

**Cwm Taf Morgannwg  
University Health Board**

**Winter Plan 2021 – 2022  
November 2021**

## **Contents**

1. Purpose
2. Context
3. Priorities
4. ILG Overview
5. Schemes 2021 – 22
  - 5.1 Acute Flow Schemes
  - 5.2 SDEC and SDEC Capital
  - 5.3 Plans and Actions Already in Place
  - 5.4 Looking to the Future
  - 5.5 Managing ‘Unfunded’ Plans
6. Planned Care Recovery
7. Therapies
8. Pharmacy
9. Facilities
10. Digital and IT
11. Procurement
12. Communication
13. Workforce
14. Conclusion

Appendices

## 1. Purpose

The purpose of this document is to describe the context in which the Health Board has been working, to set out the priorities for the coming winter period and to outline plans for the priorities to be achieved.

This year the document looks at the plans for supporting the organisation through what is likely to be a number of difficult months, ensuring system resilience and forward planning, lists the schemes and practices that have already received firm approval. For completeness, however, there is mention of the plans that the UHB has moving forward.

The Plan is very much an evolving process – and changes in circumstances will be reflected in decisions made as the winter months progress.

## 2. Context

The past 18 months have been unprecedented for the NHS and all other public services – and the UHB and its staff have been managing ever increasing demands in all areas.

Material issues include:

- **Impact of COVID-19**

This has of course been a major challenge – with the third surge now underway. As well as managing the immediate response to patients who need hospital care on wards and Critical Care, **the pandemic has further increased the numbers waiting with significant conditions** and has increased the pressure on the community as well as the acute environment.

Of course any response would have been impossible without **our staff** – but the impact on them of sustained pressure over almost two years has been immeasurable and this has been reflected in unavoidable sickness rates and drops in morale.

As well as managing the ongoing pandemic, the UHB has been doing all it can to **restart elective services** – this is an issue of paramount importance (and no little difficulty) and will remain so for some considerable time.

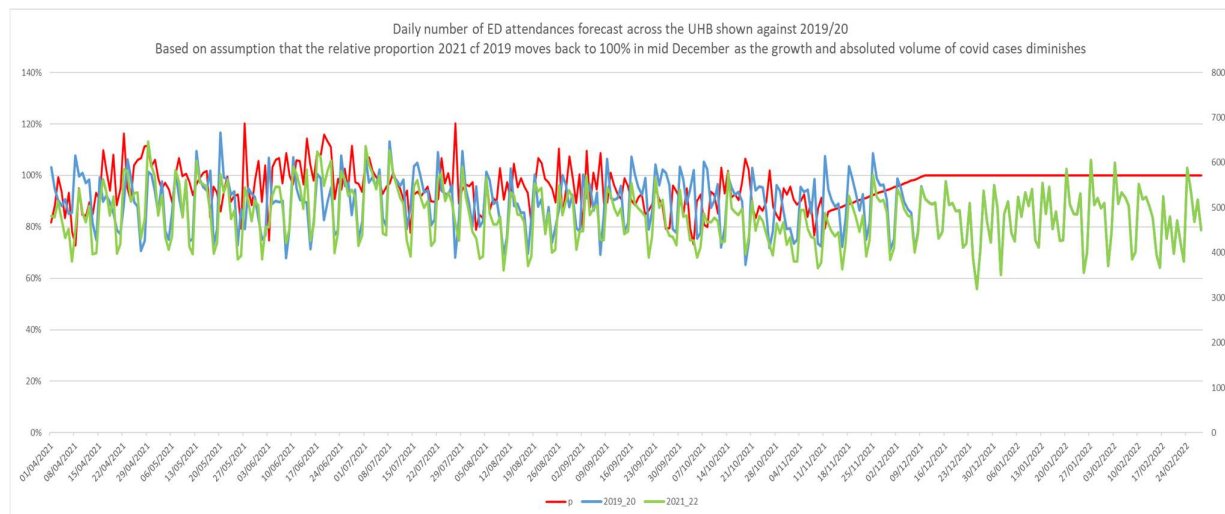
The UHB has worked with colleagues to implement a **vaccination programme** for covid 19, which is now seeing patients and staff for the third time – as well as providing flu jabs where possible. It is anticipated that there will be significant challenges with patients suffering from **seasonal flu** this winter as well as the potential for **children with RSV**. The UHB and colleagues are planning for this possible further increase in demand.

- **Challenge for Services – Scheduled and Unscheduled Care, Primary Care**

The challenge on EDs (outlined below) and the provision of scheduled unscheduled care remains sustained and demanding and the UHB is working with colleagues across the healthcare environment to find as many ways as possible to meet and manage this demand. This includes:

- Daily operation escalation and management – with a gold / silver / bronze structure implemented to monitor day to day operational responses to demand;
- Working with Local Authority partners – truly integrated working on a range of issues including safe and effective discharges, with daily collaboration and joint appointments;
- NHS 111 and Flow Centres – investment into the Flow Centre has been made and is an important part of the urgent care management centre;
- PCH Improvement Programme – working to address concerns raised by HIW and also to improve flow and maintain a high standard of patient care;
- Urgent Primary Care Centres – following the success of the UPCC, the UHB aims to roll the model out across other parts of the UHB, forming an important part of community and primary care;
- Unscheduled Care Improvement Programme
- SDEC Proposals
- WAST Support
- Innovations including the Delta Sitting and Monitoring Service (still under discussion)
- Lifestyle Improvement – patients of specific specialties including cardiology, gastroenterology and pain will be encouraged to attend a structured wellness programme;
- Targeted Messaging – the Communications Team will work on all relevant information and projects to ensure meaningful and consistent information is available.

The UHB is working with all partners to move forward with resetting and recovery in the face of the moving priorities that face it at present.



### 3. Priorities for Winter 2021 – 22

For the Health Board, working with partners and mirroring the WG Plan, priorities for winter 2021 – 22 will be:

- **Protecting staff and patients from covid 19.** The UHB has achieved great success with its vaccination programme – and is moving into the booster stage, with x patient given a booster (inc numbers here that must be available). This will remain a priority in the coming months;
- **Keeping people well.** In addition to concerns around covid 19, there is a significant risk that the levels of respiratory disease will increase this year including the impact of seasonal influenza and RSV. To that end, the UHB will maintain a focus on flu vaccination and will also work with community colleagues to help people with respiratory conditions.

