% in May, performance of the 62 day pathway is impacted by lower numbers of patients being treated and the clearance of backlog due to the impact of covid-19. Performance for the 31 day cancer pathway improved to 99% in April, this achieved the national 98% target for the first time since March 2019, however performance for the 31 day pathway deteriorated to 93.8% for May.

Outpatient Follow-up access

Follow up outpatient appointment services in particular have been adapting to new technologies for non-face to face consultations. Progress is being made on the implementation of Attend-anywhere, this is a virtual consultation product and is supported for 12 months by Welsh Government. It enables video consultations for patients or multi-disciplinary team working.

Since the start of the COVID-19 pandemic virtual telephone consultations have been taking place and this enabled the achievement of all of the end of year outpatient follow up targets. Outpatient follow up access modernisation is a key national priority for this year to ensure that patients are continually reviewed and risk assessed whilst COVID-19 remains a risk.

The outpatient follow up targets for this financial year have now been agreed with Welsh Government and due to last years over achievement a number of these targets are already being met. The most challenging of these targets is; The number of patients delayed 100% past their intended appointment date. Since achieving this target in March 2019 the Health Board has maintained this achievement through April and May due to the focus on delivering as many non-face to face consultations as possible.

There has been a continued focus on the follow up Ophthalmology patients with high risk patients being prioritised, in April performance for the R1 (greatest risk) patients improved to 69.5% from 63.7% in March and improved again to 70.6% in May. Performance in May represents the best performance since the new Eye Care measures were introduced in 2018.

Risk stratification of the waiting lists combined with optimising virtual consultations is important to mitigate harm.

Primary care out-of-hours

Performance against the new national standards in Urgent Primary Care Out-of-Hours for patients advised within timeframe has been maintained. For urgent patients advised within 1 hour (P1CT) performance improved in April to 82% from 74.6% in March but deteriorated slightly to 79.5% in May.

There has been a sustained improvement in performance in Out of Hours (P2CT) with 98.2% of routine patients advised within 2 hours in April compared with 87% in March, the 90% national target achievement was maintained in May with 92.5% of routine patients being advised within 2 hours.

Stroke Care
Reporting of measures for Stroke care have been suspended by Welsh Government since February due to COVID-19 and data is not presently available. The reporting of the stroke measures will be reinstated with effect from June and data from this point onwards will be available for future reports.

Outpatient attendance
Partly due the reduced number of attendances and the implementation of non-face to face clinics April saw an improvement in the new (4.5%) and follow up (5.5%) DNA rates to below the national targets for each for the first time since November 2017. May unfortunately saw a deterioration to new (6.1%) and follow up (6.8%) The implementation of the Attend-anywhere video consultation solution and a focus on more innovative solutions for outpatient activities for the remainder of this year should enable improvement in both of these areas.

DToC
Delayed transfer of care (DToC) reporting has been suspended nationally until September 2020. It is likely that the measurement and reporting of DToC will be significantly revised as a result of covid-19 and the Health Board is working with Welsh Government on these changes.

Safe and Effective care
HCAI performance in April and May was variable with several of the national targets achieved. In confirmed staph aureus cases performance decreased to 20.9 cases per 100k compared with 20.8 in March against a target of ≤20 cases per 100k, April saw an improvement to 20.7 cases per 100k. The improvement in confirmed c-difficile infections at the end of March has been sustained through April and May with the national target being achieved in both months. The number of e coli cases improved from 70.7 in March to 67.5 in April 2020 which is outside of the target of ≤67 cases per 100k. However the further improvement to 64.4 in May represents the first time that the Health Board has achieved the e.coli target. All 3 measures are an improvement on the same period last year with May being the first time that the Health Board has achieved 2 of the 3 targets in a single month

Prevention
Sustained performance of over 95% for children who received 3 does of the revised '6 in 1' vaccine by age 1 with 95.8% at the end of Quarter 4 against a target of 95%

The number of ABUHB staff eligible for the flu vaccination this season is 13389. This is an increase of 303 staff compared to 2018/19 season. The number of staff vaccinated to date is 8274, which represents 61.8% uptake overall amongst all staff.

Quarter 4 smoking cessation saw smokers making a quit attempt performance of 1.3% which when combined with previous quarters represents an overall performance of 4.2% for the year 2019/20. Smokers who are carbon monoxide (CO) validated as quit after 4 weeks in quarter 4 dropped to 35.9% compared to 46.3% in quarter 3. For the year overall this represents 42.1% compared to the 40% target.

During Quarter 4 (in particular, January and February 2020) excellent progress was made with the number of treated smokers reaching 1201, of which 432 were CO validated as quit. From mid-March 2020, smoking cessation services moved to telephone based support rather than face-to-face services in community settings, in response to COVID-19. As part of this amended service provision, restrictions on using CO validation for infection prevention and control measures were introduced from 17 March 2020, as instructed by Welsh Government along with guidance issued

on smoking cessation services during COVID-19, resulting in a reduced CO validated quit rate. Referrals to telephone based smoking cessation services at the end of March remained high, with many adults who smoke continuing to seek support to quit.

Clinical Coding
Clinical coding services have been reconfigured as a result of COVID-19 with a much higher proportion of activity being coded from electronic sources rather than physical case notes. Patients admitted with covid-19 symptoms are being prioritised to inform analysis and reporting.

Compliance against the 95% clinical coding completeness is below what is expected but has improved to 88.9% during April from 86.5% in March. The IMTP profile target of 85% has been achieved for 5 consecutive months. Current clinical coding capacity does not meet the increased demand in finished clinical episodes and alternative ways to code activity are currently being explored. One of the approaches currently in its early phases is the development of an automation process for the more simple episodes, these would include endoscopies and elective daycase's which are high volume and when achieved would release clinical coding resource to code the more complex inpatient episodes in a more timely manner. This project is in its very early investigative stage and delivery of an automated solution for aspects of clinical coding activity is not anticipated until early 2021/22.

