Meeting Date	**23 June 2020**	**Agenda Item**	**2.1**
Report Title	**AN UPDATE ON OUR FRAMEWORK FOR "RESET & RECOVERY" AND ESSENTIAL SERVICES IN SWANSEA BAY UNIVERSITY HEALTH BOARD**		
Report Author	Hannah Evans, Director of Transformation		
Report Sponsor	Hannah Evans, Director of Transformation		
Presented by	Hannah Evans, Director of Transformation		
Freedom of Information	Open		
Purpose of the Report	To update the Board and Committees of the work of the Reset and Recovery Programme with an emphasis on "essential services" setting out: - An overview of the performance context for essential services - An update on the national and local frameworks and approach - An update on the priorities for the UHB (surgery, diagnostics and non-surgical cancer) - An overview of next steps		
Key Issues	NHS Wales and Swansea Bay have come through the (first) peak of the COVID-19 pandemic. Significant planning and operational transformation has happened at unprecedented speed in order to create the capacity, processes and workforce models to respond. In line with Welsh Government guidance and as detield in the Q1 plan, significant progress has also been made to bring back on line, in a cautious way through the Reset and Recovery Programme. Performance tracking and monitoring has continued to be reported through the pandemic to support with understanding the impact of cessation of some services and reduction in capacity of others.		

	Established quality systems and processes have continued in order provide a mechanism to understand and assess harm and risk. In Reset and Recovery, the priorities have been identified as increasing surgical and diagnostic capacity and non-surgical cancer services. A number of other work streams are progressing and more detail on these will be shared through the Q2 plan at the end of June.			
Specific Action Required ***(please choose one only)***	**Information**	**Discussion**	**Assurance**	**Approval**
	☒	☐	☐	☐
Recommendations	Board members are asked to: • **NOTE** the update on the Reset and Recovery Programme			

AN UPDATE ON OUR FRAMEWORK FOR "RESET & RECOVERY" AND ESSENTIAL SERVICES IN SWASNEA BAY UNIVERSITY HEALTH BOARD

1. INTRODUCTION & BACKGROUND

Swansea Bay UHB's 2020/21 Quarter 1 plan sets out the key stages of planning and response that characterise the focus and priorities of the Health Board through the course of the ongoing COVD-19 pandemic.

The reinstatement of essential and routine services have emerged as a key focus during quarter 1 and will continue into quarters 3 and 4. The approach and has been guided by the following principles:

- A Swansea Bay **system wide** service, workforce and capacity response to COVID and non COVID,
- **Cautious and adaptive** approach to the delivery of non COVID services through an ongoing pandemic
- **Clinically led** risk management approaches to the reinstatement of services, operational zoning areas; clinical prioritisation, MDT approach, pre-op processes including consent.
- In line with **national policy and guidance** in respect of IPC, social distancing and minimising footfall
- Building on the strong **partnership arrangements** with Local Authority and multi-agency partners

- Working **regionally** on solutions where appropriate under a shared prioritisation approach,
- **Patient centred decision** making, respecting individual preference and responsibility,
- Developing **new models of care and ways of working** in context of agreed Organisational Strategy, Clinical Services Plan and KPMG action plan; and the strong Digital transformation offer that underpins all plans.

This paper updates the Board on the progress of the Reset and Recovery Programme and specifically essential services, through providing:

- An overview of the performance context for essential services
- An update on the national and local frameworks and approach
- An update on the priorities for the UHB (surgery, diagnostics and non surgical cancer services)
- An overview of next steps

2. PERFORMANCE CONTEXT

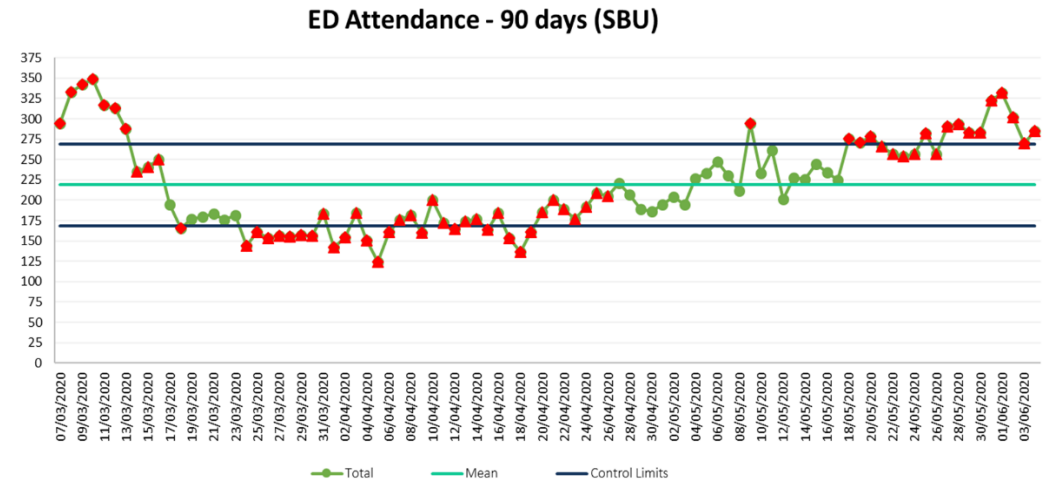
Whilst the national performance monitoring arrangements have been largely stood down, the health board has adapted its own internal reporting framework to ensure that there continues to be oversight of the performance and behaviours of key systems including the unscheduled care system, cancer pathway system and surgical system. The section below gives an overview of the performance during Q1 of these systems as important context for the work of the Reset and Recovery programme and specifically essential services.