Primary Care Services will look at the potential for the development of specific information to be distributed to individual households to assist with signposting and choosing well.

- **Maintaining safe health services** across the board:
  - Health inequalities and vulnerable groups
  - Mental Health and wellbeing
  - Primary and community care
  - Long Covid
  - Children and young people – community and primary care environments, the care of children with RSV and other respiratory problems, working with social services;
  - Essential services – ensuring that the provision of services is maintained (including cancer, cardiac services and stroke services while flexing to support the needs of covid patients;
  - Planned Care – ensuring patients who have been waiting extended times as a result of the pandemic are treated as soon as possible, in a prioritised manner with appropriate IPC controls and within the context of managing variation in the needs of covid cases;
  - Urgent and Emergency Care – the six goals set out by the Welsh Government which outline longer term plans for this area as well as some short term measures including NHS 111
- **Supporting Our Workforce.** Given the stresses of the recent months, the UHB is mindful of the paramount importance of our workforce and will take appropriate measures to look after their physical and mental health.

Further, the UHB is acutely aware of the problems of recruitment and retention of staff – which extends into Local Authorities – and will be working to improve the situation via joint working.

- **Keeping everyone informed.** Choosing the right type of care will be vital for services to continue to work well over the winter and the UHB will contribute to making this a reality via consistent messaging to our population. Welsh Government colleagues are developing a specific Communications Programme and this will be mirrored by the UHB as appropriate. .

- In addition, the UHB will seek to **maintain and develop its relationship and co working with Local Authority colleagues**. At a time when all public services are facing similar challenges with staffing and the fall out of covid 19, this will be a very important action.

Thus far, the bulk of resources committed have been from within the UHB's financial envelope and based on pragmatic approaches to the schemes judged by the ILGs as being of greatest priority. If this situation changes then the UHB will work with the RPB to develop a joint response. The plan as it is assumes that the ILGs have worked with partners in the development of the schemes already funded by the UHB.

- As well as colleagues in the Local Authorities, the UHB will be ensuring it **maintains the already close relationship with our voluntary partners**. This coming year there will be significant challenges with the services offered by Care and Repair, Age Concern and the British Red Cross. All very highly valued services, the funding will come to an end in April 2022 and identifying new financial resources will be complicated. It is anticipated that the IMTP will include these areas.
- The Executive will keep itself briefed with what is happening in the service and there will be continuing **visits by NEDs as well as Executives**. The command and control structure will be vital in this endeavour and the escalation plans will be used daily as now. There will in addition be a greater focus on the **speedy and safe repatriation** of patients back to the UHB and also back to our neighbouring UHBs.

#### 4. ILG Overview

The past 18 months have been very challenging for the ILGs – with many of the same themes coming through:

- **Workforce** – none of the achievements of the NHS are possible without the commitment and hard work of our staff, and this has never been the case more than in the last 18 months. The ILGs and Primary Care have managed difficult staffing situations – with increased sickness, shielding staff and fatigue as well as the sad deaths of a number of our colleagues. Local Authority partners have struggled with staffing also – and this will become even more of a reality in the coming months as other areas of opportunity open out following the possible reduction in restrictions within the economy.

This has been an ongoing day to day issue, that of keeping patients safe and the UHB is grateful to colleagues for their dedication and tenacity in difficult and distressing circumstances.

- **Front Door Demand** – in the winter of 2020 – 21 there was a dip in demand at the front door, probably as a consequence of the understandable unwillingness of people to attend hospital during a pandemic. It is likely that the picture for winter 2021 – 22 will be different with figures returning to normal or higher.

- **Resetting Services / Waiting Lists** – colleagues in all settings within the UHB are acutely aware of the challenge posed by the numbers of patients who have waited a long time for treatment – including cancer patients. There is a dedicated programme underway within the UHB to improve the position – but the struggle to manage patients back into the hospitals has been very real. In line with the aims set out WG’s Winter Plan, the UHB is looking at innovative ways of treating these patients, and options under consideration include outsourcing, validation exercises, the use of theatres in Brecon and Nevill Hall and also the focusing of inpatient and daycase operating on separate sites.

In addition to the common threads running through all three ILGs, there are a number of challenges specific to individual ILGs as follows:

- **Bridgend ILG** – within the CAMHS environment there have been challenges which have required a significant amount of senior management focus. The UHB has ensured that there is dedicated resource within the area.
- **Merthyr Cynon ILG** – already managing an Improvement Programme, the ILG had a visit from HIW in October which made a number of recommendations concerning the ED and flow issues generally. Constructive suggestions about how to improve services is always welcomed and the issues raised have been challenging but the ILG has moved forward with the solutions to make patient care improved and safer and this will continue going forward.
- **Rhondda Taf Ely ILG** – a Covid outbreak within the Royal Glamorgan Hospital and the second Covid peak in autumn / winter 2020 significantly impacted on the ILG’s ability to care for patients and also had an impact on the staff in the ILG.

## 5. Plans for Winter 2021 – 22

Plans for winter 2021 – 22 within the ILGs and Primary Care will be two fold – the activities that traditionally go on in order to meet the challenges of this time of year, and a range of specific funded schemes which are divided in the main into two distinct areas and are Acute Flow Schemes and Same Day Emergency Care (SDEC) (with associated) SDEC Capital Schemes.

### 5.1 Acute Flow

These schemes represent those being funded by the UHB which will help specifically with flow on acute sites. Additional detail can be made available, however the main aspects are as follows – by ILG – and these schemes will assist with the winter pressures that are anticipated – and indeed starting to impact upon the Service:

- **Bridgend ILG**

The Acute Flow schemes for Bridgend ILG are:

- **Appointment of a Head of Patient Flow** with a remit to lead and manage patient movements across the sites, as well as discharge liaison, ambulance liaison, voluntary sector liaison and also to provide flow data and lead on flow improvement initiatives;
- **Appointment of Discharge Navigators** to work between ward and discharge teams to facilitate discharge by providing support and momentum to chase follow up actions;
- **P&I Analysts who are funded by the NHS but jointly appointed with LA partners**, these members of staff work between the HB and LA on joint data processes;
- **Hospital Social Workers** have been appointed to be on site at least four days a week to assist with discharges;
- A scheme to include **Pharmacists in the ED** has developed, providing near patient dispensing by a dedicated ED pharmacy team and other medicine management services which can expand to cover other areas including AMU and ED Minors area to aid flow;
- The **appointment of Therapists (OT, Dietetics and Physiotherapy) for ED and AMU** will also make a significant contribution to flow and patient care;
- It is likely that **e-whiteboards** will be in place across the POWH site this winter acting as a helpful communication tool;
- The ILG will appoint an **intermediate "hospital@home" Team** which will provide follow up for patients in their own homes following discharge;
- There will be spot **purchase of additional care home places** – the number will be determined as the winter demand increases.