Handling of Concerns and Complaints
The timely handling of concerns and complaints within 30 days deteriorated in April 20 to 52% compared with 67% in March. This is outside of the target to 75% and below the IMTP profile of 67%. The Putting Things Right team continue to work with operational divisions to secure improvements in the way in which complaints are dealt with in the organisation and compliance with the targets however covid-19 has significantly impacted the team's ability to do this at the pace they would like.

Serious Incidents
The number of serious incidents reviewed and assured, on a timely basis, deteriorated in April to 61% compared with 76% in March, there has been a further deterioration to 25% in May. There has been a reduction in the number of serious incidents recorded during March and April, this impacted on the percentage calculation of performance but the main reason for the decline in performance was the cancellation of the Falls Review Panel due to covid-19. The cancellation of these meeting resulted in 9 closures being overdue hence significantly impacting performance. To recover the performance all live Serious Incident investigations are under review to consider which can be rapidly completed and closed, which can go forward for the rapid review approach and which will need to be put on hold. This assessment is being undertaken with the legal team, noting Coroner cases.

Workforce
COVID-19 has impacted on staff absence rates due to the need to self-isolate or positive test results. Staff have responded rapidly with changes in working patterns and location of work to meet the immediate COVID-19 response. Support for staff well-being is available via occupational health.
PADR compliance has fallen slightly to 66.6% in May from 68.7% in April, this is due to services focussing on the COVID-19 response. Sickness rates have improved in May to 6.4% from 8.4% in April and 7.5% in March. The higher rate of sickness in March and April were as a result of covid-19.

Hip Fracture Measures
The National Hip Fracture measures have also been suspended by Welsh Government as a result of COVID-19 however data is now available but at present unvalidated due to the pressures of covid-19.

Conclusion
This report reflects on activities which have continued throughout the COVID-19 pandemic and compares these activities to previous periods to illustrate the impact that COVID-19 has had. The intention for future reports is to continue to align the reporting with the National Delivery Framework whilst developing reporting against the actions in the quarterly plans.

For months 1 and 2, the accompanying performance dashboard has been RG (Red, Green) rated against the National Targets. However it is noted that national performance arrangements have been suspended and the dashboard is for information purposes only.

The Board is asked to: (please tick as appropriate)	
Approve the Report	✓
Discuss and Provide Views	✓
Receive the Report for Assurance/Compliance	✓
Note the Report for Information Only	
Executive Sponsor: Glyn Jones**,** Director of Finance & Performance	
Report Author: Lloyd Bishop, Assistant Director of Performance and Information	
Report Received consideration and supported by :	

Executive Team		**Committee of the Board [Committee Name]**	**Public Board**

Date of the Report: 30 June 2020
Supplementary Papers Attached: Dashboard attached

Purpose of the Report
This report provides a high level overview of performance at the end of month 12 against the Integrated Medium Term Plan (IMTP) with a focus on delivery against key national targets included in the performance dashboard.

Recommendation
The Board is asked to: • Note the current Health Board performance and trends against the national performance measures and targets.

Supporting Assessment and Additional Information	
Risk Assessment (including links to Risk Register)	The report highlights key risks for target delivery.
Financial Assessment	The delivery of key performance targets and risk management is a key part of the Health Board's service and financial plans.
Quality, Safety and Patient Experience Assessment	There are no adverse implications for QPS.
Equality and Diversity Impact Assessment	There are no implications for Equality and Diversity impact.

(including child impact assessment)	
Health and Care Standards	This proposal supports the delivery of Standards 1, 6 and 22.
Link to Integrated Medium Term Plan/Corporate Objectives	This paper provides a progress report on delivery of the key operational targets
The Well-being of Future Generations (Wales) Act 2015 – **5 ways of working**	An implementation programme, specific to ABUHB has been established to support the long term sustainable change needed to achieve the ambitions of the Act. The programme, will support the Health Board to adopt the five ways of working and self-assessment tool has been developed, and working with corporate divisions through a phased approach sets our ambition statements for each of the five ways of working specific to the Division and the action plan required to achieve the ambitions.
	Long Term – *can you evidence that the long term needs of the population and organisation have been considered in this work?*
	Integration – *can you evidence that this work supports the objectives and goals of either internal or external partners?*
	Involvement – *can you evidence involvement of people with an interest in the service change/development and this reflects the diversity of our population?*
	Collaboration – *can you evidence working with internal or external partners to produce and deliver this piece of work?*
	Prevention – *can you evidence that this work will prevent issues or challenges within, for example, service delivery, finance, workforce, and/or population health?*
Glossary of New Terms	