The traditional performance outputs from the previous healthcare system operated by the Board have shifted materially as the service response to COVID-19 has been implemented. Key elements aspects of movement have been: -

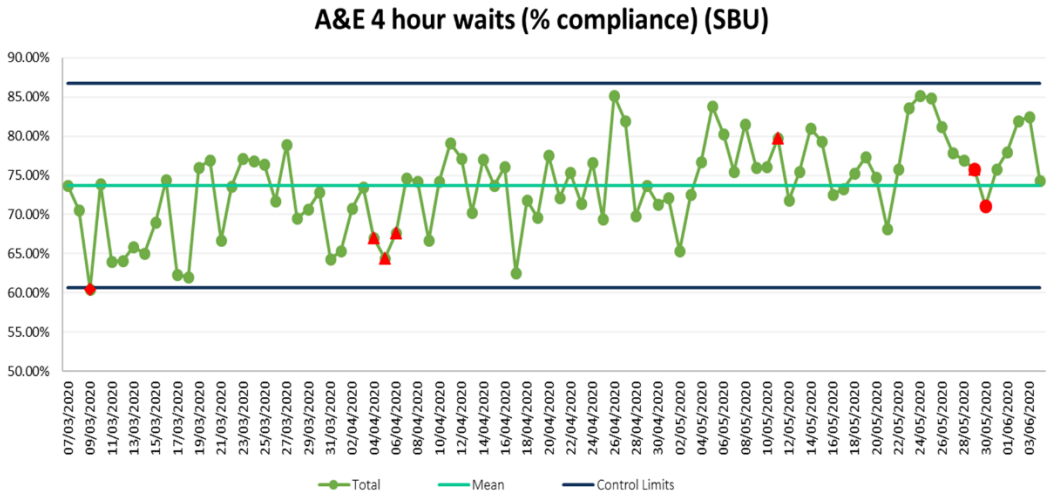
- Unscheduled Care - Attendance at emergency departments and the timeliness of flow into and through emergency departments
- Planned Care - Referrals into outpatient services and flow through outpatient clinics, diagnostic systems, theatres and therapy services
- Cancer Care - Referrals into and flow through cancer pathways

The charts and brief narrative which follow provide further context to the changes in performance set out in the bullet points above. This is a subset of the more comprehensive monitoring available and has been chosen to set the context for the sections which follow in this document. Independent members and board members will have received a more complete presentation at Virtual Performance and Finance catch ups and in-committee at the main Board meeting on these areas.

Unscheduled Care

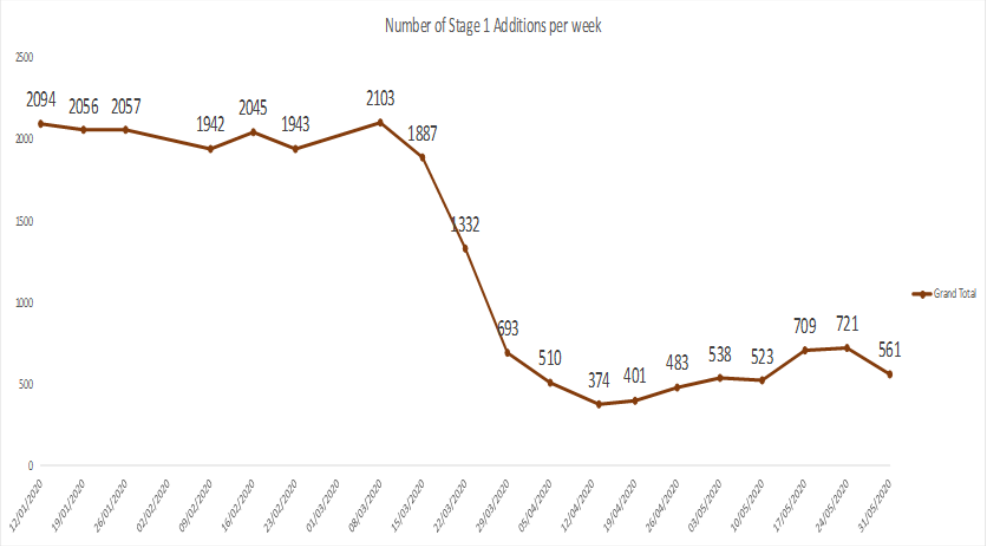


The number of patients attending emergency departments dropped significantly following the emergence of COVID-19 although this is begging to return to previous levels over recent weeks. Whilst not shown here the numbers of patients waiting over 1 hour to be transferred from an ambulance into the emergency department and those waiting over 12 hours in the emergency department dropped significantly and continue to be at minimal levels. The corresponding impact on the 4 hour target is shown below