These schemes reflect an investment of £656,674 full year effect.

- **Merthyr Cynon ILG**

They are:

- **Robust and appropriate community response to reduce conveyance** with a two hour response – this is a Falls Pathway and response service which is being explored with WAST and St John's Ambulance and will involve specialist lifting equipment;
- Improvement of **turnaround at the front door** – this will involve Emergency Department Clinical Specialist Physiotherapist for MSK attendances and a Pharmacists in the ED at PCH providing seven day cover;
- **Improvement of flow** across the Hospital site – this is a scheme that will improve flow after appointing **Radiology, Pharmacy and additional medical staffing**. In addition, a **Data Performance post** will be appointed to for four months, **Physiotherapy and Radiology** staff will be appointed specifically to assist in the ED, work with **Occupational Therapy** staff training is ongoing successfully;
- Implementation of **dynamic discharge principles** supported by discharge to recover and assess pathways – a multi faceted approach which will involve the appointment of Care Navigators / Hospital Discharge roles, improvement of access to intermediate care and D2RA pathway, an increase in Community care capacity via training the trainer for reviewing double handed calls to release domiciliary care capacity, purchase of specialist equipment to support avoidance of double handed care and CHC, appointment of a Discharge Liaison Nurse Co-ordinator at YCC to further enhance the discharge efficiency and capacity and some Convener / Data support for Flow and discharge.

These schemes reflect an investment by the UHB of £509,519.

- **Rhondda Taf Ely ILG**

They are:

- Establishment of the **Discharge Lounge** – freeing spaces on wards and adding to efficiency;
- **Pharmacy in the ED** – the presence of a Pharmacist in the ED releases medical and nursing time, aids the quality of prescribing and improves the patient experience;
- **Expediting Complex Discharges and Transfer of Care Safely and Efficiently** – the management and referral of patients who have complex needs such as medicine compliance issues, monitored dosage trays (MDS), patients at risk of re-admission or social care support due to inability to manage and take medicines;
- **Community Medicines Optimisation for Care Homes Service** – this service will achieve medicines optimisation for care home residents thereby reducing medication errors, risk of harm, wastage and hospital admissions and is UHB wide;
- **Pharmacist led clinics for chronic conditions** – this will improve patient outcomes particularly for those with interstitial lung disease and heart failure;
- **RTE Flow Team** – the Team will lead and manage patient flow and movements across the site, discharge liaison, ambulance liaison, voluntary sector liaison and provide flow data and has proved valuable model in other areas.

These schemes represent an investment by the ILG of £579,024.

- **Primary Care**

Within the Primary Care environment, the following will be prioritised:

- **COPD annual reviews** – home visiting service to optimise management ready for winter;
- **Production and distribution of ‘old fashioned’ patient leaflet** describing services available over winter to (primary and community services) to every household in CTM. This will educate patients in choosing the right service for their particular healthcare needs and provide an easy reference tool recognising that not all patients can access information online or through social media. This will be supported by visits to patient forums;
- **GP OOH to continue PTAS** – for a three month, the service will work over the weekend (eight hours each Saturday and Sunday), with the GP to assess and pull off the WAST stack for treatment and care in primary care;
- GP Clusters have put forward – **delivering flu vaccine for the patients on the district nurse case loads**. Normally housebound patients on DN caseloads have theirs delivered by district nursing teams but in recognition that the teams are depleted due to Covid and non Covid absence and vacancies, the practices will pick this up.

In terms of **monitoring and accountability**, monitoring will be undertaken via a range of meetings including the Planned Care Board and the COO’s ILG Performance Reviews, held monthly. The accountable managers will be the ILG triumvirates.

Should **additional funding** become available (as has been the case with the stability funding release), ILGs will develop a prioritised list that can be implemented as soon as possible and work with the RPB as appropriate.

## **5.2 Same Day Emergency Care & SDEC Capital**

Welsh Government has made some financial assistance available for Same Day Emergency Care (SDEC) and also for the capital consequences of the SDEC schemes – and the UHB made a bid against that funding. The following areas were successful:

- **Ambulatory Emergency Surgical Unit, Bridgend ILG**

Opened in January 2020, this Unit provides rapid assessment and discharge for many suspected surgical patients presenting at the Princess of Wales Emergency Department. It is expected to:

- reduce surgical admissions;
- improve patient experience by moving more work into the working day;
- improve patient experience with assessments and treatment delivered more rapidly (reduced WIP);
- manage admissions with resources (reduction in LOS);
- improvement in patient flow to improve performance against the ED four hour standard;
- Promote appointments for emergencies

- **Ambulatory Care Unit, Rhondda Taf Ely ILG (Extension of hours)**

The AECU enables GP referred patients to receive same day emergency care that provides assessment, diagnosis and treatment promptly and effectively with the aim of getting patients home safely on the same day, without the need for an admission whilst easing the pressure on the ED.

It also provides support to primary care when escalation is needed and a credible care model for acutely unwell patients while decongesting the ED, reducing the pressure on limited inpatient beds, and therefore facilitating more treatment of acute illness from a community setting. The AECU sees patients with a wide range of problems but common examples include new chest pain or breathlessness, pneumonia and other infections, blackouts, severe headaches and suspected deep vein thrombosis.

Following a successful pilot, the triage hours were extended into the evening to 10pm, to enable assessment and care of the second peak of patients referred late in the afternoon. SDEC funding enabled the continuation of this service through the winter.

- **Ambulatory Emergency Surgical Unit, Rhondda Taf Ely ILG**

A consultant led Surgical Hub or 'hot clinic' operates at the RGH Outpatients Department, which sees the majority of GP referred surgical patients (mainly general surgery and urology ) as well as ED referred patients on an ambulatory care basis. There is also an orthopaedic hub. However

there was no provision for the care of patients outside hub hours (i.e. after 5pm) or who require a period of observation / fluid resuscitation / IV antibiotics, but not an inpatient stay.