Integrated Performance Dashboard

May 20

Appendix 1

Domain	Sub Domain	Measure	Reporting Frequency	Report Period	National Target	Current Performance	Previous Period Performance	In Month Trend	Performance Trend (13 Months)	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20
TIMELY CARE	RTT	Patients waiting less than 26 weeks for treatment	Monthly	May-20	95%	**72.0%**	79.3%	↓		90.2%	90.6%	90.4%	88.9%	88.6%	88.7%	89.0%	88.6%	89.0%	89.7%	86.8%	79.3%	72.0%
		Patients waiting more than 36 weeks for treatment	Monthly	May-20	0	**8148**	4379	↓		478	653	1061	1507	1313	1489	1456	1542	1547	1313	1622	4379	8148
		Patients waiting more than 8 weeks for a specified diagnostic	Monthly	May-20	0	**13171**	7915	↓		6	35	101	190	110	109	153	189	164	79	1491	7915	13171
		Patients waiting more than 14 weeks for a specified therapy	Monthly	May-20	0	**1991**	446	↓		1	0	0	0	0	0	0	0	0	0	48	446	1991
	Outpatient Follow Up Delays	Patients not booked for follow -up and delayed past their target date	Monthly	May-20	12000	**20113**	20530	↑		18568	17901	19292	20576	20201	17355	17542	17702	17326	15805	21679	20530	20113
		Reduce the overall size of the follow up waiting list by at least 20%	Monthly	May-20	104671	**100916**	97402	↓		154767	153232	153152	154091	155786	148015	125746	124962	124468	110629	99703	97402	100916
		Reduce the number of patients delayed by over 100% by at least 20%	Monthly	May-20	5898	**5916**	5618	↓		9305	9040	9071	10192	10466	9382	8379	8446	7853	7162	6616	5618	5916
		95% of all patients on a follow up waiting list to have a clinical review date (Delivery by Dec-19)	Monthly	May-20	95.0%	**99.3%**	99.2%	↑		91.8%	92.2%	92.6%	92.9%	92.9%	92.7%	98.4%	98.4%	98.5%	98.4%	99.0%	99.2%	99.3%
		98% of patients on the eye care outpatient waiting list to have a Health Risk Factor allocated (Delivery by Dec 19)	Monthly	May-20	98.0%	**99.3%**	98.9%	↑		90.5%	83.2%	87.4%	90.4%	92.7%	96.0%	98.3%	99.4%	98.7%	99.0%	99.7%	98.9%	99.3%
	HRF	% of R1 patients who are waiting within 25% in excess of their clinical target date	Monthly	May-20	95.0%	**70.6%**	69.5%	↑		69.5%	69.5%	64.9%	64.1%	64.5%	65.1%	67.8%	66.7%	65.8%	66.9%	63.7%	69.5%	70.6%
	ED	Category A ambulance response times within 8 minutes.	Monthly	May-20	65.0%	**72.3%**	65.6%	↑		71.4%	73.5%	71.0%	69.1%	69.7%	63.0%	61.6%	64.4%	67.0%	68.4%	59.7%	65.6%	72.3%
		Number of ambulance handovers over one hour	Monthly	May-20	0	**220**	149	↓		629	578	915	858	933	991	774	873	823	398	456	149	220
		% patients waiting < 4 hrs in A&E figures inc. YAB & YYF	Monthly	May-20	95.0%	**84.4%**	80.7%	↑		77.6%	76.4%	73.7%	75.0%	72.3%	73.3%	72.0%	68.1%	74.9%	74.5%	77.6%	80.7%	84.4%
		Number patients waiting > 12 hrs in ABUHB A&E departments	Monthly	May-20	0	**213**	189	↓		648	569	691	697	697	815	821	995	924	707	490	189	213
	CRITICAL CARE	Critical care delayed transfers of care (4 hrs) days lost - nhh	Monthly	May-20	23	**0**	0	↑		48	17	20	51	25	27	29	7	13	22	15	0	0
		Critical care delayed transfers of care (4 hrs) days lost - rgh	Monthly	May-20	73	**18**	2	↓		78	33	89	99	55	80	90	78	72	105	97	2	18
	CANCER	Delivery of the 31 day cancer standards for non-usc route	Monthly	May-20	98.0%	**94.0%**	99.0%	↓		97.3%	94.4%	96.8%	95.0%	96.8%	93.6%	90.7%	92.8%	93.0%	96.0%	96.8%	99.0%	94.0%
		Delivery of the 62 day cancer standards for usc route	Monthly	May-20	95.0%	**74.0%**	74.0%	↑		82.6%	75.2%	78.2%	78.0%	71.8%	81.8%	72.8%	70.5%	80.6%	82.0%	77.2%	74.0%	74.0%
		Percentage of patients starting first definitive cancer treatment within 62 days from point of suspicion	Monthly	May-20	73.6%	**72.0%**	71.0%	↑		79.7%	70.9%	77.6%	75.0%	72.7%	74.4%	65.3%	76.1%	78.4%	71.0%	71.0%	71.0%	72.0%
	MENTAL HEALTH	Assessment by LPMHSS within 28 days of referral.	Monthly	May-20	80.0%	**85.7%**	96.8%	↓		81.3%	81.0%	82.3%	86.3%	87.9%	88.0%	89.8%	88.1%	87.8%	90.8%	87.7%	96.8%	85.7%
		Interventions ≤ 28 days following assessment by LPMHSS.	Monthly	May-20	80.0%	**87.9%**	81.8%	↑		66.8%	60.9%	73.1%	59.3%	82.8%	91.6%	82.3%	88.5%	85.8%	87.0%	84.3%	81.8%	87.9%
		Percentage of patients waiting less than 26 weeks to start a psychological therapy in Specialist Adult Mental Health	Monthly	May-20	80.0%	**69.9%**	72.2%	↓		64.4%	67.7%	68.1%	63.2%	63.7%	65.0%	66.7%	70.4%	71.7%	76.0%	76.1%	72.2%	69.9%
		CTP Compliance	Monthly	Mar-20	90.0%	**68.6%**	67.6%	↑		87.1%	85.6%	88.2%	88.3%	89.4%	90.3%	87.4%	89.1%	85.8%	67.6%	68.6%		
	CAMHS	4+ Weeks Waiting List	Monthly	May-20	80.0%	**100.0%**	100.0%	↑		100.0%	100.0%	98.3%	98.1%	98.6%	100.0%	96.7%	97.2%	100.0%	97.7%	100.0%	100.0%	100.0%
		Neurodevelopmental (SCAN) Waiting List	Monthly	May-20	80.0%	**90.1%**	91.3%	↓		76.6%	73.9%	74.9%	82.4%	82.5%	81.4%	89.0%	85.8%	85.8%	90.8%	90.2%	91.3%	90.1%
	Primary Care	% Urgent Patients Advised within 1 hour (P1CT)	Monthly	May-20	90.0%	**79.5%**	82.0%	↓		96.1%	98.2%	94.8%	79.9%	71.0%	71.9%	72.7%	68.7%	77.4%	73.8%	74.6%	82.0%	79.5%
		% Routine Advised within 2 hours (P2CT)	Monthly	May-20	90.0%	**89.7%**	98.2%	↓		89.8%	90.6%	86.0%	89.9%	94.0%	91.0%	88.8%	82.1%	88.8%	89.5%	87.0%	98.2%	89.7%
		% Routine Advised within 4 hours (P3CT)	Monthly	May-20	90.0%	**92.5%**	93.3%	↓		98.4%	98.7%	96.1%	96.8%	87.0%	84.7%	86.4%	79.0%	87.2%	82.3%	78.7%	93.3%	92.5%
EFFECTIVE CARE	CODING	% valid principle diagnosis code ≤ 1 month after episode end date	Monthly	Apr-20	95%	**88.9%**	86.5%	↑		62.1%	75.9%	74.0%	82.6%	88.7%	89.2%	84.6%	88.1%	88.1%	87.1%	86.5%	88.9%	