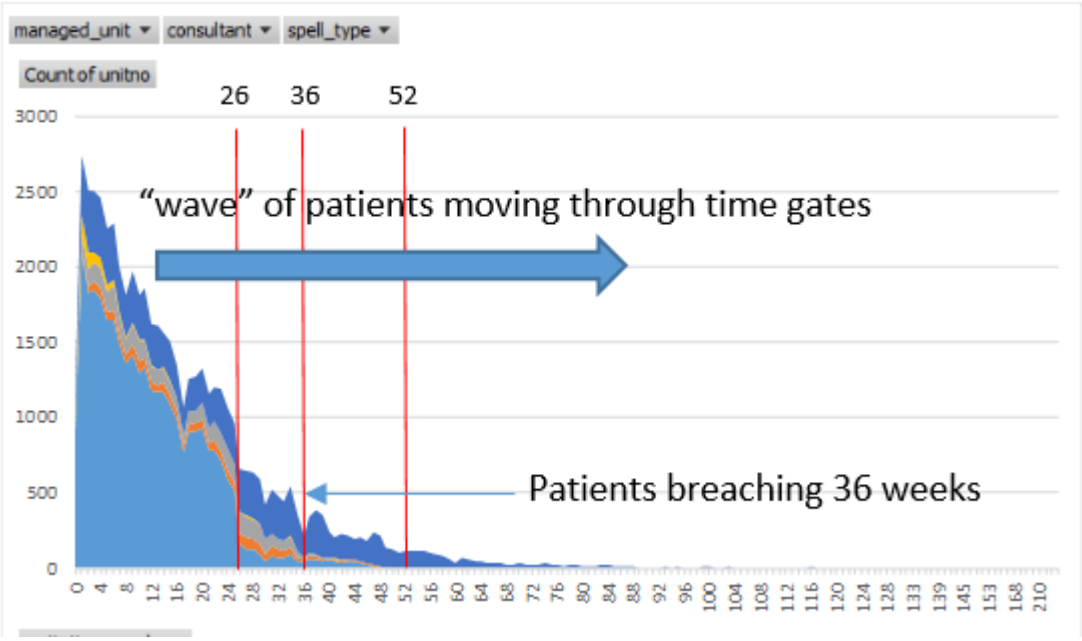
Planned Care

The chart below shows the reduction in referral of patients for new outpatient appointments. The timing of the reduction mirrors that of the emergency department drop off set out above. The x axis timeframe is 12th January 2020 to 31st May 2020.

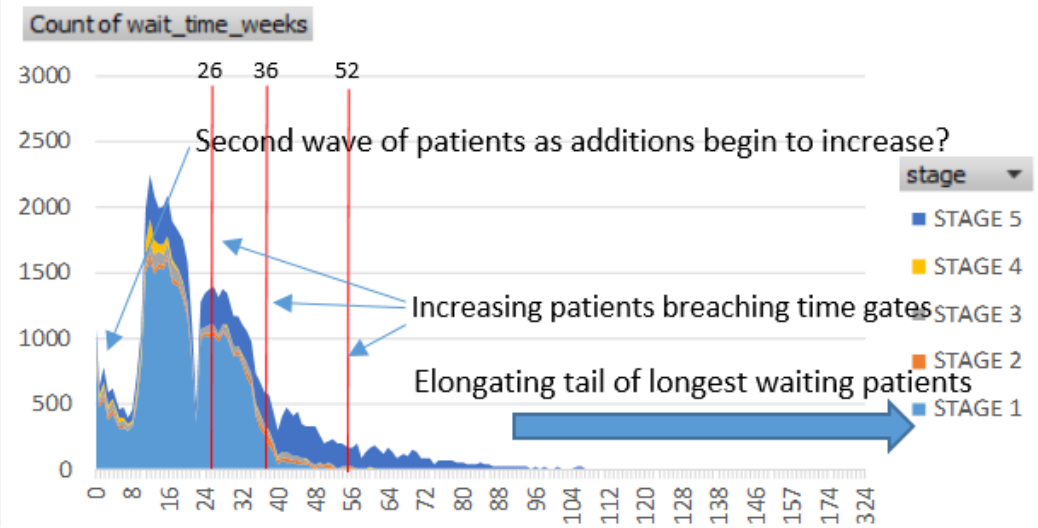


At the same time as the referrals number have reduced, activity has also reduced by a similar level. This has had the result of not materially changing the waiting list size, but the time impact on the waiting list means that increasing numbers of patients are now waiting above the 26 week, 36 week and 52 week thresholds. The two charts below serve to illustrate how the shape of the waiting list has changed over 5 months and whilst the volume of patients within the list has not changed, the numbers waiting increased lengths of time is increasing.

Planned care total waiting list size end of December 2019



Planned care total waiting list size end of start of June 2020



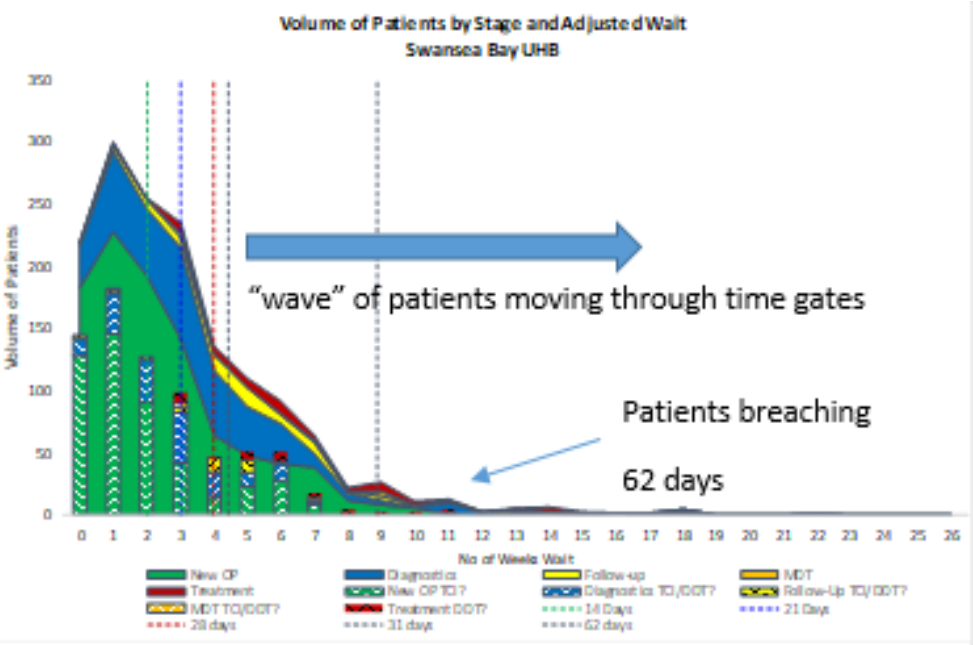
Similar patterns are being seen in diagnostic test access times and therapy services access times.