The plan is to set up an extended hours Surgical Assessment Unit in RGH, incorporating the Surgical Hub, as:

- A place for ED patients to be assessed, freeing space in ED;
- A place to see those GP patients who can be turned around within 24 hours with some treatment / investigations;
- A place for GP patients to be seen after the current cut off for hot clinic referrals;
- An appropriate place for those more unwell GP referrals to be treated initially.

The extension will need additional nursing, health care support workers and admin staff and it is hoped it can be accommodated as close as possible to AECU.

- **Acute Frailty Service, Rhondda Taf Ely ILG**

A whole system frailty model is being worked up with partners across primary, community and social care, but meanwhile the ILG plans to develop an acute assessment service for patients attending ED who would currently be admitted to one of our medical wards for observation, assessment and treatment.

This will involve the taking of a Comprehensive Geriatric Assessment to identify the person's holistic needs and inform an appropriate discharge plan, ensuring patients are only admitted to a ward when absolutely necessary and with a clear outcome focus. The service would work in close liaison with the Stay Well @Home service and @Home services, to enable safe discharge and appropriate follow up services in the community.

This Acute Frailty Service will enable:

- Prompt, specialist and holistic assessment of patients' needs, and subsequent care planning
- Avoidance of inpatient admission unless necessary
- Facilitation of timely discharge
- Relief of pressure from ED
- Promotion of independence and patient experience.

The ILG has recently appointed a new Care of the Elderly Consultant who will provide the clinical lead for the Acute Frailty Service, but additional therapy staff will also be required. To help develop the Frailty model across whole system, a fixed term Project Manager will be required.

It is anticipated that these developments will make the achievement of the UHB's priorities for winter increasingly achievable.

- **Acute Frailty Service, Merthyr Cynon ILG**

The ILG has identified the need for an Acute Frailty Service in the Merthyr Cynon ILG and this has been successful in attracting funding.

It is anticipated that the benefits will closely mirror those in Rhondda Taf Ely and will be expanded to include a specific look at the issues that the lack of geriatrician consultants pose to the service in this area.

Detailed information on these schemes is also available and a letter of 27 October 2021 from WGH confirmed the funding initially. It is possible that additional funding will become available and the UHB will decide where this will be focused if that happens.

In addition, colleagues should know that there is a separate capital proposal for minor work at RGH to enable one scheme, and a range of equipment including scanners, beds and other items across all three ILGs, which will come to a sum in the region of £900k.

### **5.3 Plans and Actions Already In Place**

There are plans and actions which happen routinely every winter and these include:

- **Daily operational escalation and management** – the Gold / Silver / Bronze (G/S/B) command structure has been maintained to manage and monitor the winter, COVID, and respiratory responses;
- **Facilitating Hospital Discharges** – operational site teams carry out daily meetings focussing on patients waiting for packages of care and options available, top 10 long waiting patients in each DGH receive a deep dive and plan. This is escalated to SILVER for review;
- **Urgent Primary Care Centres** – following the successful mobilisation of the first UPCC in North Rhondda, the model is being expanded into further sites across the CTM footprint;
- **PCH Improvement Programme** – a dedicated team is in place to address issues raised by the recent HIW inspection including a number of immediate remedial measures;
- **NHS 111 and the Flow Centre** – as part of 111 First the UHB hopes to invest in the Flow Centre as a secondary call management service for calls into 111;
- **Targeted messaging** – the UHB Communications Team will attend the Gold, Silver and Bronze meetings and external messaging will be controlled centrally to ensure a consistent theme across CTM, working very closely with Local Authority partners. There are plans to continue to develop this relationship;
- **Lifestyle Improvement Hubs** – there will be a focus on three symptom areas utilising digital platforms, designed to encourage patients who are on waiting lists for Cardiology (chest pain), Gastroenterology (IBS) and Pain Management to attend a structured wellness programme delivered by wellness coaches and underpinned with behaviour change methodology.
- **Unscheduled Care Improvement Programme** – will provide a multi-pronged approach:

- **Acute hospital flow – EDQDF** and **eWhiteboards** projects;
- **SDEC proposals** incl. Ambulatory Emergency Surgical Units at RGH and POWH, Integrated Frailty Model for Merthyr Cynon and an Acute Frailty Service and extension to the Ambulatory Emergency Care Unit in Rhondda Taf Ely;
- **WAST Support** – the UHB will pilot and evaluate PTAS or a similar scheme to enable senior community clinicians to monitor the WAST dispatch queue
- **Within Therapies** – the focus will as broad as normal, but will include:
  - **Facilitating front door discharge** of frailer people and reducing length of stay;
  - Delivering **acute stroke** interventions and maintaining flow of the critical stroke pathway
  - **Maintaining core services** to include community services, LT condition services and paediatric services with a consideration of statutory duties e.g. ALN but also an awareness that some RTT targets may unavoidably breach.

### **Partnership working**

Of pivotal importance is the partnership working that goes on constantly within the UHB and beyond. Key actions for the winter will be:

- **Partnership and integrated working with our social care colleagues** is delivering high-quality community services for our population and it is standard practice for all steering groups and programme boards to be comprised of and sometimes led by local authority colleagues;
- **Close working with Local Authority** colleagues incl. Directors of Social Care joining CTM ‘gold’ call and members joining ‘silver’ meetings;
- **Joint funding discussions** with LAs progressing cross appointments, for example Bridgend funding of a site based social worker and LA funding additional therapies for community schemes;
- Agreement to move **patients waiting for packages of care to temporary care home placements**;
- Exploring the Hywel Dda Health Board **Hospital@Home model** for potential implementation at CTM (further information can be made available on this if needed);
- The UHB considers the relationships that exist with **the third sector** to be valuable – and will be working to improve them in the next year.

#### **5.3.1 Focus on MC ILG**

As a result of the difficulties under which this ILG is operating – specifically regarding the Improvement Programme, what follows are schemes ongoing that indicate the UHB’s commitment to this area.

Issues of note underway now include:

- **Safe 2 Start Huddles** – part of an integrated system, the aim of the huddles will be to widen the knowledge of the rest of the acute site of the pressures on the ED and share risk, facilitate discharge planning and timeliness;
- **Safer Ward Rounds** – will assist with the aims described above by using data to inform decisions made on the ward with live information on the demand coming from the ED;
- Collaborative working is underway with **Improvement Cymru and Toyota**;
- Working with Improvement Cymru and the Delivery Unit, the Improvement Programme will be expanded to include the **Pathways** used by WAST and the UHB, in community as well as acute settings;
- A **proactive approach is being taken with lessons learned**, an example would include the lesson that a band 3 post would be better for hybrid community posts as those appointed could carry out a broader range of duties;
- Meetings with **Local Authority colleagues now include additional questioning on both sides** – for example intelligent questioning of scripts and the number of times a carer needs to attend a patient to give tablets has identified real solutions to reduce this;
- **Proactive demand profiling** is underway – to enable a more intelligent means of flexing capacity, with selected areas closed when demand in other areas will be high.