STAYING HEALTHY	INFLUENZA	Uptake of influenza vaccination among 65 years and over (seasonal)	Monthly	Mar-20	75%	**70.8%**	NA	↓									68.5%			70.8%		
		Uptake of influenza vaccination among under 65's in risk group (seasonal)	Monthly	Mar-20	55%	**46.5%**	NA	↓									41.4%			46.5%		
		Uptake of influenza vaccination among health care workers with direct pt contact	Monthly	Mar-20	60%	**61.8%**	NA	↓							18.0%	49.0%	56.0%	57.8%		61.8%		
	CHILDHOOD IMMUNISATION	% of children who received 3 doses of the '6 in 1' vaccine by age 1	Quarterly	Mar-20	95%	**95.8%**	a	↓			96.6%			95.4%					95.4%	95.8%		
		% of children who received 2 doses of the MMR vaccine by age 5	Quarterly	Mar-20	95%	**90.9%**	91.2%	↓			90.7%			92.6%					91.2%	90.9%		
	SMOKING CESSATION	Smokers making quit attempt (full year extrapolation)	Quarterly	Mar-20	1.25%	**1.3%**	0.8%	↑			1.0%			1.1%			0.8%			1.3%		
		Smokers who are CO validated as quit at 4 weeks	Quarterly	Mar-20	40%	**35.9%**	46.3%	↓			46.0%			42.7%			46.3%			35.9%		
DIGNIFIED CARE	COMP	Timely (30 day) handling of concerns and complaints	Monthly	May-20	75%	**53.0%**	52.0%	↑		52.0%	53.4%	65.0%	69.6%	71.0%	59.0%	70.0%	68.0%	71.0%	69.0%	67.0%	52.0%	53.0%
STAFF AND RESOURCES	DNAS	Patients who dna - new opa - specific specialties	Monthly	May-20	4.5%	**6.1%**	4.5%	↓		6.2%	6.3%	6.4%	6.2%	6.4%	5.7%	6.3%	6.1%	5.5%	5.7%	7.6%	4.5%	6.1%
		Patients who dna - follow -up opa - specific specialities	Monthly	May-20	5.5%	**6.8%**	5.5%	↓		6.8%	6.5%	6.7%	6.6%	7.0%	6.7%	6.7%	6.9%	6.4%	6.1%	8.4%	5.5%	6.8%
	W&OD	% PADR / medical appraisal in the previous 12 months	Monthly	May-20	85%	**66.6%**	68.7%	↓		74.9%	75.1%	75.4%	74.4%	73.3%	72.7%	73.2%	74.0%	74.4%	74.4%	72.5%	68.7%	66.6%
		Monthly % hours lost due to sickness absence	Monthly	May-20	8%	**6.4%**	8.4%	↑		5.0%	5.4%	5.7%	5.7%	5.3%	5.8%	5.7%	6.0%	6.1%	5.8%	7.5%	8.4%	6.4%
SAFE CARE	HCAIS	Cases of e coli per 100k population (rolling 12m)	Monthly	May-20	67	**64.4**	67.5	↑		72.3	72.9	73.2	75.7	73.1	71.0	70.9	68.6	73.1	74.6	70.7	67.5	64.4
		Cases of staph aureus per 100k pop (rolling 12m)	Monthly	May-20	20	**20.7**	20.9	↑		25.4	25.4	25.1	23.4	24.6	24.4	22.2	21.9	22.6	20.1	20.8	20.9	20.7
		Clostridium difficile cases per 100k pop (rolling 12m)	Monthly	May-20	25	**24.9**	24.1	↓		26.5	26.9	25.8	26.4	25.2	25.3	26.6	24.8	25.5	25.1	24.9	24.1	24.9
	INCIDENTS	Patient safety solutions wales alerts and notices not assured on time	Monthly	May-20	0	**4**	2	↓		4	3	3	3	3	3	4	4	2	2	2	2	4
		% serious incidents assured on time	Monthly	May-20	90%	**25.0%**	61.0%	↓		58.0%	70.0%	52.0%	59.0%	65.0%	40.0%	21.0%	47.4%	40.0%	36.0%	76.0%	61.0%	25.0%
		Never events	Monthly	May-20	0	**0**	0	↑		1	2	0	2	0	4	1	0	0	1	2	0	0
Hip Fracture Measures (Shadow Monitoring)		Prompt Orthogeriatric Assessment (RGH)	Monthly	Apr-20	75%	**96%**	96%	↓		97%	96%	96.3%	96.0%	96.0%	95.0%	95.0%	95.0%	95.4%	95.8%	96.2%	96.0%	
		Prompt Orthogeriatric Assessment (NHH)	Monthly	Apr-20	75%	**96%**	96%	↑		96%	95%	95.1%	94.8%	96.0%	96.5%	96.9%	96.9%	96.5%	96.3%	95.9%	96.0%	
		Prompt Surgery (RGH)	Monthly	Apr-20	75%	**58%**	59%	↓		54%	54%	53.6%	56.4%	56.0%	57.8%	59.0%	60.0%	61.6%	58.9%	59.3%	58.0%	
		Prompt Surgery (NHH)	Monthly	Apr-20	75%	**81%**	80%	↑		80%	80%	80.4%	79.0%	78.0%	77.0%	77.8%	78.7%	79.3%	77.8%	79.6%	81.0%	
		NICE compliant surgery (RGH)	Monthly	Apr-20	75%	**74%**	75%	↓		78%	79%	79.6%	78.3%	78.0%	76.4%	76.0%	77.7%	77.5%	77.3%	74.7%	74.0%	
		NICE compliant surgery (NHH)	Monthly	Apr-20	75%	**76%**	77%	↓		74%	76%	75.7%	75.3%	76.0%	78.0%	77.2%	75.6%	76.3%	76.1%	77.1%	76.0%	
		Prompt Mobilisation After Surgery (RGH)	Monthly	Apr-20	75%	**72%**	74%	↓		80%	80%	80.8%	79.8%	78.0%	77.6%	77.5%	77.7%	76.6%	75.5%	73.6%	72.0%	
		Prompt Mobilisation After Surgery (NHH)	Monthly	Apr-20	75%	**76%**	77%	↓		83%	83%	81.7%	81.7%	81.0%	81.2%	81.0%	80.0%	79.6%	78.1%	77.1%	76.0%	
		Not Delirious When Tested (RGH)	Monthly	Apr-20	75%	**61%**	64%	↓		77%	78%	78.5%	75.4%	75.0%	75.2%	74.8%	74.1%	71.4%	68.3%	64.1%	61.0%	
		Not Delirious When Tested (NHH)	Monthly	Apr-20	75%	**72%**	72%	↑		74%	75%	73.8%	76.7%	75.0%	76.1%	77.2%	76.8%	75.7%	72.6%	72.0%	72.0%	
		Return to Original Residence (RGH)	Monthly	Apr-20	75%	**73%**	73%	↑		75%	74%	73.7%	72.9%	72.4%	73.5%	73.5%	74.2%	73.3%	74.0%	72.9%	73.0%	
		Return to Original Residence (NHH)	Monthly	Apr-20	75%	**73%**	74%	↑		76%	75%	72.6%	72.9%	73.3%	73.1%	74.4%	74.9%	75.9%	75.9%	74.0%	73.0%	
Efficiency & Productivity	Theatre	Theatre Utilisation (RGH)		May-20	85%	**83.8%**	78.0%	↑		86.4%	86.4%	83.7%	84.3%	85.9%	83.7%	86.2%	81.5%	81.5%	86.5%	84.1%	78.0%	83.8%
		Theatre Utilisation (NHH)		May-20	85%	**74.8%**	73.2%	↑		86.9%	88.8%	90.1%	82.6%	88.8%	86.7%	86.0%	86.1%	87.3%	87.6%	82.4%	73.2%	74.8%
	Average LoS	Elective Surgical AvLoS (RGH)		May-20	2.70	**7.7**	2.7	↓		2.37	2.90	2.10	2.00	2.70	2.60	2.50	3.70	2.80	3.10	4.30	2.70	7.70
		Elective Surgical AvLoS (NHH)		May-20	4.40	**5.0**	4.4	↓		2.72	2.90	3.50	2.70	2.80	3.20	3.10	4.20	2.40	3.90	3.90	4.40	5.00
		Emergency Medical AvLoS (RGH)		May-20	6.30	**6.0**	6.3	↑		7.70	7.10	7.70	7.30	7.40	7.70	8.00	8.10	8.80	7.90	8.80	6.30	6.00
		Emergency Medical AvLoS (NHH)		May-20	6.70	**5.9**	6.7	↑		7.82	6.90	6.80	6.60	7.40	7.10	6.80	6.60	7.40	7.20	8.80	6.70	5.90
	Readmissions	Readmission Rate Within 28 Days (CHKS)		Apr-20	0.09	**0.11**	8.6%	↓		10.9%	10.7%	11.1%	10.3%	10.7%	10.9%	11.4%	11.7%	11.0%	10.4%	8.6%	10.8%	
	Cancellations	Elective Procedures Cancelled Due to No Bed		May-20	33	**0.0**	33.0	↑		123	89	112	316	137	181	140	183	257	68	33	33	0