Cancer Care

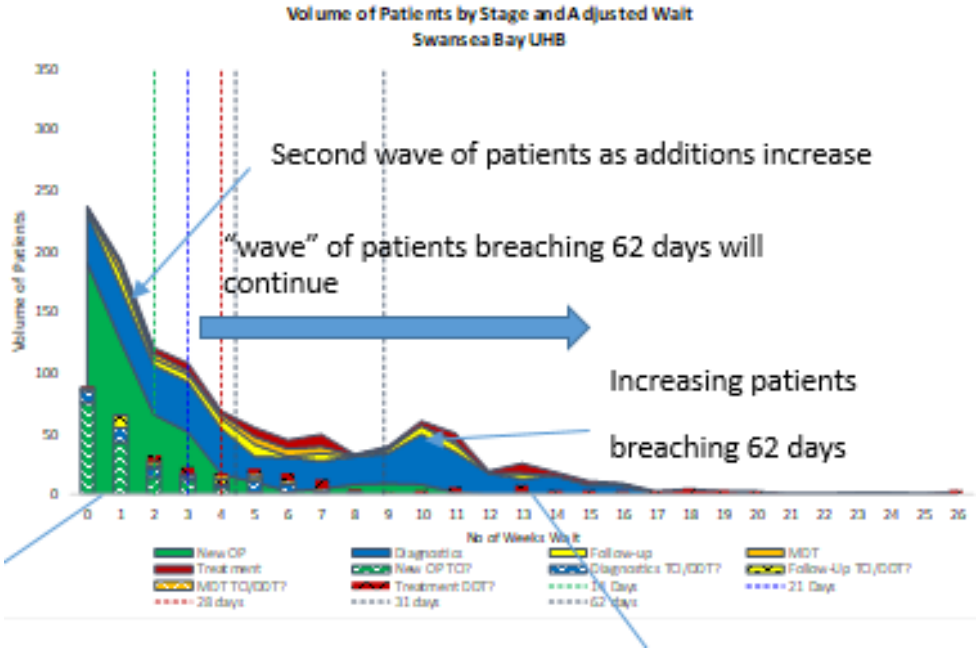
Referral numbers in to cancer care have also reduced and whilst performance has remained at normal levels patients on the Urgent Suspicion of Cancer (62 day) pathway, the number of patients waiting beyond the 62 day target level is extending as services adapt to COVID-19 risks within the clinical environment.

In a similar way to planned care, the charts below show how the cancer waiting list has changed between December 2019 and June 2020. The charts demonstrate that the list shape is getting longer and flatter indicating reduced additions at the front of the waiting list and waiting times being extended at the end of the list.

USC Cancer pathway total waiting list size – December 2019



USC Cancer pathway total waiting list size – June 2020



3. FRAMEWORK FOR ESSENTIAL SERVICE

Welsh Government are increasingly setting the work of the COVID-19 response and of the work of "essential services" against 4 key harms:

Harm from COVID itself	Harm from overwhelmed NHS and social care system
Harm from reduction in non-COVID activity	Harm from wider societal actions/lockdown

Underpinning the four harms framework is guidance on essential services which was initially issued as part of the Q1 Operating Framework and will be reissued and updated under the Q2 Operating Framework.

The essential services framework is based on WHO guidance and is further complemented by a suite of guideline documents on a service specific level. These are detailed at http://howis.wales.nhs.uk/sitesplus/407/page/78293 and are informed by Royal College guidance, NHS England guidance and/or work from NHS Wales specific condition or focus groups (Wales Cancer Network). The key documents issued to date include:

- Cancer services in Wales during Covid-19
- A Framework for the recovery of cancer services during Covid-19
- Cardiac specialised services guidance
- Maternity services in Wales during Covid-19
- Neonatal services in Wales during Covid-19
- Paediatric specialised services surge guidance
- Paediatric diabetes services in Wales during Covid-19
- Stroke services during Covid-19
- A Framework to support the availability of essential medicines as NHS Wales recommences routine care
- Hip fracture essential services plan

The Health Board's response to the essential services agenda has been absorbed into the Reset and Recovery (R&R) Programme which was established in May 2020. The R&R Programme has adopted a Health Board system wide approach which is clearly connected to the COVID-19 response structure by virtue of the Senior Leadership Team and dual supporting cells. The structure for the R&R Programme is attached in Appendix A. Section 4 gives an update on the priority work cells of surgery, diagnostics and cancer. The Quarter 2 plan (first draft due to Welsh Government on 30 June) will contain more detail on other elements of essential services.

Quality and Safety

As the NHS in Wales moves 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.

Infection prevention and control is a significant component of this next phase where the avoidance of nosocomial transmission of Covid-19 will be key.

To support this, at an all Wales level a Nosocomial Transmissions Group (NTG) has been established, jointly chaired by the Deputy Chief Medical Officer and the Chief Nursing Officer. The purpose of the group is to advise, support and provide direction on the actions needed to minimise nosocomial transmission and enable the safe resumption of services.

The NTG, 'COVID-19: NHS Principles Framework for Hospitals" has been issued to Health Boards and locally we are in the process of converting this to a check list for services to ensure that nosocomial transmission of COVID-19 is minimised.

Within Swansea Bay UHB, the approach to the reintroduction of essential services has been clinically led and quality driven, key features of this approach include:

- Ongoing reporting through to the Performance and Finance and Quality and Safety Committee

- Weekly touch base of health board clinical Executive Directors and Director of Transfromation to review and discus latest guidance and issues and cation needed;
- Appointment of an Associate Medical Director for Non Covid services
- Deployment of a Quality Impact Assessment (QIA) process, overseen by Clinical Executive Directors and supported by a QIA panel to support the reinstatement of activity to ensure it is structured, controlled and based on risk;
- Mandating self assessments against WG guidance to highlight areas of non-compliance and potential risk and use of guidance log to track national documents and responses;
- Introduction of a Clinical Advisory Group to advise on local polices and processes that align with all Wales and UK evidence and guidance
- Use of established quality processes such as incident reporting via Datix where delays due to COVID have resulted in harm;
- Updated baseline assessment against Q2 essential services framework
- Using clinical teams to prioritise patients for treatment
- Development of a Clinical Governance framework which reflects best practice

Throughout the COVID-19 pandemic, the Health Board remains steadfast in its aim to ensure that quality and patient safety is firmly at the heart of everything it does, with a culture that enables the active involvement of the people who receive care together with those who provide it, in every part of the organisation, in quality and patient safety, with a focus on learning and improvement. Therefore, the starting point will continue to be the Quality and Safety Process Framework, which sets out the process of how the Health Board assures through good governance that its services are of high quality and safe for all.