#### 5.4 Looking to the Future

The UHB is looking ahead to how innovation can continue to develop high quality and safe services for its population and early indications are as follows:

- Development of **Community Diagnostic Hubs**;
- **Expansion of Ysbyty’r Seren** – potential for expansion;
- **Electronic booking for Primary Care** – support for primary care in referring to community and secondary care services based on a clinically-searchable electronic DoS or condition-specific solutions such as those available for cancer diagnosis and referral;
- **Electronic Triage and Assessment** – Electronic assessment is carried out by both WAST and 111 for all calls they receive; using eConsultation algorithms via GP websites; and for specific conditions such as cancer;
- **Care Homes Support** – this will provide help for Care Homes in managing increasing levels of frailty and comorbidity previously managed in nursing homes and nursing homes are dealing with much more complexity than in previous decades;
- **Transport** – Geography and poverty / deprivation in the Health Board’s area of responsibility make access to care difficult for a significant proportion of our population. In some circumstances, the only safe and viable option can be WAST. Options to improve this situation include:
  - **Expansion of PTS services** where clinical support is on the vehicle;

- **Third-sector support** for transport via a non-acute ambulance such as the Red Cross or St John's;
  - **Specialist non-clinical transport** such as taxis that are able to safely carry a person in a wheelchair.
- **Regional working regarding patient flows** – there are a number of frictions surrounding the flows of patients to and from the Board's hospitals. Impacts of the GUH / ambulance diverts present a problem as well as repatriating AB patients back from CTM. Working better with WAST is also very important in this space;
  - **Ward Co-ordinator post and proof of concept Ward Clerk changes** – an aspiration in PCH, this will help to deliver, in association with other changes, improved and consistent management of wards;
  - The UHB already has forums where the issue of "**Frequent Fliers**" in the EDs is discussed and this will be further developed with the intention of involvement of colleagues from WAST;
  - Also working with colleagues in WAST the UHB will aim to act collaboratively to **avoid admissions when Stay Well @ Home** could safely manage patients.

## 6. Planned Care Recovery

As discussed and in common with all NHS providers, the UHB faces a backlog of cases for elective surgery, outpatients and a range of other interventions – and given the time that has passed since the start of the pandemic this is a really major concern, made more difficult by the fluctuation with covid positive patients and their need for beds. The UHB response has been to set up a Planned Care Recovery Programme looking in detail at the challenge that these numbers present.

An allocation of £16.8m was made available in April 2021, following a submission of schemes / bids for interventions to address the growing need for elective care recovery. Since this date further funding has been made available - £7.7m following tranche 2 and £1.77m with certain areas specifically to be addressed.

The UHB has established a Planned Care Recovery Programme, with the overall portfolio of programmes and projects split into the following workstreams as follows:

- the three ILGs
- Primary Care, including Wellbeing Hubs
- Orthopaedics and Therapies
- Outpatients, including digital enabler projects
- Endoscopy, including the Regional Mobile Unit
- Outsourcing

Each of the workstreams (which all have a number of schemes, projects or programmes within them) have an identified management lead and are supported by a workforce and a finance lead who provides subject matter expertise. There are financial and workforce (recruitment) trackers in place across all of the workstreams.

The monitoring of activity benefits is a vital part of the process (which includes, for example, reduction in FUNB, 100% overdue follow ups and overall waiting lists) take place on a rhythm of 1:4 during the Elective Recovery Oversight meeting.

There is a large allocation weighted towards Outsourcing, however this is proving difficult due to the capacity available within the Independent Sector. Discussions are taking place with a range of different suppliers in order to deliver safe and timely care to our patients. This means that the way in which care is delivered is now very different from a more traditional route, such as virtual appointments and engaging patients on wellbeing courses prior to receiving definitive treatment (such as surgery) or learning about how to manage their long term health condition.

## 7. Therapies

Therapies teams are pivotal in caring for patients, supporting flow, expediting safe discharge and minimising ED attendance.

Key areas where Therapies are making a significant impact include:

- Facilitating front door discharge of frailer people and reducing length of stay;
- Delivering acute stroke interventions and maintaining flow of the critical stroke pathway;
- Maintaining core services to include community services, LT condition services and paediatric services with a consideration of statutory duties e.g. ALN but also an awareness that some RTT targets may unavoidably breach.

Winter will be a difficult time – and challenges for Therapies will be:

- **Sustaining acute in-patient services** across three DGH sites, including critical ITU and HDU services;
- Supporting **patient flow and early discharge**;
- A range of **short term funded projects**, which often result in an expansion of services rather than being able to stop other services alongside difficulty in accessing temporary workforce;
- **Short falls in staffing** to deliver acute and rehabilitation services with significant vacancies as well as gaps due to maternity, short and long term COVID related sickness and isolation;
- **Limited availability of suitable trained locum** staff;
- National **shortage** of dietitians, occupational therapists, podiatrists and orthoptists;
- **Increased complexity of caseloads** across all settings including paediatrics patients who have not been identified early due to nursery and school closures and are acutely unwell. Also highly complex debilitated patients requiring two or three PT / OT staff to deliver an intervention;
- Reduced **access to clinical space and reduction in patient footfall** that can be managed due to limited waiting room space whilst **social distancing** is maintained;
- Current national issues with supply of specific items of **ADL equipment** via Community Equipment Service – Vision Products and potential impact on discharge / admission prevention;

- **Organisational barriers in relation to IT** since the boundary change, which impacts ability to make some efficiencies in clinic booking and administrative cover and support;
- In common with other services, these issues have been intensified with **no let-up in demand** for the last 18 months – this has had a detrimental impact on staff, in some cases, significant.