Trend Key

↑↓ Achieving rating target and improved against previous reported position

↑↓ Achieving rating target but deteriorated against previous reported position

↑↓ Not achieving rating target but improved against previous reported position

↑↓ Not achieving rating target and deteriorated against previous reported position

If measures are no longer in the Delivery Framework, current perfromance is measured against previous month

GIG CYMRU NHS WALES Bwrdd Iechyd Prifysgol Aneurin Bevan University Health Board	Aneurin Bevan University Health Board Wednesday 15th July 2020 Agenda Item: 4.4

Aneurin Bevan University Health Board

Committee and Advisory Group Update and Assurance Reports

Executive Summary

The purpose of this report is to provide an update on the work of the Health Board's Committees.

The Board is asked to note this report and the updates provided from Health Board Committees for assurance.

The Board is asked to: (please tick as appropriate)	
Approve the Report	
Discuss and Provide Views	
Receive the Report for Assurance/Compliance	✓
Note the Report for Information Only	
Executive Sponsor: Richard Bevan, Board Secretary	
Report Author: Bryony Codd, Head of Corporate Governance	
Report Received consideration and supported by :	
Executive Team	**Committee of the Board [Committee Name]**
Date of the Report: 1st July 2020	
Supplementary Papers Attached: Committee Assurance Reports	

Purpose of the Report

This report acts as a mechanism for Committees to provide assurance to the Board with regard to business undertaken in the last period. It also allows the Committee to highlight any areas that require further consideration or approval by the Board.