As referenced above, the new QIA tool for reintroduction of essential services for use during the COVID-19 pandemic has been developed, which enables the reactivation of services to undergo a quality assessment. In completing the QIA there will be a need to explain the purpose of the proposal including the problem, need for reintroduction of the essential service, the current situation and/or circumstances and outline how the model of service delivery will comply with COVID-19 requirements. Following completion of the assessment, the proposal will be considered and signed off by the Unit leadership before going through a weekly panel. The ambition is to ensure due consideration is given to the restart of services whilst not introducing undue bureaucracy or delay.

Risks emerging from the QIA process will also be entered onto the SDU's risk register and feed into the overall Heath Board's risk management approach. The R&RCG will also agree which risks are to be reported to the Q&S Governance Group and/or the Q&S Committee.

The Health Board has developed an overarching clinical governance framework that supports ensures a strategic approach to best practice and clinical governance in the context of essential services. This includes references to national guidelines, the national covid pathway, co- production with patients, informed consent best practice and the medico legal test as well as infection prevention and control requirements.

This document is currently progressing through sign off mechanisms and can be shared in draft with members and brought for sign off to the next Q&S committee.

The quality and patient safety report for June will have the detail on complaints, incidents and patient experience but some relevant key messages from April and May 2020 data in relation to non COVID services are:

- Complaints - During April & May 2020 there were 42 complaints received which related to cancelled or delayed appointments and admissions The services with the highest number of complaints for this reason were Breast Services, General surgery and orthopaedics which had 5 each. For the same period in 2019 and the same criteria – there was 174 complaints received with orthopaedics attracting the most.
- Incidents – From 1st April 2020 to 31st May 2020, 36 incidents have been recorded on Datix that relate to cancelled or delayed treatment of non covid services. This includes appointments, admissions and any invasive/non-invasive treatment. Of the 36, 30 were categorised as No Harm, 2 and lo, 3 as moderate and 1 as high (a colorectal case). For the same period in 2019, there were 196 incidents recorded.
- Patient Experience - There was no friends & family data relating to Admissions, Delay, Cancelled appointments and waiting times for April or May 2020. Engagement with the CHC has continued throughout the pandemic sharing and communicating both ways on themes and issues. Feedback regrading virtual appointments

Reasons for reduction in activity across quality and patient experience measures is likely to be due to a number of factors including the public generally being very pro NHS during the outbreak and understanding of the cancelled operations and appointments coupled with the reduction visitors and patients through the COVID response.

Through the work of the WG essential services group, an assurance framework is in development. The heath board will continue to adapt and strengthen its approach in line with emerging clarity from WG and learning from other approaches.

4. PROGRESS AGAINST PRIORITY AREAS

The Q2 plan needs to be submitted to Welsh Government in draft on 30th June and will provide an updated baseline assessment against the Essential Services Framework and more detailed plans for the next phase of Reset and Recovery. This draft will come forward to the Board for consideration at its next meeting. In light of this and in response to the performance context in section 1 above, this section drills into more detail on the achievements and next steps of the priority workstreams of

- surgery,
- diagnostics,
- non-surgical cancer.

Surgery

Section 1 sets out the challenges in terms of elective demand and capacity. The focus of this work cell is to lead the development and implementation of operational solutions and options for surgical capacity across all sites.

Key achievements in Q1 include:

- ✓ Development of a Swansea Bay wide elective surgery process (including pre-operative processes, consent and zoning);
- ✓ Development of a standardised approach to quantifying level 2 and 3 surgical demand by specialty supported by a "live" vitals dashboard;
- ✓ Development of a tool to identify and manage theatre workforce availability, skills and constraints to support maximum workforce efficacy;
- ✓ Regional working for urology and gynaecology surgery;
- ✓ Agreed range of specialties and case mix for the transfer of elective operating to Singleton
- ✓ Paediatric operating re-instated at Morriston with supporting pathway and documentation
- ✓ Increasing surgical elective capacity by an additional 4 all day lists

The focus of this cell for Q2 is to:

- ✓ Standardised clinical prioritisation of a Level 2, 3 and 4 patient cohort list for Adult and Paediatrics – Level 2 - June 20 and Levels 3 & 4 - July 20
- ✓ Development of a health board wide approach for the systematic review and documentation of potential harm to patients as a result of treatment delayed beyond their expected timeframe– July 20
- ✓ Completion of modelling work to assess capacity requirements for level and other demand to inform Q3
- ✓ Agreed framework for the utilisation of capacity within the independent sector, including potential for regional solutions with Spire and C&VUHB – July 20
- ✓ Feasibility test of a model and infrastructure for NPTH as a centre for Orthopaedic and Spinal services centre – Sept 20
- ✓ Scope and undertake an option appraisal process for a PACU model which might support enhanced case mix complexity at Singleton and NPTH – Dec 20
- ✓ Agreed model for emergency surgical requirement for HB to encompass emergency services provided regionally – Sept 20

A detailed modelling exercise is underway to map all demand, including the new criteria to planned capacity and productivity levels to support live mapping of all queues and capacity. This will be critical to support profiling of activity across all specialities on a robust basis. The ambition is to have this exercise complete for the quarter 2 plan.