The risks that the Directorate will need to manage are:

- Demand outstripping capacity
- Poorer patient outcomes e.g. stroke delays
- Inability to support timely discharge
- Breaching RTT targets
- Securing ST funding for work streams
- Ensuring competency / training levels of temp staff
- Recruitment and retention of permanent staff
- Maintaining a seven-day trauma and orthopaedic physio service - reliant on a small staff group and voluntary weekend working
- Staff wellbeing and resilience
- Increased risk of complaints

The Directorate has considered mitigations and they will be:

- **Working collaboratively** with other AHP teams to deliver against high priority cases e.g. facilitate IP discharge and maintain flow;
- Robust utilisation of **clinical prioritisation** tools in sub-specialties;
- Review the **weekend working rotas**;
- Introduce a **site based approach to clinical caseload** risk management where needed;
- Maintain all out patient and specialist long-term conditions services to **reduce the clinical impact on patients** that supports primary care, secondary care waits and ED capacity;
- Continue all community, domiciliary and paediatric services to **ensure safeguarding processes** are supported and crisis escalation avoided;
- **Virtual appointments** where possible;
- The stand down of **non-essential meetings**.

## 10. Medicines Management / Pharmacy

Medicines are the most common treatment intervention for patients and when managed appropriately, can improve the quality of care and patient outcomes, decrease length of stay and reduce admissions and readmissions. However, conversely when not managed appropriately medicines can cause patient harm and negatively impact the quality of care, increase length of stay, delay discharges and cause admission and re-admissions.

It is therefore imperative that good medicines management is recognised in all areas of clinical planning as an important element to deliver high quality patient care, effective and efficient service provision and positively impact patient flow.

The key areas identified for further focus in winter 2021-22 are:

- Medicines supply
- Supporting acute clinical services and flow
- Vaccine programmes of Flu and Covid 19
- Community pharmacy service resilience
- Primary Care and community clinical services supporting frail / vulnerable patients.
- Workforce resources

### **10.1 Medicines Supply**

Medicines shortages are now a common occurrence, and the Directorate has a process to manage or recommend actions covering all sectors.

Key risks for the winter are the pressure on COVID related treatments and the emerging national logistics issues. Mitigations have been developed and will include the prioritisation of additional staff time to manage increasing shortages, communications to clinical areas and increased stock holding to compensate for the reducing just in time logistics response.

### **10.2 Supporting Acute Clinical Services and Flow**

A number of schemes have been supported in the flow funding via ILG streams.

- **ED Pharmacy Service** – ED pharmacists for each of the three sites are being recruited on a permanent basis with MM managing the risk of non-recurrent funding, but opportunities for recurrent funding must be actively pursued. Non recurrent technician support recruitment in process.
- **Complex Discharge Support** – non recurrent technician resources are being recruited for PCH and RGH, will collect evidence of value of service.

Key risks are areas with no or very limited clinical pharmacy services including paediatrics & Critical Care Units, new surge beds and wards that are changed into more acute or specialist patients types where the current pharmacy service will not be adequate to meet the demand or need.

In terms of mitigation, business cases have been submitted to the Paediatric and Critical Care Directorates and Pharmacy is working closely with the sites/directorates to be part of the planning and recognising need to build into business cases etc. Additional locum staff are the only option for the above scenarios.

### **10.3 Vaccine Programme Supply and Support**

Staff have been redeployed and prioritised to this area and temporary staff employed. Pharmacy supply and governance support continues to be a key part of a very successful and vital programme.

Key risks are the antimicrobial stewardship programme where staff have been deployed away from and the temporary staff are leaving with lack of permanent posts.

In terms of mitigation, antimicrobial posts are being backfilled, however, these are inexperienced staff and will take time to train. Temporary posts are being requested to become permanent in the vaccine business case.

#### **10.4 Community Pharmacy Services**

Independent contractors are closing at short notice for limited periods due to staff shortages, this is an increasing issue and risk.

To mitigate this situation, early warning alerts and communications are being provided to the locality and primary care as to alternative services. This can only be managed on a day to day basis.

#### **10.5 Primary Care and Community Services Supporting Frail and Vulnerable**

There are a number of schemes as part of transformation and Stay Well @ Home where Pharmacy provides medicines assessments and support. These schemes have been shown to reduce admissions and reduce pressure on primary care.

Additional support has been identified for Care Homes and to extend the Medicines @ Home Service, bids were submitted as part of the flow funding, however, these were not supported as the funding is directed through ILGs and these are centralised services so no ILG prioritised them.

It is recognised that the funding issue for centralised services needs to be resolved for future bids.

#### **10.6 Workforce Resources**

Underpinning all of the Pharmacy and Medicines Management services is our workforce. The increasing absence due to COVID and stress related issues is a key risk. The ability to recruit staff and attract locums is an increasing challenge and concern. The use of Retinue to contract locums is reducing the pool available and we are unable to fill staffing gaps at acute sites. The recruitment and on-boarding of staff is also taking longer. Temporary or fixed term contracts are not solutions in a highly competitive market. All mitigations such as overtime, extending contracts and bank staff have been maximised.

The Directorate is attempting to recruit temporary staff but increasingly unsuccessful particularly for pharmacists. The use of non-direct employed locums is being risk assessed. Business continuity is being implemented with prioritisation of service and redeploying staff to high priority areas. Clinical and financial Governance activities will reduce in times of high pressure.

### **11. Facilities**

The services provided by colleagues within Facilities are essential in supporting the care of patients, the ILGs, patient flow and safe discharge with additional laundry, transport and beds for care @home and ensuring that there is a contingency plan in place to manage the impact of any adverse weather event on services.

The specific winter challenges for Facilities will be:

- **Looking after our workforce** – the Directorate will continue to manage increasing absence due to COVID and stress related issues. The ability to recruit staff is an increasing challenge and the recruitment and on-boarding of staff is also taking longer. Temporary or fixed term contracts are not solutions in a highly competitive market. All mitigations such as overtime, extending contracts and bank staff have been maximised.
- **Managing increasing demand** – this is driven by increase activity in all areas, with recent data analysis reporting an increase in demand this year and into winter. This includes the demand for laundry, rental beds, additional beds contract call service call outs, decontamination, bariatric beds, associated equipment and the beds service team that supports this service and non-emergency patient transport and taxis.
- **Patient Transport Service Support** to ILGs for transfers and Discharge – the Health Board has experienced an increase in patient activity which has stretched beyond the historical winter pressure period, bringing a great demand for patient transport services (NEPT) and increasing use of the hospital contract Taxi service for the transport of patients. **WAST** has further confirmed that this winter will place additional stress on their services.

WAST has cautioned that should work load increase and or operating models change significantly then this would push WAST past a tipping point which would lead to reduced performance and journeys being cancelled.