Background and Context

The Health Board's Standing Orders, approved in line with Welsh Assembly Government guidance, require that a number of Board Committees and advisory groups are established. In line with this guidance, the following Committees and advisory groups have been established:

- Audit Committee
- Charitable Funds Committee
- Quality and Patient Safety Committee
- Information Governance Committee
- Mental Health Act Committee
- Remuneration and Terms of Service Committee
- Stakeholder Reference Group
- Healthcare Professionals Forum

In addition the Board has established the following additional Committees:

- Finance and Performance Committee
- Planning and Strategic Change Committee
- Public Partnerships and Well Being Committee
- People and Culture Committee

Revised Governance Arrangements during the COVID-19 Pandemic
During the COVOID-19 Pandemic, it has been agreed that the full Committee structure of the Health Board will not continue to meet. However, that as a minimum the Audit Committee and the Quality and Patient Safety Committee will continue to meet and this principle has been established. All other committees have been suspended until further notice. However, the Planning and Strategic Change has now met for the first time in June and will meet again in July. This position with the meeting of Committees is being regularly reviewed on a month by month basis, with the anticipation that all Committees will begin to meet again from September 2020.

Assurance Reporting
The following Committee and advisory group summary assurance reports are included for adoption by the Board:

- Audit Committee – 27th May and 24th June
- Planning and Strategic Change Committee – 17th June 2020
- Quality and Patient Safety Committee – 30th June 2020

External Committees and Group
Representatives from the Health Board also attend a number of external Joint Committees and Groups, these are:

  - Emergency Ambulance Services Committee
  - Welsh Health Specialised Services Committee
  - Shared Services Partnership Committee

In order to provide the Board with an update on the work of these Committees and Groups the minutes, assurance reports and briefings are included for the Board when submitted from these Committees. The following assurance reports are provided:

- Welsh Health Specialised Services Committee – 12th May 2020

Assessment and Conclusion

In receiving this report the Board is contributing to the good governance practice of the organisation in ensuring that Committee business is reported to the Board and any key matters escalated, where appropriate.

Recommendation

The Board is asked to note this report and the updates provided from Health Board Committees.

Supporting Assessment and Additional Information	
Risk Assessment (including links to Risk Register)	There are no key risks with this report. However, it is good governance practice to ensure that Committee business and minutes are reported to the Board. Therefore each of the assurance reports might include key risks being highlighted by Committees.
Financial Assessment, including Value for Money	There is no direct financial impact associated with this report.
Quality, Safety and Patient Experience Assessment	A quality, safety and patient experience assessment has not been undertaken for this report as it is for assurance purposes.
Equality and Diversity Impact Assessment (including child impact assessment)	An Equality and Diversity Impact Assessment has not been undertaken for this report.
Health and Care Standards	This report will contribute to the good governance elements of the Standards.
Link to Integrated Medium Term Plan/Corporate Objectives	There is no direct link to the Plan associated with this report, however the work of individual committees contributes to the overall implementation and monitoring of the IMTP
The Well-being of Future Generations (Wales) Act 2015 – 5 ways of working	Not applicable to this specific report, however WBFGA considerations are included within committee's considerations
Glossary of New Terms	None
Public Interest	This report is written for the public domain

Name of Committee:	Audit Committee
Chair of Committee:	Shelley Bosson
Reporting Period:	27th May 2020 and 24th June 2020

Key Decisions and Matters Considered by the Committee:

These meetings were held as a virtual meeting via Skype only due to the COVID-19 Pandemic.

27th May 2020

Board Assurance Framework: The Committee noted that the BAF was being adjusted to reflect the impact of COVID-19 and agreed that the risk appetite statement would also need to be reviewed to ensure that it was flexible and responsive to COVID-19 impacts (both positive and negative). In reviewing the principal risk areas, the Committee acknowledged the significant amount of work undertaken regarding workforce planning for the response to COVID-19 and agreed that Board members would benefit from discussion regarding how the planning had been undertaken and the medium and longer term implications.

Internal Audit Tracker: The Chair had requested the Internal Audit Tracker be included on the agenda in order to review the approach over the next few months as there remained concern at the length of time some recommendations had been on the tracker. It was agreed that the recommendations would be reviewed in light of the current situation to check if they were still relevant and if so, what the priority was and what to do about them.

Schedule of Decisions: The Committee noted the decisions taken by the Tactical and Strategic Groups to date, as part of the adjusted Governance arrangements during the COVID-19 pandemic.

COVID-19 Financial Plan Update: The Committee received an overview of the financial plan to the end of October, acknowledging that a plan for the remainder of the year needed to be developed further as the position on the impact of COVID-19 became clearer.

Update on Annual Accounts 2019/20: Audit Wales provided an update on the audit of the Annual Accounts to date. Audit of all main accountancy areas had started and no significant issues had been identified to date.

Update on Outstanding Audit Reports: The Committee received updates on outstanding Internal Audit Reports. It was noted that the Job Planning Internal Audit report had been considered by the Executive Team the previous day and the Chief Executive had commissioned urgent review work for fuller responses and clearer timelines. A further discussion would be held at the July meeting.

The Committee received the following reports:

- Clinical Futures: Operational Commissioning and Planning (Reasonable)
- Emergency Pressures Escalation Policy (Reasonable)
- Theatres: WHO Surgical Safety Checklist

Internal Audit Revised Plan: The Committee noted that a full revised plan would be presented to the Committee in July. A six month body of work had been proposed to the Executive Team and confirmation was awaited. **24th June 2020** The Audit Committee met on the 24th June to consider the final Annual Accounts and Annual Governance Statement 2019/20 and endorsed their submission to the Board.
Matters Requiring Board Level Consideration or Approval:
• There were no matters requiring Board level consideration or approval.
Key Risks and Issues/Matters of Concern: Non were registered.
Planned Committee Business for the Next Reporting Period:
• Board Assurance Framework • Corporate Risk Register • Internal Audit Reports • Internal Audit Tracker • Job Planning • Internal Audit Revised Plan • Revised Scheme of Delegation • Financial Control Procedures
Date of Next Meeting: Monday 13th July 2020 at 9:30am via Skype

Name of Committee:	Planning and Strategic Change Committee
Chair of Committee:	Ann Lloyd
Reporting Period:	17 June 2020

Key Decisions and Matters Considered by the Committee:

YYF Breast Services:
An update was provided and the benefits of siting the unit at YYF were highlighted. The capital cost was estimated at £10.2 million, revenue cost was £1.7 million for the existing service, £1.9 million for the new unit, and £2.0 million for additional waiting list initiatives, outsourcing and locum costs, for the option of doing nothing.