There remain a number of risks that are being actively managed although cannot be fully mitigated:

- Ability to create sufficient functional capacity to deal with priority (level 2 patients) – the modelling above will support quantification
- Managing competing clinical priorities within context of available capacity
- Some high volume services are seeing significant demand and generating proportionally higher number of complaints – for example orthopaedics.

Diagnostics

Section 1 sets out the challenges in terms of the current diagnostic bottleneck in many cancer pathways. Diagnostic procedures for emergency cases have continued to be delivered throughout the pandemic. The focus of this work cell is to develop and implement plans to increase capacity in priority areas of endoscopy and radiology. Pathology services have continued to be delivered through the pandemic and planning is predominantly happening in the testing cell and TTP work programme.

Endoscopy

Early in the COVID-19 epidemic, the British Society of Gastroenterologists (BSG) advised a pause in endoscopic services (6 weeks) for all but emergency and essential procedures. In line with this guidance, SBUHB paused all non-emergency / urgent activity and many medical and nursing endoscopy staff were redeployed to general and COVID wards, roles and rotas as part of the COVID response. Consequently the SBUHB have an increasing number of patients waiting for an Endoscopy procedure:

- Diagnostic waiting list over 8 weeks – which currently stands at 1,194 patients as at 31st May 2020. Pre- COVID SBUHB had no patients waiting over 8 weeks for a diagnostic procedure;

- As at 6th June 2020 there are a further 134 urgent suspected cancer (USC) referrals for patients on a Gastro Intestinal cancer pathway. Pre-COVID SBUHB were able to manage the majority of USC cases list for an Endoscopy procedure within 10-14 days of referral.

The Diagnostic work cell and operational and clinical teams have been focusing on bringing activity back in safe way, working within the context of BSG and all Wales guidance and the National Endoscopy Programme.

Key achievements in Q1 include:

- ✓ Detailed plan for delivery of an uplift in endoscopy capacity to meet backlog, diagnostic, screening and surveillance demand;
- ✓ Worked across medical teams to plan for phased extraction of nursing and medical staff from COVID workforce;
- ✓ Agreed realistic points on lists planned considering PPE change between patients, room clean between patients and IP&C regulations. (Due to the limitations and constraints on throughput – it is projected that we will only be able to scope three/four patients (6-8 points) per list although throughput may increase depending on case mix and guidance.

- ✓ Accelerated implementation of the Faecal Immunochemical Test (FIT) for symptomatic patients;
- ✓ Bowel Screening Wales (BSW) - recommenced in June and validation of BSW screening Colonoscopy waiting list completed against Royal College Guidance;
- ✓ EBUS the diagnostic (lung cancer pathway) recommenced in June;
- ✓ Used the all Wales Endoscopy tool for deferred patients to record all tracking and booking of deferred procedures, surveillance, screening, non-urgent symptomatic patients and USC patients;
- ✓ Development of an endoscopy COVID Standard Operating Procedure to ensure the necessary pre assessment and COVID screening process outlined.

The focus of this cell of Q2 is to:

- ✓ Continue with the plan for increasing endoscopy capacity across all 3 hospital sites;
- ✓ Review pre-COVID Business Case (submitted to BSW) regarding funding a second list. Backlog of 126 patients currently awaiting intervention.
- ✓ Continue to engage with MDTs and explore safe, alternative diagnostic modalities and to reconfigure pathways for cancer diagnosis
- ✓ Identifying learning and opportunities through the National Endoscopy Programme and other networks to look at the SOP.

<u>Radiology</u>

Diagnostic imaging demand and capacity in Wales and across the UK has been significantly affected by the COVID-19 outbreak. Capacity has been reduced by the increased time required for infection control procedures and deferment of elective work within radiology and clinical outpatient clinics. Like other services radiology workforce has been affected in terms of numbers shielding and/or isolating. This is against the backdrop of national shortage of radiologists. In summary:

- CT has seen a 28.03% reduction in capacity
- MRI has seen a 56.0% reduction in capacity
- Non-Obstetric US has seen a 39.6% reduction in capacity

From a demand perspective there was a reduction in the demand for imaging examinations during the early stages of the pandemic and this was multi-factorial including patients' behaviour in accessing healthcare, access to primary care and cancellation of outpatient clinics, the significant source of referrals.

All emergency and urgent patients have been imaged during the pandemic, including urgent cancer examinations.

Radiology services have responded rapidly to the pandemic by and modifying core services. This was includes:

- Deploying Public Health priorities to protect the public from exposure to COVID-19 virus
- Maintaining IPC policy to protect patients, staff and the public
- Repurposing Imaging capacity for COVID-19 patients
- Maintaining urgent and critical services for patients

There are many critical dependencies and co-dependencies between many clinical pathways and the imaging service and so early engagement with the reactivation of other services and pathways will continue to be critical.

Key achievements in Q1 include:

- ✓ Demand and capacity dashboard reviewed to underpin response and planning;
- ✓ Development of Standard Operating Procedures in line with Royal College Guidance;
- ✓ Revised triage approach to prioritise urgent suspected cancer and urgent cases and all referrals triaged against revised criteria;
- ✓ Joint planning with Swansea University in respect to access CT and MRI facilities
- ✓ Engaged with the all Wales Imaging Essential Services Group to share approaches, and inform joint planning

The focus of this cell for Q23 is to:

- Complete validation and calibration of data in dashboard to underpin the ongoing planning and tracking of demand and capacity;
- Retest workforce and staffing plans to identify opportunities for additional sessions or extended sessions in CT and MRI;
- Finalise resource requirement (thought a business case) to extend hours and days to increase capacity in CT;
- Finalise arrangements for use of CT and MRI in university through agreement of service specification;
- Develop case for mobile MRI;
- Map and develop a standardised slot schedule for services across all 3 sites to include impact of decontamination of kit guidance and AGP air-change needs. This will optimise operational efficiency of the service.
- Review opportunities to cohort some complex AGP examinations to maximise productivity across the service;
- Develop communications approach to reassure patients and promote attendance at sites;
- Work with IT to complete RADIS transfer of NPT onto Swansea Bay RADIS Box to allow better data continuity and efficiency of booking

Non-Surgical Cancer

The Surgery and Diagnostic work cells have a significant element of the cancer pathway within them. Non-surgical cancer work continues to remain a priority in the cost of non COVID essential services.