- **Adverse Winter Weather Support** to all CTM and ILG Sites is a now a well rehearsed process which will continue this year, based around the Adverse Weather Winter Resilience and Contingency Plan. Additional gritting and snow clearance and 4x4 transport contracts are in place to meet the CTM plan.
- **Laundry Services Support to ILG Sites** – this winter there are additional supply and logistical pressures in procuring and securing orders supply of orders and delivery. These risks are due to supplier high customer demand from the private sector, health and other authorities, suppliers, container to port, and transport logistical delays – the Department will work with colleagues and partners to ensure that the supply is maintained.
- **Clinical Engineering Beds Services Support to ILG Sites** – Facilities has no operational control over the demand for patient beds, which will increase during the winter. There will be risks that the Directorate will seek to manage proactively.

Other areas where Facilities will seek to assist the ILGs and other colleagues include:

- **Maintaining stock levels** for the Laundry Processing Unit to support ILGs due to additional winter patient activity and demand;
- Increasing and unknown demand on Clinical Engineering;
- **Maintaining catering provision** supplies due to supplier and logistical risk UK wide;
- CPU six week shut down in January for essential building maintenance;

Facilities has considered mitigations, which will include:

- The stand down of non-essential meetings;
- Working collaboratively with the ILGs to support and clearly identify weekly activity demand in support of laundry, non-emergency transport, taxis and patient beds service;
- CTM and Facilities adverse weather contingency plan in place;
- Close working with our procurement team, suppliers and contracts to understand the current supply chain challenges and secure winter orders of consumables, laundry and other service supplies and services;
- CPU shut down plan to be put in place and increase in production and stock levels to support the six week period.

## 12. Digital and IT

Digital Services within the UHB will continue to make an impact on patient care via the following means:

- **Continuation of rollout of kit** to accommodate service requirements – the Department has issued more than 4,000 ipads and laptops to date to allow the further development of agile working. This will continue into the winter months – though global supply issues are affecting delivery of kit from laptops to firewalls with delivery times quoted in months;
- The **move of the ICT stores and the rollout staff to YMH** to providing an opportunity to reinstate the drop in centre – the aim is to provide a single, one stop shop to pick up new kit and bring back laptops with issues as well as:
  - allow users to book slots that are convenient to them to either pick up new kit, bring back faulty, attend for issues they can't resolve or book a slot to talk through a problem with the team.
  - alleviate the pressures on ICT at the acute sites with unannounced drops ins and reduce the COVID risk.

In order to provide this service, staff are being moved off the first line desktop support team that will cause an impact in call handling, with calls for 01 – 21 October standing at 6,272 It is possible that extra contract staff will possibly be required to support the increased workload to allow important need to be met.

- **Supporting Ysbyty Seren**, COVID testing and vaccination centres – supporting the increase in the HB footprint due to COVID requirements;
- **Changes made to first line desktop** support for telephone calls – to provide a better reactive service, the desktop service has been changed to provide technical support to callers;
- **Modelling and data requirements** for COVID, RSV, Flu and elective work – increased data and modelling requirements are significantly impacting on a team that is already depleted. Efforts

will be made to continue with this service – though there is an urgent requirement to increase the analytic staffing levels;

- **Additional performance reporting** responsibilities resulting from the inauguration of the Central Elective Recovery Group – again there is a need for additional staff to support the work already ongoing here.

It will be a challenge for the team to maintain the service that is already being provided as well as develop it in an appropriate way.

### 13. Procurement

Working with colleagues in the UHB and beyond, Procurement colleagues will continue to provide a professional service and add value through partnership to ensure supply of goods and services to the Health Board, to ensure no critical shortage and to ensure the safe care of patients, staff and colleagues.

The main areas of focus for the Winter 2021/22 plan are:

- Ensuring supply of PPE through a new model managed by NWSSP supply chain;
- Ensuring supply of goods and services through robust Purchase 2 Pay processes;
- Implementing modular racking solution within the Integrated Locality Groups to improve supply chain efficiencies and release clinical time;
- Supporting the HB with the delivery of the non pay IMTP 2021-22 savings schemes through the Business Partner model;
- Supporting the service managers with the development of the **IMTP 2022-23** through the Business Partner model;
- **Implementing recovery on Procurement compliance** through the organisation by delivery of bespoke training;
- Supporting the delivery of the Health Board's **discretionary Capital programme**;
- Adding value through **partnership by working collaboratively** with the Innovation, Value Based Healthcare and Improvement teams, by improving patient pathways and focusing on patient outcomes.

Senior colleagues within the Department will, as ever, take part in the appropriate meetings to ensure awareness of the ongoing situation and contribute accordingly.

### 14. Communication

The UHB's Communications Team is truly embedded into the organisation and works to support staff and patients routinely. This winter, in addition to ongoing work around the Covid-19 response and vaccinations (including flu), the Communications and Engagement Plan will be focused on encouraging our communities to keep themselves safe and well, as well as signposting to the right

services to support their specific healthcare needs (bolstering the 'Your Local Team' campaign messages of previous years).

Other areas will include:

- Taking a **population segmented approach**, and by working closely with regional partners and stakeholders, the team is working to inform CTM communities about how they can keep themselves in good health during the winter months, through self-care and other measures to prevent illness – including, but not limited to, flu and Covid-19.
- **Regular messages will signpost** members of the public to access the right non-urgent healthcare services if / when they need them, including primary care and other forms of community support. This will be carefully framed to ensure people know which support service to access for their particular healthcare need, rather than solely relying on their GP surgery.
- Supporting this, a **booklet of essential information** on when and how to access primary care services is being developed. This is to be distributed with a letter of reassurance from each GP surgery / cluster to its patients.
- Both the **self-care messaging and non-urgent service signposting** will complement the national Keep Wales Open (KWO) campaign, which seeks to remind the public of the basic measures they can take to keep themselves and their loved ones well during the winter months. The team will also be sharing regular KWO assets and information to support our overarching keep well messages.

The approach detailed in brief above will be part of an agile response which will see general local information complimented by regional and national communications to target specific issues that arise, or address community concerns which may develop.