The Committee agreed to submit the proposal to the Board at its meeting on the 30th June 2020 for approval in readiness for submission to Welsh Government. The Health Board would also be asked to underwrite the proposal with £300,000 from the capital programme with an expectation that these would be reimbursed by Welsh Government following approval. It was anticipated that construction of the unit would start in June 2021, with completion by May 2022.

Quarter Two Operational Plan:
The Committee received a presentation on the proposals for the Quarter 2 Operational Plan in line with Welsh Government requirements and guidelines. The Plan would need to be submitted to Welsh Government in draft by the 3rd July 2020 with approval to be sought from the Board at its meeting on the 15th July 2020.

This Quarter 2 plan presentation described how the Health Board will re-establish elements of routine services whilst ensuring it has the capacity to respond to COVID-19 and maintain essential services. It also described the work to be undertaken by the Health Board and its partners in preparing for winter, and Quarters 3 and 4 Operational Plans.

Early Opening of The Grange University Hospital:
The Committee considered the proposal for the early opening of The Grange University Hospital. The early opening of the Hospital was proposed as part of the operational planning process and winter preparations during the COVID-19 pandemic. It was proposed that the new facility would open during November 2020.

The Committee supported the proposal for early opening of the Hospital and confirmed that it would require approval by the Board at its meeting on the 30th June 2020 and then be required to be submitted to Welsh Government for consideration and final approval. This will need to include seeking to secure additional capital and revenue funding to enable the proposed opening of the new Hospital ahead of schedule.

Matters Requiring Board Level Consideration or Approval:

The following items require Board level consideration:

- Breast Services OBC for Ysbyty Ystrad Fawr at the Board Meeting on the 30th June.
- Early Opening of The Grange University Hospital at the Board Meeting on the 30th June.
- Quarter 2 Operational Plan to be submitted for approval to the Board Meeting on the 15th July 2020.

Key Risks and Issues/Matters of Concern:

The following were noted to be of concern:

It was recognised that there were some risks and key issues for the projects considered by the Committee, including funding, workforce considerations and impact for patients in terms of accessing services and information about service changes. However, these would be picked up in the papers to be submitted to the Board and future discussions.

Planned Committee business for the Next Reporting Period:

- Medi-Park Masterplan
- The Grange University Hospital Early Opening and wider Clinical Futures
- Mental Health and Learning Disabilities Model and Low Secure Unit Update
- Newport East Health and Well Being Centre OBC

Date of Next Meeting:

Thursday 9 July 2020, at 9.30am in the Executive Meeting Room, Headquarters, St Cadoc's Hospital, Caerleon, and via Skype

Name of Committee:	Quality and Patient Safety Committee
Chair of Committee:	Emrys Elias
Reporting Period:	30th June 2020
Key Decisions and Matters Considered by the Committee:	

The Prevention and Management of inpatient Falls – A presentation provided an overview of the current position, areas of improving performance, ways to reduce the incidence of inpatient falls and related injuries. Multi-factorial falls risk assessments (MFRA) for all inpatients aged over 65 (and in those aged 50–64 who are clinically judged to be at risk), leading to interventions tailored to address identified risk factors, was one of the best ways to prevent inpatient falls. Research had shown that a multi-professional approach could reduce falls by 20–30%.

The presentation provided in-depth information with regard to inpatient falls performance across the Health Board. A target was set in April 2017 to reduce the annual median inpatient falls by 10% over 2 years. The actual median at March 2019 showed a reduction of 19%, exceeding the target. The target was then extended, aiming to reduce the annual median by a further 10% by March 2021.

Any inpatient falls resulting in a head injury with severe or catastrophic harm were all reported to Welsh Government and were subject to an Executive led serious incident investigation. The presentation considered the number of falls per site with numbers higher within YAB and YYF, highlighting the need to look further into the impact of the single room environment. An independent review of falls was currently being carried out at YYF, which would support work going forward and mitigate risks.

The Falls and Bone Health Steering Group identified 6 key themes to construct an action plan and reduce inpatient falls. The plan included the development of an overarching corporate action plan, updating the policy for the 'Prevention and Management of Inpatient Adult Falls and completing a 'Thematic Review' to assess current and emerging risks.

Infection Prevention and Control Learning (IPAC) – A presentation was made on 'COVID-19 Reflections & Learning from an IPAC Perspective', including what went well, barriers, challenges and next steps based on reflections of cases in the Health Board.

Areas that worked well were access to PPE, staff screening, strategic communications and the development of early Standard Operating Procedures. Barriers and challenges included national guidance changing regularly as the Pandemic progressed. A complex analysis of Phase 1 was required, along with deep dives of outbreaks and reviews of all deaths. Time and attention was also needed to support closed settings, safely restarting services and planning for the next anticipated wave. The Committee highlighted the excellent achievement in controlling the situation so quickly. BAME assessments were discussed. ABUHB had been the first Health Board to develop risk assessments for ethnicity.

The Committee received an update on communication and that the Health Board was using the Local Resilience Forum (LRF) mechanisms to distribute information at a local level although further work was required for those less engaged. The Committee thanked the IPAC team for their excellent work.

Quality, Safety and Performance Overview – The Committee reviewed the overview report and noted the progress being made in many areas and acknowledged the actions to secure improvements, where required. The Committee discussed the structured mortality reviews and the importance of coding completeness for benchmarking. The position was currently being reviewed to identify what was required as next stages of development.

COVID-19 had also provided challenges to ABC sepsis. Weekly sepsis meetings had now been re-established and there were actions in place to improve recognition of potential sepsis. September was sepsis month and would be used to relaunch sepsis work.