Within the Health Board the cancer lead clinicians and managers continue to engage in the weekly all Wales Cancer group. Across wales referrals into oncology services has reduced by around 50% and the reasons for this are likely to multi factorial and further work is required to understand drivers for this. In addition, weekly meetings take place with colleagues in Hywel Dda to ensure equitable access to SACT units. A network SACT prioritisation document has been approved to provide an equitable and transparent framework if capacity becomes limited as to what treatments would be prioritised and which would be deferred.

Key achievements in Q1 include:

- ✓ Continued provision of radiotherapy services, with 75% capacity protected (compared to prior to the pandemic). Patients awaiting radiotherapy are subject to revised clinical assessment to test relative risk in the context of COVID and where necessary alternative management plans are enacted. There have been challenges over recent weeks with a linac out of action which has been mitigated through extended days;
- ✓ In relation to chemotherapy, activity increased from circa 70% at the end of March and has settled at around 75% due to IPC and social distancing requirements. As with radiotherapy there is a revised clinical assessment process in place.
- ✓ Urgent suspected cancers (USC) being generally screened within 10 days of referral.
- ✓ The Rapid Diagnostic Clinic has reopened in Neath Port Talbot.
- ✓ Multi-parametric MRI scans recommenced in May.
- ✓ Secured outsourcing appropriate prostrate and bladder patients to Rutherford Cancer Centre.

The focus of this cell for Q2 is to:

- Development of plan to deal with the increased demand likely to arise as surgical capacity and referral levels recover, which include the use of external provision of SACT treatments;
- Assess impact of PHW proposals for screening services in respect of capacity;
- Undertake assessment against the recently issued Framework for Cancer Services;
- Enact plans for the PET scanner to become operational

5. KEY NEXT STEPS

The 2020/21 Quarter 2 Operating Framework is expected imminently from Welsh Government. It is anticipated that the maintenance of essential services and reinstatement of routine services where possible will feature heavily in the framework. The Essential Services document is also expected to be updated with future detail being provided on particular elements of services (eg Cardiac services) rather than new services being added to the list.

As part of the planning for quarter 2 the baseline assessment against the essential services framework will be updated. The Q2 plan will detail the priority actions for July – September for essential services.

Discussions at both a national and local level around assessment and measurement of harm continue and the health board will continue to engage in these discussions as well as learning from other approaches across Wales and UK.

As part of the broader innovation and transformation work for recovery, an exercise is being planned which will engage the organisation on identifying the changes and innovation in services, pathways, process and/or behaviours resulting form response to COVID pandemic that colleagues would want to retain and embed, extend and spread or stop. More information will be share with Board members as this work develops.