## 15. Workforce

The Workforce and OD team will continue to support the UHB in as many ways as possible, with the focus areas including the following:

### 15.1 Workforce and Organisational Development - Our People

The contribution of our people over the last 18 months has been immense as they have been required to work flexibly and with agility to respond to the demands of Covid 19. Appreciating the challenges of the Winter ahead CTM recognises the importance of supporting staff wellbeing and ensuring a compassionate and supportive culture that enables our people to continue to respond to patient need. Given this, the key workforce and organisational development priority areas include:

- **Recruitment** – an agile recruitment plan has been developed to respond to the current and future potential Band 5 Registered Nurses (RNs) and Band 2 Healthcare Support Worker (HCSWs) vacancies and workforce gaps, based on the COVID-19 activity and winter pressures, previously experienced during 2019 / 2020.

This will help the Board to fill current Band 5 RN and Band 2 HCSW established vacancies, along with building in workforce capacity to deal with Covid 19 surge and winter pressure demand vacancies, across the ILGs. The plan will also exploit the opportunities to recruit additional workers to the RN and HCSW staff bank.

Overseas recruitment has been launched for medics to fill key vacancies identified through scrutiny of areas with high agency and bank spend. The Recruitment Project Manager is liaising closely with the ILGs to actively create recruitment plans for the areas. This has proved particularly fruitful with Paediatrics and this approach is being adopted in other areas.

- **Optimising Workforce Availability** – a medical bank solution is now in place, providing clear visibility of shifts (ADHs & WLIs) available to all medical staff within the UHB. The cross Health Board platform will allow for increased fill of shifts due to wider pool of potential workers. It also means for the first time there is clear data on what is being paid and why the cover is being asked for.
- **Vaccination Programmes** – the Health Board is currently implementing the Winter 2021 Staff Flu Vaccination Programme. This is being led by vaccination leads across each of the three ILGs. As at the 22 October 2021, 43% of all CTM staff have received their flu vaccine. The roll out of this vaccination programme will continue into early November 2021 and will incorporate those staff working on corporate sites.

In accordance with the Joint Committee on Vaccination and Immunisation (JCVI) advice, frontline health workers have high priority status to receive the vaccine. Over the period December 2020 to March 2021 to September 2021, 87% of all CTM staff have received their two COVID-19 vaccinations. CTM has a “leave no-one behind” campaign, which allows unvaccinated staff to come forward, at any time to receive their COVID-19 vaccines.

Work commenced in August 2021, to provide these eligible staff, over the age of 50 years with their booster vaccination. At the 26 October 63% of staff had received a booster vaccine.

Both vaccination campaigns will help to reduce COVID-19 and flu related sickness absence in our workforce over the forthcoming winter, as well as more serious cases, which may result in long term sickness absence.

- **Sickness Absence** – sickness absence rates collectively for the UHB have been rising since a low in March 2021 and are now at their highest point for the last three years, with an increasing trend.

The highest recorded absence reasons are chest / respiratory problems, anxiety / stress / depression and MSK conditions. Work is ongoing to understand the reasons and to support colleagues with their return to work.

- **Wellbeing** – the Wellbeing service provides an evidence based stepped care approach providing a range of services at three levels of increasing intensity: I am well and want to stay

well; I am beginning to struggle; and I am struggling with my emotional wellbeing. For staff who are really struggling we will signpost to their GP for referral to Adult Mental Health services.

With an emphasis on prevention, the service will continue to provide and promote training for staff and managers on mental health awareness and first aid, mindfulness interventions including via virtual reality headsets, psychological education, and access to self-help resources and free to download apps. For staff who need counselling access to our Employee Assistance Programme and Vivup is available, and the service will continue to signpost to Health for Health Professionals and provide intensive Mindfulness Based Living Courses. The UHB will continue to facilitate peer support groups for staff with Long Covid, and a Back to Base counselling service to those who are anxious about returning to work following a prolonged absence.

In addition, there are plans to launch healthy lifestyles groups to address unhealthy eating behaviours, encourage physical activity and improve self-esteem and body-image. We will also run Menopause initiatives including Menopause Cafes to reduce stigma, increase understanding and support all staff affected by this issue.

- **Employee Experience** – Employee Experience is about ‘making Cwm Taf Morgannwg UHB a great place to work for everyone’. Building on feedback and through engagement with our people, four key priorities have been identified that will have an impact on employee experience. They are:
  - Understand and appreciate what is important to our people: – to be achieved through feedback and listening to what people are saying;
  - Improve the recruitment process – by mapping the entire process, challenging our current practices, and identifying opportunities for improvement;
  - Streamline the on-boarding Occupational Health process – by mapping the process we will identify any blockages and opportunities for improvements;
  - Identify opportunities to improve communication for staff without access to IT during their working day.
- **Values & Behaviours** – since the launch of CTM Values and Behaviours in October 2020 much work has continued with the ILGs to embed and achieve deeper engagement with them including the facilitation of guided discussions and workshops and used values-based staff recognition initiatives to spread awareness.

Following the Values in Action week, which allowed reflection on their implementation, the next steps involve the introduction of a values-based PDR process for individuals and teams and the roll out of a new values-based recruitment process for managerial positions. In addition, to support the ongoing cultural transformation across CTM we will deliver Values Based Leadership & Culture workshops to engage our most senior leaders in discussions about how we further use our values to create an open and transparent culture.

- **Leadership Development** – working with an external agency Q5 Partners, the Health Board aims to deliver a senior leaders and developing leaders programme for 1,000 managers and

leaders. The programme commences on 1st November 2021 and will start with interviews with key leaders who will be invited to share their experiences of leadership. An agile learning approach will be deployed enabling the release of learning modules for pilot groups from December.

In addition, CTM has invested in a Learning Management System (LMS) to support the delivery of leadership and management development programmes across the organisation. The Management Essentials Programme is designed to equip line managers and supervisors with the core skills needed to be effective in their roles. The first course 'Managing Self' was launched in April 2021 with cohorts commencing at 6-week intervals. The first module of Course 2 'Managing and Leading Others' is currently being trialed by a small test group of staff across CTM and is due to be launched in November. The third course 'Managing Organisations' will be launched in the New Year.

- **Partnership Working** – CTM is committed to and values working in partnership and maintaining an open and constructive relationship with staff representatives to achieve a no surprises culture and a relationship consisting of trust and respect.

It is anticipated that this series of actions will add to the routine services offered by WOD in support of ILGs and staff broadly and make a significant contribution immediately and going forward.

## **14. Conclusions**

The last two years have been extraordinary times for all public services and the UHB is proud of the way that its staff have rallied and worked together to maintain a high standard of care. The plans set out in this document will, with support from our partners, place the UHB in a good position to support the population through what is likely to be a challenging winter.