The Committee commented on the positive work that had been undertaken in relation to Health Care Associated Infections, notably achievement of the Clostridium Difficile target.

The Committee discussed clinical coding and a briefing was requested to outline the current position with implementation. The Committee discussed the structure of the report and suggestions were received regarding alternative ways to report in the future.

QPS Risks (to include COVID-19) - The Committee received an overview of the profile of current risks being managed by the organisation during the COVID-19 pandemic for assurance purposes. The whole COVID-19 risk register was presented to the Committee since the majority of these risks had a quality and patient safety dimension.

Patient Experience Report – The Committee received a 'Putting Things Right' overview and details of patient experience activity. The usual patient experience work plan had been temporarily suspended but there had been a number of key pieces of work undertaken in response to the pandemic, such as virtual visiting through technology and a range of donations had been gratefully received by the Health Board. The 'Messages from Home Service' had been well received by the public.

A recent Internal Audit review of Patient Experience (PREM) assessed the effectiveness of the pilot and ongoing implementation of the PREMS system, with overall findings of 'Reasonable Assurance'. Further meetings had been arranged Team to consider the recommendations and plan for the roll out. The Health Board would be working on the development and implementation of a patient experience dashboard over the next 6 months.

The Committee received an update on the concern's performance for March and April 2020. Significant work had been undertaken to improve both turnaround time performance and quality of concerns handling and responses. The overall performance against the 30-day target in March was 67% and in April was 52% (against a trajectory of 75%). This reduction in performance was predicted due to COVID-19, despite a significant reduction in the number of complaints received. Compliments and lessons learnt were discussed and would be included within the report in the future.

The Committee discussed the performance for Public Service Ombudsman Wales Cases (PSOW), serious incidents and never events. Only 1 new PSOW complaint investigation was received during March and April 2020. Two final section 21 investigation reports were upheld, 4 draft reports were received and 2 cases were also settled. All recommendations were being taken forward and action plans were in place with learning shared, as appropriate. There had been significant improvement in closing serious incidents within required timeframes. Two Never Events were reported in March 2020. Assurance was provided that the events were being reviewed and the learning would be integrated into the Health Board action plan for surgical Never Events. Internal Audit had undertaken a review of the WHO Safety Checklist as Theatre Safety was a key component in reducing never events. Whilst securing 'reasonable assurance' there were some areas for improvement identified and these were being worked through by the Division, with Executive oversight.

QPSOG Assurance Update from the Meeting held on 28th May 2020

The Committee received an update on the work of the Quality and Patient Safety Operational Group (QPSOG). The last meeting provided the opportunity to discuss key matters and share learning across the organisation, particularly relating to the impact of the COVID pandemic.

Matters Requiring Board Level Consideration:

- There were no matters requiring Board level consideration.

Key Risks and Issues/Matters of Concern:

- There were no risks and issues identified.

Planned Committee Business for the Next Reporting Period:

- Sepsis Review
- Falls Action Plan
- PREM update

Date of Next Meeting: Wednesday 2nd September 2020 at 09:30am in Conference Room 3, Headquarters, St Cadoc's Hospital.

WELSH HEALTH SPECIALISED SERVICES COMMITTEE
JOINT COMMITTEE MEETING – MAY 2020

The Welsh Health Specialised Services Committee held its latest public meeting on 12 May 2020 with a 'consent agenda', as described on the WHSSC website. This briefing sets out the key areas of consideration and aims to ensure everyone is kept up to date with what is happening in Welsh Health Specialised Services.

The papers for the meeting are available at:

http://www.whssc.wales.nhs.uk/2020-21-whssc-joint-committee

Minutes of Previous Meeting
The minutes of the meeting of 10 March 2020 were taken as read and approved.

Action log & matters arising
Members noted there were no outstanding actions or matters arising.

Chair's Report
The Chair's Report, including approval of appointment of the Vice Chair and ratification of two Chair's Actions, was taken as read.

Managing Director's Report
The Managing Director's report, including updates on the South Wales Major Trauma Network and ATMPs, was taken as read.

Commissioning Welsh Independent Sector Hospitals Capacity
A paper providing an update on the progress in commissioning Welsh independent sector hospitals capacity on behalf of Health Boards for the period of the COVID-19 situation was taken as read.

Commissioning Specialised Services during the COVID-19 Pandemic
The Director of Planning summarised a paper providing a description of the proposed WHSS Team approach to commissioning specialised serviced during the next phase of the COVID-19 pandemic that reflected the approach of the Welsh Government Framework for Recovery; Leading

Wales Out of the Coronavirus Pandemic, the joint CMO/CNO Framework of Ethical Values and Principles for Healthcare Delivery as well as the output of the CEO group provided to the NHS CEO. Members acknowledged that even the delivery of essential services would need to recognise a balance of risk for patients, where the risk of harm arising from COVID-19 infection would need to be understood and taken into account by all parties when taking decisions on clinical treatment. The proposed approach received support from members.

Adult Thoracic Surgery for South Wales – Consultant Workforce Cover for the Major Trauma Centre – Detail of Joint Committee Decisions

A paper providing the detail of the decisions made at the July 2019 Joint Committee meeting regarding thoracic surgery consultant workforce cover for the major trauma centre and clarifying the agreed handling of the expected Society of Cardiothoracic Surgery Guidelines on the management of thoracic trauma was taken as read.

WHSSC Corporate Risk and Assurance Framework

A paper providing an update on the WHSSC risk management framework as at 29 February 2020 and the approach being taken to risk management during the COVID-19 pandemic was taken as read.

Financial Performance Report – Month 12 2019/20

A paper that set out the financial position for WHSSC for the 12th month of 2019-20, including a reported under spend of £6.5m for the year, was taken as read.

Other reports

Members also took as read the update reports from the following joint sub committees and advisory groups:

- Management Group;
- Integrated Governance Committee;
- Quality & Patient Safety Committee;
- All Wales Individual Patient Funding Request Panel; and
- Welsh Renal Clinical Network Board.