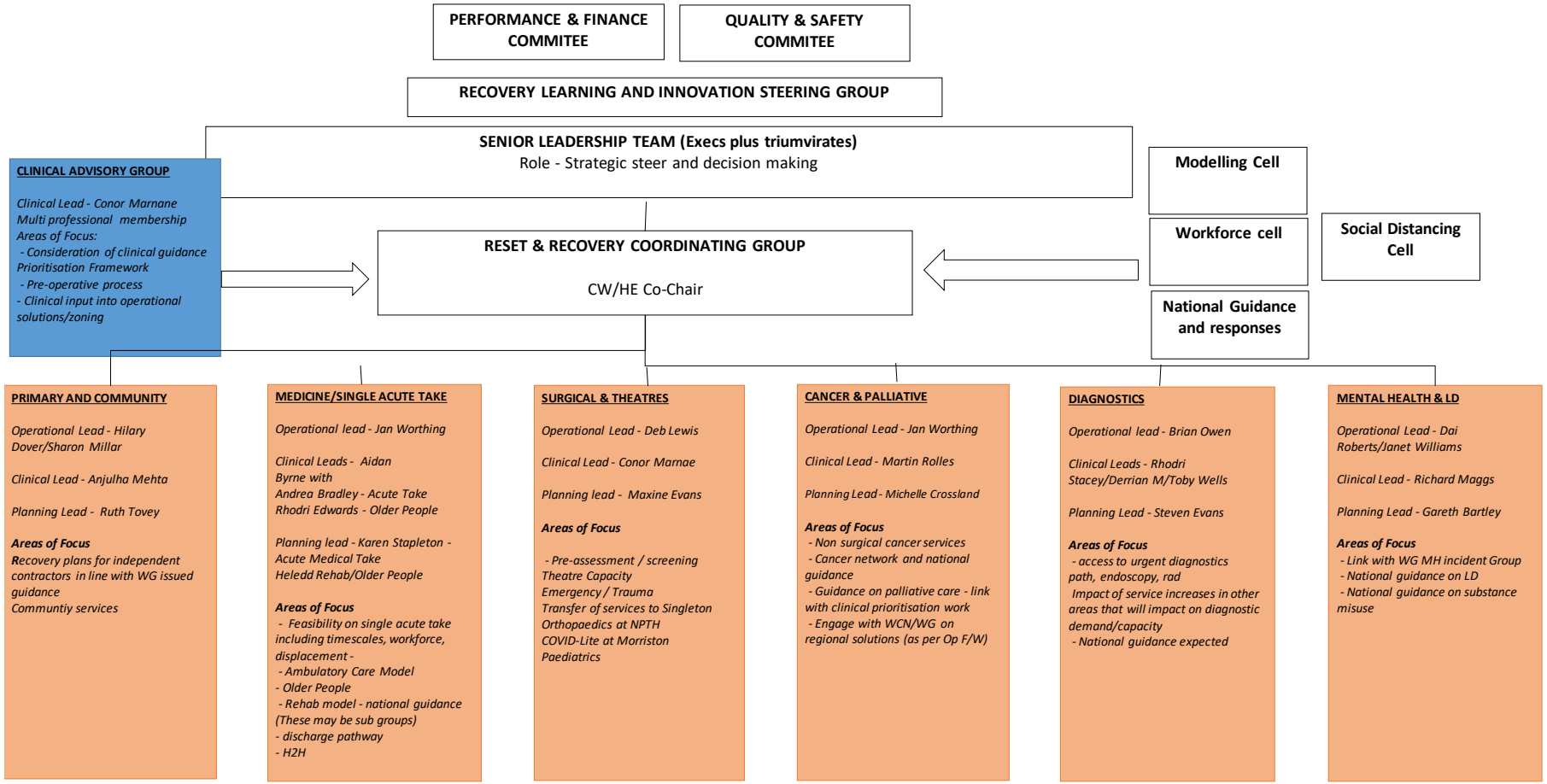
6. RECOMMENDATIONS

Board members are asked to:

- **NOTE** the update on the Reset and Recovery Programme

Governance and Assurance		
Link to Enabling Objectives ***(please choose)***	**Supporting better health and wellbeing by actively promoting and empowering people to live well in resilient communities**	
	Partnerships for Improving Health and Wellbeing	☐
	Co-Production and Health Literacy	☐
	Digitally Enabled Health and Wellbeing	☐
	Deliver better care through excellent health and care services achieving the outcomes that matter most to people	
	Best Value Outcomes and High Quality Care	☒
	Partnerships for Care	☒
	Excellent Staff	☒
	Digitally Enabled Care	☒
	Outstanding Research, Innovation, Education and Learning	☐
Health and Care Standards		
(please choose)	Staying Healthy	☐
	Safe Care	☐
	Effective Care	☒
	Dignified Care	☐
	Timely Care	☒
	Individual Care	☒
	Staff and Resources	☒
Quality, Safety and Patient Experience		
The quality section of the report outlines the implications		
Financial Implications		
There are no financial implications at this stage		
Legal Implications (including equality and diversity assessment)		
Head of legal and risk has provided advice on this paper and supporting documentation		
Staffing Implications		
There are a number of staffing implications in terms of reactivity essential services whilst simultaneously responding to COVID and delivering TTP. The QIA process identifies workforce implications for individual restart plans.		
Long Term Implications (including the impact of the Well-being of Future Generations (Wales) Act 2015)		
Report History	First written report on essential services Previous references in COVID Board reports	
Appendices	Appendix A	

APPENDIX A


PERFORMANCE & FINANCE COMMITEE
QUALITY & SAFETY COMMITEE
RECOVERY LEARNING AND INNOVATION STEERING GROUP
SENIOR LEADERSHIP TEAM (Execs plus triumvirates)
Role - Strategic steer and decision making
CLINICAL ADVISORY GROUP
Clinical Lead - Conor Marnane
Multi professional membership
Areas of Focus:
- Consideration of clinical guidance Prioritisation Framework
- Pre-operative process
- Clinical input into operational solutions/zoning
RESET & RECOVERY COORDINATING GROUP
CW/HE Co-Chair
Modelling Cell
Workforce cell
Social Distancing Cell
National Guidance and responses
PRIMARY AND COMMUNITY
Operational Lead - Hilary Dover/Sharon Millar
Clinical Lead - Anjulha Mehta
Planning Lead - Ruth Tovey
Areas of Focus
Recovery plans for independent contractors in line with WG issued guidance
Communtiy services
MEDICINE/SINGLE ACUTE TAKE
Operational lead - Jan Worthing
Clinical Leads - Aidan Byrne with Andrea Bradley - Acute Take Rhodri Edwards - Older People
Planning lead - Karen Stapleton - Acute Medical Take Heledd Rehab/Older People
Areas of Focus
- Feasibility on single acute take including timescales, workforce, displacement -
- Ambulatory Care Model
- Older People
- Rehab model - national guidance (These may be sub groups)
- discharge pathway
- H2H
SURGICAL & THEATRES
Operational Lead - Deb Lewis
Clinical Lead - Conor Marnae
Planning lead - Maxine Evans
Areas of Focus
- Pre-assessment / screening Theatre Capacity Emergency / Trauma Transfer of services to Singleton Orthopaedics at NPTH COVID-Lite at Morriston Paediatrics
CANCER & PALLIATIVE
Operational Lead - Jan Worthing
Clinical Lead - Martin Rolles
Planning Lead - Michelle Crossland
Areas of Focus
- Non surgical cancer services
- Cancer network and national guidance
- Guidance on palliative care - link with clinical prioritisation work
- Engage with WCN/WG on regional solutions (as per Op F/W)
DIAGNOSTICS
Operational lead - Brian Owen
Clinical Leads - Rhodri Stacey/Derrian M/Toby Wells
Planning Lead - Steven Evans
Areas of Focus
- access to urgent diagnostics path, endoscopy, rad
Impact of service increases in other areas that will impact on diagnostic demand/capacity
- National guidance expected
MENTAL HEALTH & LD
Operational Lead - Dai Roberts/Janet Williams
Clinical Lead - Richard Maggs
Planning Lead - Gareth Bartley
Areas of Focus
- Link with WG MH incident Group
- National guidance on LD
- National guidance on substance misuse